

April 2023

Virtual Equity Toolkit



TABLE OF CONTENTS

Select Health Equity Glossaries	1
Introduction & Overview	2
How To Use This Toolkit	3
Competencies and Resources	
Domain 1: Workforce and Capacity	
Diversity and Inclusion	4
Dedicated Equity Staff	9
Training, Development, & Support	12
Domain 2: Collaborative Partnerships	
Structures to Build Collaboration	18
Community Based Organization & Resident Engagement	26
Partner Across Sectors	31
Domain 3: Equity in Organizational Policies and Practices	
Organizational Commitment	38
Funding and Resource Allocation	51
Embed Equity Principles	56
Domain 4: Planning and Shared Decision- Making	
Data Collection and Usage	61
Shared Analysis	66
Inclusive Decision-Making	70
Additional Resource Databases	75
Acknowledgements & Disclaimers	76

Select Health Equity Glossaries

At California Department of Public Health, we believe that working together is vital in achieving justice. A key component to working together is understanding each other through the words we speak and write. Language is powerful because it helps communicate the expectations and intentions of our work. If we are not all familiar with frequently used terms, it can lead to miscommunication and disconnect. Equity work uses very precise jargon that is ever evolving and might not be familiar to everyone. As health equity work becomes more prevalent in our field, we believe that a glossary of health equity terms is an asset for anyone who wants to advance their internal and external communication and collaboration.

Our team has compiled a glossary of health equity terms to help better understand how we use equity language. We are highlighting two glossaries that we find useful for different reasons (there are many wonderful existing glossaries). The first glossary by the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is a quick and practical read composed of 17 health equity terms. The second is a comprehensive guide by the American Medical Association and Association of American Medical Colleges Center for Health Justice that starts with the importance of using language and narrative with an equity lens and ends with an A-Z glossary of health equity terms and concepts.

We encourage you to choose, adopt, and share the definitions that resonate the most with you, your local health department, and the community.

We also hope that the terms in the glossaries below can help understand the resources in this toolkit.

[1. NCCDPHP Health Equity Glossary](#)

[2. Advancing Health Equity: A Guide to Language Narrative and Concepts](#)

Examples to develop your own glossary

- [Health Equity Terms](#) - Vermont Department of Health
- [Glossary of Equity Terms](#) - Office of Health Equity, Colorado Cross-Disability Coalition

Introduction & Overview

The Virtual Equity Toolkit is brought to you by the Regional Equity Technical Assistance (TA) Team at the Office of Health Equity (OHE) of the California Department of Public Health (CDPH). The intended audience for this toolkit is local health jurisdiction equity leads and colleagues who are tasked at building equity infrastructure throughout their jurisdiction. For that reason, resources are divided into 12 competencies as defined in CDPH's Organizational Assessment for Equity Infrastructure. The toolkit complements the assessment examples and helps work through the domains of interest.


For each competency there is a compilation of examples, templates, trainings, webinars, guides, frameworks, articles, and LHJ Spotlights to make equity ideas and concepts more actionable. Additionally, the resources are divided into Early, Established, and Strong for each competency (also mimicking CDPH's same Assessment) to have resources for users at every stage of equity work. The Early, Established, and Strong scale found in the Assessment is shown below.

Early		Established		Strong	
1	2	3	4	5	6
Not yet, or learning stage	Planned but not started or in initial/pilot stages of implementation	Working towards this but not fully achieved	Fully achieved	In place with evidence of its use (e.g., policies, procedures, robust evaluation plan)	Practices are sustainable and ongoing and may be shared with others as “best practices”

There are instances where adequate resources were not found for each phase of each competency, but it does not mean that it does not exist nor that it will be excluded from a future iteration.

These resources come from many different sources that are doing amazing equity work. The toolkit is by no means exhaustive and will continue to evolve and be updated as resources and needs change.

How To Use This Toolkit

1. [Optional] Take a look at your Organizational Assessment for Equity Infrastructure results, including the competencies your LHJ wants to prioritize. If you do not have your results, please reach out to the Equity Technical Assistance team via the [Equity Portal](#)
2. [Optional] Review the highlighted glossaries and develop one for your LHJ if you don't have one already. Having a baseline understanding of certain health equity terms before reviewing the resources can help you to understand them.
3. Go to the table of contents and click on the competency you would like to review or scroll through the competencies one by one.
4. Explore all of the resources! We recommend that you navigate to the equity phase, (early, established, strong), that best fits your LHJ and explore those specific resources.
 - a. To the [left](#) you have the title of each of the resources hyperlinked to the resource's direct source.
 - b. To the [right](#), you have the type of resource in **bold** (template, training, guide, etc.) and a short description of it.
 - c. If it is a "Rural Resource" it will be noted after the link. All resources are free of cost unless otherwise indicated.
5. Read the amazing California County Spotlights at the end of each competency (as provided) and contact the county if you want to learn more about their work.
6. Look for the arrow icon at the end of the County Spotlight to return to the Table of Contents. 
7. Give us feedback on the toolkit (overall suggestions and resources to add, eliminate, or modify) via the [Equity Portal](#).

Diversity and Inclusion

Definition: Recruit, hire, and develop a professional workforce that reflects the populations served and communities facing health inequities.

Why It Matters: Diversity and inclusion are important priorities because having employees with different perspectives, experiences, and cultures helps eliminate racial inequities and create better policies, resources, services for the inclusive economic growth and prosperity of California's diverse communities. Workplace diversity can also improve morale, strengthen employee loyalty, increase employee engagement, foster a sense of community, and support employee overall wellbeing.

Early

TITLE	DESCRIPTION
<u>CDPH HRD Recruitment and Hiring Tips and Tricks</u>	Example. California Department of Public Health, Human Resources Division shares recruitment and hiring tips and tricks with an equity, diversity, and inclusive lens. This document includes information on crafting better job descriptions, developing equity, diversity, and inclusive statements, and creative ways to promote job listings.
<u>Health Equity Bank of Job Applicant Interview Questions</u>	Example. List of health equity interview questions that can be asked to any position. Also includes desired skills and abilities to look for in a candidate.
<u>Committing to Building and Retaining a Diverse and Inclusive Workforce to Improve Health Equity</u>	Example. Rural Health Information Hub mentions some workforce recruitment and retention strategies to support a diverse workforce. This website also includes examples of rural communities building diverse and inclusive workforces. Rural Resource

Early (continued)

TITLE	DESCRIPTION
<u>Diversity, Equity and Inclusion Policy- SHRM</u>	Template. This Diversity, Equity, and Inclusion Policy template from The Society for Human Resource Management (SHRM) is a great template for organizations to use and modify to fit their needs.
<u>New Resources and Creative Strategies for Recruiting Candidates for Health Departments</u>	Training. This training has an emphasis on diversity, equity, and inclusion in recruitment for health departments. The training covers how to understand candidate motivation, developing attractive recruitment marketing materials, and how emphasizing the mission-driven work of public health agencies can help attract the best candidates.
<u>CDPH Equity TA Team Office Hours: Hiring</u>	Webinar. This CDPH Equity Technical Assistance Team Office Hour has two guest panelists from Marin and Madera County share successful practices in hiring, working with HR to remove barriers, and ideal places to advertise your job listings.
<u>Creating a Culture of Belonging: A Guide for Retention</u>	Guide. This guide from the State of Colorado provides information on why retaining a diverse workforce is important, initial step and measurements organizations can take, and onboarding new employees into a culture of belonging.

Early (continued)

TITLE	DESCRIPTION
<u>Marin County Diversity Hiring Toolkit</u>	Guide. This toolkit is intended to provide information, tools, and resources to recruit for vacant positions in partnership with Human Resources, with a focus on building a high quality, diverse applicant pool and a more inclusive hiring process.
<u>Ensuring a Diverse Workforce: A Guide for Inclusive Hiring Practices</u>	Guide. This guide from the State of Colorado provides several recommendations to ensure the workforce represents the community it serves. There are also resources included like position description checklist, job announcement checklist, sample interview questions and more.

Established

TITLE	DESCRIPTION
<u>10 DEI Metrics Your Organization Should Track</u>	Article. This article shows you the 10 Diversity, Equity, and Inclusion (DEI) metrics organizations should track. DEI metrics measure fairness in the workplace, strengths of your organization’s brand, and overall employee satisfaction. If you are unsure on how to calculate these metrics the article includes the formula you would use, along with examples.

Strong

TITLE	DESCRIPTION
<u>Making Alternative Credentials Work: A New Strategy for HR Professionals</u>	Guide. This guide goes over how employers and employees view and value alternative credentials and explore workforce readiness alternatives.

Spotlight: Kern County

“Building this project in partnership with CSUB was lengthy but well worth it!”

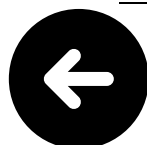


From left to right: Jasmine Ochoa, MPH – Health Equity Officer; Sharene Yonan, MPH – Public Health Project Specialist; Gurvir Sidhu, Public Health Pipeline Intern; Maggie Vasquez, MPA – Health Equity Coordinator

The Public Health Pipeline Project was formed by the Kern County Public Health Services Department in partnership with Cal State University, Bakersfield's School of Natural Sciences, Mathematics and Engineering division for their Bachelor of Science in Public Health degree program. The goal of this project is to expose students to the diverse workforce in the Public Health Services Department, while building their experience in the public health field to prepare them for career opportunities upon graduation. They aim to support Kern County students and inspire them to make change in the communities they have grown up in; to create opportunities for their families, neighbors, and friends.

Through the recruitment process, they looked for students with interest in working with diverse communities and ready to apply the values learned in their program towards the health equity work the department is building. Diversity, equity, and inclusion practices were implemented throughout the recruitment process and onboarding. These simple practices include providing an introductory discussion session before the interview process to review the mission of the health equity program, review terminology, and allow for students to ask questions on goals outlined in the health equity plan. Once onboarded, interns are provided trainings on Embodiment of Health Equity, Cultural Competency and Sensitivity, and Implicit Bias.

For more information about Kern County's Public Health Pipeline Project, please contact Kern's Health Equity Team at phhealthequity@kerncounty.com or visit www.kernpublichealth.com.



Dedicated Equity Staff

Definition: Hire staff dedicated to equity and establish staff capacity centered on equity.

Why It Matters: When there is not designated staff for equity work, it is easier for such work to be left-aside as other priorities arise, or to be siloed to specific grant deliverables at best. Having dedicated staff ensures that equity is at the center of all programs and policies within the organization. This can include, for example, internal capacity building via trainings or department-wide strategies to evaluate programs with an equity lens. Regardless of the type of equity work, it should be intentional, based on the needs of the department.

Early

TITLE	DESCRIPTION
<u>Public Health Alliance- Health Equity Coordinator Job Description</u>	Example. An example of a Health Equity Coordinator job description from the Public Health Alliance of Southern California.
<u>Santa Barbara Health Equity Coordinator Job Description</u>	Example. An example of a Health Equity Coordinator job description from Santa Barbara County.
<u>Get Serious About Diversity, Equity, & Inclusion: 4 Reasons You Need a Dedicated DEI Team</u>	Article. This article may be helpful for those organizations that are looking into forming a dedicate equity team. Also includes a section on how to support your dedicated equity team when it is formed.

Established

TITLE	DESCRIPTION
<u>CDPH Office of Health Equity - Equity Officer Sample Duty Statements</u>	Example. The CDPH Equity TA Team created sample duty statements for different Equity Officer levels such as leadership, management, and coordinator. Additionally, this document includes links to Equity Officer job posting examples from different LHJs.

Strong

TITLE	DESCRIPTION
<u>DEI Steering Committee - Part 1: 3 Steps to Forming an Effective DEI Steering Committee</u>	Article. This article is a 3-part series that includes information on forming a DEI committee, sustaining DEI efforts, and futureproofing the work of your DEI committee. Links to part 2 and 3 are in the article.

Spotlight: Yolo County



"A key contributor to advancing the equity work has been our coordinators' strategy of aligning their program goals with HHSAs' equity vision."

Yolo County Health and Human Services Agency (HHSAs)
Coordinators Samar Lichtenstein and Kanat Tibet

collaborate with internal and external partners to develop and implement health equity initiatives, such as the Community Health Assessment (CHA), the Community Health Improvement plan (CHIP), and health policies and community programs to address social determinants of health (SDOH) and health inequities within Yolo County.

The equity team has supported capacity development of staff, and community partners from varying levels of readiness through webinars/trainings on the SDOH and equity, sharing equity data, and providing equity resources.

A key contributor to advancing the equity work has been our coordinators' strategy of aligning their program goals with HHSAs' equity vision. This approach ensures that the equity lens is a consistent theme in all endeavors and thus garners HHSAs leadership buy-in.

Samar and Kanat's knowledge of strategies to move equity work forward and their ability to work collaboratively within the agency and with external partners has helped them gain community trust, and the confidence of HHSAs leadership. This can be reflected in partner agency participation in the CHIP development, and in involvement of equity coordinators in HHSAs Strategic Plan goal implementation.

LHJs who want to engage in equity work should expect that continuous evaluation of project progress and pivoting as needed is essential for reaching desired impact. The Yolo team experienced this during implementation of the COVID Vaccine Outreach project. By listening to partners, identifying gaps in equitable vaccine access, and creative strategizing, Yolo County achieved high vaccination rates relative to its neighbors.

For more information, please visit the [Yolo County HHSAs Site](#)



Training, Development and Support

Definition: Provide opportunities for staff to learn and discuss equity topics and incorporate their learning into practice.

Why It Matters: Before equity infrastructure can be internally developed and put into practice, it is essential to learn the foundations of equity and become comfortable working with equity topics and preferences.

Early

TITLE	DESCRIPTION
<u>Western Region Public Health Training Center- Health Equity Course</u>	Training. This training is a short (estimated 30 minutes) introduction to the concept of health equity with powerful resources and learning tools.
<u>Prevention Institute Health Equity and Prevention Toolkit</u>	Training. The Health Equity and Prevention Primer (HEPP) leverages expertise from state and LHJ employees and equity leaders to build seven different training modules including Community Factors & How They Influence Health Equity; Enhancing Effective Partnerships for Health Equity; and Measurement and Evaluation for Health Equity among others. Additionally, the toolkit focuses on how equity and prevention interventions can work together for better health and safety of the community.
<u>ASTHO Health Equity and Public Health Accreditation Guide</u>	Guide. This is an introduction to equity during the process of Public Health accreditation. The guide goes over how to integrate equity into your health department to qualify for accreditation, with real world examples from other health departments.

Early (continued)

TITLE	DESCRIPTION
<u>The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners</u>	Framework. This article describes a Health Equity Framework (HEF) model to understand how health outcomes are affected by the complex relationships between people and their environment. The framework is a tool that allows public health workers to understand and reflect on how addressing health inequities in their community can lead to positive changes in multiple spheres of influence, from the entire community, down to the individual.
<u>Health Equity in Rural Communities</u>	Webinar. This webinar discusses rural health equity efforts in the state of Colorado and contains supplemental documents to dive deeper into real-life examples of equity work. While this resource is Colorado-centric, it is a helpful introduction to the concept of rural health equity and multi-partner collaboration that is needed when addressing inequities in small, rural communities. Rural Resource
<u>What Are Health Disparities and Health Equity? We Need to Be Clear</u>	Article. This brief article defines the concepts of health disparity and health equity in easy-to-understand terms. The article also explains why solid definitions are important when working with equity, and how language can work towards the goal of eliminating disparities.
<u>What is Health Equity? A Definition and Discussion Guide</u>	Article. This report from the Robert Wood Johnson Foundation, contains definitions of health equity terms, key stages to enact equity in your organization, and examples of advancing health equity. It also serves as a model for enacting group discussions around what equity means to an organization as a whole and what “action” towards equity can look like.

Established

TITLE	DESCRIPTION
<u>King County Affinity Groups</u>	Example. This example shows the Affinity Groups for the county staff in King County, Washington. This page lists the different groups, as well as mission and purpose statements for each one. Forming affinity groups is a way to support diversity within your organization.
<u>Nantucket Health and Human Services Department Workforce Development Plan</u>	Example. This Workforce Development Plan from Nantucket, MA goes into topics broader than equity, but provides a great example of how to integrate diversity and equity priorities in workforce development. It also explores an equity needs assessment and equity training plans within its greater development plan.
<u>Health Equity Consultants</u>	Training. This is a list of equity consultants compiled by CDPH representatives, but not endorsed or necessarily recommended by CDPH.
<u>Race Forward Racial Justice Training</u>	Training. (\$100 fee, scholarships available) These interactive training modules are focused on advancing racial equity and understanding the roots of structural racism. Organizations should start with the training "Building Racial Equity" then continue learning with additional trainings offered such as "Organizing Racial Equity: Shifting Power" and/or "Decision-Making for Racial Equity".

Established (Continued)

TITLE	DESCRIPTION
<u>Moving Into Equity: The Public Health Journey</u>	Guide. This guide focuses on how to increase your organization's equity development from "Content with the Status Quo" to "Committed, Engaged, and Activated." The guide has a checklist to see where your department is and recommendations for each step on how to move further down the equity journey.
<u>ASTHO Workforce Development Plan Toolkit</u>	Guide. The ASTHO Workforce Development Guide gives examples and resources on how to integrate equity into an organization's workforce development plan. A notable example to review includes Ohio State's workforce development plan, which requires staff to receive health equity training.
<u>Center for Addiction and Mental Health: Health Equity and Inclusion Framework for Education and Training</u>	Framework. This framework demonstrates the process of integrating health equity into trainings. Organizations can use the framework (as a guide) to review trainings of all topics to make sure they are equitable in content, appropriate for the organization, and have equitable delivery methods.
<u>Development, Implementation, and Assessment of Health Equity Action Training (HEAT): Implications for Local Health Departments</u>	Article. This article recounts Hartford, Connecticut's HHS equity training initiative. The article details training development, final curriculum, and overall positive staff response to the program.

Strong

TITLE	DESCRIPTION
<u>King County Racial Equity Caucusing Report, 2019</u>	Example. This is a summary of the WA Department of Health affinity group project, including the purpose and mission of the groups, questions posed to each affinity group about their experiences, feedback from the groups, and how this initiative will impact the organizational anti-racism goals moving forward.
<u>NACCHO Roots of Health Inequity Training</u>	Training. This is a group training with discussion-focused curriculum, where participants both learn from and contribute to the training environment. By moving through the training modules, groups will learn how to start the conversation around health inequities, how values and assumptions shape organizational commitment to equity, public health history, the root causes of inequities, and how to use social justice concepts to advance equity. Each module comes with a discussion guide, real-life examples from the field, and presentations.
<u>University of Kansas Community Toolbox: Addressing Social Determinants of Health in Your Community</u>	Guide. This guide reflects on how to address equity in a community once organizational staff has had a general introduction to equity and equity efforts gain leadership support.



Spotlight: Shasta County



Pictured: A beautiful view of Mount Shasta.

In 2018, Shasta County HHSA Public Health (SCPH) developed a Health Equity Policy, Procedure, and Checklist to ensure all new and revised Public Health programs, policies, and procedures incorporate health equity principles, disaggregated data, and community perspectives.

The checklist's usage was interrupted when COVID-19 redirected many staff and activities. SCPH will use staff feedback about effectiveness, challenges, and usability to update this checklist so it is both useful and efficient. SCPH also plans to pair the updated tool with accountability structures and training.

Similarly, SCPH is adjusting its health equity staff training. Learning objectives from the original training included: define health equity terminology, identify social determinants of health and discuss how they relate to public health work. While these are excellent foundational objectives, SCPH identified that the training should also include structural oppression, power, and historical disenfranchisement.

To achieve these objectives, SCPH will use the Region V Public Health Training Center's training titled, "Introduction to Health Equity and Racial Justice" to orient all Public Health staff to health equity. SCPH will also develop an additional training to help staff operationalize health equity tools and strategies in their work.

Other health equity training opportunities for SCPH Staff include Community Conversations on equity. These are hour-long presentations for Public Health staff developed by the SCPH equity unit. Each conversation is a different topic, introduces theories and tools, and encourages staff to think about equity in relation to their own work. These trainings incorporate local, historical context to make equity topics more tangible.

For more information, please visit the
[Shasta County HHSA Public Health website](#).



Structures to Build Collaboration

Definition: Establish vehicles and venues to support/develop meaningful collaboration.

Why It Matters: It is essential to build structures for collaboration as it allows for more efficient processes, better communication, and increased productivity within organizations that lead to overall improved health outcomes for communities.

Early

TITLE	DESCRIPTION
<u>Power-building Partnerships for Health: Lessons from Santa Barbara About Building Power to Protect Farmworker Health and Advance Health Equity</u>	Example. This article highlights the importance of relationship building within Power-Building Partnerships for Health (PPH) and discusses Santa Barbara County Public Health Department’s collaboration with two community organizing groups.
<u>Partnership Assessment Tool for Health (PATH)</u>	Template. This fillable tool is intended for CBOs and healthcare organizations currently engaged in a partnership to provide services to populations most in need. The tool includes a partnership checkup questionnaire and a partner discussion guide to facilitate future meetings.
<u>Partnership Assessment Tool for Health Addendum (PATH)</u>	Template. This tool is an addendum to the Partnership Assessment Tool for Health (PATH) that allows for CBOs and healthcare organizations to identify benchmark characteristics within partnerships that advance health equity.

Early (continued)

TITLE	DESCRIPTION
<u>Preparing for Successful Public Meetings: Checklist for Before, During, and After</u>	Template. This tool is a short and accessible checklist for preparing successful public meetings with communities and partners.
<u>Essentials of Collaboration</u>	Training. This 1-hour interactive course examines how efficient teamwork might result in improved population health. Using a case study to explain essential principles, you will receive guidance on breaking down silos, aligning activities across sectors, and cooperating effectively. The course's definition of a successful collaboration lays the groundwork for teaming up with others to improve your community.
<u>Resources for Collaboration and Power Sharing</u>	Guide. This guide is for health departments seeking to share power with community power-building organizations (CPBOs) and provides action-oriented steps to improve collaboration.
<u>Resources for Collaborations and Power Sharing Between Government Agencies and Community Power-Building Organizations</u>	Guide. This guide outlines the benefits of partnerships between government entities and community power-building groups and offers a variety of models for collaboration.

Early (continued)

TITLE	DESCRIPTION
<u>Planning Public Engagement: Key Questions for Local Officials</u>	Guide. This guide provides 14 key questions for local agencies to consider when engaging with the public.
<u>Strengthening and Sustaining Public Engagement: A Planning Guide for Communities</u>	Guide. This guide instructs local governments, elected officials, and/or school systems who want to strengthen and sustain public engagement in planning strategies. Participants consider questions such as types of engagement, when to prioritize engagement, and how to build more robust engagement methods, among other important considerations.
<u>Promoting Effective Public Participation at Governing Body Meetings: Opportunities to Deepen Public Participation and Trust</u>	Guide. This publication provides suggestions to improve the process of receiving public input during local agency meetings and opportunities to deepen public participation and trust.
<u>Effective Public Engagement through Strategies and Communication</u>	Guide. This guide serves as a tip sheet and offers communication strategies that local governments can incorporate into public engagement efforts. The sheet breaks down its advice into steps organizations can take before, during, and after engagement.

Early (continued)

TITLE	DESCRIPTION
<u>Engaging Your Community: A Toolkit for Partnership, Collaboration, and Action</u>	Guide. This toolkit is designed to help organizations build effective partnerships, carry out creative outreach initiatives, and develop persuasive communications that speak to various community groups and populations. The toolkit provides instructions for conducting self-evaluations of a partnership, as well as outreach techniques to involve community residents and other organizations. This toolkit also provides resources for enhancing these tactics to increase organizational capacity.
<u>Integration to Improve Health: Partnership Models between CBOs and Healthcare Organizations</u>	Guide. This resource focuses on common approaches organizations can take by working together to approve health outcomes through service models, financial relationships, data, partnership, and governance. Each category has multiple different types and real-life examples that serve as additional learning opportunities for readers.
<u>Build Health Challenge: Keys to Collaboration</u>	Framework. The BUILD Health Challenge is a framework that identifies four dynamic stages of collaboration that are essential to developing successful partnerships aimed at promoting health equity. The stages, Building Relationships, Establishing a Team, Defining Roles and Creating Structure, and Communicating to Build Trust, each break down to explanation of the step, examples, and takeaways for organizations.

Early (continued)

TITLE	DESCRIPTION
<u>CBOs Perspective on Improving Health and Social Services Integration</u>	Article. This article discusses the perspectives of community-based organizations on service delivery and suggestions for improving health system partnerships. In order to create lasting and sustainable partnerships, CBOs must feel supported and that it is mutually beneficial.
<u>Collaboration Between Health Systems and CBOs</u>	Article. This executive summary highlights different approaches to overcome early challenges in forming a new partnership, and discusses common themes and lessons learned through four health system and CBO partnership examples. Each strategy makes certain that the voices of CBOs and communities are valued in decision-making and establishing priorities.
<u>Power-Building Partnerships for Health: Key Impacts 2018-2019</u>	Article. This resource highlights the key impacts of the BARHII and the Public Health Alliance of Southern California's pilot project to develop and support partnerships between five California local health departments and community organizing groups. The partnerships focus on building community power to improve systems and/or policy change that advance health equity.
<u>Advancing Healthcare and CBOs to Address Social Determinants of Health</u>	Article. This resource is an executive summary that focuses on the effective collaboration between three healthcare-CBO partnerships and is intended to help refine current or existing partnerships and/or agencies exploring new partnerships.

Established

TITLE	DESCRIPTION
<u>2-1-1 San Diego - Connecting Partners through the Community Information Exchange</u>	Example. Developed by 2-1-1 San Diego, this case study highlights the Community Information Exchange (CIE) data platform, which allows health and social services to get a better understanding of interactions across systems, agencies, and community services.
<u>Value Proposition Tool: Articulating Value within Community-Based and Health Care Organizations Partnerships</u>	Template. This tool is intended for CBOs and healthcare organizations looking to form a new partnership or seeking clarification on the value of an existing partnership. This tool is designed to assist partners in clearly stating their contributions to a potential or current partnership and emphasize the variety of benefits that all parties can receive from a partnership. For those considering a new partnership, this tool can help figure out how to unite around common objectives and determine the overall value of partnership.
<u>Estimating the Total Cost of Partnership</u>	Template. This Excel sheet can assist organizations to estimate the overall cost of a partnership for up to three years by identifying the resources required to prioritize crucial decisions, consult with stakeholders outside the partnership, advocate for additional funding and maintain focus on the shared objectives.

Established (continued)

TITLE	DESCRIPTION
<u>Power-building for Health Departments (Part 1)</u>	Webinar. Part 1 of Human Impact Partners webinar series, Power-Building for Health Department. This webinar is intended for health department leaders, staff, and partners and focuses on foundational concepts, introductory frameworks, and strategies for shifting, sharing, and building community power.
<u>Power-building for Health Departments (Part 2)</u>	Webinar. Part 2 of Human Impact Partners webinar series, Power-Building for Health Departments. This webinar focuses on tools for analyzing and redistributing power. Representatives from Santa Barbara and Riverside Counties are present for the discussion.
<u>Advancing Health Care and CBOs Partnerships to Address Social Determinants: Lessons from the Field</u>	Webinar. This webinar focuses on effective strategies for producing and sustaining healthcare and CBO partnerships that address the social determinants of health.

Spotlight: Napa County



NAPA COUNTY
Health & Human
Services Agency



"Authentic community engagement is a cornerstone of their work, and they are constantly working to improve their practices."

Live Healthy Napa County (LHNC) is a multi-sector collaborative that first convened in 2012 to develop a shared vision and plan to make sustainable improvements in the health of all people who live and work in Napa County. Public Health has served as the backbone entity since its inception. Their partners include local health systems, non-profit organizations, local government representatives, school districts, and community members. They engage their partners through a bilingual monthly newsletter, quarterly meetings, and frequent committee work focused on projects described in Napa County's community health action plan. Authentic community engagement is a cornerstone of their work, and they are constantly working to improve their practices. They feel it is critical that their work be responsive to, and directed by, community members.

They utilize surveying, empathetic interviewing, learning conversations, focus groups, town halls and asset mapping to gain insight into the barriers the community faces; the narratives they receive inform how they prioritize and define their efforts to improve community health. They use Human Centered Design, which allows them to engage the community in the ideation and prototype process of their projects. They regularly seek out grant funding in order to provide stipends for community participation, which has led to community-led Spanish language focus groups, unique design projects, and transforming into a completely bilingual collaborative. Over the past three years, they have been collecting community responses to help define respect and social inclusion (RSI) in Napa County and hope to create a baseline measurement for future health assessments.

To learn more about Live Healthy Napa County, please contact Erin Nieuwenhuijs, Community Health Planner.



Community Based Organization & Resident Engagement

Definition: Build trust with the community/residents through transparent and inclusive communication, respectful co-learning, and leveraging community expertise to inform equitable practices.

Why It Matters: Services and interventions for the community are best informed by the community ("nothing about us without us is for us"). Mutual partnerships between CBOs, residents, and government entities allow for beneficial exchange of information and services to improve community health at large.

Early

TITLE

DESCRIPTION

[Community Engagement & Participation Checklist](#)

Template. Developed by PolicyLink, this outline identifies important components of an authentic and participatory community engagement process. Characteristics of participatory community change include trusting relationships, shared vision, partnerships with public agencies, capacity, and policy action.

[Community Engagement Assessment Tool](#)

Template. This Community Engagement Assessment Tool serves as a guide to help grow an organization's understanding of community engagement and be intentional in its engagement practices. Organizations use this tool with staff and external partners to assess strengths and gaps.

[Community Engagement Toolkit](#)

Template. The Community Engagement Toolkit shares a series of tools for planning community engagement to be more purposeful, equitable, and strategic so that community members are true partners for achieving impact. This toolkit includes tools exploring areas in community engagement spectrum, asset-based community development, capacity building, and more.

Early (continued)

TITLE	DESCRIPTION
<u>Community Engagement: The People's Approach to Improving Health and Social Outcomes</u>	Training. This course focuses on community participation and the active role of local health departments in genuine community engagement methods. It also offers a summary of case studies, best practices, and methods for fostering community discourse and participation, as well as for incorporating community involvement into public health practice.
<u>Partnering with Community-Based Organizations for More Broad-Based Public Engagement</u>	Guide. This webinar discusses rural health equity efforts in the state of Colorado and contains supplemental documents to dive deeper into real-life examples of equity work. While this resource is Colorado-centric, it is a helpful introduction to the concept of rural health equity and multi-partner collaboration that is needed when addressing inequities in small, rural communities. Rural Resource
<u>Community Engagement Framework</u>	Framework. This community engagement framework assesses the strengths of an organization instead of starting from a needs-based approach with what an organization lacks. Values in this framework include integrity, transparency, collaboration, equity, and self-reflection.

Established

TITLE	DESCRIPTION
<u>Collective Impact Part 1: Common Agenda & Shared Measures</u>	Training. This training is part one of a two-part introductory series to the Collective Impact framework. Gain an understanding of what Collective Impact is and how it can be used to advance public health initiatives by learning about the first two conditions of the Collective Impact framework—Common Agenda and Shared Measures.
<u>Collective Impact Part 2: Mutually Reinforcing Activities, Continuous Communication, & Backbone Support</u>	Training. This training is part two of a two-part introductory series to the Collective Impact framework. Build upon the lessons of part one by learning about the last three conditions of the Collective Impact framework—mutually reinforcing activities, continuous communication, and backbone support.
<u>Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change</u>	Guide. Presented by PolicyLink and UC Berkeley, this guide combines lessons and best practices from around the country, with six case studies from communities in California. The document includes lessons learned from case studies, and promising practices, sample resources, and tools to assist local leaders in planning their own Community-Based Participatory Research (CBPR) inspired projects.
<u>Prevention Institute: Collaboration Multiplier</u>	Framework. Collaboration Multiplier is a framework and tool for analyzing collaborative efforts across sectors. It is designed to serve as a starting point for understanding and appreciating what different fields can bring to the table and for building effective interdisciplinary efforts through partnership.

Established (continued)

TITLE	DESCRIPTION
<u>A Guide to Supporting Engagement & Resiliency in Rural Communities</u>	Guide. While this guide is catered towards FEMA's Risk MAP process, concepts and strategies identified in this guide are relevant for other rural communities. This guide includes essential elements of successful engagement with rural communities, including trust and partnerships. Rural Resource

Strong

TITLE	DESCRIPTION
<u>The Spectrum of Community Engagement to Ownership</u>	Framework. The Spectrum of Community Engagement to Ownership charts a pathway to strengthen and transform local democracies. Leaders across multiple sectors, such as community-based organizations, local governments, and philanthropic partners, can use this spectrum to assess and advance community engagement efforts.



Spotlight: Lassen County

"We reached out to the community members to hear from them what they identified as their needs rather than what services we think they need."

As a rural, frontier county, Lassen residents are faced with a lack of access to a diverse array of services that meet their specific needs. At the core of health and wellness, most remote populations live in food deserts, lack reliable digital communication, and drive over an hour to receive essential county services.

To address these challenges, Lassen County Public Health partnered with Lassen County Behavioral Health (BH) to enhance services at three rural Wellness Centers. LHJs who want to engage in equity work should expect that continuous evaluation of project progress and pivoting as needed is essential for reaching desired impact. The Yolo team experienced this during implementation of the COVID Vaccine Outreach project.

"Each came with their own set of challenges, so we reached out to the community members to hear from them what they identified as their needs rather than what services we think they need."

Following town hall meetings and participation in local community events, Lassen County was able to collect information about health equity and meaningful services specific to each of these rural communities. They are in the process of evaluating that data which will help them complete their overall health equity plan.

One of the examples that they have gleaned from the data is the need for fresh vegetables. In response, Lassen County has partnered with farming experts and interested community members to explore the option of offering classes on food gardening and erecting community greenhouses at Wellness Centers. This will give residents a venue to learn how to prepare their soil, grow their food, and harvest and preserve their yields.

We continue to explore innovative ways to bridge the health equity gap among the county's most vulnerable populations.

To learn more about Lassen County's work, please contact Nicole Lamica, Equity Coordinator (NLamica@co.lassen.ca.us).



Partner Across Sectors

Definition: Collaborate with other agencies and organizations across sectors to amplify equity and address the root causes related to the environmental, social, and economic conditions which impact health (social determinants of health).

Why It Matters: Addressing the social determinants of health requires that health departments and other sectors pool resources and collectively advocate for policy change.

Early

TITLE	DESCRIPTION
<u>Using Message Framing Tools to Build and Sustain Cross-Sector Partnerships</u>	Training. This training provides public health professionals with messaging tools for effective communication with other sectors. It describes what framing is and why it is important when communicating to external stakeholders. It takes about 30 minutes to complete and provides participants with a certificate upon completion.
<u>Collaborative Health-A Health in All Policies presentation</u>	Template. This customizable PowerPoint template helps to build support for Health in All Policies (HiAP). The package for this resource also includes a guide on how to support HiAP initiatives in government, which is a companion to the template. It is recommended that organizations review both before giving the presentation to internal or external partners.
<u>Partnership Agreement Template</u>	Template. This customizable template helps partners to think through their common purpose, roles and responsibilities, activities and desired outcomes. It also provides recommendations for each section of the partnership agreement.

Early (continued)

TITLE

DESCRIPTION

[Prevention
Institute:
Collaboration
Multiplier](#)

Framework. Collaboration Multiplier is a framework and tool for analyzing collaborative efforts across sectors. It is designed to serve as a starting point for understanding and appreciating what different fields can bring to the table and for building effective interdisciplinary efforts through partnership.

[Fostering
Community
Partnerships to
Advance Health
Equity](#)

Webinar. This webinar describes how the Alameda County Public Health Department has worked with the housing sector to advance population health.

[Cross Sector
Collaboration
Making
Partnerships
Work for Your
Community](#)

Webinar. This webinar provides real life examples of cross-sector partnerships along with resources and tools to strengthen these partnerships.

[Centering Equity in
Multisector
Collaborations](#)

Webinar. This webinar helps participants think through their values as they develop partnerships. Additionally, it details how to track equity in partnerships and how to integrate lived experience expertise into partnerships.

[Health Equity in
Cross Sector
Partnerships](#)

Webinar. This training provides examples of cross sector partnerships and explains why cross sector partnerships are essential to advancing health equity.

Early (continued)

TITLE	DESCRIPTION
<u>Grassroots Organizations on Collaborating with Public Health Agencies</u>	Guide. This guide describes how grassroots organizations and public health agencies can work together to advance health equity and racial justice. The document describes processes for bringing intentionality to agreements, leveraging community expertise, and integrating equity into organizational goals. Community spotlights are also included for each section, including one from Monterey County, CA.
<u>Initiating Cross-Sector Partnerships to Advance Population Health:</u>	Guide. This guide provides examples of cross-sector partnerships collaborating to address the social determinants of health. The document goes step by step into finding the right partner, creating a lasting relationship, and creating lasting goals within the collaboration.
<u>The Guide to Cross-Sector Collaboration</u>	Guide. This guide provides actionable steps on how to find, build and develop cross-sector partnerships._
<u>Stanford Social Innovation Review-Cross Sector Leadership</u>	Guide. This interactive guide covers several topics including the need for cross-sector leadership, essential skills for leaders, creating a culture of collaboration and establishing cross-sector networks. It also contains profiles of leaders across industries (e.g., business, non-profit, government etc.).

Established

TITLE	DESCRIPTION
<u>An Overview of Public Health Reaching Across Sectors</u>	Training. This training course takes about 30 minutes to complete and discusses why communication is essential to sustaining cross-sector partnerships.
<u>Developing Effective Coalitions: An Eight Step Guide</u>	Guide. This guide provides actionable steps for building effective partnerships.
<u>Engaging Across Sectors and Disciplines to Build Community and Capacity for Health Equity</u>	Webinar. This webinar details why developing cross-sector partnerships are essential to advancing health equity. The webinar focuses on understanding the concept of health disparities, building a community, and case studies of partnering for equity.
<u>Rural Health Networks and Coalitions Toolkit:</u>	Framework. This toolkit provides tips and strategies for developing partnerships in rural areas. The toolkit includes real life examples of networks, strategy brainstorms for developing networks, and how to evaluate and sustain these partnerships. Rural resource.
<u>Supporting Change Agents Across Sectors to Improve Health and Equity in Rural Communities</u>	Article. This article describes how cross sector collaboration is important to improving health and equity in rural communities. Rural Resource.

Strong

TITLE	DESCRIPTION
<u>Supporting Safe and Affordable Housing in Alameda County, CA</u>	Example. The Alameda County Public Health Department serves as an example for how to work across sectors (e.g., housing) in order to advance population health.
<u>Promoting Health Equity by Uniting Sectors Around Shared Data</u>	Training. This webinar discusses best practices for sharing data across sectors in order to advance health equity.
<u>Improving cross-sector collaborations in place-based population health projects</u>	Article. This article provides a framework and recommendations on how to navigate cross-sector partnerships in complex population health projects.
<u>Mobilizing cross-sector collaborations to improve population health in US rural communities: a qualitative study</u>	Article. This study provides four case studies of rural communities working to advance health equity through cross-sector partnerships and provides rural specific strategies. Rural resource.
<u>Approaches for Overcoming Barriers to Cross-Sector Data Sharing</u>	Article. This study identifies challenges to cross-sector data sharing and the approaches used to overcome these challenges in the Mid-Ohio Farmacy, a partnership to address food insecurity.



Spotlight: Los Angeles County



Pictured: L.A. County partnered with Clínica Romero during the pandemic to increase vaccination rates and mask wearing in the Greater Los Angeles area.

The Los Angeles County Department of Public Health continues to advance its health equity mission in collaboration with community partners and leaders. Expanding our connections to broader sectors was especially critical in the Department's response to the COVID-19 pandemic. To name a few:

- Partnerships with the Department of Health Services, clinics, and community & faith-based organizations ensured that testing and vaccination sites were accessible and provided through culturally appropriate mechanisms. Through a network of trusted community-based partners, the Department was able to disseminate timely, linguistically appropriate, and “on the ground” education information about the pandemic, vaccinations, therapeutics, and available resources.
- Public Health works extensively with the business sector and labor partners to understand the challenges faced by essential workers, disproportionately women and people of color and business owners alike. These discussions helped elevate concerns and informed the development of protocols, guidance documents, and Health Officer Orders to ensure worker and customer safety while facilitating compliance with public health protective measures.
- Philanthropic partners proved essential to bolster activities when grant and local funding sources were too restrictive. In partnership with the Southern California Grantmakers, Philanthropy funded mini-grants for Faith-Based Organizations and smaller CBOs who had been voluntarily conducting COVID-19 vaccination clinics.

For more information, please visit the [Los Angeles County Department of Public Health website](#).

Spotlight: Madera County



Pictured (from left to right): Mr. Diaz of Diaz Farms helping customers pick out peaches from his stand at the Farmers' Market. Viviana Joya, Resident Champion, and Maribel Gonzalez, Health Education Specialist collecting surveys from EBT customers at the Farmers' Market. Parents and students who participated in the walkability audits that informed the Safe Routes to School program.

In 2014, the Madera County Department of Public Health embarked on a monumental partnership with over 50 organizations representing healthcare, health plans, business, education, law enforcement, community-based and faith-based stakeholders who are committed to improve community wellness through focused aligned action. The Live Well Madera County (LWMC) coalition was established to create a healthier and more equitable community by addressing the social determinants of health and promoting policies and practices that support health equity. Building trust and ensuring authentic collaboration was achieved by holding space for open dialogue, acknowledging power dynamics and valuing diverse perspectives.

One successful project that emerged from the coalition was increased access to healthy food options in underserved communities. Partnerships with local farmers, school districts, and community organizations helped establish a farmers' market and farm-to-school program that increased access to fresh produce to over 2,000 low-income families and students. Another project helped increase physical activity opportunities by creating a Safe Routes to School program and building a park in an area with limited access to green spaces for exercise and play. The Safe Routes to School program increased walking and biking to school by 25% and the park has become a community hub for social connection and has helped decrease crime rates and increase physical activity.

For more information, please visit the [Madera County Department of Public Health website](#).



Organizational Commitment

Definition: Organizational commitment to equity (race/ethnicity, disability status, age, socioeconomic status, etc.) is seen and felt internally and externally; reinforced in culture and communication

Why: In order to show confidence in the importance of equity in the community, an organization must show that equity is important within its own organization. The organization must lead by example and prioritize a commitment to integrating equity into all sectors within the organization.

Early

TITLE	DESCRIPTION
<u>Joint Organizational Commitment to Anti-Racism and Racial Equity</u>	Example. The Association of Maternal and Child Health Programs (AMCHP), along with other public health organizations, commit to anti-racism and racial equity by publishing a joint organizational commitment statement. A simple and easy to understand document, this is a powerful statement that goes into the purpose of addressing anti-racism, the agreed upon foundations of the approach to anti-racism and racial equity, and commitments with specific activities on how to move forward.
<u>Health Equity Team 2021 Year in Review</u>	Example. This document is an end of the year equity celebration from Winnebago County, WI. The publicly posted review summarizes the health department mission statement, equity team accomplishments, equity internal infrastructure, community equity projects that the health department took part in, and goals for the next year. This is a great example that showcases commitment to equity and transparency.

Early (continued)

TITLE	DESCRIPTION
<u>Organizational Capacity for Health Equity Action Initiative Webinar Series</u>	Webinar. This five-webinar series discusses integrating health equity in your public health department. While Webinar #1 is not relevant, others in the series include "Living health equity values within public health organizations", and "Governance and decision-making for health equity." Note: Please scroll down to "Knowledge Sharing" section to see the list of webinars.
<u>Mission Statement Development Guide</u>	Guide. The Office of Health Equity TA Team presents a list of compiled resources for developing mission and vision statements. The document contains resources for how to develop the statement and real-world examples of equity mission statements.
<u>Building Organizational Capacity to Advance Health Equity</u>	Guide. Created by the CDC, this is a list of actionable steps and recommendations that organizations can take to advance health equity internally. In addition to the recommendations, the guide also includes an example from Nashville and Davidson County, TN and a check list that organizations can use to facilitate discussion about future organizational equity commitments.

Early (continued)

TITLE	DESCRIPTION
<u>A Rising Tide: Increasing Rural LHDs Capacity to Address the Social Determinants of Health</u>	Guide. NACCHO presents a guide focused on the unique challenges and experiences of local health departments integrating equity into their organization. The guide shares results of an assessment completed with five rural health departments, which discusses foundational equity work in each department and digs deeply into motifs across the interviews. Recommendations are included in order to assist rural health departments address social determinants of health in their organizations. Rural Resource
<u>Building a Movement: Transforming Institutions</u>	Guide. Developed by PolicyLink, this guide defines health equity and gives actionable steps for how to further incorporate equity into your organization. The guide breaks down into sections such as “Building Leadership for Health Equity,” “Leveraging Institutional Capital for Health Equity Sustainability,” and “Framing and Communication for Health Equity.” The guide has <u>recommended resources</u> for further reading, which includes many examples from California health departments and other public health institutions.
<u>Choosing Health Equity: Understanding Decision Points in Policy and Practice</u>	Guide. This is a useful discussion guide for public health advocates and decision-makers. A framework within the guide details four steps to implement equity and has discussion questions for each step. In addition to the questions, the guide explains the purpose of asking the question and examples for further reading into the concepts behind the questions, as well. Organizations can benefit from expressing the purpose behind their equity work and verbalizing it to both internal and external partners.

Early (continued)

TITLE

DESCRIPTION

[Making Health Equity a Priority](#)

Framework. As part of the University of Victoria's Equity Lens in Public Health project, this framework outlines six key strategies that organizations can take to commit to health equity. For each strategy, the guide explains the reasoning behind choosing this specific step in simplified and explicit language.

[Health Equity: Moving from the Margins to the Center](#)

Article. This article is written by Dr. Anthony Iton from the California Endowment. The article serves both as an explanation of foundational equity concepts and as a reflection on Dr. Iton's time serving communities in California. Principles of equity, and the reasoning behind them, complement the real-life examples of Dr. Iton's time developing power-building activities for the community of Alameda County.

Established

TITLE	DESCRIPTION
<u>Saint Paul-Ramsey County Public Health-Health Equity Plan 2016-2018</u>	Example. This health equity plan for Saint Paul-Ramsey County, MN discusses concrete equity activities for staff, supervisors, and leadership. The plan also comprehensively discusses internal capacity for equity, resources available for the county to integrate equity, sustainability of equity efforts (including career pipelines), and external equity efforts. Additionally, the plan presents the county's health equity lens with instructions for those interested in using it in their departments, and their approach to Health in All Policies.
<u>National Association of Counties: County Declarations and Resources on Racism</u>	Example. The National Association of Counties lists real-world examples of declarations of racism as a public health crisis. This resource includes 12 examples from CA counties that have made declarations, as well as declarations from many other states in the US.
<u>Dane County Equity and Inclusion Plan</u>	Example. As a show of commitment to equity, Dane County, WI compiles an equity and inclusion plan that details their organizational commitments, leadership development, program innovation, and resource mobilization. The guide states what county employees want to do in the future, a timeline for implementation, specific steps they will take, and a cost/benefit analysis of the actions.

Established (continued)

TITLE	DESCRIPTION
<u>Hennepin County Health Equity Assessment</u>	Example. The health department in Hennepin County, MN presents their adaptation of BARHII's equity assessment into a shorter (10-15 min) and more specific survey to be completed by individual staff members. The survey covers priority areas for staff capacity, strengths and challenges for the department, and overall capacity and desire to address the root causes of health inequity. Hennepin County also did a follow-up survey after one year.
<u>Health Equity & Social Justice in Public Health: A Dialogue Based Assessment Tool</u>	Template. This resource is a dialogue-based internal needs assessment about organizational health equity developed by the Michigan Public Health Institute (MPHI). The assessment focuses on four categories: Leadership, Workforce, Community, and Systems Change. Similar to CDPH's Baseline Organizational Assessment for Equity Infrastructure, the assessment allows for conversations about health equity within the organization and give staff a chance to express opinions on organizational commitment to equity.
<u>Moving to Institutional Equity: A Tool to Address Racial Equity for Public Health Practitioners</u>	Template. This tool guides organizations on how to address racial equity in public health organizations. It includes a process to determine if your organization is ready to address racial equity that consists of a checklist that lists starting conversation points, ie "are you doing this for the right reasons, have you already had initial equity talks, etc". The tool also helps with decision points and feasibility of anti-racist policies.

Established (continued)

TITLE	DESCRIPTION
<u>Baseline Organizational Assessment for Equity Infrastructure</u>	Template. Developed by the CDPH Equity Technical Assistance Team, the Baseline Organizational Assessment for Equity Infrastructure is a tool that can be used by organizations in order to assess their level of internal equity infrastructure via twelve different competencies encompassed in four domains. In addition to the assessment, the link includes definitions of the competencies, frequently asked questions, and a results report from the debut of the assessment in May 2022.
<u>Increasing the success of health equity change initiatives: Organizational enablers and barriers</u>	Webinar. Presented by the National Collaborating Centre for Determinants of Health, this webinar guides organizations through finding their capacity to integrate a health equity lens internally. Notably, the webinar also discusses change management concepts as a way to facilitate this transition, such as proactive and reactive change and internal versus external change.
<u>Public Health Workforce Perceptions About Organizational Commitment to Diversity, Equity, and Inclusion: Results From PH WINS 2021</u>	Article. This article presents results from national US survey on public health workers perceived organizational commitment to DEI. The article concludes that a foundational commitment to equity must be seen in the organization before equity initiatives are started in order to have maximum impact on staff. Essentially, policies that are aimed at increasing equity capacity must feel as though they are being done purposefully and intentionally.

Organizational Commitment

Strong

TITLE	DESCRIPTION
<u>National League of Cities: Repository of City Racial Equity Policies and Decisions</u>	Example. The National League of Cities lists real-world examples of policy changes taken in order to advance equity. California is greatly highlighted in this list, with examples from Oakland, San Francisco, Sacramento, Eureka, and San Gabriel, among others across the United States.
<u>City of Ottawa Equity and Inclusion Lens Handbook 2018</u>	Example. Presented by the City of Ottawa, Ontario, Canada, this guide takes an in-depth look at disproportionately affected populations in the community, analyzing the backgrounds of these populations and common inequities and barriers experienced by them. A vision statement is included for these groups, as well as descriptions of actions currently taking place to improve equitable outcomes for the populations.
<u>Human Impact Partners: An Equity Lens Tool for Health Departments</u>	Example. The Human Impact Partner's equity lens for health departments is a comprehensive guide on how to apply an equity lens to organizational programs and policies. The guide has many sections that allow organizations to review and reflect on the impacts of their programs and how different disproportionately affected populations can benefit from equitable approaches.

Organizational Commitment

Strong (Continued)

TITLE	DESCRIPTION
<u>City of Madison Racial Equity and Social Justice Tool</u>	Example. The City of Madison, WI presents a health impact assessment-style toolkit that digs deep into organizational policies and projects and finds opportunities to integrate health equity and racial justice. Focusing on who, what, when, where, why, and how discussion questions, the tool allows you to separate out the populations that may benefit or be negatively impacted by a new project. The tool is presented in two forms depending on the capacity of the organization: a fast-tracked tool and a more comprehensive school.
<u>Health Equity at Work: Skills Assessment of Public Health Staff</u>	Template. This report provides sample survey templates (in the appendix) on how to assess equity knowledge of organizational staff. This resource has results from the survey and the sample survey itself to use as a template, including a script from focus groups to utilize.
<u>City of Saint Paul Racial Equity Assessment Toolkit</u>	Template. The City of St. Paul presents a racial equity focused assessment in order to determine the future impact of developing policies and programs on different populations of color. The assessment includes a PowerPoint slide training deck to guide users through the tool.

Organizational Commitment

Strong (Continued)

TITLE	DESCRIPTION
<u>BARHII Organizational Self Assessment Toolkit</u>	Template. BARHII presents an organizational self-assessment tool specifically aimed at helping local health jurisdictions identify their baseline capacity for health equity work. The assessment contains surveys for staff and external stakeholders of the organization, as well as focus and interview guides to help facilitate conversations. The package also consists of equity-focused review guides for pre-existing documents and human resources data systems in order to address health equity in past and future programs.
<u>Advancing Health Equity in Health Department's Public Health Practice</u>	Guide. Written by the Public Health Accreditation Board, this guide discusses different health equity initiatives in public health departments (including many across California), various resources and assistance available to departments wanting to further integrate equity, and overall recommendations for equity from the perspective of an accreditation body. Case studies, specific action items, and a large resource toolkit are all great real world items that can be used to understand equity.
<u>How to Evaluate an Organization's Commitment to Diversity, Equity, & Inclusion</u>	Guide. Developed by UC Merced, this guide lists what potential employees job want in a diverse organization. While not public health specific, organizations can use this as a guide or check list towards a more inclusive work environment while also aligning to new standards of outward facing commitment to diversity.

Organizational Commitment

Strong (Continued)

TITLE	DESCRIPTION
<u>Using a Health Equity Lens</u>	Guide. The CDC guides readers on how to consider and use an equity lens in inclusive communication and decision-making. The guide discusses the overall concept of an equity lens and lists step-by-step recommendations on how to integrate equity into already established programs and policies.
<u>Organizing for Racial Equity Within the Federal Government</u>	Guide. Multiple racial justice organizations, such as GARE and Race Forward, share insights on organizing government agencies for racial justice. While focused on tips for federal agencies, many of the principles within this document are relevant to smaller agencies. One section to review is "Prepare for and learn from internal and external backlash," which can be an inevitable reaction that will occur when visually supporting antiracist policies.
<u>Protocol for Culturally Responsive Organizations</u>	Guide. The Coalition of Communities of Color shares their protocol for focusing on racial equity in your organization. This guide explains the impact of racial inequity both on an individual and on whole populations, change theory that can support shifts to racial justice initiatives, and concrete best practices that prioritize racial equity in the organization. Additionally, the guide includes a scoring matrix to measure the cultural responsiveness of your organization, recruitment policies and strategies, performance reviews, and many other helpful resources.

Organizational Commitment

Strong (Continued)

TITLE	DESCRIPTION
<u>Multnomah County Equity and Empowerment Lens</u>	Framework. Multnomah County, OR presents their racial justice focused Equity and Empowerment lens. This tool focuses on the processes of planning, decision-making and resource allocation, and explains concept of the Four Ps: People, Place, Process, and Power. The tool also comes with a conceptual document that outlines the foundational assumptions of the tool, resources, a worksheet to complete during the toolkit process, and other helpful guides.
<u>Transparency: A central principle underpinning trustworthy guidelines</u>	Article. This article discusses the importance of transparency when creating communications for the public. In order to earn community trust, guidelines and notices from your organization must be very clear; where you acquire data sources and the cost/benefit analysis of decisions, among other questions.

Spotlight: Mendocino County



Mendocino County works diligently to advance equity within and across departments, and in our relationships with our residents. Covid-19 highlighted our need to focus on equitable service delivery to underrepresented and historically marginalized communities. In order to swiftly adapt and respond to the evolving community needs, the Covid-19 Epidemiology Briefings and Covid Equity Workgroup were formed.

In the wake of the tragic shooting of George Floyd and marches across the nation demanding justice and accountability, former HHS Director, Ms. Chandler, requested a group be formed to help achieve lasting progress on racial justice and equality issues in our community. The group of employees who volunteered to take on this internal work, named this committee: **Racial Equity and Justice Committee (REAJC)**. REAJC strives to inspire change, inform decisions, and address racial equity and accountability within our departments, through our services, and in our communities.

The first year we had lively discussions around racism, structural and institutional racism, personal experiences of racism, socioeconomic, gender, religion, and other cultural and social constructs impacting how we live and how we treat each other.

Mendocino County's commitment to equity and health is imbedded in its Mendocino County Strategic Plan 2022-2027, developing shared DEI definitions and community engagement objectives across departments. Public Health is developing an equity infrastructure, creating health equity throughout the department's policies, procedures, and culture, with the next step of joining the Government Alliance on Race & Equity Alliance (GARE) network.

For more information, please contact Buffey Bourassa, the Equity Lead for Mendocino County (bourassab@mendocinocounty.org).



Funding and Resource Allocation

Definition: Strategically direct staff resources and funding to build organizational capacity to address equity and to focus resources on ways that benefit communities experiencing greatest inequities.

Why It Matters: Organizations can avoid dissipating resources that may be limited and are not allocated to optimal usage when funding and resource allocation integrates an equitable lens.

Early

TITLE

DESCRIPTION

[Health Equity Guide: Case Study Rhode Island Braids Funding to Create Health Equity Zones](#)

Example. To address the social determinants of health, leaders of the Rhode Island Department of Health (RIDOH) utilized multiple sources of funding to establish “Health Equity Zones.” This case study highlights the ways in which RIDOH leaders increased access to funding and resources to its community partners to enhance population health outcomes.

[Santa Clara County Public Health: Budget Equity Assessment Tool](#)

Template. This resource, developed by Santa Clara County Public Health, is an example of a racial equity tool that is intended put out a procedure and a series of inquiries for determining how budget proposals will help or hurt communities, particularly those of color.

[Institute for Local Government: Equitable Funding Strategies for Local Government](#)

Webinar: This webinar focuses on equitable funding strategies that local governments can implement to operationalize conversations around equity in order to improve community engagement for inclusive decision-making.

Early (continued)

TITLE	DESCRIPTION
<u>Health Equity Guide: Allocate Resources</u>	Guide. Developed by Human Impact Partners, this health equity guide lays out nine strategic steps that leadership, staff, and departments can take to equitably allocate funding and resources.
<u>Contracting for Equity: Best Local Government Practices that Advance Racial Equity in Government Contracting & Procurement</u>	Guide. This issue brief, developed by the Government Alliance on Race and Equity (GARE), shares common policy and practice strategies local governments can implement to improve contracting for equity within the public sector. This issue brief highlights achievements and barriers jurisdictions face in contracting and procurement practices for equity.
<u>Equity Pyramids</u>	Framework. The Equity Pyramid, developed by the Rhode Island Department of Health and modeled after the CDC's Health Impact Pyramid, is a resource that local health departments can use to prioritize work efforts, equitably allocate funding and resources, and inclusively involve community partners to advance health equity.
<u>Integrating Equity in a Public Health Funding Strategy</u>	Article. This article presents a practical approach for incorporating equity into common and competitive funding procedures for public health programs and demonstrates how integrating equitable strategies can better direct decision-makers in allocating funding and resources.

Established

TITLE	DESCRIPTION
<u>San Mateo County Funds Community Implementation Projects to Advance Equity</u>	Example. This case study highlights the Community Implementation Fund developed by the San Mateo County's Health Policy and Planning Program (HPPP), which recognizes the active leading role of nonprofit organizations in addressing the social determinants of health. Through the Community Implementation Fund, funding priorities are redirected to more policy-oriented projects that improve overall community health outcomes and address inequities within the social determinants of health including housing, education, economics, and neighborhood conditions.
<u>Solano County Leverages Internal Champions and External Experts to Advance Equity</u>	Example. This case study highlights best practices for utilizing existing resources to build internal capacity to advance equity through three partnerships between Solano County Public Health and GARE, Human Impact Partners, and the National Organization of Urban Maternal and Child Health Leaders (CityMatCH).
<u>CDPH Equity TA Office Hours: RFP Process</u>	Webinar. This office hour hosted by the equity TA team featured guest speakers from Marin County and San Diego County. During the hour, a series of panel questions were asked and shared practices for an equitable RFP process were discussed.
<u>Building Internal Infrastructure to Advance Health Equity</u>	Webinar. This webinar, hosted by Human Impact Partners, focuses on how to build internal infrastructure within local health departments to further drive health equity efforts. The webinar highlights case studies from the Rhode Island Department of Health and New York City Health who have shifted internal policy priorities and funding to produce upstream change.

Established

TITLE	DESCRIPTION
<u>Racial Equity Toolkit: An Opportunity to Operationalize Equity</u>	Guide. This toolkit, developed by GARE, is intended for governmental jurisdictions looking to operationalize equity into policies, practices, programs, and budgets. The racial equity toolkit can be utilized at multiple levels (local, regional, state, and federal) and shares guiding questions for considerations.
<u>City of Long Beach Memorandum: Equity Investment Framework</u>	Framework. This resource is a memorandum released by the City of Long Beach and highlights the equity investment framework and the approach taken by the LHJ.
<u>City of Long Beach: Equity Investment PowerPoint Slides</u>	Framework. This resource provides the PowerPoint slides from the City of Long Beach which defines the health equity framework and RFP process.

Embed Equity Principles

Definition: Integrate equity principles throughout the organization's programmatic and operational plans, policies, and procedures; including budget, human resources, procurement, data, and decision-making.

Why It Matters: Internal policies and procedures are often outdated and do not address equity in their Human Resources (HR) practices, strategic and operational plans, resource allocation, and funding, so emphasizing equity throughout the organization sets the tone for how equity is prioritized internally and therefore, externally. Embedding equity principles within your own organization serves as a model for external partners building their own equity capacity and infrastructure.

Early

TITLE	DESCRIPTION
<u>Change Internal Practices & Processes</u>	Example. As part of Human Impact Partners' Health Equity Guide, the Change Internal Practices and Processes strategy addresses how to change internal practices and align internal processes to advance equity. Difficult work must be done to reveal how current policies and practices support or impede equity, and barriers must be removed to advance equity work.
<u>Health Equity Guide - Additional Resources</u>	Example. This is a suite of resources intended to help health departments change internal practices and processes. Resources include Contracting for Equity, Developing an Equity Impact Statement, Equitable Hiring Handbook, and more.

Early (continued)

TITLE	DESCRIPTION
<u>State Health Department Organizational Self-Assessment for Achieving Health Equity: Toolkit and Guide to Implementation</u>	Template. The State Health Department Organizational Self-Assessment for Achieving Health Equity: (Self-Assessment) can help health departments establish a baseline measure of capacity and areas for improvement to incorporate equity. This Self-Assessment is designed to help guide strategic planning and organizational development, as well as initiate conversations around equity.

Established

TITLE	DESCRIPTION
<u>Serving Diverse Communities: Building Cultural Competence and Humility into the Workplace</u>	Training. This training discusses culture, cultural competence, cultural humility and the differences between them. Three online resources are included in this training to promote cultural competency and humility.
<u>Changing Internal Practices to Advance Health Equity</u>	Training. Human Impact Partners (HIP) presents a training for organizations interested in addressing barriers to integrating health equity into their department. The program confirms the role of local health departments in addressing the roots of health inequity, addresses change management and different levels of influence in staff around equity initiatives, and gives examples of how to use internal actions to advance health equity. The reframing tools in this training are also very useful to all organizations in their equity discussions.

Established (continued)

TITLE	DESCRIPTION
<u>Advancing Health Equity in Local Health Departments: 4-Part Webinar Series</u>	Webinar. Organized by Human Impact Partners, these webinars were co-sponsored with the Government Alliance on Race and Equity, the National Collaborative for Health Equity, and NACCHO's Health Equity and Social Justice Committee. Each webinar focuses on a set of strategic practices to help health departments build internal infrastructure, work across government agencies, foster community partnerships, and champion transformative change to advance health equity.
<u>A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease</u>	Guide. This Health Equity Guide includes strategies and tools to incorporate equity into foundational skills of public health. This guide touches on the integration of health equity into local practices such as building organizational capacity, engaging the community, developing partnerships, identifying health inequities, and conducting evaluations for various public health initiatives.
<u>Equity & Inclusion: The Roots of Organizational Well-Being</u>	Article. This article discusses the need to go beyond simply adopting standard diversity, equity, and inclusion (DEI) practices in order to build healthy and resilient organizations. Strategies include building capacity to develop new skills, creating an environment where DEI can grow, and implementing equitable systems internally and externally.

Strong

TITLE	DESCRIPTION
<u>Santa Clara Develops Infrastructure to Address Racial & Health Equity Example</u>	Example. A case study examining how Santa Clara County Public Health Department in California is developing internal infrastructure to advance racial and health equity. Strategies include developing racial and health equity committees and workgroups, developing equity trainings for staff, and engaging community partners wherever possible. The outcomes and impacts of their work are also discussed.
<u>Operationalizing Equity</u>	Framework. Operationalizing Equity looks at how the Annie E. Casey Foundation is embedding equity principles in its grantmaking and administrative operations. The report includes tools for operationalizing equity work and examines how tying race equity to an organization's mission can help staff shift their priorities over time.

Spotlight: Contra Costa County

Contra Costa Health Services



Stands United Against Hate

Contra Costa County's Health Services (CCHS) contracted with The Justice Collective, a minority- and women-owned agency, to lead an organization equity assessment starting with an online survey sent to all 4,440 staff. To understand employee experiences across demographics, divisions, and diverse identities, CCHS held 3 focus groups and 16 listening sessions, including 1 community session with the participation of approximately 20 community partners.

A comprehensive report of assessment findings was used by The Roadmapping Team; 25 staff members across the department, to develop a Comprehensive Racial Equity, Diversity and Inclusion Roadmap including a r(DEI) vision, definition, goals, objectives, performance metrics, and team action plans. The Roadmapping Team met between October 2022 and January 2023 for the following sessions:

- Session 1: Group Formation and Establish Shared Language
- Session 2: Finalizing Equity Definition / Visioning an Equitable Workplace
- Session 3: Identifying Priority Focus Areas Based on TJC Assessment Report
- Session 4: Developing and Discussing Outcomes
- Session 5: Generating SMART Objectives
- Session 6: Identifying Resources, Stakeholders and Steps Needed for Implementation

Next steps for CCHS in launching the Equity Roadmap by April 2023 include:

- Engaging Leadership and data teams to identify and finalize appropriate timeframes, measurement and implementation plans for each Roadmap objective
- Making the complete Roadmap and implementation plans accessible to all CCHS staff for buy-in and transparency
- Forming an internal Equity Advisory Council to collaborate with the Equity Team to lead Roadmap operationalization and ensure maximum department-wide accountability
- Developing new employee-centered resources, trainings, and opportunities to shift culture for an equitable workplace.

To learn more about CCHS' Equity efforts contact EquityTeam@cchealth.org.



Data Collection and Usage

Definition: Collect data to reflect the experience of communities impacted by inequities and make it accessible to the community for shared use in policy and program planning.

Why It Matters: Data helps us understand health inequities, and we need to be intentional in the data we are collecting, as well as, who we share it with and how we use it. Including data directly from communities impacted by inequities, makes sure that those communities are counted, seen, and given a voice. This might mean collecting multiple types of data (quantitative and qualitative) in innovative ways. Sharing the information with those communities allows for accountability and empowers communities to become advocates for themselves.

Early

TITLE

DESCRIPTION

[County Health Rankings & Roadmaps](#)

Example. This website can serve as a resource or example of the type of data that can be collected for all counties. It doesn't, however, address the barriers of collecting certain demographic data in smaller counties.

[Achieving Equity with Results-Based Accountability](#)

Webinar. Under the framework of Results-Based Accountability (RBA), this 1.5-hour webinar covers multiple topics geared toward equity in a community starting with data. Topics span from using disaggregated data to understand racial inequities to basic information on racism itself, racial equity, and racial bias. The webinar ends with examples, success stories, and resources from local health departments and beyond.

Early (continued)

TITLE	DESCRIPTION
<u>Gathering Data and Information from the City of Long Beach Office of Equity Toolkit</u>	Toolkit. Page 14-15. This toolkit provides guiding questions and examples of how to apply an equity lens to multiple strategies, including gathering data and information (of interest for this competency). The guiding questions span different levels in the spectrum of early, established, and strong.
<u>A Rising Tide: Increasing Rural Local Health Department Capacity to Address the Social Determinants of Health - Data and Evaluation</u>	Article. Page 13 & 21. The National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) describe five essential themes within rural local health departments to combat social determinants of health in their communities: Partnerships, Leadership, Community Engagement, Data & Evaluation, and Strategic Planning. Rural Resource
<u>COVID-19 Health Equity Playbook for Communities, Strategies and Practices for an Equitable Reopening and Recovery</u>	Report. Page 53. The Data Section of this report provides examples of dashboards from local health departments and lists state data tools to further explore.

Established

TITLE	DESCRIPTION
<u>Oakland Equity Indicators - Measuring Change Toward Greater Equity in Oakland</u>	Example. This Oakland Equity Indicators Report is an example of the type of analyses that can be developed after going through the data collection process. The city of Oakland showcases a quantitative framework for city staff and community members to understand the impacts of race, measure inequities, and track changes in disparities over time.
<u>Data for Rural Health Equity, Vol. I: Understanding Population Health Concepts</u>	Training. The first of a three-part series, this 1.5-hour module reviews how to use data and make a connection between social determinants of health and health disparities in a community. Rural Resource
<u>Data for Rural Health Equity, Vol. II: Communicating Effectively</u>	Training. The second of a three-part series, this 1.5-hour module dives into how to communicate data to your community. Rural Resource
<u>Data for Rural Health Equity, Volume III: Visualizing Data Stories</u>	Training. The last of a three-part series, this 1.5-hour module covers data visualization strategies to help deliver health information to your audience and tell a more captivating story. Rural Resource
<u>How Can We Mobilize Data?</u>	Website. This website provides ideas, actions, and resources on how to utilize data to understand and investigate inequities and evaluate public health interventions. The various materials span the spectrum of our early, established, and strong categories.

Strong

TITLE	DESCRIPTION
<u>Applying social determinants of health indicator data for advancing health equity</u>	Guide. This technical guide walks local health departments and their community partners through collecting, analyzing, and using data indicators for local community health assessments, program/policy development, and health equity advocacy.
<u>Principles for Using Public Health Data to Drive Equity</u>	Guide. Page 23. This guide aims to incorporate data equity principles to each stage of the data life cycle, bringing an equity lens to each stage. These principles emerge from an environmental scan by the CDC Foundation that is further described in the document. The various stages of the data life cycle relate to different levels of the early, established, and strong spectrum.
<u>Do No Harm - Applying Equity Awareness in Data Visualization</u>	Guide. This guide with its respective checklists and toolkits focuses on the ways data analysts, researchers, and communicators fail to integrate equity in their work, how to correct common mistakes, and how to be more intentional in using a Diversity, Equity, and Inclusion (DEI) approach.

Spotlight: Humboldt County



The Community Health Assessment (CHA) is a summarizing health data snapshot of the status of health in Humboldt County and supports planning and policy making. It summarizes health data in Humboldt County, the factors that influence those health outcomes and supports planning and policy making and is a snapshot of the status of health in Humboldt County. It also looks at which community members experience health inequities – embedded differences in access to opportunities for health.

The Community Health Improvement Plan (CHIP) is a community-wide action plan for reducing health disparities, promoting health equity, and improving overall population health. The CHIP is informed by CHA data and lays out our collective community health objectives and priority areas for the next five years. Embedding community partners was one of our priorities and achieved through intentional data workgroups. Many strategic community partners contributed through the data workgroups to set our priorities, review subject matter, recommend revisions, and provide additional information.

The Live Well Humboldt (LWH) Initiative is an aligned network of strategic community health improvement collaborators involved in the development and implementation of the CHA and CHIP. LWH assembled as the LWH Data Workgroup to review data sources and indicators, identify disparities, set goals, and map strategies by CHIP priority areas. Five meetings were held with many community partners in attendance. Together During five meetings with community partners, we discussed each priority area, summarizing the existing work to improve community health, identify measurable health outcomes that we agree to use, and integrate health equity into our work for improved health for all.

Another approach to engage the public with data is through the development of our community facing data dashboard. Not only will various data come directly from community members, but it will also increase their access to that same data (and more) to measure progress and support program planning. It will enable Humboldt County Public Health to use data as a cross cutting strategy to identify and address health inequities within the County. Ultimately, all our efforts are meant to obtain timely input on issues not captured in other data systems and create actionable responses to equitably strengthen health systems within underrepresented populations.

For more information, please see [Humboldt County Public Health's Data Page](#).



Shared Analysis

Definition: Conduct shared analysis with staff, multisector partners, and community/residents to explore the root causes of problems and co-develop strategies and solutions.

Why: Complex problems require complex solutions with the input of all partners that are impacted and would benefit from a fix. Shared analysis places equal value on academic, professional, and lived experiences.

Early

TITLE	DESCRIPTION
<u>Promoting Health Equity by Uniting Sectors Around Shared Data</u>	Webinar. (\$3 fee to watch) This 1-hour webinar covers successful practices for data sharing as well as improving multi-sector collaboration and communication to address social determinants of health.
<u>Community and Stakeholder Engagement</u>	Guide. (Page 65-70) In this section of the COVID-19 Health Equity Playbook, CDPH provides actionable steps towards more empowering community engagement. The section gives the basic principles of engagement, real life examples of activities to solidify agreements and trust, and additional resources to explore the concept more.
<u>IAP2 Spectrum of Public Participation from the City of Long Beach Office of Equity Toolkit</u>	Framework. (Page 28-29) This toolkit provides guiding questions and examples of how to apply an equity lens to multiple strategies, including gathering data and information (of interest for this competency). The guiding questions span different levels in the spectrum of early, established, and strong. Additionally, the appendix of this toolkit includes the IAP2 Spectrum of Public Participation, which can be used to guide shared analysis with external stakeholders from “Inform” to “Empower.”

Established

TITLE

DESCRIPTION

[Mobilize Data, Research, & Evaluation Case Studies from HealthEquity Guide.org](#)

Example. This website showcases case studies of health departments that successfully mobilize data, conduct research, and develop evaluations within their departments and communities. There are case studies in all levels of our early, established, and strong spectrum, each with a description of factors that enabled the work, their impacts, and advice to replicate successful efforts. It includes five case studies from California LHJs.

[Health Equity Data Analysis](#)

Guide. The Minnesota Department of Public Health shares their Health Equity Data Analysis (HEDA) guide to assist public health workers in separating their data into different vulnerable populations. This allows organizations to look at health outcomes among different populations in their community and plan equity activities based on data. The guide explains how to do a HEDA step by step, as well as how to both share and use the findings.

[Evaluating Community Programs and Initiatives](#)

Guide. (Chapters 36, 38-39). Part of the Community Tool Box from the University of Kansas, this section focuses on how organizations can use Community Participatory Research in order to evaluate and make decisions on community facing programs and policies. The section includes a toolkit specifically focused on how to evaluate a community initiative with a detailed and easy-to-follow step-by-step guide.

Strong

TITLE	DESCRIPTION
<u>Principles for Using Public Health Data to Drive Equity - A guide to embedding equitable practices throughout the data life cycle</u>	Guide. (Page 23) The CDC Foundation uses this guide to help different organizations utilize equity principles throughout all uses of health data. The guide shares the five data equity principles, with advice on how to how to apply them to data work, and actionable steps to take to integrate equity at each step in the data analysis process.
<u>Powering Health Equity Action with Online Data Tools: 10 Design Principles</u>	Guide. This report offers 10 design principles for effective online data tools developed to advance health equity. Each principle explains how to apply these principles and include a local, state, or national real-world example of how the principle has been applied and executed.

Spotlight: Riverside County



Pictured (left and right): The RUHS-PH Health Equity Team poses for a group photo.

Riverside University Health Systems – Public Health (RUHS-PH) engages community partners in shared analysis to advance health equity in Riverside County. To lead equity efforts for RUHS, a diverse Health Equity Team was established whose full-time job is to improve health equity in Riverside County. Initiatives they have spearheaded include:

- The Equity and Justice Taskforce, strengthens the framework to inform, and advocate for racial and social justice throughout Riverside County. The taskforce promotes community initiatives towards equity and justice.
- A **Community COVID-19 Impact Hub** is coming soon. The team is gathering input on how communities and neighborhoods have been impacted by the COVID-19 pandemic. Community stories will provide a deeper understanding of the data. This Hub will:
 - o Display social and health inequity data
 - o Curate community resources
 - o Promote policy, program, & community-driven solutions
- The Riverside County Health Coalition, provides a forum to share knowledge and collaborate with other agency partners, mobilizes partners and coordinates county-wide efforts to promote healthier living throughout Riverside County.
- In collaboration with Public Health Alliance of Southern California (PHA), a work group of thought leaders in the public health department and community were convened to develop a customized **Health Equity Policy Action Plan**. The plan includes tiered recommendations to improve population health utilizing HPI data and social determinants of health. PHA has also compiled the **Advancing Health and Racial Equity Report**, which outlines opportunities and recommendations to strategically advance equity department wide.

Please visit the [Health Equity Program](#) | [Riverside University Health System](#)
or contact RivCoHealthEquity@ruhealth.org to learn more.



Inclusive Decision-Making

Definition: Include community members/residents and stakeholders in key decisions about program, policy planning, and evaluation activities.

Why It Matters: Too often, key decisions that impact communities most harmed by inequities are made without their perspectives. In order to drive change, health departments must build and share power with these communities by ensuring their voices are heard.

Early

TITLE	DESCRIPTION
<u>Nexus Community Partners: Community Engagement Assessment Tool</u>	Template. This tool allows organizations to reflect on their community engagement techniques. It presents methods in a variety of ways, including to assess potential partnerships, identify strengths and limitations.
<u>Three dimensions of Power: Building a Multi-dimensional Approach to Power</u>	Template. This worksheet helps LHJs assess their current approach to building power. It is based on the three dimensions of power: organizing people for direct political action, building organizational infrastructure and reshaping worldviews and ideologies.
<u>Strategies to Advance Health Equity: State and Local Health Departments' Role in Building Pathways to Higher Education</u>	Training. In this training, participants learn how education influences health outcomes and provides strategies for LHJs to help students be successful.

Early (continued)

TITLE	DESCRIPTION
<u>Advancing Health Equity Through Power Building and Narrative Change</u>	Webinar. This webinar discusses the importance of building community power and provides strategies for LHJs to advance health equity change using public narrative.
<u>Power-Building for Health Departments, Part 1</u>	Webinar. This webinar features Salomeh Wagaw, Program Director of Health Equity for Riverside County Department of Public Health, who discusses strategies for building power with communities.
<u>Messaging Health Equity to Decision-Makers</u>	Webinar. This webinar provides public health professionals with effective communication tools that could sway decision-makers to advance health equity through policy change.
<u>Involving People Most Affected by the Problem (University of Kansas Community Toolbox)</u>	Guide. This guide describes why inclusive decision-making is fundamental to advancing health equity. It also details how to pick partners, problem solve barriers to participation, and gives further resources to explore this topic.
<u>Power Moves: Your Essential Philanthropy Assessment Guide for Equity and Justice</u>	Guide. This guide provides an overview of the three dimensions of power: building power, sharing power and wielding power. It contains an organizational self-assessment, sample questionnaires, a discussion guide, best practices guidelines and other tools to help organizations determine their readiness to wield power specifically within their internal operations and grantmaking processes.

Early (continued)

TITLE	DESCRIPTION
<u>Shifting and Sharing Power: Public Health's Charge in Building Community Power</u>	Article. This article provides examples of health departments, including Alameda County, CA, sharing power with community organizations in order to work towards a common agenda. It also lists the three dimensions of power to consider when partnering for decision making.
<u>Forming Partnerships With Public Health Departments, Part 1: Why It's a Good Idea</u>	Article. This article describes the benefits of partnerships between public health staff and community organizers.
<u>Why Community Power Is Fundamental to Advancing Racial and Health Equity</u>	Article. This article describes why community power building is more effective than community engagement to advance health and racial equity. The Alameda County Public Health Department is referenced as an example of a local health department partnering with a community-based organization in order to change housing policy.
<u>8 Ways to Connect with Your Public Health Department</u>	Article. The article is intended for community organizers who are interested in collaborating with public health department leaders to advance racial justice and health equity. The San Francisco Public Health Department and Alameda County Public Health Department are highlighted for their collaborations with community-based organizations.

Established

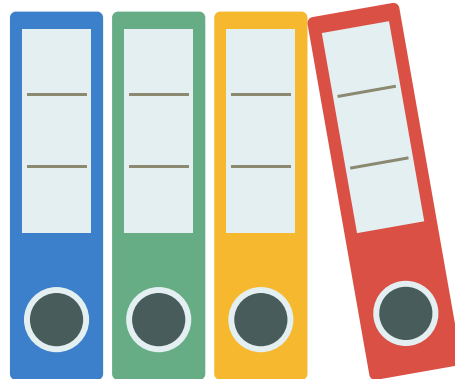
TITLE	DESCRIPTION
<u>Resources for Collaboration and Power Sharing Between Government Agencies and Community Power-Building Organizations</u>	Guide. This guide is for health departments seeking to share power with community power-building organizations (CPBOs) and provides action-oriented steps to improve collaboration.
<u>Making Equity Endemic In Solano County</u>	Guide. Using the Solano County Public Health Department as an example, this report includes recommendations on ways to support BIPOC communities during the post pandemic recovery.
<u>Ensuring Equity in COVID-19 Planning, Response, and Recovery Decision Making:</u>	Guide. This resource helps health departments ensure that equity is at the center of the decision-making process before, during and after a public health emergency. It provides examples of California health departments, (e.g., Santa Clara County, City of Long Beach etc.), embedding equity into their COVID-19 response.

Strong

TITLE	DESCRIPTION
<u>Alameda County Advances Equitable Housing Policies</u>	Example. This resource describes in detail how the Alameda County Public Health Department created housing policy change in order to advance health equity. The Alameda County Housing Workgroup is comprised of residents, community organizers and other stakeholders seeking to address housing inequities.
<u>Activities to Deepen Your Power-Building Analysis</u>	Guide. This guide assists public health professionals who wish to dive deeper into power dynamics and assess their own power-building activities. The guide contains activities that individuals and their whole organizations can complete in order to find their own abilities, create a partner landscape analysis, and complete a basic power mapping activity.
<u>Health Departments and Authentic Community Engagement by Center for Public Health Practice & Research</u>	Guide. This study of LHJ staff across the United States describes in detail their community engagement activities and provides recommendations for authentic community engagement.



Additional Resource Databases



The Equity TA Team would like to highlight the following databases that are the sources for many of our select resources above, guided us to other incredible sources, and contain many more equity resources with a focus beyond the twelve competencies that you can explore.

Resource Databases

- [Minnesota Department of Health Equity Resource Library](#)
 - [Human Impact Partners Health Equity Guide](#)
 - [University of Kansas Community Toolkit](#)
 - [The National Equity Atlas](#)
 - [Bay Area Equity Atlas](#)
 - [National Network of Public Health Institutes COVID-19 Health Equity Resource Library](#)
-

Training Databases

- [Public Health Learning Navigator](#)
- [CDC Train](#)
- [Colorado School of Public Health Center for Public Health Practice- Public Health Trainings Search Engine](#)
- [Western Region Public Health Training Center](#)
- [Region IV Public Health Training Center](#)

Acknowledgements & Disclaimers

We want to thank the LHJs for submitting spotlights, reviewing, and being dedicated to equity!

This Equity Toolkit is for you. It is a living document, bringing you resources on the 12 competencies on equity infrastructure. If you have any suggestions on what you would like to see (or links don't work), please let us know via the [Equity Portal](#).

These links are being provided for informational purposes only and do not constitute an approval by the CDPH of any of the products, services or opinions of the corporation or organization or individual. CDPH bears no responsibility for the accuracy, legality, or content of the external site or for that of subsequent links. Contact the external site for answers to questions regarding its content.

