

#impactEQUITYNC



# North Carolina Health Equity Impact Assessment Implementation Guide & Handouts for Day of Assessment

*The North Carolina Health Equity Impact Assessment was developed by #impactEQUITYNC, a collaboration between NC Child, the NC Division of Public Health Women's and Children's Health Section, the NC Office of Minority Health and Health Disparities, and the NC March of Dimes. This assessment was informed by the Health Equity Review Planning Tool created by the Washington State Department of Public Health and the City of Seattle Race and Social Justice Initiative Racial Equity Toolkit.*



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## Welcome to the Implementation Guide/Instructions for Facilitators

Welcome to the Implementation Guide of the Health Equity Impact Assessment (HEIA) Tool. This guide will assist you in effectively and successfully facilitating and completing the HEIA.

### Instructions for Facilitators

**For the best results, review the entire Implementation Guide prior to beginning the HEIA.** The Implementation Guide provides background information for Pre-Work sections A – C and steps 1 – 4 that will help guide the facilitator as they implement this assessment.

Sections labeled as **Background for the Facilitator** provide information for each of the different Pre-Work sections and steps. This information will help prepare the facilitator to lead the HEIA. Facilitators can use this information to further guide the conversation, but this information should not be read to the implementation team.

Sections written in *italics* are opportunities for the facilitator to paraphrase the information for the participants. If the facilitator prefers, the information can be read verbatim.



**Tips** are located throughout the Implementation Guide in **bold font** and provide opportunities to increase engagement during the HEIA implementation. The **Tips** will also provide ideas on ways to present the information.



An **Example** is used throughout the *HEIA Implementation Guide* and *Handouts for Day of Assessment*. The **Example**, which is presented in a gray shaded box, provides additional insight into what each Pre-Work and step might look like.

### Important Information for Facilitators

Facilitators should have experience in group facilitation and group dynamics, or other experience coordinating and managing group discussions. In addition, the facilitator should have a working knowledge of health equity and health disparities.

As a facilitator, it is important to encourage participation from **all** members of the team and to engage and make them feel comfortable. Here are a few tips/skills of good facilitators:

1. Use active listening (summarizing what the participant said).
2. Pause after asking questions to allow participants time to think.
3. Avoid the tendency to “jump in” with an answer after a question is asked. Wait 5 to 10 seconds before providing additional clarification or answers.

4. Adapt your facilitation style to the members in your group. Participants learn and participate in a variety of ways. Participants may be quiet and shy and prefer to put their thoughts on paper. Other participants may be very talkative and prefer to share their thoughts verbally. Groups can have both types of participants, and it's important to get input from **all** participants. Have alternative activities (e.g. writing responses, partner discussions, anonymous polls) to encourage participation.

The HEIA is designed to be an interactive tool. **As a facilitator, ask lots of questions. Wait for feedback. Try not to answer the questions yourself.** The more input received from the group, the more likely the group will have a vested interest in the work on which they are embarking.

If you need more information about facilitation and group dynamics, visit these websites:

- **Centers for Disease Control and Prevention, Communities for Public Health, Facilitation Tip Sheet**  
[https://www.cdc.gov/phcommunities/docs/plan\\_facilitation\\_tip\\_sheet.doc](https://www.cdc.gov/phcommunities/docs/plan_facilitation_tip_sheet.doc)
- **Community Tool Box, from the Work Group for Community Health and Development at the University of Kansas, Group Facilitation** <https://ctb.ku.edu/en/table-of-contents/leadership/group-facilitation>

## **Glossary**

A glossary of terms used in the HEIA Tool is included in the Implementation Guide ([Glossary](#)). If you are reviewing the guide electronically, terms are hyperlinked to the Glossary, so you can hold down the Ctrl key and click on the term (which is underlined and in blue font).

## **Materials**

Each activity and step will tell the facilitator exactly what materials are needed. In general, the following materials will be needed throughout the training:

- Flip chart paper (or whiteboard)
- Easel (for hanging the flip chart paper)
- Laptop/LCD (optional)
- Pens/pencils/markers
- Tape
- Sticky notes

Each HEIA participant should receive the following at the beginning of the assessment:

- NC HEIA Handouts for Day of Assessment document
- Pen/pencil
- Blank paper/notepad
- Sticky notes

## The Health Equity Impact Assessment: Overview

[Health inequities](#) are complex and typically longstanding problems that affect our communities. These unjust outcomes are further impacted by policies and programs created with the intention of improving quality of life. By acknowledging the factors that contribute to [health disparities](#) and health inequities, we can be inclusive and systematic in our approach to address the inequities that negatively impact the health of certain populations. **The [Health Equity Impact Assessment](#) (HEIA) encourages focus on a particular policy/program and its impact on health disparities and health inequities.** The tool allows a team to think outside the box and consider all factors that could potentially impact the health of populations at risk.

The HEIA helps facilitate conversations about factors that support or weaken health, including the [root causes](#) of disparities and inequities. Information gathered throughout this process will provide community perspective and guide your team in strategic planning to modify an existing or proposed policy/program. The HEIA will help to develop concrete methods and action steps aimed at improving policies/programs in the hope of reducing health disparities and inequities within the impacted population(s). In addition, the HEIA will:

- **Analyze Data** to determine potential impact of policies/programs.
- **Involve Stakeholders and Impacted Populations.** Effective health equity assessments require early and continued involvement of members of impacted populations. It is important to have knowledge of the community (resources, contacts, and partners) and to gain their perspective on current policies and programs as well as understand the potential impacts on the community, both positive and negative.
- **Identify** ways to modify current or proposed policies or programs to ensure they reduce health disparities and inequities, **NOT** make them worse.
- **Provide information** on uneven impacts on various populations or communities.
- **Recommend** modifications to policies or programs that promote equity and ease negative impacts.

The HEIA consists of three Pre-Work steps, team-building activities, four implementation steps, a glossary, and worksheets.

### The Pre-Work

A small [leadership team](#) will complete two of the Pre-Work activities prior to the implementation of the HEIA.

#### Pre-Work A: Identify the Program/Policy and Implementation Team

During Pre-Work A, the leadership team will identify both the policy/program to be reviewed using the HEIA and the participants who are needed to implement the assessment ([implementation team](#)). Identifying the necessary participants and getting them onboard can



take time. Recruitment and engagement of the identified participants is very dependent on relationships and having the right people reach out to potential team members.

#### Pre-Work B: Self-Assessment/Preparing your Team

Pre-Work B provides online resources and opportunities for both the leadership and implementation team members to assess and enhance their knowledge and skills associated with health equity, health disparities, and implicit biases. Pre-Work B resources should be shared with the implementation team at least two weeks prior to the assessment. The leadership team can copy and paste the information from Pre-Work B into an email or letter for the participants. Both the leadership and implementation teams will complete Pre-Work B. [Appendix B](#) has additional resources that can be shared with your implementation team.

#### Pre-Work C: Prepare your Data Profile

The leadership team will use Pre-Work C to prepare a data profile to be used as part of the assessment. The profile is used to highlight inequities and provide some description of the current state of disparities for a given community. Depending on the data needs, the time to complete this work will vary, but allow at a minimum two weeks to prepare the data profile.

#### Team-Building Activities

These activities provide opportunities to get to know each other better, form group norms, gain trust, and understand key terms and definitions. **The implementation team will need to be on the same page to discuss complicated and sensitive information, so these activities are important.** Take ample time either the day of the implementation or, if the team is available, at a prior time to engage the team in these activities. Additional team-building activities are outlined in [Appendix G](#).

#### Handouts

Each member of the implementation team should receive a copy of the *North Carolina Health Equity Impact Assessment Handouts for Day of Assessment* document. This document contains the worksheets for each of the four steps which will be completed as part of the assessment.

#### The Steps of the HEIA

- Step 1: Describe the current policy or program
- Step 2: Analyze and interpret the data profile
- Step 3: Identify modifications
- Step 4: Develop a monitoring plan

The four steps of the HEIA will be completed jointly by the leadership team and the implementation team on the day of the assessment. It is strongly encouraged to implement steps 1 – 4 of the HEIA at the **same time** with the **same group** of people. Based on experiences

piloting the HEIA, it will take approximately five hours to implement all four steps of the HEIA, including break time.

The HEIA was implemented by five lead health departments and the NC Division of Public Health, Women's Health Branch in the summer and fall of 2018. The implementing agencies found there was insufficient time to complete step 4. Therefore, rather than rushing through each of the steps, the local leadership teams at each agency, in agreement with the implementation team, decided to use their allotted time to complete through step 3 and then complete step 4 at a later date. Some of the agencies completed step 4 as a leadership team, while others reconvened the implementation team. Both processes worked for the agencies. After completing step 4, the leadership team sent out the monitoring plan to the implementation team for feedback as well as accountability.

Prior to implementing the HEIA with your implementation team, the leadership team should develop a contingency plan for completing the HEIA and what they would suggest to the implementation team if they cannot get through step 4.

In addition, if the leadership team decides to conduct the HEIA implementation on multiple days, make sure time is set aside each day to review and summarize the previous days' material. It is advisable to complete a full step before ending an implementation day. Failure to complete a full step may lead to confusion at the next implementation day.

## Pre-Work A: Identify the Policy/Program and Implementation Team

**Purpose:** Pre-Work A provides guiding questions to answer about the policy/program that will be assessed and information about recruiting the right people to be on the implementation team.

The success of a health equity impact assessment is highly dependent on knowing what the policy/program is you want to assess and having the right people at the table throughout the assessment process.

Many policies/programs are broad, containing a number of components that must be implemented in order to achieve the given outcome. It is recommended that instead of focusing on the larger, broader policy/program, the leadership team narrow the focus to one to two components of the policy/program.

### EXAMPLE

The program to be assessed: Breastfeeding in X county.

The program has a number of components including increasing initiation and duration of breastfeeding, increasing the number of women who breastfeed for at least 6 months, and increasing the number of breastfeeding friendly businesses.

It is likely not feasible to focus on disparities among all these components, as each could involve different actors and may require different data. Instead choose one or two of these components to be the focus of the HEIA.

### Overview of Policy or Program to be Assessed

The leadership team should meet and answer the questions below in order to prepare an overview of the policy or program to be assessed. It is important to be able to provide a document that answers the “who-what-where-when-and-why” of the policy/program to be assessed. This information will be shared with the implementation team on the day of the assessment.

Although there is no right or wrong way to share the information with the team, be sure to include answers to the questions below and present the information in an easily understood manner. It might be helpful to provide a one-page fact sheet or overview handout to implementation team members on the day of the HEIA.

- a. What is the name of the policy/program?
- b. What is the goal? What outcomes are expected?
- c. Who was involved in the creation of the policy/program?

- d. Has this program/policy been attempted previously in this community? In other communities? What were the effects?
- e. How is it funded?
- f. Are there specific measures of success for the policy or program?
- g. Currently, who is the [priority population](#) (i.e. race/ethnicity, SES, age, geographic location, etc.) affected by the policy or program?
- h. What mechanisms are being utilized to achieve the goals and outcomes (i.e. outreach, education, counseling, media, etc.)?
- i. Where do activities currently take place (i.e. health department, community, faith-based organization, worksites, etc.)?

### **Identifying the Appropriate Participants**

After the overview is prepared, the leadership team will complete the Participant Identification Table (found on page 11 and in [Appendix A](#)) This will ensure the correct people can be engaged and be invited to the table. **The success of the HEIA is highly dependent on having the right people at the table during the implementation.**

**Who:** Think about what groups of people are already working on the policy/program to be assessed (e.g., faith-based organizations, civic groups, community leaders, community organizations, other public and private health care agencies, schools, etc.). Inviting people from these organizations to participate in the HEIA will reduce unnecessary replication of efforts.

**Perspective:** It is important to think about the perspective each person brings on the day of the HEIA. Having more than one person with the same/similar perspective is important. Working together as a leadership team, think about characteristics of potential participants who are important to have at your table. Characteristics such as their race/ethnicity, education level, where they live, if they own their home or rent, and their employment and insurance status should be considered. Be intentional about whom you invite, particularly when thinking about members of the impacted community. Remember, one person from a certain impacted community does not represent the entire community. Be cautious not to generalize. **It is important that the table reflects the diversity (racial/ethnic, gender, socioeconomic, etc.) of the community.** This group becomes your implementation team.

**Hat:** Each person should only wear one “hat” during the implementation of the HEIA. When recruiting people to participate, talk with them about their area of expertise and what role they believe they can fulfill. **Encourage each person to commit to wearing one “hat” during the implementation.** This can be difficult because many of the team members you invite could potentially represent more than one role, but for the purposes of the HEIA, identifying the “hat” each person will wear ensures broad participation and encourages team members to appreciate the expertise of the other team members.

### EXAMPLE

The program to be assessed: the initiation and duration of breastfeeding in X county.

You invite an African American female pastor from a rural community in X county who happens to also be a new mother. Will her role be a pastor from the local church and a community leader, or is her role a currently breastfeeding or non-breastfeeding mother of an infant?

Either of these roles is perfectly acceptable, but the leadership team should know in advance of inviting her what role they think she could fill on the team. The leadership team and the potential participant can then work together to agree on the “hat” she will wear during implementation.

Below are definitions of the various roles that might be needed during the implementation. Keep in mind, there may be other roles, not listed, that are important to have participating in the implementation. It is a good idea to define the role before reaching out to potential recruits.

- **Providers:** People who are on the frontlines carrying out the day to day realities (e.g., teacher, health care provider, community health worker, public health program manager, etc.).
- **Community Member:** People who use the services your policy/program seeks to implement or change. They may be disproportionately impacted by the issue. There should be at least three to four people from this group at the table. Depending on their knowledge and experience working with groups made of up both professional and lay people, an orientation with someone from the leadership team should be conducted in advance of the implementation of the HEIA. An orientation may include background on the policy/program, the HEIA, health equity, acronyms used, who will be at the table, etc.

- **Key Decision Makers:** People who have the influence or power to create change and set policies.
- **Community Leaders:** Gatekeepers or people who have the trust and respect of the priority or impacted community and can mobilize action.
- **Advocates:** Individuals who support or oppose causes or policies in the interest of particular communities, groups, or issues.
- **Content Experts:** People who have a command of research, policy, and practice who can speak to the nuances of how each of those things work. Content experts are people who may know the issue best.
- **Division of Public Health/Department of Health and Human Services (DPH/DHHS) Leaders:** State level professionals who can support the work of the HEIA implementation and can provide content expertise from the state level perspective. This role may not be necessary for all implementation strategies.
- **Convening Agency/Organization Staff:** The staff members at the agency or organization that initiate and execute the implementation of the HEIA.

Tip!

Consider creating a document that tracks who was invited, who took the lead, who can/cannot attend, and reasons why someone is/is not attending!

Participant Identification Table				
Role (Hat)	Name of People to invite	Area of expertise	Who is extending the invitation?	Agreed to participate?
Content Experts				
Providers				
Community Experts				
Key Decision Makers				
Community Leaders				
Advocates				
DPH/DHHS Leader (if appropriate)				
Convening agency-organization staff				

## Pre-Work B: Self-Assessment/Preparing your Team

**Purpose:** Provide opportunities for team members to enhance their knowledge and skills associated with health equity, health disparities, and [implicit biases](#).

Discussing and working on health disparities and health equity can be challenging and messy. Both the leadership team and implementation team should be prepared for this work.

The list of resources below should be shared with implementation team members at least two weeks prior to the assessment for them to review on their own. There are also additional resources in [Appendix B](#) that could be sent to the implementation team (and all members of the leadership team) depending on the preference of the leadership team.

### Resources

- **Dr. Camara Jones Explains the Cliff of Good Health.** (2012). This brief video examines the importance that everyone should have the opportunity to achieve good health. As a society, we need to address the social determinants of health (SDOH) by addressing the disparities and inequities in our systems.
  - <https://www.urban.org/policy-centers/cross-center-initiatives/social-determinants-health/projects/dr-camara-jones-explains-cliff-good-health>
- **The Tale of Two Zip Codes** (2016). “What determines how long we live? The surprising thing to us was that adjacent communities can have a 15 year-difference in life expectancy. Your preconditioned brains might attribute this to dramatic factors like drugs and violence (ours did). But the causes are actually more sinister: heart disease, obesity, and diabetes, all of which can be linked to Chronic Stress and stem directly from economic inequality. So we are all implicated... and we hope you learn as much from this 4-minute video as we did in the 15 years it took us to make it.”
  - <https://vimeo.com/165205891>
- **The Unequal Opportunity Race** (2010). Developed by the African American Policy Forum, this video shows metaphors for obstacles to equality which affirmative action tries to alleviate.
  - <http://www.aapf.org/unequal-opportunity-race>
- **Implicit Bias** Implicit bias refers to the unconscious attitudes and associated stereotypes about categories of people [Godsil, Tropp, Goff, & Powell (2014)]. Becoming aware of one’s own implicit associations and biases allows us to understand unconscious preferences for one race or identity group over another. This knowledge will allow us to make better-informed decisions as we proceed with this process. Follow this link to take the test and learn about your results: [www.implicit.harvard.edu/implicit/takeatest.html](http://www.implicit.harvard.edu/implicit/takeatest.html).



- **Robert Wood Johnson Foundation** *What is Health Equity? And What Difference Does a Definition Make?* To read this article, visit: [www.rwjf.org/en/library/research/2017/04/what-is-health-equity-.html](http://www.rwjf.org/en/library/research/2017/04/what-is-health-equity-.html)

*If you think your team would benefit from a training on health equity and health disparities, contact #impactEQUITYNC at [impactequitync@gmail.com](mailto:impactequitync@gmail.com)*

## Pre-Work C: Compile your Data Profile

**Purpose:** Collecting and analyzing data by race/ethnicity and other key demographic factors (such as literacy, language preference, place of birth, etc.) is critical in identifying health disparities and understanding the complex factors that contribute to health inequities across populations.

Pre-Work C is a preliminary activity to compile and interpret data that will give the implementation team an overview of the policy/program they will assess. **Pre-Work C must be done prior to step 1.** The process of identifying, analyzing, and interpreting data takes time. Ensure that sufficient time is allotted to complete this Pre-Work step. Enlist specialists to help if necessary.

Compiling demographic data about the priority populations affected by an agency or program's policies is vital to recognizing health disparities and inequities. Information on the community and structural factors associated with the priority population should be gathered and analyzed as well. The data compilation illustrates the complex factors and issues that contribute to the inequities across impacted populations.

Identifying and interpreting the data allows for deeper thinking about whether the policies/programs that are in place are needed and/or if revisions are required. The data collection stage can include both quantitative and qualitative data. Data should also be collected at the population, community, and programmatic levels, depending on the policy/program to be assessed.

If the leadership team does not have the capacity to collect, analyze, and interpret the data, it is important to find a qualified person to assist in the process. This might be a data manager from the agency or organization, a graduate student from a local college or university studying epidemiology or statistics, or someone from the NC State Center for Health Statistics. Whoever it is, it is vital they understand the policy/program that will be assessed so they can provide the correct information. Having an expert on your team from the beginning will increase the success of getting reliable data and ensures you have support when sharing the data with the larger team.

**The following types of information should be included in your Pre-Work C analysis:**

- **Quantitative data:** surveillance, administrative, vital statistics, or survey statistics that capture dimensions that can be measured. Measures of values or counts, such as vital statistics of survey statistics, are often expressed as numbers.
- **Qualitative data:** descriptive characteristics that can be observed but not measured by numbers or rates. These data are often generated through focus groups, community conversations, listening sessions, surveys, and key informant interviews. Include stories collected from your priority population and community. In collecting qualitative data, it is

important to have an appropriate facilitator who is trusted by the priority population and to include questions that are relevant and will prompt conversation and open dialogue.

For more information on gathering qualitative data, see Chapter 3, Section 15. Qualitative Methods to Assess Community Issues in The Community Tool Box developed by the Kansas University Center for Community Health and Development: <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>.

### **Pre-Work C has three steps:**

**Step 1: Restate the policy/program.** Include a brief description of what the policy/program is. The leadership team stated the policy/program in Pre-Work A. An example of a policy/program to address is below.

EXAMPLE
Problem: Breastfeeding
What we know: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding rates. We know that infant mortality is higher in some populations than others.

### **Step 2: Decide what data is needed. Decide how it will be collected and presented.**

Completing a data profile means gathering specific data related to the policy/program. Information about the community, county, state can be included in the data profile. Data should be specific to what you are trying to learn about the current state of the program/policy. Remember to stratify data as much as possible.

The **Key Factors Checklist** found below can be used as a guide to make sure you are thinking about a broad range of disparities that might be associated with the problem. A blank copy is available in [Appendix C](#).

- Individual/Demographic Factors include race/ethnicity, religion, chronic stress, occupation, accumulated wealth, income and educational attainment.
- Community/Structural Factors include neighborhood environments and social conditions such as access to quality food and proper nutrition, access to health care, clean and safe water, quality housing, access to transportation, and quality education.

Data about community/structural factors are important to consider in addition to data about individual/demographic factors. Be as specific as possible when providing information on the key factors. Remember, it is not necessary to provide data for every key factor listed; just provide information for those that are specifically associated with the subject of your

assessment. This checklist is not exhaustive. Gather data on additional key factors as needed. Remember to include qualitative data as part of this process.

<b>Key Factors Checklist</b>	
<b>Individual/Demographic Factors</b> (Describe population by a breakdown of these factors)	
	Race/Ethnicity
	Age
	Gender
	Education Level
	Household income (for a family of four)
	Medical Insurance
	Home Ownership
	Marital Status
	Parity (number of pregnancies reaching viable gestational age – includes live birth and still births)
	Parenting (single or co-parenting)
	Employment
	Geographical Location (rural, urban)
<b>Community/Structural Factors</b>	
	<b>Neighborhood and Community Supports</b> (safe and quality indoor and outdoor public areas, community-based recreation, proximity to communities of support services, accessible transportation, clean air and water, accessible public libraries, access to healthy foods)
	<b>Cultural</b> (regulations presented in language(s) most commonly spoken, honor cultural holidays and traditions, wear traditional clothing without repercussion)
	<b>Educational</b> (quality, accessible, affordable early childhood education, elementary and secondary public education, advanced training or college)
	<b>Jobs and Economic Security</b> (available jobs, access to work, training, transportation, livable wages, affordable basic needs, ability to save money)
	<b>Health/Healthcare</b> (accessible, affordable, attainable)
	<b>Housing</b> (affordable, safe, clean living environments, residential integration)
	<b>Public Services and Supports</b> (law enforcement, emergency medical services (EMS), fire stations, code enforcement)
	<b>Tax Incentives</b> (credits, subsidies, exemptions, abatements)
	<b>Zoning and Planning</b> (voting districts, sidewalks, infrastructure planning)

Now that you have identified individual/demographic and community/structural factors, it is time to think about the specific data you need to better understand the policy/program. The following are questions to be considered:

1. What data do we need to learn more about the policy/program?
2. How will this data help us learn more about the policy/program?
3. Where could we find this data?
4. Who will coordinate gathering and analyzing the data?

The example below highlights one method of streamlining the data collection. A blank copy of the Streamlining the Data Collection Process Table is available in [Appendix D](#).

EXAMPLE			
Problem: Breastfeeding			
Streamlining the Data Collection Process Table			
What data do we need to learn more about the policy/program?	How would this data help us learn more about the policy/program?	Where could we find this data?	Who will coordinate gathering and analyzing the data?
Initiation and duration status by race/ethnicity, SES. Age.	Identify populations with lowest and highest rates	County WIC agency; NC State Center for Health Statistics	Ms. Smith – WIC Coordinator
# of trained lactation consultants in X county and where they work	Identifies resources available to women in county	County WIC agency; NC DPH /WCHS/Nutrition Services Branch	Ms. Smith – WIC Coordinator Ms. Jones – Regional Breastfeeding Coordinator
Reasons cited by women of various demographic groups for not breastfeeding, etc.	Identify barriers to breastfeeding	LHD or WIC Agency surveys or results from focus groups; journal articles; Carolina Global Breastfeeding Institute	Ms. Smith – WIC Coordinator; Nutrition student intern with LHD

See [Appendix E](#) for a list of North Carolina data sources.

#### Important considerations when collecting data:

- **Just because you have the data does not mean you have to present it all.** Remember that even though we can get the data, understand the data, and provide the data to the implementation team members – we should only present the data that helps us answer the questions around the policy/program we are assessing. It is always a good idea to bring the extra data with you to the implementation, in case you need it, but don't feel the need to present everything!
- **Use trend data.** Data should be for more than just one-time period when possible. Looking

at 5- or 10-year trend data may be important to understand the scope of the issue.

- **Stratify data.** Stratifying data means breaking it down into subpopulations. Data should be presented at the state level, county level, zip code, or census tract level whenever possible, as well as by race/ ethnicity, age, gender, education, insurance status, employment, home ownership, and other social determinants that affect the subject.
- **Compare data.** State data can be compared to national data; county data to state data; and zip code (or census tract) to other zip code (or census tract) data. It will be difficult to know if one population is different if we do not compare it to another. Be sure to use consistent data sources for comparison data (compare “apples to apples”).

#### EXAMPLE

How can we understand breastfeeding rates of African American women in X county if we do not look at the rates among other races/ethnicities such as White, Hispanic, or American Indian in the same county or at the state level?

- **Present the data so it is easy to understand.** It is important to remember that everyone around the implementation table may not be well versed in data. Some of the members of the team may have never read a bar graph or pie chart or had the opportunity to examine any kind of data.
  - Summarize the data into simple tables and graphs that tell a story.
  - Interpret the data using everyday language.
  - Find examples that are easy for the average person to understand.
  - Make comparisons of one group to another

The table below provides information on what type of analysis to complete based on what you are trying to communicate.

In order to:	You may use:
Task	Data Type
Understand the proportion of people who experience a particular outcome	Percentage
Understand the number of times a particular outcome occurred	A count or frequency
Report the average number or score	A mean
Report the middle number of a range	A median

**Step 3: Construct the data profile.** Use charts, tables, or graphs in the data profile to explain the policy/program as simply as possible. You will use this profile in step 2 of the assessment.

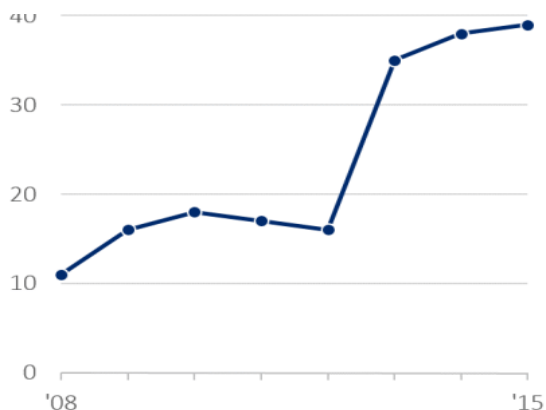
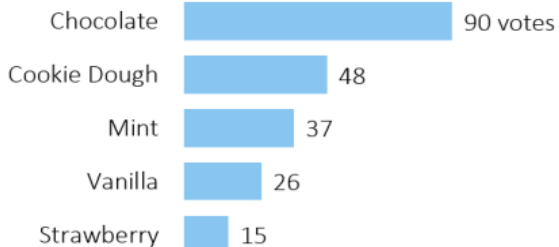
Tip!

Consider providing copies of the data profile to the implementation team in advance of the meeting!

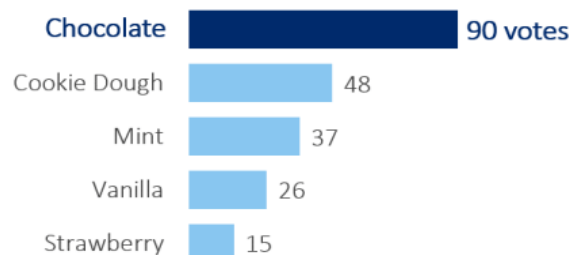
Remember the data should tell the story of the policy/program and how it impacts the affected community. The data profile should include both positive and negative findings. Here are a few examples of compelling ways to display data from Ann K. Emery with graphs that present the data as-is on the left and her improved graphs which help interpret the data on the right. She uses several techniques including descriptive titles and subtitles, annotations, and saturation to help tell a story. For more information about data visualization from Ann Emery, check out this website:

<https://depictdatastudio.com/data-visualization-design-process-step-by-step-guide-for-beginners/>.

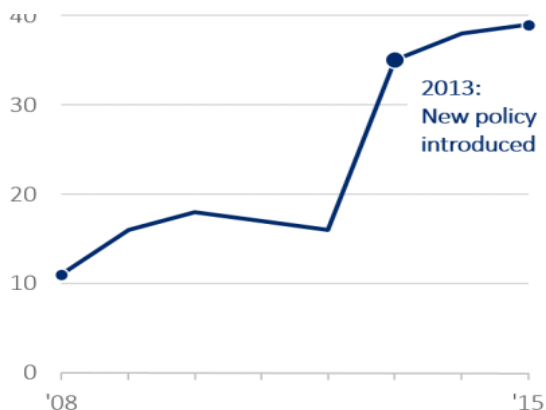
Ice cream flavor preferences based on 2014 survey of elementary school students (n=216)



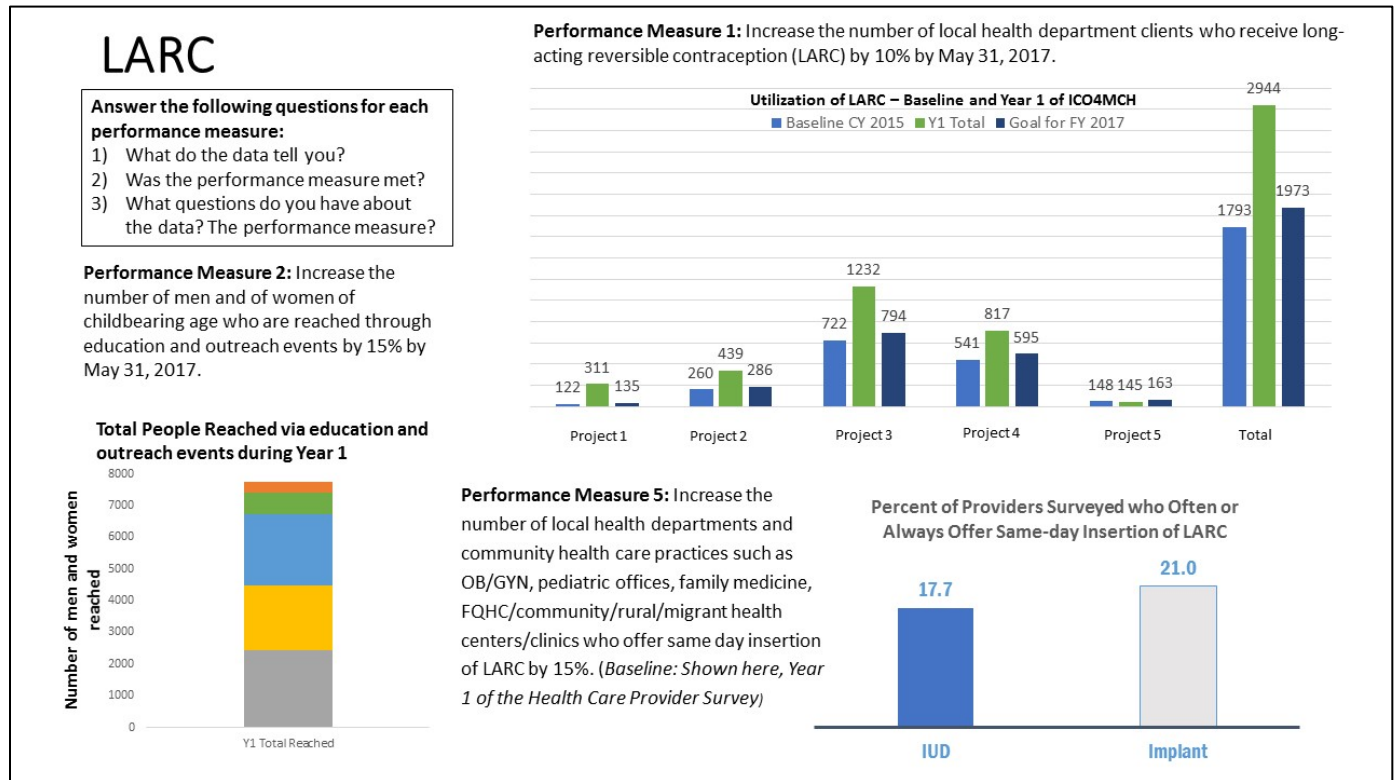
or **Chocolate was most popular flavor** among elementary students surveyed



Source: 2014 survey of elementary school students (n=216)



**One way to display data is to use a data placemat.** A data placemat is an activity that provides an opportunity to reflect on a set of data that is presented in a visually stimulating way. On the data placemat, specific questions are asked about the data, allowing participants to come to conclusions on their own that will determine implications for future decisions.





## The Health Equity Impact Assessment Tool: *About the Tool*

**Background Information for the Facilitator:** Now that the implementation team members are at the table and the Pre-Work has been completed, it is time to get started on steps 1 – 4. However, prior to jumping straight in, the facilitator will need to provide some background and context for the implementation team members. Ask the team to turn to page 2, **About This Tool**, in the *Handouts for Day of Assessment* document (repeated in box below). It is a good idea to have them follow along with the facilitator. Remember to allow the group to ask questions throughout the process.

*We know that North Carolina, including our community, is at its best when everyone, no matter what he looks like or where she lives, has the opportunity to be as healthy as she can be. Achieving health equity means that we must change policies, systems, and practices to target health inequities and decrease disparities that have affected members of our communities for a long time. The Health Equity Impact Assessment (HEIA) tool is designed to support the planning, review, and implementation of public policies, programs, and interventions to reduce and eliminate health disparities and to improve the overall well-being of all populations.*

*We are using the HEIA tool today because we think it is important to think about the impacts of **(name the policy/program)**. We have tried to be inclusive and invited those who have the biggest stake in this work to join us today. We have carefully pulled together the data we thought would be most relevant for our discussion. We want you all to be involved; to really think about the broad and deep impact of this policy/program on our community. Think outside the box and consider all the factors that could be important as we talk.*

*Today we'll be:*

- **Involving stakeholders** including members of communities who could be most affected as it is important to have knowledge of the community (resources, contacts, and partners) and to gain their perspective on current policies and programs as well as understand the potential impacts on the community, both positive and negative;
- **Analyzing data** to determine potential impacts of policies or program;
- **Gaining a better understanding** of uneven impacts of various populations or communities;
- **Identifying ways** to modify current or proposed policies or programs to ensure they reduce health disparities and inequities, **NOT** make them worse; and
- **Recommending** projects and policies that promote equity and ease negative impacts.

*The HEIA is made up of two Pre-Work activities that the leadership team completed, one Pre-Work step that the leadership team and you [implementation team] completed prior to coming today, and four action steps that we will do today. The leadership team, which consisted of [name those individuals] completed Pre-Work A (identifying both the policy/program which will be reviewed using the HEIA tool) and Pre-Work C (preparing the data profile we'll use in step 2). Pre-Work B included some self-assessment tools that were shared with you, the members of our implementation team, who agreed to participate today. The remaining steps are:*

- *Step 1: Describe the current policy or program*
- *Step 2: Analyze and interpret the data profile*
- *Step 3: Identify modifications*
- *Step 4: Develop a monitoring plan*

*These steps will help to increase our understanding of how to address, analyze, and determine the positives and negatives of the policy/program.*

*As we move through each step, we want to remind you that this requires your participation. We will be asking a lot of questions. Your input is very important. We can't be successful without getting your feedback. Please speak up anytime. Let us know what you think as the day moves forward.*

*Questions?*

*OK, so we are going to get started with some brief team building activities that will help prepare us for the work ahead.*

## **About This Tool**

**North Carolina is at its best when every individual--regardless of race, ethnicity, income, sex, or geography--has the opportunity to attain his or her best health.** Ensuring health equity for all requires changing policies, systems, and practices to address health inequities and reduce longstanding disparities. The North Carolina Health Equity Impact Assessment (HEIA) tool provides a structured process to guide the development, implementation, and evaluation of policies and programs in order to promote health equity and thereby reduce disparities.

### **Why Use This Tool**

Use this tool to identify how a policy or program may impact groups in different ways or potentially cause unintended consequences that increase **health disparities**. Using this tool should also help to raise awareness about **health equity**.

### **Who Should Use This Tool**

**Everyone.** The HEIA can be used with stakeholders engaged in public policy or community planning. Examples include community-based organizations, elected officials, health and human services staff, hospitals, providers (health care, teachers, social workers, etc.), and faith-based organizations.

### **When to Use This Tool**

**Anytime.** Use this tool before implementing a policy or program to achieve the desired outcomes. If the policy or program is already established, this tool can be used to evaluate if the current focus helps to create more equitable health outcomes. Early and frequent assessment provides a structured framework to achieve the desired policy or program outcomes.

### **How to Use This Tool**

**Be Inclusive.** Successful **health equity assessments** involve members of priority communities, which means members of the community who are most harmed by current disparities and people who live, work, or serve in the community (geographical space) that is impacted by disparities.

**Use Data.** Data are essential to identify disparities and understand the complex factors that contribute to health inequities across populations.

**Dig Deeper.** While completing this tool, think concretely and consider the social, structural, environmental, and cultural factors that impact individual and community health.

#### **This tool will help the team:**

1. Work together among diverse and prepared groups of people who care about the issue.
2. Review important data about the issue.
3. Gain knowledge of the root causes and impact of health inequities in the community.
4. Create specific recommendations to improve the issue.
5. Develop a plan to complete the recommendations.

### **The Components of the Tool**

The HEIA is made up of **three Pre-Work** activities and **four action steps**. The leadership team completed Pre-Work A (identifying both the policy/program which will be reviewed using the HEIA tool and the participants who are needed to implement the assessment [implementation team]) and Pre-Work B (the preparation of a data profile to be used in step 2). Pre-Work C provides self-assessment tools and was shared with the people who agreed to participate in the HEIA. The remaining steps are sequential, building from beginning to end:

- Step 1. Describe the current policy, program, or intervention
- Step 2. Analyze and interpret the data profile
- Step 3. Identify modifications
- Step 4. Develop a monitoring plan

This set of handouts is for use by the implementation team on the day of the assessment.

## **Team Building Activities**

These activities provide opportunities to get to know each other better, to form ground rules, to gain trust, and to understand key terms and definitions.

## Icebreaker

**Background Information for the Facilitator:** The work you are about to do is hard. Before jumping into the HEIA, it is important for the group to be comfortable with each other. The process of discussing health inequities and racial/ethnic disparities can be challenging and deeply personal. Community experts who are participating with the implementation of the HEIA may have never been involved in work like this. Stakeholders and other content experts may have never been in a room with members of the community before.

### **Activity: Finish the Sentence Icebreaker**

**Time:** Approximately 15 minutes

**Materials:** A piece of paper for each person (if needed), flip chart paper to write the 3 questions up on (or use the LCD/laptop)

#### **Instructions:**

- In front of you, there is a table tent with your first name and your role or the “hat” you are wearing today. Prior to coming today, one of the leadership team members (or the facilitator) spoke with you about the importance of wearing this “hat” and why we need various “hats” at the table.
- We are going to do a short exercise that will help us learn more about each other and the “hats” we are wearing today.

**Read:** Ask each person to complete each of the sentence stems *AFTER* stating their name:

- The hat I am wearing today is ...
- The most difficult thing about wearing this hat today is...
- The greatest thing about wearing this hat today is...

Segue into the group norms discussion.

## Setting Group Norms

**Background Information for the Facilitator:** This activity should be used to establish group norms. Before starting step 1, it is important to establish an agreed upon set of norms among the group. The activity below is one of many that can be used to establish group norms.

### **Activity: Group Norms**

**Time:** Approximately 5 – 10 minutes

**Materials:** Flipchart paper, whiteboard, markers, laptop/LCD

#### **Instructions:**

- Inform the group that they are going to review a few group norms for the meeting and will take a few minutes to confirm and edit these group norms.
- The following group norms can be revised and approved by the participants.

**Read:** We have come up with a few group norm examples, however, these are just examples. Let's decide together what we want our group norms to be today.

- Step up – step back. (Be sure that everyone has a chance to speak.)
- Stay mentally and physically present.
- Consider the intent and the overall impact of your words and actions.
- Stay on task and on time.

## Understanding the Terminology

**Background Information for the Facilitator:** The goal of this activity is to understand the terminology that will be used throughout the implementation of the HEIA. Understanding the terminology and ensuring all participants have the same working definitions is important to help provide clarity throughout the experience.

As the groups report out, feel free to provide additional examples and solicit feedback from the other participants. The best way to learn new vocabulary or terms is to use everyday examples everyone can understand. It is highly suggested that this activity or one similar be completed before starting step 1 of the HEIA. The key terms, definitions, and cards are in [Appendix F](#).

### **Activity: Understanding the Terminology**

[Appendix F](#) contains the nine key terms that are crucial to review with the implementation team prior to beginning the work.

**Time:** Approximately 15 – 20 minutes

**Materials:** Sets of cards with the key terms and definitions, flipchart paper, markers

#### **Instructions:**

- Prior to the implementation of the HEIA, create several sets of the key terms and definitions cards on card stock.
- Divide participants into groups of 4 – 6.
- Give each group a set of the key terms and definitions cards.
- Groups will read the key terms and the definitions and try to match them up. Groups should also come up with one example of the key term as it relates to the policy/program being assessed.
- If you would like, the groups can write their key terms and definitions up on large flip chart paper.
- Groups will report out the key terms, definition, and an example of each.

**Read:** Having common definitions for terminology such as health equity, health disparities, and inequities is an important step in participating in an honest discussion where various perspectives can be spoken and heard. We are going to break out into groups [depending on the number of people, count the group of into groups of 4 to 6]. Each group has a set of cards of key terms and definitions we will be using throughout the implementation of the HEIA today. We want you to match up the key term with the correct definition and put them on the flipchart paper. We would also like you to come up with an example using the key term.

Ok, let's get started.

## Setting the Stage for the Assessment

**Background Information for the Facilitator:** After completing the **Understanding the Terminology** activity, the team should have a basic understanding of the language to be used throughout the assessment. In addition, the team may begin to feel more comfortable with each other to create a space for open and honest discussion.

It is an important to take time to acknowledge how advantages and privileges affect outcomes as well as disadvantages and lack of privileges. The three activities below provide an opportunity to generate these discussions. Choose one activity to complete. Additional activities can be found in [Appendix G](#) for use during the day.

### **Activity: Advantage vs. Disadvantage Basketball Game**

**Goal:** To get the greatest number of points (balls in the box) within the allotted time while following the directions on the index card.

**Materials:** Trash cans, boxes, or crates; approximately 5 – 8 balls, beanbags or any small item that can be tossed (balls); labeled index cards; and a stop watch or timer for the facilitator.

- Prepare the index cards prior to the training by writing/printing the following on the index cards: (1) Leave the card blank, (2) Throw with your opposite hand, (3) Throw with one eye closed, (4) Throw with your back turned to the box. If there are more than four teams, develop additional scenarios for the index cards.

#### **Instructions:**

- Divide people up into three or more groups.
- Give each group the same number of balls and a box.
- Allow a member of the team to pick an index card.
- Set the timer for 1 minute (or more, depending on the amount of time you have for the game).
- Team members should read their index card and follow the directions on the index card when the facilitator starts the timer.
- Each player should get a turn to throw the balls into the box. Ensure they follow the directions on their index card.

#### **Process the activity with the following discussion questions:**

- What happened in the game? Who got the most balls in the box?
- Was the game fair? Why or why not? If the game was not fair, how can we make the game fairer?
- What would need to happen to make sure everyone has a chance to make the same number of baskets?
- Did anyone from your team come up to help the person throwing the balls?



- Who in your community represents each group?
- Who in your community is responsible for moving/setting the line (rules) for winning?

Segue and connect to the purpose of the training.

**Read:** How does what we have discussed during this activity connect back to our work on health equity?

Ask the group the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

### **Activity: The Race of Life**

**Goal:** To ignite a discussion about advantage vs. disadvantage and privilege by using a visual example.

**Materials:** Access the internet to share the following video:

<https://www.youtube.com/watch?v=LV3rJZ-3cCo>

**Process the activity with the following discussion questions:**

- What happened in the video?
- What stood out to you in the video?
- What, if anything, made you uncomfortable?
- Please provide an example of how what you just watched and what you experience in your own life are related (or not related).

Segue and connect to the purpose of the training.

**Read:** How does what we have discussed during this activity connect back to our work on health equity?

Ask the group the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

**Activity: Kids at the Baseball Game Picture**

**Goal:** Learn the differences between equality and equity.

**Materials:** Access the pictures from: <http://www.powerhousemt.org/discussion-equity-equality/>

- Put the pictures on a PowerPoint slide or make copies to distribute.
- Show and describe the first two pictures (boys standing on the same boxes – equality and the boys standing on different size boxes – equity).

**Process the activity with the following discussion questions:**

- What do you see when you see these two pictures? (all three kids have the same size boxes despite differences in height)
- Does it seem fair? What about the pictures is unjust? (an equal distribution of resources does not necessarily achieve equal outcomes).
- What are some ideas to fix the picture so it would be fairer? (Give the shorter kid a taller box.)
- Let's talk about the fence. Why do you think the fence is there? Who built it? Does it have to be this tall? Does it have to be there at all?
- What is the fence a metaphor for? (Shorter kid's life experience).
- What are some resources that some people have, and others do not? (Think about listing the ideas out on a sheet of paper).
- What do you think about the players on the field? The people in the stands (some have better seats than others)? The players in the dugout?
- Follow this up with examples from your county (community) about disparities and equality vs. equity. Include non-health related examples in the activities.

Segue and connect to the purpose of the training.

**Read:** How does what we have discussed during this activity, connect back to our work on health equity?

Ask the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

## STEP 1: DESCRIBE THE CURRENT POLICY/PROGRAM

**Background Information for the Facilitator:** The leadership team will present a description of the policy/program as prepared in Pre-Work A. As the facilitator, encourage clarifying questions from the implementation team and make sure that everyone understands the rationale for selecting this policy/program. Distribute and review the document prepared in Pre-Work A identifying the program/policy. Have the implementation team members write down the policy/program in the box. Encourage them to take notes about the policy/program and write down any additional questions that haven't been answered during the discussion.

### Tip!

Think about how the Social Determinants of Health (SDOH) are associated with the policy/program you are assessing. Need more information on the SDOH?

Visit:

<http://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>

Remember that the leadership team has had meetings and discussions prior to getting the implementation team together so they are familiar with the policy/program, but the implementation team is coming to the table with less familiarity and many different perspectives. Therefore, it is important to take the time necessary to fully explain the background of the policy/program being assessed and the rationale for selecting the issue.

Taking the time during step 1 to ensure everyone agrees with the policy/program and is on the same page will provide the foundation for steps 2 – 4.

*Let's get started. In Pre-Work A, the leadership team examined multiple policies and programs before making the decision to focus on [name of policy/program]. We want to give you some background information and describe the policy/program to you (distribute handout prepared in Pre-Work A). Please ask questions at any point. Take notes about the policy/program and write down any additional questions that haven't been answered during the discussion. It's important that we are all on the same page regarding the policy/program. Let us all write it down in the box provided on page 4 of our handouts document.*

## Step 1: State and Describe the Current Policy/Program

**Purpose:** Ensure that all implementation team members understand the policy/program that will be assessed using the Health Equity Impact Assessment (HEIA) tool.

Review the document prepared in Pre-Work A identifying the program/policy. Ask any clarifying questions to better understand the rationale for selecting the program/policy and details of the program/policy. Write down the policy/program in the box below.

## STEP 2: ANALYZE AND INTERPRET THE DATA PROFILE

**Purpose:** To develop a specific problem statement for the policy/program using the data profile completed in Pre-Work C.

**Background Information for the Facilitator:** Activities in Step 2 include the presentation of the data profile, the development of the original problem statement, a root cause analysis to get at the WHY, and the revision of the problem statement. By the end of step 2, the implementation team will have a clear understanding of what is contributing to the inequity(ies) of the policy/program being assessed. The problem statement will provide the foundation for steps 3 and 4.

At the beginning of step 2 are guiding questions which the implementation team should be able to answer by the end of Step 2. The list of questions is not exhaustive. Feel free to include other questions that need to be answered as well.

### Tip!

Provide a handout of the data profile and consider having the profile visible on the laptop/LCD for the implementation team.

Always choose the format that works best for your team.

Step 2a is the presentation of the data profile. The person facilitating step 2a should be well versed in the development and execution of the data profile and should be able to explain in simple terms what the data means to the participants and answer questions about the data.

Step 2b asks the team to write a problem statement that is specific and addresses the policy/program they are assessing from step 1. When writing the problem statement, make sure the problem statement answers the “who, what, why, where, how, and when.”

Step 2c teaches the participants about [root causes](#) using a technique called “But Why?” This technique comes from the Center for Community Health and Development’s Community Tool Box from the University of Kansas. Learning this method will help the implementation team examine the underlying causes of the problem statement associated with the policy/program. The video at this link demonstrates this technique: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>.

Step 2d takes the information revealed in step 2c and the original problem statement from step 2b and asks the implementation team to revise the problem statement to be even more specific by answering the “who, what, why, where, how, and when.”

*The questions you asked about the policy/program statement in step 1 were great. Let's keep these questions in mind as we examine the data profile. Prior to meeting today, the leadership team met to collect, prepare, and analyze data related to the policy/program we are assessing.*

*After reviewing the data and really digging into to the "why" behind the policy/program, we are going to develop a clear and concise problem statement. On page 5 of the handouts, there are some guiding questions for us to consider.*

## Step 2: Analyze and Interpret the Data Profile

Below are examples of questions the implementation team should be able to answer by the end of step 2. This outline may not contain all the information needed to develop the specific problem statement. Add or delete questions as necessary.

1. What subgroups make up your [priority population and/or community](#)?
2. What would happen if the [policy](#) or [program](#) was successfully implemented?
3. Which population experiences the best related health outcomes that the policy/program is trying to address? Why?
4. Which population experiences the worst related health outcomes that the policy/program is trying to address? Why?
5. Are there geographic locations or clusters of disparities? If so, where and why?
6. What other relevant disparities do you observe in the data (e.g., differences by age, gender, nativity, etc.)?

### 2a. Present the data profile

**Background Information for the Facilitator:** Share the data profile. Encourage an interactive discussion and note taking. Data interpretation and understanding are acquired skills. Some of the team may be experienced while others may not. **Small group work may increase participation by all members**, regardless of their experience. Some examples of probing discussion questions are included below and in this section of the HEIA Handouts for Day of Assessment, but don't be limited by those questions.

- 1) What patterns did you see in the data?
- 2) What inequities are apparent or should be considered?
- 3) Is there anything about the data that doesn't line up with your perception of the issue?
- 4) What is the big takeaway from the data?
- 5) What was most surprising about the data?
- 6) What other data might help us better understand this issue?

After a sufficient period of time, come back together as a large group and discuss the highlights of the discussion and what they see as the problem.

*Now [name of person] will to explain the data profile for the policy/program we are assessing and will share the data findings. Please ask questions at any time. Following [name of person]'s presentation, we will work in small groups to answer questions under 2a in your handouts. There is also a space in the handouts on page 5, under 2a where you can jot down some notes as you are listening to the information or talking in your small groups.*

## **2b. Develop a problem statement that addresses the inequity(ies).**

**Background for the Facilitator:** Now that you have examined the data profile and had group discussion, the implementation team is ready to develop the problem statement. Be sure to include the quantitative and qualitative information from the data profile as well as answer the questions who, what, where, when, why, and how. Make the problem statement as concise and understandable as possible.

*Great job with the data everyone. You had some great questions and really seem to understand what the problem(s) are with this policy/program. We are now going to move forward and try to take what we have learned and write a problem statement. Who knows what a problem statement is?*

**Background for the Facilitator:** Wait for an answer, provide feedback, and/or ask for more input.

*Perfect, a problem statement tells us what we are going to examine and should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about the health inequities.*

### **EXAMPLE**

Program to be assessed: Breastfeeding initiation and duration.

Problem statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

## 2b. Develop a problem statement that addresses the inequity(ies).

A problem statement tells us what we are going to examine and should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about the health inequities.

Original Problem Statement:

### Tip!

This may be a good place to take a break. Gauge the room and ask the implementation team if they need a break. If you choose to take a break, be sure to summarize what has been accomplished thus far during the HEIA.

## 2c. Identify Root Causes

**Background Information for the Facilitator:** The data profile identified some disparities and inequities associated with the policy/program we are assessing. A problem statement has been developed. The next step is to dig deeper and understand the root cause(s) of the problem.

Have the implementation team members define what a root cause is and ask them to provide examples.

After you feel the implementation team has a general understanding, let them know we are going to watch the technique with a short video. After the video, the facilitator will ask for feedback on

the method to ensure all members of the implementation team are on the same page for the method of getting to the root causes.

If the implementation team is small, do this as one large group. If the implementation is larger, maybe strategically place one member of the leadership team in each group to assist with the process as needed.

*The data profile identified some disparities and inequities associated with the policy/program we are assessing. Now that we have a problem statement, let's dig deeper and understand the root cause(s) of the problem. Who knows what a root cause is?*

**Background Information for the Facilitator:** Wait for an answer and then restate the definition cited below.



*A root cause is one of many factors that contributes or creates an undesired outcome and, if eliminated, would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem. One way to determine root causes is to use the “But Why” technique. We are going to watch a short video about this technique.*

**Background Information for the Facilitator:** Video link: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>

## **2c. Identify Root Causes.**

A **root cause** is one of many factors that contributes or creates an undesired outcome with and, if eliminated, would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem.

One way to determine root causes is to use the “But Why” technique. We are going to watch a short video about this technique.

Video link: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>

The “But Why” technique:

1. State the policy/program you are assessing. Summarize the existing problem statement.
2. Someone in the group takes the lead and begins the dialogue of “but why is **X** a problem?”
3. Repeat this back-and-forth process with the team until the potential responses are exhausted and the answers have sufficiently uncovered the multiple paths that could address getting to the underlying causes of the problem.
4. This technique will lead to multiple solutions and paths. You will utilize this information in the next steps to further identify which solution(s) will be a better fit.

**Background Information for the Facilitator:** After the video, the facilitator will ask for feedback on the method to ensure all members of the implementation team are on the same page for the method of getting to the root causes.

*Let’s think about the root causes for the policy/program we are assessing. We are going to do an example first as a large group then we will break out into smaller groups.*

**Background Information for the Facilitator:** Use the example of Breastfeeding to run through the “But Why” technique with the larger group trying to uncover what the root causes are. Use the flipchart paper or the LCD. This will help ensure everyone understands the concepts and process for the “But Why” technique.

### EXAMPLE

Program to be assessed: Breastfeeding initiation and duration.

Problem statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

#### **“But Why” Technique**

Q: But why?

A: They do not get sufficient support in the hospitals.

Q. But why?

A: People think African American women don’t want to breastfeed.

Q. But why? ...

*Great. Now it’s your turn.*

**Background Information for the Facilitator:** Break the implementation team into smaller groups (If appropriate). Consider counting off or mixing people up so they are working with different people than earlier in the day and/or on a daily basis. The more diversity in the small group, the more opportunities there are for thinking outside of the box.

*This process has two major components. First, someone will make a statement. Second, we will ask “But why?” We will repeat this until we have thought of as many reasons as possible are explored and every path that could potentially lead to the topic we are discussing. The goal is to get to the most basic, original reason the problem exists, and then determine which root causes might be most feasible for us to address through this policy/program.*

**Background Information for the Facilitator:** Pass out flip chart paper, markers, tape, etc. for each group with the words **“But Why”** written on them. Begin the activity once everyone has moved to their groups. Depending on the implementation team, you may or may not need to go over the process of the technique again. Ideally, the facilitator can wander around the room and check-in on each group. The facilitator will manage the time for the activity (which may depend on the policy/program).

### Tip!

The “But Why” process can be used throughout the implementation of the HEIA. It is a cyclical process that can help identify missing information in the data profile, in the modification step, and even during action planning!

At the end of the allotted time, bring the small groups back together (if applicable) to discuss their root cause analysis. At the end of the activity, there will be a large list of the root causes associated with the policy/program and the problem. As a team, you might explore all the root causes in the next step or you may want to prioritize them.

*Let’s come back together and examine what we have found out. Let’s look at the root causes each group found associated with the policy/program. Who would like to go first?*

**Background Information for the Facilitator:** Continue receiving feedback from the small groups until a list of unique, unduplicated root causes is generated.

Ask the implementation team about their perceptions of the important root causes that can be modified. Continue the discussion about the root causes of the problem until there is consensus about which root causes are the most feasible to address. Try to be patient and listen as the team discusses their ideas and thoughts. Encourage open and honest discussion. The group may also choose to prioritize the root causes. Remember, not all root causes are able to be changed, modified, or adapted by this team – or at all.

## 2d. Revise the Problem Statement

*Together, we are going to revise the problem statement.*

**Background Information for the Facilitator:** You can share the example in the handouts on page 8 and show the implementation team members how it changed from step 2b to 2d.

### EXAMPLE

Program: Breastfeeding.

Original Problem Statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

Revised Problem Statement: In the US and North Carolina (NC), minority-women, specifically

African American (AA) and American Indian (AI) women, experience higher rates of infant mortality and lower rates of breastfeeding at initiation and one year. Breastfeeding is protective against infant mortality. The infant mortality rate among AA and AI in NC is 2.5 times higher compared to white infants (year). In X county, the same holds true. The infant mortality rate among AA is X per 100,000 and Y per 100,000 for AI compared to Z per 100,000 among White infants (year). In NC, the initiation and 6-month rates are X% and Y% for AA and AI women, compared to White women (Z%), respectfully (year). The initiation and 6-month rates for AA and AI women are X and Y at initiation, compared to Z for White women. At six months, the rates are X and Y for AA and AI compared to Z for White women. Key factors such as ... affect breastfeeding rates among minority women.

*Ok, let's look at the example on page 8 of the handouts. You will see how the example of the problem statement went from general to specific. In the next step we will revise the problem statement since we know a lot more about the root causes.*

*(If needed:) To reiterate, a problem statement tells us what we are going to examine. It should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about health inequities and health disparities as well as any additional individual or structural factors.*

*Now we want to revise the specific problem statement. Be sure to include the quantitative and qualitative information from the data profile as well as answer the questions: who, what, where, when, how, and why. Make it as concise and understandable as possible. Ensure the problem statement is associated with the policy/program being assessed. This is will be what we focus on modifications on in step 3.*

## **2d. Revise the Problem Statement**

Knowing more about the root causes after completing the “But Why” activity, it’s time to look at the problem statement again to see if it should be revised. Be sure to include the quantitative and qualitative information from the data profile as well as answer the questions: who, what, where, when, how, and why. Make it as concise and understandable as possible. Ensure the problem statement is associated with the policy/program being assessed.

Revised Problem Statement:

## Step 3: Identify Modifications

**Purpose:** With the problem statement in hand, determine what modifications need to be made to the policy/program to reduce the root causes that contribute to the health inequities.

**Background Information for the Facilitator:** Throughout step 3, it is important to summarize what has been decided before moving on to the next part. Explain the rectangle on the right side of page 9 in the handouts. Explain how it might be useful to the team to generate ideas about modifications or adaptations. Provide an example of a program, intervention, or budget modification that is not related to the policy/program you are assessing.

As the implementation team works on this step, it may be helpful to use a flip chart and markers to identify strengths and challenges of the priority population and the list of potential modifications.

*Now we are going to look at what modifications may be needed to the policy/program to address the inequities we found in the data profile and the root cause analysis. We will do this in a series of steps.*

*First, let's look at step 3 on page 9. Step 3a asks us to **identify three assets or strengths available among your priority population that can be leveraged**. Prior to addressing the modifications, it is important to think about and document the assets or strengths within the priority population. These are opportunities that can be utilized throughout the modifications.*

**3a. Identify three assets or strengths available among your priority population that can be leveraged.** Prior to addressing the modifications, it is important to think about and document the assets or strengths within the priority population. These are opportunities that can be utilized throughout the modifications.

### Keep in mind...

Use the list below to help generate ideas about the potential modifications to the policy or program. The list is not exhaustive. Include additional areas that need to be changed, if needed. Additionally, do not feel that every item needs to be addressed.

- Policy
- Program
- Intervention
- Budget
- Training/Education
- Public Health
- Community Services
- Public Work
- Human Barriers
- Other

**Background Information for the Facilitator:** Brainstorm and capture ideas about strengths of the priority population from the group on flip charts. Summarize the top three strengths. When the team is ready, move on to step 3b.

*Next, we will need to look at the challenges impacting our priority population prior to making modifications. This will help us understand what modifications are realistic within the confines of the community/county. What are three challenges that are impacting the priority population that might affect the modifications to the policy/program?*

**Tip!**

Use sticky notes to help make Step 3 interactive and participatory! You can use different colors to correspond to the different questions.

**3b. Identify three challenges impacting your priority population.** Acknowledging the challenges prior to making modifications will help the team examine modifications that are realistic within the confines of the community/county.

**Background Information for the Facilitator:**

Brainstorm and capture ideas about challenges of the priority population from the group on flip charts. Summarize the top three challenges. When the team

is ready, move on to step 3c.

**3c. Make a list of potential modifications.** Brainstorm ideas about what needs to be changed in the policy/program to ensure more equitable outcomes. These modifications will vary in significance, but no idea is too small or too large to think about.

**Background Information for the Facilitator:** The facilitator may decide to break the teams up into smaller groups to do the brainstorming exercise about modifications. Document the modifications either on flip chart paper or the laptop. Once the brainstorming is complete, summarize the proposed modifications out loud. When the team is ready, move on to step 3d.

**3d. Assess the feasibility of the proposed modifications.** Thinking about the potential modifications above, which modifications are possible and in your control? Which modifications are feasible, impactful, and manageable? Which of the modifications are the most urgent?

*Great, now let's brainstorm ideas about how we can address the root causes identified in step 2 that are associated with the policy/problem. No idea is too big or too small. No idea is off limit.*

*Remember, in this step we are examining the root causes of the policy/program that we generated earlier and seeing which of the modifications might be feasible to adapt to reduce the disparities and inequities. Not all the root causes we came up with in step 2 will be feasible to modify. The root causes are associated with the problem. By examining which ones that we*

**Tip!**

Don't forget to take breaks. Encourage people to get up and move. Giving people "permission" in the beginning of the assessment to stand and walk around as needed promotes healthy behaviors and engagement during an intensive process!

*may be able to modify, we get closer to seeing how we can make changes to the overall policy/program.*

*Now that we have a list of potential modifications, we need to assess the feasibility of them. The feasibility is not only about the modification itself, but about how the modifications relate to the identified root causes associated with the policy/program and the problem statement. We have two different methods to assess modifications. The first is called an [Impact Matrix](#). Who knows what an impact matrix is?*

**Background Information for the Facilitator:** Wait for answers from the team. If no one knows, then describe what an Impact Matrix is. Let the team know what page to find the definition in the glossary (page 16). The facilitator can draw a picture of an Impact Matrix and provide an example, if necessary.

*The second method is called a [SWOT analysis](#), also known as Strengths, Weaknesses, Opportunities, Threats. Who can tell us what a SWOT is and give us an example?*

**Background Information for the Facilitator:** Wait for answers from the team. If no one knows, then describe what a SWOT is. Let the team know what page to find the definition in the glossary (page 16). The facilitator can draw a picture of an impact matrix and provide an example, if necessary.

*Now that we have a better understanding of these two methods, let's decide which method we want to use.*

**Background Information for the Facilitator:** It is likely that the list of modifications developed will be long and varied. It is probably best to do the Impact Matrix first, plotting all the modification ideas together, then doing a SWOT analysis for the modifications. Depending on the number of modifications, there is probably not enough time to do a SWOT on each modification. One way to cut down on the time associated with this step is to first have the team come to a consensus on which modifications they would like to prioritize to conduct the analyses with. Copies of the Impact Matrix and SWOT are in [Appendix H](#). In the handouts document, there are also blank copies in the Worksheets Section.

This can be done in small groups or as a large group activity. If you do the activity in small groups, include time for the groups to report out at the end of the activity. By the end of the exercise, the implementation team should be able to identify the modifications that are most likely to be impactful and adaptable.

### 3d. Assess the feasibility of the proposed modifications.

Thinking about the potential modifications above, which modifications are possible and in your control? Which modifications are feasible, impactful, and manageable? Which of the modifications are the most urgent?

Two methods of assessment are to create an **Impact Matrix** or conduct a **SWOT (Strengths, Weaknesses, Opportunities, Threats)** analysis. Information on both methods is in the Worksheets Section (pages 20 – 21) although other methods will work as well.

High Impact	Hard (High Effort)	Easy (Low Effort)	SWOT Analysis	
			Strengths	
Low Impact			Weakness	
			Opportunities	
			Threats	

**3e. Determine positive and negative impacts.** Be sure to think about both intended and **unintended consequences** of the proposed modifications. The table below identifies potential positive and negative impacts that may arise because of the modifications. Unintended consequences are unforeseen positive and negative impacts that are not intended by a purposeful action. When considering the impacts, be sure to consider the unintended consequences.

**Background Information for the Facilitator:** Step 3e asks us to identify the impact categories for each proposed modification and the positive and negative impacts that may be associated with the modification. It is important to discuss both intended and [unintended consequences](#) of the proposed modifications. The table on the next page identifies potential positive and negative impacts that may arise because of the modifications.

**Unintended consequences** are unforeseen positive and negative impacts that are not intended by a purposeful action. You may decide to state a common example and see what the team thinks are the negative and positive impacts. Make it simple and straight forward so that the team can easily see how the outcome was unseen or unknown and that there was both a



positive and negative impact. A blank copy of the [Modifications Impact Table](#) is in [Appendix H](#). In the handouts document, there is a blank copy in the Worksheets Section.

*Great job. So now we know which modifications may get us to more equitable outcomes associated with the policy/program. The next step, 3e asks us to look at the positive and negative impacts of the modifications. We want to make sure to identify what possible unintended consequences might occur. We'll use the example to highlight positive and negative impacts. A copy of the Modifications Impact Table is also in the Worksheets Section of your handouts document.*

*With any modification or proposed change, there is always the potential for positive or negative impacts to occur. These can sometimes also be known unforeseen consequences or unintended consequences. Unintended consequences can be positive and negative. Can someone give me an example of an unintended consequence from your professional or personal experience?*

*OK, let's get started on identifying the positive and negative impacts of the modifications we are proposing to implement with the policy/program by completing the **Modifications Impact Table**. First, let's look at the **Impact Category Table** on page 11 of the handouts document. Look at the categories listed in the table noting that this is not an exhaustive list. The impact categories are listed to help broaden the implementation team's thinking about the proposed modification and how these categories overlap.*

*On page 11 in the handouts document, you will also see the **Modifications Impact Table** (there is a blank copy in the Worksheets Section in the handouts document). We will take the proposed modifications and put them in the table. We will then decide which impact categories the proposed modification is associated with (it may be more than one category). Next, we will assess the positive and negative impacts for each of the modifications and each of the categories, keeping those unintended consequences front and center.*

*By the end of this step, we will be able to identify the positive and negative impacts of the modifications and determine which modifications to keep. After this is completed, we will work on putting together an action plan on how the modifications will be implemented. Let's start with the Modifications Impact Table.*

### **3e. Determine positive and negative impacts.**

Use the following **Impact Category Table** as a guide to identify these impacts prior to deciding which modifications to implement. You can use the information from the previous steps to help complete the **Modifications Impact Table**. Not every row impact category may need to be addressed but think through each category to determine if there are positive or negative impacts in that realm. Complete the **Modifications Impact Table**. A blank copy can be found in the Worksheets Section.

#### **Impact Category Table**

<b>Cultural</b> Regulations presented in language(s) most commonly spoken, honor cultural holidays and traditions, wear traditional clothing without repercussion.
<b>Educational</b> Quality, culturally appropriate, close the education gap, accessible, affordable early care, public education, advanced training or college.
<b>Jobs and Economic Stability</b> Economic development, job training, livable wages, investment in community building, urban renewal, training, support working families, training, transportation.
<b>Health/Healthcare</b> Accessible, affordable, attainable.
<b>Housing</b> Affordable, safe, clean living environments, community supports, conditions surrounding homes.
<b>Neighborhoods and Community Supports</b> Safe, healthy, and quality indoor/outdoor public areas; community-based recreation; support services proximity to communities; strengthen father involvement; zoning and tax codes (voting districts, sidewalks, infrastructure planning); coordination and integration of family support services; promotion of health prevention; tax incentives (credits, subsidies, exemptions, abatements).
<b>Public Services and Supports</b> Law enforcement that promotes equitable access and fair treatment, EMS, fire stations, code enforcement, transportation, organizational support that assess and eliminates intentional and unintentional policies or practices that have negative impacts related to race/ethnicity, gender, national origin, disabilities, sexual orientation, gender identity, etc.

<b>EXAMPLE: Disparities in breastfeeding rates among African American and American Indian women.</b>			
<b>Modifications Impact Table</b>			
<b>Proposed Modification</b>	<b>Impact Categories</b>	<b>Positive Impacts</b>	<b>Negative Impacts</b>
Provide a peer educator from the local health department to visit the prioritized population's neighborhood every Saturday to provide support and information to breastfeeding or pregnant mothers.	Housing Healthcare	Increased access to breastfeeding information and built in support system with other new mothers	Cost/effort to hold trainings outside of WIC clinic hours and in different location

**3f. Describe the agreed upon modifications and develop an action plan.** Provide specific and detailed notes regarding your rationale for proposing the above modifications to the policy/program. Complete the **Modifications Action Plan Table** or choose your own way of documenting this information.

**Background Information for the Facilitator:** After completing step 3e, if the team is working in small groups, bring them back together as a large group. Conduct step 3f as a large group. Buy-

in from all team members is critical since they will be helping to implement the modifications and changes to the policy/program. There is an example of how to complete the **Modifications Action Plan Table** on page 12. If it is necessary, go through a couple of examples. If the team seems to grasp the concepts and process, you can choose to skip the example.

The number of modifications agreed upon in the previous steps will determine the number of modifications to be implemented. Depending on the modification, different team members should take the lead. **By no means should one person be in charge of all of the modifications.** People have different power within an organization as well as different professional and personal strengths. It is important to utilize these strengths when asking for someone to take the lead. Having a timeline is really important to help with accountability. The [Modifications Action Plan Table](#) as found on page 12 in the handouts document (also can be found in the Worksheets Section and [Appendix H](#) in the Implementation Guide) can be used to compile this information or the group can choose their own way of documenting this information.

*Before we get started with our modifications and an action plan, we can look at the example of on page 13 in the handout. Who wants to help us run through one or two of the examples?*

**Background Information for the Facilitator:** Listen and watch the team to decide how much time to spend on the example. When everyone seems to understand the example, move on to the actual policy/program and modifications.

*Great. Does everyone feel good about moving on to our policy/program and our action plan? Let's get started with the first modification. What are the action steps and intended outcomes? By when do we want to accomplish each action step, and who is the lead person driving the action? Keep in mind, one modification may have multiple action steps, intended outcomes, timelines, and leads. There is a blank copy of the table in the Worksheets Section of the handouts document.*

**Background Information for the Facilitator:** Continue this process until there is an action plan for each modification. Stop and summarize as needed.

<b>EXAMPLE</b>				
<b>Modifications Action Plan Table</b>				
<b>Modifications</b>	<b>Action Steps</b>	<b>Intended Outcome</b>	<b>By When</b>	<b>Lead Person</b>
Provide a peer educator from the LHD to visit the prioritized population's neighborhood every Saturday to provide	1. Identify the prioritized neighborhood and meeting location 2. Find local champion in priority	1. Neighborhood and meeting location identified 2. Champion identified 3. Meeting held, & permission	Within 30 days for all three action steps	1. LaDonna Smith (Community Outreach Worker) 2. LaDonna Smith 3. Jane Watson

support and information to breastfeeding or pregnant mothers.	neighborhood 3. Meet w/ WIC director to adjust peer educator's schedule	granted		(Breast-feeding Coordinator)
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### 3g. Identify potential disparate impacts.

*Great work. We are almost done with Step 3. Next, we are going to look at the disparate impacts. Who knows what [disparate impacts](#) are and can give an example?*

**Background Information for the Facilitator:** Wait for answers from the team. If no one knows, define what disparate impacts are (an adverse effect of a practice or standard that is neutral and non-discriminatory in its intention, but disproportionately affects individuals, groups, and communities based on race/ethnicity, sex, gender, age, etc.) and refer them to page 16 in the glossary. Provide an example, if necessary.

***Disparate impacts** are adverse effects on one group of people versus another in employment, housing, health, education, etc. Some of these may have been captured when we discussed unintended consequences, but we want to make sure we highlight those that may affect different communities differently. It is possible that even with modifications to a policy/program, disparate impacts may arise. How will you handle disparate impacts should they arise? Let's discuss and jot down some of these potential disparate impacts.*

### 3g. Identify potential disparate impacts.

**Disparate impacts** are adverse effects on one group of people versus another in employment, housing, health, education, etc. It is possible that even with modifications to a policy/program, disparate impacts may arise. How will you handle disparate impacts should they arise? Please write your ideas in the box below.

Identifying and Addressing Potential Disparate Impacts:

## Step 4: Develop a Monitoring Plan

**Purpose:** To develop an accountability plan to continue to monitor the impact of the revised policy/program, the modifications, and ensure that disparate impacts and negative unintended consequences are assessed and remedied.

**4a. Develop a monitoring process.** The monitoring process will help to determine if the intended outcomes of the modifications occur and how any disparate impacts or negative unintended consequences were addressed.

**Background Information for the Facilitator:** Development of an accountability plan is essential to ensure that the modifications get made to the revised policy/program and communication continues with the impact communities, partners, and stakeholders. To ensure the documentation of the process and next steps, there are two tables below that might be useful.

The first, a [Monitoring Process Table](#) provides a space for the team to document how, when, and who will review the **Modifications Action Plan** created in step 3.

The [Monitoring Plan Table](#) provides a space to document each modification, the intended outcome, whether the intended outcomes were achieved, and describe the disparate impacts or unintended consequences and how they were addressed. [Appendix I](#) has copies of the Monitoring Process and Monitoring Plan Tables and they are found in the Worksheets Section in the *Handouts for Day of Assessment*.

Step 4 can be done with the Implementation Team at the same time as the other steps or can be completed after the Implementation of the HEIA and sent out to the Implementation Team members. Agencies implementing the HEIA in Fall 2018 found that there was insufficient time to complete step 4 and they preferred to spend more time on steps 2 and 3 and complete step 4 as a leadership team. However, if you decide to complete step 4 outside of the HEIA Implementation, ensure you have a communications plan (step 4b) for providing the information in step 3 to the Implementation Team.

*This last step is to identify how we will create a monitoring plan to ensure there is follow up and follow through with the modifications to the policy/program.*

*We also want to be able to have a process to assess how well the modifications are or are not working. Keep in mind that the process should include a method to review actions associated with the modifications; how data and information will be shared with the impacted communities, partners, and stakeholders; and finally, how we plan to make changes should something not be working after a period of time.*

*The Monitoring Process Table is one way to think through the pieces of this process and should be completed today. It provides a space for the team to document who, when and how the modifications will be reviewed.*

*The Monitoring Plan is a tool that can document the intended outcomes and actual outcomes of the modification as well as how any disparate impacts or unintended consequences were addressed. This table can be used at subsequent meetings and when reviewing the Modifications Action Plan Table.*

*Both of the tables can be found in the Worksheets Section of the handouts document. Let's go ahead and work on these today.*

#### **4a. Develop a monitoring process.**

The monitoring process will help to determine if the intended outcomes of the modifications occur and how any disparate impacts or negative unintended consequences were addressed. Complete the **Monitoring Process Table** below to identify who will lead this process, when the Modifications Action Plan completed in step 3 will be reviewed and by whom, and how the outcomes of the modifications will be shared with the impacted communities, partners, and stakeholders. A blank copy of the Monitoring Process Table can be found in the Worksheets Section on page 24.

<b>Monitoring Process Table</b>	
Who will lead this process?	
When will the Modifications Action Plan be reviewed?	
Who will review the Modifications Action Plan?	
How will the outcomes of the modifications be shared?	

The **Monitoring Plan Table** below is one tool that could be used in the process when reviewing the Modifications Action Plan Table. A blank copy of the Monitoring Plan Table can be found in the Worksheets Section on page 25.

<b>Monitoring Plan Table</b>			
<b>Modifications</b>	<b>Intended Outcome</b>	<b>Outcome Achieved</b>	<b>Describe any unintended consequences or disparate impacts and what was done about them</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	

**4b. Develop a communication plan.** A communication plan is essential to ensure that feedback to the impacted community, partners, and stakeholders occurs. Determine how the information will be communicated regarding the revised policy/program, the modifications, and the outcomes (e.g., list documents to be shared by what means – email, flyers, social media, etc.; dates and locations for meetings with impacted communities, partners, and stakeholders). Write your answers in the box below.

**Background Information for the Facilitator:** Ensure that everyone on the team has provided feedback and has come to a consensus in step 4a. Once the team is ready, move on to last of part of step 4, the communication plan.

Continual communication with the implementation team, other leaders, and stakeholders is extremely important. Taking time to plan this step won't take long, but the long-term benefits will be beneficial to the work.

*Lastly, a communications plan is essential to ensure that feedback to the impacted community, partners, and stakeholders occurs. Take time to determine how you will communicate information regarding the policy/program, the modifications, and the outcomes. Brainstorm ideas about what documents will be prepared and how they will be shared (electronically or hard copy? via social media?). Determine dates and locations for meetings with impacted communities, partners, and stakeholders or a plan of how dates will be decided.*

**4c. Develop a communication plan.**

A communication plan is essential to ensure that feedback to the impacted community, partners, and stakeholders occurs. Determine how the information will be communicated regarding the revised policy/program, the modifications, and the outcomes (e.g., list documents to be shared by what means – email, flyers, social media, etc.; dates and locations for meetings with impacted communities, partners, and stakeholders). Write your answers in the box below.

Communication Plan:

## Conclusion – Wrap-Up – Summary

**Background Information for the Facilitator:** If needed, you can summarize the end results of the process. Participants have reached the end of the assessment. Now, feel free to encourage the group to reflect on the assessment and the process. Feel free to use another type of QI assessment at the end of the implementation process. What is most important is to reflect on the process and how the process unfolded

*Congratulations! We have completed the four steps of the HEIA. What an amazing job!*

*Before we head out, let's take a couple of minutes to evaluate our work.*

- *What is one word that represents how you feel about our accomplishments today?*
- *What went well during this assessment process?*
- *What could be improved when we get back together next time?*



## Glossary

**Advocates** Individuals who support or oppose causes or policies in the interest of specific communities or groups.

**Community Experts** People who have the trust and respect of the community and can mobilize action. They can also be identified as consumers or people from the priority population/community that utilize the health and human services.

**Community Leaders** People who have the trust and respect of the priority or impacted community and can mobilize action.

**Community Outcomes** The specific result you are seeking to achieve that advances racial equity.

**Content Experts** People who have a command of research, policy, and practice that can speak to the nuances of how each of those things work. The person who knows the issue best.

**Disparate Impacts** An adverse effect of a practice or standard that is neutral and non-discriminatory in its intention, but disproportionately affects individuals, groups, communities, etc. based on race/ethnicity, sex, gender, age, etc.

**Evaluation** Making a judgment as to how successful (or otherwise) a project has been, with success commonly being measured as the extent to which the project has met its original objectives or intended outcomes.

**Health Disparity** Measurable differences in health status between people that are related to social or demographic factors such as race, gender, income, or geographic region.

**Health Equity** The absence of avoidable or remediable differences, allowing for the attainment of optimal health for all people.

**Health Equity Impact Assessment** A tool that enables decision makers to intentionally focus and align strategies to reduce health inequities.

**Health Inequities** Unfair health differences closely linked to social, environmental, or economic disadvantages that adversely affect specific groups of people.

**Impact Matrix** A tool that will allow users to decide which of many suggested solutions to implement. It provides answers to the question of which solutions seem easiest to achieve with the most effects.

**Implementation Team** A group of people brought together for the purpose of implementing the Health Equity Impact Assessment. The team consists of stakeholders, community experts,

content experts, providers, etc. who are knowledgeable about the policy/program being assessed.

**Implicit Bias** The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. The biases can be favorable or unfavorable assessments that are involuntary and occur without an individual's awareness or internal control.

**Intervention** Programs intended to improve health and quality of life through prevention or treatment.

**Key Decision Makers** People who have the influence or power to create change and set policies.

**Leadership Team** A small group of people who come together to address a policy or program in their community (or service area) that may be negatively affecting impacted communities and resulting in negative unintended consequences. This group is responsible for recruiting and engaging stakeholders, community experts, content experts, providers, etc. who become the implementation team.

**Priority Populations or Impacted Communities** A group of people or community that is identified as the intended recipient of a policy or program. Also referred to as the impacted population or community.

**Program** A defined set of activities implemented in response to needs within a community or target population.

**Providers** People who are on the frontlines carrying out the day to day realities (e.g., teacher, health care provider, community health worker, public health program manager).

**Public Policy** Rules, laws, or regulations that define government response to the needs of its citizens. Public policy may be legislative or administrative.

**Qualitative Data** Descriptive characteristics that can be observed but not measured. These data are often generated through focus groups, surveys, and key informant interviews and include stories collected from your target population and community.

**Quantitative Data** Surveillance, administrative, or survey statistics that capture dimensions that can be measured.

**Racial Equity** When social, economic, and political opportunities are not predicted based on a person's race.

**Racial Inequity** When a person's race can predict their social, economic, and political opportunities and outcomes.

**Root Causes** A root cause is one of many factors that contributes or creates an undesired outcome, and if eliminated would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem.

**Social Determinants of Health** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at national, state, and local levels.

**Stakeholders** Those impacted by proposed policy, program, or intervention, who may have concerns or provide key information. Examples include: Specific racial/ethnic groups, housing authority, schools, community-based organizations, etc.

**SWOT Analysis** Strengths, Weaknesses, Opportunities, and Threats analysis is a framework for identifying and analyzing the internal and external factors that can have an impact on the viability of a project, program, policy, etc.

**Unintended Consequences** Unforeseen outcomes that are not intended by a purposeful action.

## APPENDICES

## Appendix A: Participant Identification Table from Pre-Work A

Participant Identification Table				
Role (Hat)	Name of People to invite	Area of expertise	Who is extending the invitation?	Agreed to participate?
Content Experts				
Providers				
Community Experts				
Key Decision Makers				
Community Leaders				
Advocates				
DPH/DHHS Leader (if appropriate)				
Convening agency-organization staff				

## Appendix B: Self-Assessment Resources

- **Public Health Nurses' Role in Promoting Health Equity: Opportunities for States**  
(December 13, 2016): The webinar highlighted the involvement of selected Public Health Nurse (PHN) leaders in promoting health equity in various initiatives and programs of national significance; illustrated the significant role of the public health nurse in identifying and improving social, economic, and environmental conditions that shape health and promote health behaviors; and demonstrated how state and local public health can utilize the experience, knowledge and skills of PHNs in promoting health equity and a Culture of Health. For more information, visit: <http://www.astho.org/Programs/Health-Equity/Webinars/>
- **Colorado Department of Public Health and Environment:** The Colorado Department of Public Health and Environment's Office of Health Equity is "...committed to ensuring that every Coloradan has an equal opportunity to achieve their full health potential." For more information on the tools and resources developed by the Colorado Department of Public Health and Environment, visit: <https://www.colorado.gov/pacific/cdphe/ohe>
- **Community Tool Box:** A service of the Work Group for Community Health and Development at the University of Kansas. <https://ctb.ku.edu/en> Chapter 27, Section 1: Understanding Culture and Diversity in Building Communities was listed in the Pre-Work B.
  1. Chapter 27, Sections 1: Understanding Culture and Diversity in Building Communities  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culture-and-diversity/main>
  2. Chapter 27, Section 2: Building Relationships with People from Different Cultures  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/building-relationships/main>
  3. Chapter 27, Section 4: Strategies and Activities for Reducing Racial Prejudice and Racism  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/reduce-prejudice-racism/main>
  4. Chapter 27, Section 5: Learning to be an Ally for People from Diverse Groups and Backgrounds  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/be-an-ally/main>
  5. Chapter 27, Section 7: Building Culturally Competent Organizations  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main>
  6. Chapter 27, Section 11: Building Inclusive Communities  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/inclusive-communities/main>
  7. Toolkit 9: Enhancing Cultural Competence  
<https://ctb.ku.edu/en/enhancing-cultural-competence>

- **Promoting Behavioral Health Equity through the California Reducing Disparities Project and Office of Health Equity (Sept. 15, 2014)** This webinar discusses the policy levers and partnerships that support the California Office of Health Equity and the California Reducing Disparities Project, as well as the strategies, resources, and tools that the California Reducing Disparities Project has used to promote health equity in the state.
  - Webinar recording <https://www.youtube.com/watch?v=hGLCjtVUIyQ>
- **Just Health Action** Just Health Action (JHA) is an organization that “advocates for reducing health inequities that result from social, economic, or policies conditions.” JHA offers interactive workshops to engage diverse groups of people to build skills. Check out their website for more information. We recommend Lesson Plan 3: How are Equity and Equality Different? as a group level activity that you can do with your team. For more information visit <http://justhealthaction.org/resources/jha-curriculum-material/>.
- **Maternal and Child Health Bureau (MCHB)** The MCHB developed a resource guide with key strategies and actions for maternal and child health training programs to promote diversity. For more information, visit: [www.mchb.hrsa.gov/training/documents/MCH Diversity 2016-05 RFS.pdf](http://www.mchb.hrsa.gov/training/documents/MCH_Diversity_2016-05_RFS.pdf)
- **National Collaborative for Health Equity, George Washington University** The mission of the National Collaborative for Health Equity (NCHE) is to promote health equity by harnessing evidence, developing leaders, and catalyzing partnerships across the many different sectors that share responsibility for creating a more equitable and just society. Beyond Bias is a two-part webinar series sponsored by NCHE and the Within Our Lifetime Network (WOL), in partnership with The Perception Institute. [www.nationalcollaborative.org/beyond-bias-webinar-series/](http://www.nationalcollaborative.org/beyond-bias-webinar-series/)
- **The MCH Navigator** MCH Navigator is a learning portal for maternal and child health professionals, students, and others working to improve the health and well-being of women, children, and families. For more information, visit: <https://www.mchnavigator.org/>
- **Unnatural Causes Video Series** “This video series is a seven-part documentary s exploring racial and socioeconomic inequalities in health. For more information, visit: [http://unnaturalcauses.org/about\\_the\\_series.php](http://unnaturalcauses.org/about_the_series.php)
  - [In Sickness and In Wealth](#) (56 min.) How does the distribution of power, wealth and resources shape opportunities for health?
  - [When the Bough Breaks](#) (29 min.) Can racism become embedded in the body and affect birth outcomes?
  - [Becoming American](#) (29 min.) Latino immigrants arrive healthy, so why don’t they stay that way?
  - [Bad Sugar](#) (29 min.) What are the connections between diabetes, oppression, and empowerment in two Native American communities?

- [Place Matters](#) (29 min.) Why is your street address such a strong predictor of your health? (This episode is available as a [stand-alone DVD](#) with English, Lao, Hmong, Vietnamese, Mandarin and Cantonese audio, as well as English and Mandarin subtitles.)
- [Collateral Damage](#) (29 min.) How do Marshall Islanders pay for globalization and U.S. military policy with their health?
- [Not Just a Paycheck](#) (30 min.) Why do layoffs take such a huge toll in Michigan but cause hardly a ripple in Sweden?



## Appendix C: Key Factors Checklist

Key Factors Checklist	
Individual/Demographic Factors (Describe population by a breakdown of these factors)	
	Race/Ethnicity
	Age
	Gender
	Education Level
	Household income (for a family of four)
	Medical Insurance
	Home Ownership
	Marital Status
	Parity (number of pregnancies reaching viable gestational age – includes live birth and still births)
	Parenting (single or co-parenting)
	Employment
	Geographical Location (rural, urban)
Community/Structural Factors	
	<b>Neighborhood and Community Supports</b> (safe and quality indoor and outdoor public areas, community-based recreation, support services proximity to communities, accessible transportation, clean air and water, accessible public libraries, access to healthy foods)
	<b>Cultural</b> (regulations presented in language(s) most commonly spoken, honor cultural holidays and traditions, wear traditional clothing without repercussion)
	<b>Educational</b> (quality, accessible, affordable early care, public education, advanced training, or college)
	<b>Jobs and Economic Security</b> (available jobs, access to work, training, transportation, livable wages, affordable basic needs, ability to save money)
	<b>Health/Healthcare</b> (accessible, affordable, attainable)
	<b>Housing</b> (affordable, safe, clean living environments, residential integration)
	<b>Public Services and Supports</b> (law enforcement, EMS, fire stations, code enforcement)
	<b>Tax Incentives</b> (credits, subsidies, exemptions, abatements)
	<b>Zoning and Planning</b> (voting districts, sidewalks, infrastructure planning)

## Appendix D: Streamlining the Data Collection Process Table from Pre-Work C

Streamlining the Data Collection Process Table			
What data do we need to learn more about the policy/program?	How would this data help us learn more about the policy/program?	Where could we find this data?	Who will coordinate gathering and analyzing the data?

## Appendix E: Online NC County-Level Data Sources

### A. [STATE CENTER FOR HEALTH STATISTICS \(SCHS\) WEBSITE](http://www.schs.state.nc.us/data/county.cfm) (<http://www.schs.state.nc.us/data/county.cfm>)

#### 1. Basic Automated Birth Yearbook (BABYBOOK) (<http://www.schs.state.nc.us/data/vital.cfm#vitalbaby>)

Table 1 - By Age of Mother and Birth Order

Table 2 - By Age of Mother and Birth Order According to Marital Status

Table 3 - By Age of Mother and Birth Weight in Grams

Table 4 - By Education of Mother and Birth Weight in Grams

Table 5 - By Month Prenatal Care Began and Education of Mother

Table 6 - By Month Prenatal Care Began and Age of Mother

Table 7 - By Month Prenatal Care Began and Marital Status of Mother

Table 8 - By Month Prenatal Care Began and Birth Order

Table 9 - By Month Prenatal Care Began and Birth Weight in Grams

Table 10 - By Number of Prenatal Visits and Education of Mother

Table 11 - By Number of Prenatal Visits and Age of Mother

Table 12 - By Number of Prenatal Visits and Marital Status of Mother

Table 13 - By Number of Prenatal Visits and Birth Order

Table 14 - By Number of Prenatal Visits and Birth Weight in Grams

Table 15 - By Month Prenatal Care Began and Number of Prenatal Visits

Table 16 - By Medical History, This Pregnancy and Birth Weight in Grams

Table 17 - By Maternal Smoking, This Pregnancy, and Birth Weight in Grams

Table 18 - By Maternal Pre-Pregnancy BMI, This Pregnancy, and Birth Weight in Grams

Table 19 - By Characteristics of Labor and Delivery and Birth Weight in Grams

Table 20 - By Onset of Labor and Birth Weight in Grams

Table 21 - By Method of Delivery and Birth Weight in Grams

Table 22 - By Conditions of Newborn and Birth Weight in Grams

#### 2. BRFSS Survey Results (<http://www.schs.state.nc.us/data/brfss/survey.htm>) Not county specific, but state and regional data are available.

#### 3. Child Deaths in NC (<http://www.schs.state.nc.us/data/vital.cfm#vitalchild>) Data are grouped by cause and age group.

#### 4. County Health Data Book (<http://www.schs.state.nc.us/data/databook/>) Contains data on:

- Population (estimates by age, race, and sex)
- Pregnancy and Live Births (teen pregnancy rates, fertility rates, abortion rates, birth outcomes, etc.)
- Birth Indicator Tables by State and County (including data on birthweight, gestational age, marital status, mother's age and education, etc.)
- Life Expectancy
- Mortality
- Morbidity

#### 5. Detailed Mortality Statistics (<http://www.schs.state.nc.us/data/vital.cfm#vitaldms>)

#### 6. Infant Mortality Statistics (<http://www.schs.state.nc.us/data/vital.cfm#vitalims>)

#### 7. NC Health Statistics Pocket Guide 2015 (<http://www.schs.state.nc.us/data/pocketguide/2015/>)

#### 8. NC Reported Pregnancies (<http://www.schs.state.nc.us/data/vital.cfm#vitalpreg>)

9. NC Vital Statistics, Volume I (<http://www.schs.state.nc.us/data/vital.cfm#vitalvol1>)
10. NC Vital Statistics, Volume 2 (<http://www.schs.state.nc.us/data/vital.cfm#vitalvol2>)
11. Selected Data from the NC Office of the Chief Medical Examiner (OCME)  
(<http://www.schs.state.nc.us/data/medexam/>)  
Data are for 1998-2007, and the reporting of means of death is incomplete for deaths which occurred in 2004 and 2005.
12. NC Statewide and County Trends in Key Health Indicators  
(<http://www.schs.state.nc.us/data/keyindicators/>)  
For each county in NC, the SCHS has produced 24 graphs representing trends in key health indicators at both the county and state levels over approximately the past 15 years (latest data is for 2017). In order to ensure a fair degree of stability in rates and trends when annual numbers for a county may be relatively small, several years of data have been grouped together and averaged out for each indicator, resulting in three data points for each indicator. Example of a county data report can be found at here: <http://www.schs.state.nc.us/data/keyindicators/reports/Alamance.pdf>.

#### LIST OF INDICATORS

1. Percentage of Resident Live Births Classified as Low Birthweight
  2. Percentage of Resident Live Births Classified as Very Low
  3. Percentage of Resident Live Births that were Premature
  4. Percentage of Resident Live Births Delivered by Cesarean Section
  5. Teen Pregnancies (Ages 15-19) per 1,000 Female Residents
  6. Percentage of Resident Teen Pregnancies (Ages 15-19) that Were Repeat
  7. Infant Deaths per 1,000 Live Births
  8. Child Deaths per 100,000 Residents Ages 0-17
  9. Age-Adjusted Cardiovascular Disease Death Rates
  10. Age-Adjusted Heart Disease Death Rates
  11. Age-Adjusted Stroke Death Rates
  12. Age-Adjusted Diabetes Death Rates
  13. Age-adjusted Colorectal Cancer Death Rates
  14. Age-Adjusted Trachea, Bronchus, & Lung Cancer Death Rates
  15. Age-Adjusted Female Breast Cancer Incidence Rates
  16. Age-Adjusted Prostate Cancer Incidence Rates
  17. Age-Adjusted Unintentional Motor Vehicle Death Rates
  18. Age-Adjusted Other Unintentional Injury (excluding MVA) Injury Death Rates
  19. Age-Adjusted Homicide Rates
  20. Age-Adjusted Suicide Death Rates
  21. Number of Primary Care Physicians per 10,000 Residents
  22. Number of Dentists per 10,000 Residents
  23. Number of Registered Nurses per 10,000 Residents
  24. Number of Physician Assistants per 10,000 Residents
18. Life Expectancy - State & County Estimates (<http://www.schs.state.nc.us/data/lifexpectancy/>)

#### **B. DATA AVAILABLE ON NC CHILD WEBSITE/KIDS COUNT NC**

1. 2018 Child Health Report Card County Data Cards  
(<http://www.ncchild.org/publication/2018-county-data-cards/>)  
Data are provided on a variety of social, economic, and health outcomes for each county as a supplement to the NC Child Health Report Card 2018  
(<http://www.ncchild.org/publication/2018-child-health-report-card/>).

2. KIDS COUNT Data Center (<http://datacenter.kidscount.org/data#NC/2/0/char/0>)  
County, state, and national data for topics such as demographics, economic well-being, education, family and community, health, safety, and risk behaviors can be found on this website.

**C. WOMEN'S AND CHILDREN'S HEALTH SECTION PROCESS OUTCOME OBJECTIVES (POOs)  
DATA**

1. Family Planning POOs by County 2018-19 (<http://whb.ncpublichealth.com/provPart/docs/rptWPH-FY19-ObjectivesonSingleSheetforCountiesDistrictsandNC.pdf>)  
or by Objective Topic 2018-19  
(<http://whb.ncpublichealth.com/provPart/docs/rptWPH-FY19-DataSheetforEachObjective.pdf>)
  1. Family planning caseload (unduplicated users as reported to HIS)
  2. Adolescent pregnancy rate among females ages 10 to 17.
  3. Percentage of repeat pregnancies to teens ages 17 and under.
  4. Percentage of women with short birth intervals (<6 months between birth and conception)
  5. Percentage of all resident out of wedlock live births.
  6. Percentage of unintended pregnancies (as defined by the sum of abortions, births to teens 18 years old or younger, and out-of-wedlock births to women over 18 years of age)
2. Maternal Health POOs by County 2018-19  
(<http://whb.ncpublichealth.com/provPart/docs/rptMH-FY19-ObjectivesonSingleSheetforCountiesDistrictsandNC.pdf>) or by Objective Topic 2018-19  
(<http://whb.ncpublichealth.com/provPart/docs/rptMH-FY19-DataSheetforEachObjective.pdf>)
  1. Percentage of women having live births who had adequate prenatal care as defined by Kessner Index.
  2. Percentage of women with live term singleton births who received WIC Program services during pregnancy and who gained recommended/ excessive/inadequate weight according to the National Academy of Sciences – Institute of Medicine (IOM) Recommended Total Weight Gain Ranges During Pregnancy.
  3. Percentage of women having live births who smoked during pregnancy.
  4. Percentage of Medicaid enrolled pregnant women who receive prenatal WIC services.
  5. Percentage of infants enrolled in WIC who breastfed at 6 weeks postpartum.
  6. Percentage of Medicaid enrolled pregnant women who deliver and receive a postpartum home visit.

## Appendix F: Understanding Terminology Activity List of Words and Definitions

### Terminology Definition Cards

*(Print on one color cardstock)*



The measurable differences or gaps seen in one group's health status in relation to another or other groups(s).

The opportunity for everyone to have good health.  
The absence of avoidable, unfair, or remediable differences among groups of people allowing for the attainment of optimal health for all people.

The unfair differences that prevent everyone from the opportunity to have good health.

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. The biases can be favorable or unfavorable assessments that are involuntary and occur without an individual's awareness or internal control.

When race can no longer be used to predict life outcomes and outcomes for all groups are improved.

When a person's race can predict their social, economic, and political opportunities and outcomes.

One of many factors that contributes or creates an undesired outcome, and if eliminated would have prevented the undesired outcome. Specific underlying causes or sources of a problem.

Unforeseen outcomes that are not intended by a purposeful action. These can be both positive and negative.

The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at national, state, and local levels.



## Word Cards

*(Print on a different color cardstock)*

**HEALTH DISPARITY**



**HEALTH EQUITY**



**HEALTH INEQUITIES**

**IMPLICIT BIAS**



**RACIAL EQUITY**



**RACIAL INEQUITY**

**ROOT CAUSES**

**SOCIAL DETERMINANTS OF  
HEALTH**

**UNINTENDED CONSEQUENCES**

## Appendix G: Team-Building Activities

The following activities can be conducted before the implementation of the HEIA as an ice-breaker or even as a separate meeting. (source: Introduction to Social Determinants of Health, Health Equity Peer Educator Training: <https://sph.umich.edu/cbphcaucus/pdf/Resources/HEPESocialDeterminants.pdf>)

### Game of LIFE

- Who can play
  - This game can be played with large or small groups.
- What you'll need
  - Colored game pieces - red, blue, green (instead of game pieces you can use cards with the colors red, blue, and green).
  - Index cards with descriptions of the scenarios
  - If you have a large group, you can make game pieces with more colors and create new scenarios.
  - You can also use PowerPoint and allow people to choose game pieces and give them their scenarios (this could save time but might be less fun).
- How to play
  - Pick your colored piece. You (and your group) will identify as this "person" for the game.
    - **Blue** - Lives in a 2-bedroom rented apartment. There is a family of 5 (a retired grandparent and 3 children, one parent). **Blue** (the parent) went to school but did not graduate from high school because her first child was born.
    - **Red** – Lives alone in a 3-bedroom condo. **Red** does not have any children. **Red** has finished high school but does not have a college diploma.
    - **Green** – Lives in a 4-bedroom house. **Green** is one of two parents. They have 3-children. **Green** has a high school diploma and some college. **Green's** partner has a college degree.
  - Scenario Give each player, regardless of their color, an index card with each of the following scenarios
    - All game pieces lose their jobs.
    - All game pieces have a crisis: go for surgery to remove an appendix that was infected.
  - After the job loss and medical crisis, give the pieces the next card with the following scenarios.
    - **Blue** – no insurance. Does not meet the poverty level. Loses the apartment, now lives in public housing. Remains in public housing and one child falls victim to violent crime in the neighborhood.
    - **Red** – no insurance, loses the condo, becomes homeless. Eventually, after 6 to 9 months, gets a job as a manager and now lives in an apartment.
    - **Green** – covered by Blue Cross/Blue Shield (or another popular private health insurance company). Spouse provides financial support for the household. Remains searching for a comparable job to the one lost, while spouse supports the family financially.
  -
- Discussion questions
  - What happened to each person as they went through the exact same issues?
  - How did it affect their health?

- What is the relationship between education, environment, social support, and finances with regard to health?

## **Monopoly**

- What you'll need
  - A couple of copies of the Monopoly game.
- How to play
  - Divide people up so that a similar number are playing at each board.
  - Play using monopoly rules, but randomly pick 1 to 2 people to start first at each board. After about 10-20 minutes, randomly pick another 1 to 2 people to begin playing. Continue this until all of the people at each board are playing.
  - After an hour or so (depending on the timeframe and your group), stop the game.
- Discussion questions
  - What happened in the game?
  - Who was winning?
  - How did it feel to the people who started the game late (2<sup>nd</sup>, 3<sup>rd</sup>, etc.)?
  - How did it feel to the people who started first in the game?
  - What was the point of playing Monopoly like this?
    - Define social determinants of health, equity, inequities, and disparities.
    - Discuss how these words and definitions fit into the game just played.
    - What lessons were learned?

## **The Life Course Game**

- What you'll need
  - One or more copies of the Life Course Game.
- How to play
  - Play this game according to the rules that came with the game.
  - If there are more people than pieces, people can team up.
- Discussing Questions
  - Using the discussion questions in the facilitator's guide to begin a conversation with the players about the topics covered in the guide.
- Alternative play strategy
  - If there is limited time for play, put people in small groups and divide up the scenario cards randomly.
  - Have each team take on a different "person."
  - Have each team discuss the scenarios and questions in the facilitator's guide.

## Flower Pot (based on Camara Jones' The Gardner's Tale)

- What you'll need
  - Three flower pots of the same size with one having red flowers, one having pink flowers, and one being empty or pictures of three similar flower pots
- How to play
  - Give each person (or group) a flower pot or image
  - Each flower pot has a number (1, 2, or 3)
    - Flower pot 1 has red flowers in it and is flourishing and looks bright/cheery
    - Flower pot 2 has nothing in it – just dirt
    - Flower pot 3 has pink (or another color) flowers in it but are small and appears to be sad looking
- Discussion questions
  - Ask how each group feels about their flower pot.
    - **Flower pot 1 – what are some of the advantages of being a red flower?** *The best, they are better than pink, they are growing and doing well. This pot represents what would be considered the white race in the US. The provision of soil was the emphasis on the historical happenings in the US. Whites are perceived to have better health outcomes compared to other races/ethnicities.*
    - **Flower pot 2 – how did you feel when you were not included?** *Your flower pot did not have seeds or anything growing in it. This pot represents the people of color, minorities. While the black/white inequities and disparities are amongst the greatest in the US, there are many inequities and disparities among other people of color and whites. This flower pot was just forgotten, ignored. It did not "stand a chance."*
    - **Flower pot 3 – who/what was controlling the success and growth of this flower pot?** *This pot had some growth, some opportunity but did not get the same opportunities for growth as pot 1. There was some growth with the bad soil which can be interpreted as poor growing conditions.*
- Additional information
  - Distribute copies of the article "[The Gardner's Tale](#)." Am J Public Health, 2000; 90:1212-1215
  - Link to one of her many online videos such as:  
<https://www.youtube.com/watch?v=1QFCcChCSMU>

## What would you do?

- This activity depicts a social experiment conducted in the park, where there are three people who try to steal a bike out in the open. Watch how the bystanders react to who is stealing the bike.
- What you'll need
  - Access the following video on you tube <https://www.youtube.com/watch?v=ge7i60GuNRg>
- Activity
  - Watch the video with the group and then follow up with the discussion questions.
- Discussion questions
  - What would you do?
  - How would you react if you saw the different people stealing the bike?
  - What comes into your mind when you see the bystanders reacting differently to the different people stealing the bike?

## The Story of Your Name, Community, and Your Gifts

- This is a great icebreaker to get a group of people talking about themselves and to start feeling connected with one another.
- What you'll need
  - No materials are needed, but you can write up the statements on a PowerPoint slide or flip chart paper.
    - The story of your name – where did your name come from or why were you given your name? What does your name mean? How do you feel about your name?
    - The story of your community – where do you come from, what is your community like, what have you learned within your community? Who are your folks? Where did you group up? What era did you grow up in? What are you now?
    - The story of your gifts - what is natural to you, not necessarily your skills (or what you've been trained to do)?
- Activity
  - Divide up into small groups of about 3 – 4 people each.
  - Have people share the something about each of the three statements.
- Discussion questions
  - Why did we do this activity?
  - What did you learn about someone in the group that surprised you?
  - Do you feel differently now that you know the people in the room a little better?
  - How can you share your story and session experience with your home team?

## Appendix H: Tools to Complete Step 3

1. **Impact Matrix\*** An impact matrix is a decision-making tool that will help people, teams, organizations, or groups understand more about the level of effort required for activities and the potential impacts the activity will have. The impact matrix is an easy way to:
- Identify the activities to focus on, as well as ones that should be ignored;
  - Optimize resources and time;
  - Provides opportunities to reflect on a range of strategies and find the most efficient path to achieve goals and reduce wasted time and effort.

An impact matrix is read from top to bottom. The higher the placement on the vertical axis, the greater the impact the process has on the perception of value. This activity can be done in small groups for the various modifications the group is examining.

Step 3: Impact Matrix*		
	Hard (High Effort)	Easy (Low Effort)
High Impact		
Low Impact		

- If you want **major** changes, consider the “hard or high effort and high impact” categories.
- If you want **quick wins**, consider the “hard or high effort and low impact” categories.
- **It may not be worth the time to make the change** if suggestions fall in the “easy or low effort and high impact.”
- The “easy or low effort and low impact” categories **can be used to fill in the gaps or address gaps.**

\*Source: Excerpted from Biorn Anderson, Tom Fagerhaug, and Marti Beltz, Root Cause Analysis and Improvement in the Healthcare Sector: A Step-by-Step Guide (Milwaukee, WI: ASQ Quality Press, 2010), pages 19, 146-147. Available: <http://asq.org/healthcare-use/why-quality/impact-effort.html>

2. **SWOT: Strengths, Weakness, Opportunities, Threats Analysis.\*** A SWOT analysis is useful technique for understanding different problems, policies, or interventions. In general, strengths and weaknesses are part of the internal structure, while opportunities and threats are external. Questions can be asked for each quadrant. These questions are only a guide. Additional questions can be asked as they are related to the specific subject being discussed.

<b>Step 3: SWOT (Strengths, Weakness, Opportunities, Threats) Analysis*</b>	
<b>Strengths</b> <i>What do you do well?</i> <i>What unique resources can you draw on?</i> <i>What do others see as the strengths?</i>	<b>Weaknesses</b> <i>What could be improved?</i> <i>Where do you have fewer resources than necessary?</i> <i>What are others likely to see as weaknesses?</i>
<b>Opportunities</b> <i>What opportunities are available?</i> <i>What trends could you take advantage of?</i> <i>How you can you turn strengths into opportunities?</i>	<b>Threats</b> <i>What threats could be harmful?</i> <i>What are other people doing?</i> <i>What threats do the weaknesses expose?</i>

\*Source: Excerpt from *Essentials of Strategic Planning in Healthcare* by Jeffrey P. Harrison (Health Administration Press, 2010).

Step 3: Modifications Impact Table			
Proposed Modification	Impact Category	Positive Impact	Negative Impact



Step 3: Modifications Action Plan Table				
Modification	Action Steps	Intended Outcome	By When	Lead Person

## Appendix I: Materials to Complete Step 4

Step 4: Monitoring Process Table	
Who will lead this process?	
When will the Modifications Action Plan be reviewed?	
Who will review the Modifications Action Plan?	
How will the outcomes of the modifications be shared?	

Step 4: Monitoring Plan Table			
Modifications	Intended Outcome	Outcome Achieved	Describe any unintended consequences or disparate impacts and what was done about them
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	

#impactEQUITYNC



## North Carolina Health Equity Impact Assessment Handouts for Day of Assessment

*The North Carolina Health Equity Impact Assessment was developed by #impactEQUITYNC, a collaboration between NC Child, the NC Division of Public Health Women's and Children's Health Section, the NC Office of Minority Health and Health Disparities, and the NC March of Dimes. This assessment was informed by the Health Equity Review Planning Tool created by the Washington State Department of Public Health and the City of Seattle Race and Social Justice Initiative Racial Equity Toolkit.*

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## About This Tool

**North Carolina is at its best when every individual — no matter their race, ethnicity, income, gender, or location — has the opportunity to reach his or her best health.** Ensuring health equity for all requires changing policies, systems, and practices to address health inequities and reduce longstanding disparities that have existed for years. The North Carolina Health Equity Impact Assessment (HEIA) tool provides a structured process to guide the development, implementation, and evaluation of policies and programs in order to promote health equity and ultimately reduce disparities.

### Why Use This Tool

Use this tool to identify how a policy or program may impact groups in different ways or potentially cause unintended consequences that increase **health disparities**. Using this tool should also help to raise awareness about **health equity**.

### Who Should Use This Tool

**Everyone.** The HEIA can be used with stakeholders engaged in public policy or community planning. Examples include community-based organizations, elected officials, health and human services staff, hospitals, providers (health care, teachers, social workers, etc.), and faith-based organizations.

### When to Use This Tool

**Anytime.** Use this tool before implementing a policy or program to achieve the desired outcomes. If the policy or program is already established, this tool can be used to evaluate if the current focus helps to create more equitable health outcomes. Early and frequent assessment provides a structured framework to achieve the desired policy or program outcomes.

### How to Use This Tool

**Be Inclusive.** Successful **health equity assessments** involve members of the priority communities, which means members of the community who are most harmed by current disparities and people who live, work, or serve in the community (geographical space) that is impacted by disparities.

**Use Data.** Data are essential to identify disparities and understand the complex factors that contribute to health inequities across populations.

**Dig Deeper.** While completing this tool, think concretely and consider the social, structural, environmental, and cultural factors that impact individual and community health.

### **This tool will help the team:**

1. Work together among diverse and prepared groups of people who care about the issue.
2. Review important data about the issue.
3. Gain knowledge of the root causes and impact of health inequities in the community.
4. Create specific recommendations to improve the issue.
5. Develop a plan to complete the recommendations.

### **The Components of the Tool**

The HEIA is made up of **three pre-work** activities and **four action steps**. The leadership team completed pre-work A (identifying the policy/program which will be reviewed using the HEIA tool and identifying the participants who are needed to implement the assessment [implementation team]) and pre-work C (the preparation of a data profile to be used in step 2). Pre-work B provides self-assessment tools and was shared with the people who agreed to participate in the HEIA. The remaining steps are in order, going from beginning to end:

- Step 1: Describe the current policy/program
- Step 2: Analyze and interpret the data profile
- Step 3: Identify modifications
- Step 4: Develop a monitoring plan

This set of handouts is for use by the implementation team on the day of the assessment.

## Step 1: Describe the Current Policy/Program

**Purpose:** Ensure that all members of the implementation team understand the policy/program that will be assessed using the Health Equity Impact Assessment (HEIA) tool.

Review the document prepared in pre-work A identifying the program/policy. Ask any clarifying questions to better understand the rationale for selecting the program/policy and details of the program/policy. Write down the policy/program in the box below.



## Step 2: Analyze and Interpret the Data Profile

**Purpose:** To develop a specific problem statement for the policy or program using the data profile completed in pre-work C.

Below are examples of questions the implementation team should be able to answer by the end of step 2. This outline may not contain all the information needed to develop the specific problem statement. Add or delete questions as necessary.

1. What subgroups make up your **priority population and/or community**?
2. What would happen if the policy or program was successfully implemented?
3. Which population experiences the best related health outcomes the policy/program is trying to address? Why?
4. Which population experiences the worst related health outcomes the policy/program is trying to address? Why?
5. Are there geographic locations or clusters of disparities? If so, where and why?
6. What other relevant disparities do you observe in the data (e.g., differences by age, gender, nativity, socioeconomic, neighborhood, structural, systematic, etc.)?

**2a. Present the data profile.** Answer any clarifying questions.

Examples of discussion questions:

1. What patterns did you see in the data?
2. What inequities are apparent or should be considered?
3. Is there anything about the data that doesn't line up with your perception of the issue?
4. What is the big takeaway from the data?
5. What was most surprising about the data?
6. What other data might help us better understand this issue?

Notes/Ideas from data profile

## 2b. Develop a problem statement that addresses the inequity(ies).

A **problem statement** tells us what we are going to examine and should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about the health inequities.

### EXAMPLE

Program to be assessed: Breastfeeding initiation and duration.

Problem statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

Original Problem Statement:

## 2c. Identify Root Causes.

A **root cause** is one of many factors that contributes or creates an undesired outcome and, if eliminated, would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem.

One way to determine root causes is to use the “But Why” technique. We are going to watch a short video about this technique.

Video link: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>

### The “But Why” technique:

1. State the policy/program you are assessing. Summarize the existing problem statement.
2. Someone in the group takes the lead and begins the dialogue of “but why is X a problem?”
3. Repeat this back-and-forth process with the team until the potential responses are exhausted and the answers have sufficiently uncovered the multiple paths that could address getting to the underlying causes of the problem.
4. This technique will lead to multiple solutions and paths. This information will be utilized in the next steps to further identify which solution(s) will be a better fit.

### EXAMPLE

Program to be assessed: Breastfeeding initiation and duration.

Problem statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

#### **“But Why” Technique**

Q: But why?

A: They do not get sufficient support in the hospitals.

Q. But why?

A: People think African American women don’t want to breastfeed.

Q. But why? ...

## **2d. Revise the Problem Statement**

Knowing more about the root causes after completing the “But Why” activity, it’s time to look at the problem statement again to see if it should be revised. Be sure to include the quantitative and qualitative information from the data profile as well as answer the questions: who, what, where, when, how, and why. Make it as concise and understandable as possible. Ensure the problem statement is associated with the policy/program being assessed.

Revised Problem Statement:

### EXAMPLE

The program to be assessed: the initiation and duration of breastfeeding in X county.

Original Problem Statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

Revised Problem Statement: In the US and North Carolina (NC), minority-women, specifically African American (AA) and American Indian (AI) women, experience higher rates of infant mortality and lower rates of breastfeeding at initiation and one year. Breastfeeding is protective against infant mortality. The infant mortality rate among AA and AI in NC is 2.5 times higher compared to white infants (year). In X county, the same holds true. The infant mortality rate among AA is X per 100,000 and Y per 100,000 for AI compared to Z per 100,000 among White infants (year). In NC, the initiation and 6-month rates are X% and Y% for AA and AI women, compared to White women (Z%), respectfully (year). The initiation and 6-month rates for AA and AI women are X and Y at initiation, compared to Z for White women. At six months, the rates are X and Y for AA and AI compared to Z for White women. Key factors such as ... affect breastfeeding rates among minority women.

## Step 3: Identifying Modifications

**Purpose:** With the new problem statement in hand, determine what modifications need to be made to the original policy/program to reduce the root causes that contribute to the health inequities.

### 3a. Identify three assets or strengths available among your priority population that can be leveraged.

Prior to addressing the modifications, it is important to think about and document the assets or strengths within the priority population. These are opportunities that can be utilized throughout the modifications.

### 3b. Identify three challenges impacting your priority population.

Acknowledging the challenges prior to making modifications will help the team examine modifications that are realistic within the confines of the community/county.

### 3c. Make a list of potential modifications.

Brainstorm ideas about what needs to be changed in the policy/program to ensure more equitable outcomes. These modifications will vary in significance, but no idea is too small or too large to think about.

### Keep in mind...

Use the list below to help generate ideas about the potential modifications to the policy or program. The list is not exhaustive. Include additional areas that need to be changed, if needed. Additionally, do not feel that every item needs to be addressed.

- Policy
- Program
- Intervention
- Budget
- Training/Education
- Public Health
- Community Services
- Public Work
- Human Barriers
- Other

### 3d. Assess the feasibility of the proposed modifications.

Thinking about the potential modifications above, which modifications are possible and in your control? Which modifications are feasible, impactful, and manageable? Which of the modifications are the most urgent?

Two methods of assessment are to create an **Impact Matrix** or conduct a **SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis**. Information on both methods is in the Worksheets Section (pages 20 – 21) although other methods will work as well.

Impact Matrix		
	Hard (High Effort)	Easy (Low Effort)
High Impact		
Low Impact		

SWOT Analysis
Strengths
Weakness
Opportunities
Threats

### 3e. Determine positive and negative impacts.

Be sure to think about both intended and **unintended consequences** of the proposed modifications. The table below identifies potential positive and negative impacts that may arise because of the modifications. Unintended consequences are unforeseen positive and negative impacts that are not intended by a purposeful action. When considering the impacts, be sure to consider the unintended consequences.

Use the following **Impact Category Table** as a guide to identify these impacts prior to deciding which modifications to implement. You can use the information from the previous steps to help complete the **Modifications Impact Table**. Not every impact category may need to be addressed but think through each category to determine if there are positive or negative impacts in that realm. Complete the **Modifications Impact Table**. A blank copy can be found in the Worksheets Section (page 22).

Impact Category Table	
<b>Cultural</b>	Regulations presented in language(s) most commonly spoken, honor cultural holidays and traditions, wear traditional clothing without repercussion.
<b>Educational</b>	Quality, culturally appropriate, close the education gap, accessible, affordable early care, public education, advanced training or college.
<b>Jobs and Economic Stability</b>	Economic development, job training, livable wages, investment in community building, urban renewal, training, support working families, training, transportation.
<b>Health/Healthcare</b>	Accessible, affordable, attainable.
<b>Housing</b>	Affordable, safe, clean living environments, community supports, conditions surrounding homes.
<b>Neighborhoods and Community Supports</b>	Safe, healthy, and quality indoor/outdoor public areas; community-based recreation; support services proximity to communities; strengthen father involvement; zoning and tax codes (voting districts, sidewalks, infrastructure planning); coordination and integration of family support services; promotion of health prevention; tax incentives (credits, subsidies, exemptions, abatements).
<b>Public Services and Supports</b>	Law enforcement that promotes equitable access and fair treatment, EMS, fire stations, code enforcement, transportation, organizational support that assess and eliminates intentional and unintentional policies or practices that have negative impacts related to race/ethnicity, gender, national origin, disabilities, sexual orientation, gender identity, etc.

Modifications Impact Table			
Proposed Modification	Impact Category	Positive Impact	Negative Impact

**EXAMPLE: Disparities in breastfeeding rates among African American and American Indian women.**

Modifications Impact Table			
Proposed Modification	Impact Categories	Positive Impacts	Negative Impacts
Provide a peer educator from the local health department to visit the prioritized population's neighborhood every Saturday to provide support and information to breastfeeding or pregnant mothers.	Housing Healthcare	Increased access to breastfeeding information and built in support system with other new mothers	Cost/effort to hold trainings outside of WIC clinic hours and in different location

### 3f. Describe the agreed upon modifications and develop an action plan.

Provide specific and detailed notes regarding your rationale for proposing the modifications to the policy/program. Complete the **Modifications Action Plan Table** or choose your own way of documenting this information. A blank copy of the table can be found in the Worksheets Section (page 23).

Modifications Action Plan Table				
Modification	Action Steps	Intended Outcome	By When	Lead Person



EXAMPLE				
Modifications Action Plan Table				
Modifications	Action Steps	Intended Outcome	By When	Lead Person
Provide a peer educator from the local health department to visit the prioritized population's neighborhood every Saturday to provide support and information to breastfeeding or pregnant mothers.	Identify the prioritized neighborhood and meeting location Find local champion in priority neighborhood Meet with WIC director to adjust peer educator's schedule	. Neighborhood and meeting location identified . Champion identified . Meeting held, and permission granted	Within 30 days for all three action steps	LaDonna Smith (Community Outreach Worker) LaDonna Smith Jane Watson (Breast-feeding Coordinator)

### 3g. Identify potential disparate impacts.

**Disparate impacts** are adverse effects on one group of people versus another in employment, housing, health, education, etc. It is possible that even with modifications to a policy/program, disparate impacts may arise. How will you handle disparate impacts should they arise? Please write your ideas in the box below.

Identifying and Addressing Potential Disparate Impacts:

## Step 4: Develop a Monitoring Plan

**Purpose:** To develop an accountability plan to continue to monitor the impact of the revised policy/program, the modifications, and ensure that disparate impacts and negative unintended consequences are assessed and remedied.

### 4a. Develop a monitoring process.

The monitoring process will help to determine if the intended outcomes of the modifications occur and how any disparate impacts or negative unintended consequences were addressed. Complete the **Monitoring Process Table** below to identify who will lead this process, when the Modifications Action Plan completed in step 3 will be reviewed and by whom, and how the outcomes of the modifications will be shared with the impacted communities, partners, and stakeholders. A blank copy of the Monitoring Process Table can be found in the Worksheets Section on page 24.

Monitoring Process Table	
Who will lead this process?	
When will the Modifications Action Plan be reviewed?	
Who will review the Modifications Action Plan?	
How will the outcomes of the modifications be shared?	

The **Monitoring Plan Table** below is one tool that could be used in the process when reviewing the Modifications Action Plan Table. A blank copy of the Monitoring Plan Table can be found in the Worksheets Section on page 25.

Monitoring Plan Table			
Modifications	Intended Outcome	Outcome Achieved	Describe any unintended consequences or disparate impacts and what was done about them
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	

#### 4c. **Develop a communication plan.**

A communication plan is essential to ensure that feedback to the impacted community, partners, and stakeholders occurs. Determine how the information will be communicated regarding the revised policy/program, the modifications, and the outcomes (e.g., list documents to be shared by what means – email, flyers, social media, etc.; dates and locations for meetings with impacted communities, partners, and stakeholders). Write your answers in the box below.

Communication Plan:

## Glossary

**Advocates** Individuals who support or oppose causes or policies in the interest of specific communities or groups.

**Community Experts** People who have the trust and respect of the community and can mobilize action. They can also be identified as consumers or people from the priority population/community that utilize the health and human services.

**Community Leaders** People who have the trust and respect of the priority or impacted community and can mobilize action.

**Community Outcomes** The specific result you are seeking to achieve that advances racial equity.

**Content Experts** People who have a command of research, policy, and practice that can speak to the nuances of how each of those things work. The person who knows the issue best.

**Disparate Impacts** An adverse effect of a practice or standard that is neutral and non-discriminatory in its intention, but disproportionately affects individuals, groups, communities, etc. based on race/ethnicity, sex, gender, age, etc.

**Evaluation** Making a judgment as to how successful (or otherwise) a project has been, with success commonly being measured as the extent to which the project has met its original objectives or intended outcomes.

**Health Disparity** Measurable differences in health status between people that are related to social or demographic factors such as race, gender, income, or geographic region.

**Health Equity** The absence of avoidable or remediable differences, allowing for the attainment of optimal health for all people.

**Health Equity Impact Assessment** A tool that enables decision makers to intentionally focus and align strategies to reduce health inequities.

**Health Inequities** Unfair health differences closely linked to social, environmental, or economic disadvantages that adversely affect specific groups of people.

**Impact Matrix** A tool that will allow users to decide which of many suggested solutions to implement. It provides answers to the question of which solutions seem easiest to achieve with the most effects.

**Implementation Team** A group of people brought together for the purpose of implementing the Health Equity Impact Assessment. The team consists of stakeholders, community experts,

content experts, providers, etc. who are knowledgeable about the policy/program being assessed.

**Implicit Bias** The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. The biases can be favorable or unfavorable assessments that are involuntary and occur without an individual's awareness or internal control.

**Intervention** Programs intended to improve health and quality of life through prevention or treatment.

**Key Decision Makers** People who have the influence or power to create change and set policies.

**Leadership Team** A small group of people who come together to address a policy or program in their community (or service area) that may be negatively affecting impacted communities and resulting in negative unintended consequences. This group is responsible for recruiting and engaging stakeholders, community experts, content experts, providers, etc. who become the implementation team.

**Priority Populations or Impacted Communities** A group of people or community that is identified as the intended recipient of a policy or program. Also referred to as the impacted population or community.

**Program** A defined set of activities implemented in response to needs within a community or target population.

**Providers** People who are on the frontlines carrying out the day to day realities (e.g., teacher, health care provider, community health worker, public health program manager).

**Public Policy** Rules, laws, or regulations that define government response to the needs of its citizens. Public policy may be legislative or administrative.

**Qualitative Data** Descriptive characteristics that can be observed but not measured. These data are often generated through focus groups, surveys, and key informant interviews and include stories collected from your target population and community.

**Quantitative Data** Surveillance, administrative, or survey statistics that capture dimensions that can be measured.

**Racial Equity** When social, economic, and political opportunities are not predicted based on a person's race.

**Racial Inequity** When a person's race can predict their social, economic, and political opportunities and outcomes.

**Root Causes** A root cause is one of many factors that contributes or creates an undesired outcome, and if eliminated would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem.

**Social Determinants of Health** The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at national, state, and local levels.

**Stakeholders** Those impacted by proposed policy, program, or intervention, who may have concerns or provide key information. Examples include: Specific racial/ethnic groups, housing authority, schools, community-based organizations, etc.

**SWOT Analysis** Strengths, Weaknesses, Opportunities, and Threats analysis is a framework for identifying and analyzing the internal and external factors that can have an impact on the viability of a project, program, policy, etc.

**Unintended Consequences** Unforeseen outcomes that are not intended by a purposeful action.

## Worksheets Section

Step 3: Impact Matrix*		
	Hard (High Effort)	Easy (Low Effort)
High Impact		
Low Impact		

- If you want **major** changes, consider the “hard or high effort and high impact” categories.
- If you want **quick wins**, consider the “hard or high effort and low impact” categories.
- **It may not be worth the time to make the change** if suggestions fall in the “easy or low effort and high impact.”
- The “easy or low effort and low impact” categories **can be used to fill in the gaps or address gaps.**

\*Source: Excerpted from Biorn Anderson, Tom Fagerhaug, and Marti Beltz, Root Cause Analysis and Improvement in the Healthcare Sector: A Step-by-Step Guide (Milwaukee, WI: ASQ Quality Press, 2010), pages 19, 146-147. Available: <http://asq.org/healthcare-use/why-quality/impact-effort.html>



Step 3: SWOT (Strengths, Weakness, Opportunities, Threats) Analysis*	
<b>Strengths</b> <i>What do you do well?</i> <i>What unique resources can you draw on?</i> <i>What do others see as the strengths?</i>	<b>Weaknesses</b> <i>What could be improved?</i> <i>Where do you have fewer resources than necessary?</i> <i>What are others likely to see as weaknesses?</i>
<b>Opportunities</b> <i>What opportunities are available?</i> <i>What trends could you take advantage of?</i> <i>How you can you turn strengths into opportunities?</i>	<b>Threats</b> <i>What threats could be harmful?</i> <i>What are other people doing?</i> <i>What threats do the weaknesses expose?</i>

\*Source: Excerpt from *Essentials of Strategic Planning in Healthcare* by Jeffrey P. Harrison (Health Administration Press, 2010).

Step 3: Modifications Impact Table			
Proposed Modification	Impact Category	Positive Impact	Negative Impact

Step 3: Modifications Action Plan Table				
Modification	Action Steps	Intended Outcome	By When	Lead Person

Step 4: Monitoring Process Table	
Who will lead this process?	
When will the Modifications Action Plan be reviewed?	
Who will review the Modifications Action Plan?	
How will the outcomes of the modifications be shared?	

**Step 4: Monitoring Plan Table**

Modifications	Intended Outcome	Outcome Achieved	Describe any unintended consequences or disparate impacts and what was done about them
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	