

Health Equity is critical to increasing effectiveness and improving health outcomes. As a core value of our Branch, Public Health has developed policy PH.21.211 to help us consider and prioritize Health Equity in our decision making and development of new and revision of *relevant policies, plans, processes, procedures, programs, services, and health promotion strategies.* The following is a checklist and resource guide to support the implementation of this policy.

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#### For help with defining terms see the Health Equity Resources and Glossary

#### Please complete the following:

Program:	
Date:	
Name of Person(s) Completing Checklist:	
Division & Unit:	
Brief Program Description:	
Priority Population(s):	



### Health Equity Impact and Considerations:

### Why Equity Matters

The Health Equity considerations on this page are provided to help expand your understanding of how Equity is essential for effective Public Health practice. Review these considerations before completing the Health Equity Checklist, noting how they relate to your work.

#### People Matter

- a. How are unique populations differently affected by the issue you are addressing?
- b. Who is affected, positively or negatively, by what you are planning to do and how?
- c. How are certain groups experiencing barriers around this issue?
- d. How are people potentially traumatized/retraumatized by your issues/decision?

#### • Place Matters

- a. How is this policy, plan, process, program, service, or health promotion strategy accounting for peoples' physical safety and their need to be productive and valued?
- b. How are you considering environmental impacts?
- c. How are program resources and investments distributed geographically?

#### • Process Matters

- a. How are we including or excluding people who are affected?
- b. What policies, processes, and social relationships contribute to the exclusion of communities most affected by this program, policy, process, or intervention?
- c. What processes are potentially harmful or burdensome?
- Power Matters
  - a. What are the barriers to doing Equity work as it relates to this plan, process, program, or health promotion strategy?
  - b. What are the benefits and burdens that communities experience with this issue?
  - c. Who is accountable (To what? To whom?)?
  - d. How is the plan, process, program, or health promotion strategy shifting power dynamics to better integrate voices and priorities of marginalized communities?



## Using Public Health Data:

Collecting and analyzing public health data to target interventions

Has your Division, Unit, or Program:		Yes	In Progress	N/A
1. Reviewed the most recent Humboldt County publ	ic health data			
related to this initiative, including the Community	Health			
Assessment (CHA)? Identify data source in space b	pelow			
2. Determined which priority populations are at high	ner risk for poor			
health outcomes related to this effort? If "yes", please list them				
in the space provided for notes below.				
3. Used qualitative and/or quantitative data that sho	ows disparities			
in equity and/or the social determinants of health	(root cause)			
to make evidence-informed decisions?				
4. Did you collect primary data to describe the problem	em? Examples:			
testimonials, focus groups, surveys. If so, describe	in the space			
below.				
STRENGTHS		OPPO	RTUNITIES	
Priority Population(s) Identified:	Data Source:			

For assistance or questions contact the Public Health Equity Advisory Team (PHEAT) at <a href="mailto:phqi@co.humboldt.ca.us">phqi@co.humboldt.ca.us</a> or <a href="mailto:\\all.co.humboldt.ca.us\dhhs-files\PH">\\all.co.humboldt.ca.us\dhhs-files\PH</a> Cultural Competency\PHEAT\Health Equity Checklist\HEC Drafts



### Community Involvement and Engagement:

Creating opportunities for authentic community decision making

1. Where would you place this project's community engagement on this spectrum? Here "the public" usually refers to priority population, rather than the general public.

Inform Consult Involve				<b>Collaborate</b> To partner with the public		<b>Empower</b> To place the final	
To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives, and/or decisions	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered	in each aspec	t of the ding the ent of and the of the	decisio	place the final pn-making in the ls of the public	
	2. Do you have plans to move to a further level? If so, what are		Yes	In Prog	gress	N/A	
your plans? Ple							
<ol> <li>Has your Division, Unit, or Program obtained representation from the priority population in developing/selecting approaches? Please describe how in space below.</li> </ol>							
		e the space below to list to vement and engagement.	he initiative's cu	rrent stre	ngths c	and	
	Strengths		Oppor	tunities			

*Please describe your community engagement strategy (ies) in the space below. This space may also be used to take additional notes.* 



## Communication:

Making our messaging relevant and accessible to our audiences

<ol> <li>Solicited input from defined priority audience durin development of messaging and materials?</li> <li>Reviewed messages and products including digital</li> </ol>	ng the	Yes	In Progress	N/A
2 Bovioused massages and products including digital				
<ol> <li>Reviewed messages and products, including digital ensure they are socially, culturally, and linguistically and in plain language?</li> </ol>				
3. Ensured that language assistance is available when communicating with community members? Do staf to do this appropriately?				
4. Shared relevant public health outcome and indicate the intended communities in a culturally responsive accessible way? Note how in the space below.				
flecting upon the questions above, please use the space b portunities with regards to communication.	below to list the ir	nitiative's cu	Irrent strengths ar	nd
Strengths		Орро	rtunities	

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## Partnerships: Coalitions, subcontractors and other collaborators

Placing health equity at the center of public health partnerships

	Has your Division, Unit, or Program:				
			Yes	In Progress	N/A
1.	Ensured current partnerships are working to achieve health				
	equity goals (i.e. consideration of marginalized communitie	es			
	and/or Social Determinants of Health)?				
2.	2. Made recommendations to the partnership to include				
	interventions, activities, or partners that address health				
	inequities?				
3.	Are your program's community partnerships equitable? Ho	w do			
	you share power and voice in decision making?				
4.					
	coordinates use a framework that addresses equity? Ex:				
	Mobilizing for Action for Planning and Partnerships (MAPP)	<u>,</u>			
BARHII, etc.					
	BARHII, etc. ting upon the questions above, please use the space below to tunities with regards to partnerships.	list the i	nitiative's c	urrent strengths	and
-	ting upon the questions above, please use the space below to	list the i		urrent strengths o	and
-	ting upon the questions above, please use the space below to tunities with regards to partnerships.	list the i			and

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## Program Design, Monitoring and Evaluation:

Placing health equity at the center of our program planning

Has your Division, Unit, or Program:				
		Yes	In Progress	N/A
1. Do the project/program's strategies and objective	es align with			
the Community Health Improvement Plan and/or	department			
Strategic Plan?				
2. Identified evidence-based or promising practices? If so, please				
use the space below to describe the selection pro	cess. Please			
refer to PH Equity Reference Guide for more deta	iled guidance.			
3. Considered social, cultural, and linguistic character	eristics in			
program development, monitoring and evaluatio	n?			
4. Identified a Program Measure that is specific to the	ne priority			
population(s)? Please address in the space below	and see page 8			
for more information.				
Reflecting upon the questions above, please use the space	e below to list the	initiative's cu	rrent strengths	and
opportunities with regards to program monitoring, desigr	and evaluation.			
Strengths		Oppor	tunities	
Please list any Evidence-Based or Promising Practice	being utilized ar	nd briefly des	cribe how it w	as chosen:
Please explain any "In Progress" or "N/A" responses.	This space may	also be usea	to take additi	onal notes.



### Program Review:

Based on the discussion of the opportunities identified above, please share how your program plans to improve or further address health equity in the space below.

Please list the performance measure(s) below or attach completed OMTA form when submitting to this document for review.

Performance Objective	
Measure	
Performance Target	
Actions	

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# Health Equity Checklist

### Supervisory Review:

1. How will you support your staff in making the recommended changes (see previous page)?

2. Do you anticipate any possible unintended negative consequences of these changes? Please elaborate.

Once approved, Supervising Staff should submit signed versions of this form to phqi@co.humboldt.ca.us.