

Conducting Equity Assessments:

A Tool for Multisector Community Coalitions and Partnerships

Overview

Multisector community coalitions and partnerships that address social determinants of health (SDOH) can use equity assessments to improve or expand their programs, services, and impact to decrease disparities, which can ultimately help advance health equity and prevent chronic disease. Such coalitions can also use equity assessments to evaluate the inclusivity of their internal structures, policies, and procedures.

This tailored tool for multisector community coalitions addressing SDOH describes key steps for conducting equity assessments. This adapted resource is based on an equity assessment tool designed by Mathematica and the Office of the Assistant Secretary for Planning and Evaluation to assess how the U.S. Department of Health and Human Services' policies, programs, or processes affect various populations.² This tool also draws on elements of Race Forward's racial equity impact assessment guide³ and the Institute for Healthcare Improvement's equity assessment guide for health care organizations.⁴

Equity assessment involves three steps:

□ Step 1: Plan for the assessment.

- Identify your questions and populations of interest.
- Consider the context for observed disparities.
- Think about your coalition's context and infrastructure for supporting health equity.

What is an equity assessment?

Equity assessments are systematic examinations of available data and expert input on how various groups—especially those facing inequities or disparities—are, or likely will be, affected by a policy, program, or process. Their purpose is to minimize unintended adverse outcomes and maximize opportunities and positive outcomes.¹

¹ Bradley, Kate, Kimberly Aguiard, Amanda Benton, Laura Erickson, Sofi Martinez, and Brittany McGill. "Conducting Intensive Equity Assessments of Existing Programs, Policies, and Processes." U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 2022.

<https://aspe.hhs.gov/sites/default/files/documents/0c4105e75d99d62a555a74e4305abd25/Intensive-Equity-Assessment.pdf>.

² Ibid.

³ Keleher, T. "Racial Equity Impact Assessments." Race Forward, 2009.

https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf.

⁴ Wyatt, R., M. Laderman, L. Botwinick, K. Mate, and J. Whittington. "Achieving Health Equity: A Guide for Health Care Organizations." IHI white paper. Institute for Healthcare Improvement, 2016. <https://www.ihl.org/resources/white-papers/achieving-health-equity-guide-health-care-organizations>.

Step 2: Collect data.

- Consider how you will involve affected community members and how you will compensate community members for their time and expertise.
- Identify appropriate data sources.
- Collect the data.

Step 3: Analyze and act on findings.

- Examine the outcomes and unintended consequences.
- Take action to address inequities.
- Share your assessment results and next steps.

The following sections include more information about each step, along with questions coalitions can ask themselves to critically examine the impact of their efforts on various populations. Coalitions can use this tool to gauge the impacts of their overall efforts or for a more limited scope, such as assessing a specific program or policy.

Step 1. Plan for the Assessment

Describe the focus of the assessment, including identifying populations of interest

Determine where you want to focus your assessment and what gaps you are trying to address. This will give your team a common goal and help guide your planning.

- What is the purpose of the coalition, and what are its goals? What are its known successes or challenges in meeting those goals?
- What types of actions does the coalition take (such as providing community services, offering programs, or taking policy actions) to address SDOH? Which of these actions will the equity assessment include?
- Which populations are participating in or benefiting from the overall efforts of the coalition? Are these efforts reducing, increasing, or ignoring disparities for different groups? Consider characteristics such as race, ethnicity, gender identity, sexual orientation, disability status, income, religion, and geography.
- Which populations are missing, or are not participating or benefiting at desired rates or at the same rates as others?
- What other disparities related to the coalition's efforts do you know about at the outset of the assessment?

Consider the context for observed disparities

Describe the historical, structural, societal, and political contexts for observed disparities in health outcomes. Consider how these will affect your assessment and factors you would like to explore further.

- What is the social and cultural history of the affected populations of interest, and how does this history shape their current conditions? What role does this context play in how these populations might perceive, access, or otherwise interact with the coalition and its efforts?

- Which SDOH might explain the disparities? SDOH are the nonmedical factors that affect health outcomes, such as housing, food access, the built environment, and social connectedness. They are the conditions in which people are born, grow, work, live, and age—the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.
- What is known about whether structural, systemic, or institutional racism or other structural barriers affect the implementation and outcomes of previous efforts, programs, or policies similar to those the coalition pursues? Systemic or institutional racism refers to policies and practices that create or sustain disparate outcomes for people of different races. An example is redlining, in which financial services and other housing-related opportunities are restricted for people largely based on their race or ethnicity and the neighborhoods in which they live.⁵

Consider the coalition’s context and infrastructure

Think about the historical and political context of the coalition itself. As part of this step, consider whether equity is part of the coalition’s mission and vision and whether the coalition’s infrastructure supports equity and inclusion. Decide whether to explore opportunities to improve the coalition’s infrastructure as part of your assessment.

- What is the history of your coalition? How was it formed? Are diversity, equity, inclusion, and accessibility part of the coalition’s mission and vision?
- What populations are reflected by the coalition’s leaders, decision makers, and board members? Are all racial, ethnic, and other groups affected by the coalition’s efforts included in decision making?
- What populations have historically been left out of coalition efforts? What are the implications of these exclusions?
- What resources does the coalition need (including organizational, operational, or data) to better support equity in your coalition and health equity among populations the coalition aims to serve?
- What opportunities exist to build equity-related capacity or access equity-related technical assistance?

Step 2. Collect Data

Involve affected communities

Consider how your coalition will work with affected communities to support your assessment and collect data. Beyond data collection, think about how your coalition will involve affected communities in all steps of the assessment, including planning and analysis, and how you will compensate community members for their time and contributions at each step.



Tip

This [toolkit](#) from the Rural Health Information Hub shares ideas and case studies on engaging partners in rural areas. It can help coalitions identify community members to engage in their assessments.

⁵ Executive Office of the President. “Redressing Our Nation’s and the Federal Government’s History of Discriminatory Housing Practices and Policies.” *Federal Register*, 2021. <https://www.federalregister.gov/documents/2021/01/29/2021-02074/redressing-our-nations-and-the-federal-governments-history-of-discriminatory-housing-practices-and>.

- ❑ How will the coalition engage experts who have lived experience and have benefited from coalition efforts in the assessment process? How will the coalition compensate them for their time and expertise?
- ❑ What individuals or communities have historically been excluded or disempowered in decision making? How can the coalition meaningfully include them in data collection and in the broader assessment?
- ❑ How can the coalition ensure inclusivity when engaging affected communities, such as by providing translation services or offering accommodations for people with disabilities? Can the coalition offer different ways to share input for people with different communication preferences, time restrictions, or transportation constraints?
- ❑ What methods of data collection work best for obtaining input on community members' experiences with coalition efforts? Consider focus groups or interviews as well as strategies such as photovoice or other creative methods of expression.^{6, 7}
- ❑ How will the coalition work to decrease power disparities and ensure that community members are comfortable providing candid input? How can the coalition be transparent about how it will share and use input?
- ❑ What are community members' experiences with coalition efforts, and what are their views on the benefits and burdens of participating? What barriers to participation do they perceive? Can community members shed light on whether current or potential barriers are more severe for certain populations than for others? How can the coalition reduce these barriers and support community members?
- ❑ How can the coalition avoid causing unintentional harm to participating community members?

Identify data sources

Consider various data sources to support the assessment, including organization documents and administrative records, surveys, community needs assessments, community health improvement plans, program performance data, key informant interviews, and listening sessions or focus groups with clients. Ideally, equity assessments include both qualitative and quantitative data.

- ❑ What general descriptive or performance data can you use to describe the coalition and its efforts (such as the number of participants, services, or partners)? Are there existing quantifiable performance targets relevant to the focus of the assessment?
- ❑ What quantitative data sources are available? Are these data disaggregated by relevant variables, such as race, ethnicity, income, and relevant geographic areas? If not, how can the assessment incorporate or collect new data that helps the coalition understand or estimate the equity impacts of its efforts?



Tip

When collecting, using, and storing data, follow best practices in data stewardship and ensure that personally identifiable information is protected. Refer to the [Toolkit for Communities Using Health Data](#) for more information.

⁶ MITRE's [Framework for Assessing Equity in Federal Programs and Policies](#) describes methods for collecting community member input, such as journey mapping.

⁷ [Photovoice: An Introduction to the Method and Analysis Tips](#) contains for more information on photovoice and how to use it as a participatory method with communities.

- What existing qualitative data (such as the results of prior focus groups or interviews) can the coalition use? How can qualitative data help the coalition interpret and understand the quantitative data?
 - What new qualitative data, if any, should the coalition collect? When considering new sources of qualitative data, be mindful of community burden. In some cases, communities are asked to participate in multiple data collection efforts. Ensure that interview protocols incorporate and acknowledge insights from prior data collection efforts and focus on collecting new insights. (Also refer to the considerations related to benefit and burden, compensation, and power dynamics in the previous “Involve affected communities” section).
 - Are there gaps or limitations in the information needed or resources available to collect data for the assessment? If so, how can the coalition obtain new or better information, or highlight the need for investment in better data? It is important to describe gaps that might reflect historically overlooked inequities or point to the need for information sources that could be developed in future years.
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State and local health departments can be a helpful source of quantitative or qualitative information on SDOH. Coalitions can explore publicly available quantitative data, such as [Healthy People 2030 disparities data](#) and [PLACES data](#).

Step 3. Analyze and Act on Findings

Analyze outcomes and unintended consequences

Analyze the data collected and describe the equity-related outcomes of the coalition’s efforts. Think about how to involve community members in interpreting and making sense of the findings. Consider what additional information, if any, you might need to collect.

- What are the coalition’s findings on positive and negative equity-related outcomes? What quantitative and qualitative evidence of inequities exists?
- What evidence is there on inequities in areas such as awareness of the coalition’s efforts, access to services, participation in coalition programs, and short and long-term health and social outcomes for community members? What evidence is there of inequities among coalition partners in their engagement with and benefits from participating in the coalition?
- How do the findings change the coalition’s understanding of disparities related to the coalition’s efforts that were known at the outset of the assessment?
- What factors might be driving observed inequities or disparities? Are any of those factors potentially caused by the coalition’s work?
- Have experts, including community members, helped the coalition interpret the available data or validate or refine the initial findings? In what ways might the findings be limited due to data gaps or analysis constraints? What findings point to the need for further research?

Take action to address inequities

Develop a detailed plan, in partnership with coalition members and community members, to address the inequities identified. Consider specific short- and long-term goals, and how you will measure and assess those goals over time.

- What solutions are needed to resolve the inequities or disparities, and to address the identified drivers of those inequities or disparities? Which solutions are in the coalition's sphere of influence?⁸
- What are the coalition's short- and long-term goals for improvement? Quantify those goals, if possible.
- What steps will the coalition take to accomplish each goal? What coordination, training, data system changes, process changes, or other implementation actions are needed?
- What mechanisms can be used to keep partners engaged with and accountable to these equity goals?
- Have community members informed or weighed in on needed solutions, proposed goals, or planned action steps?
- Are all components of the improvement plan responsive to the needs and cultures of different populations or communities?
- What resources will the coalition need to implement the improvement plan?
- Could the coalition engage with any new partners or sectors to make potential improvements, including equity improvements that are not within its sphere of influence?
- What measures or indicators will the coalition use to track progress over time? Are these disaggregated individual-level measures or community-level measures? Monitoring can help the coalition assess whether trends are in the expected direction or require course correction.
- How and when will the coalition evaluate the results of potential program changes? Evaluations focus on whether programs or policies reach their goals within a defined period. How can the coalition design an equitable and inclusive evaluation?
- Who will be responsible for developing and deploying monitoring and evaluation plans?
- How often will the coalition conduct equity assessments to identify and address evolving needs?



Tip

This [Sustainability Planning Guide](#) for multisector coalitions addressing SDOH, and the accompanying worksheet, can walk you through the process of creating targeted action plans based on your goals.

Share assessment results and next steps

Sharing the results of equity assessments and plans to address inequities with coalition members, affected communities, and other partners is an important part of the process and can support accountability or generate new insights. Consider how you will share your results and with whom.

- Would sharing the equity assessment with external partners support collaboration on other policies and programs intended to benefit priority populations?
- Would sharing the assessment or a summary of findings with community members not directly involved in the assessment further promote equity through transparency and accountability?

⁸ A sphere of influence is an area over which a coalition has power or control to affect developments or outcomes.

- How will the coalition share assessment results with community members involved in the assessment, its current participants and partners, or others? How will it share the results of any ongoing evaluations?
- How will the coalition ensure that it shares assessment results in a way that meets partners where they are (for example, by avoiding jargon and using appropriate literacy and accessibility techniques)?⁹



When sharing summaries of equity assessments with communities and partners, consider ways to make the findings accessible and easy to understand. For example, interactive discussions of findings and tools such as [data placemats](#) can help audiences interpret and engage with the data.

Mathematica developed this resource for the [SDOH-Getting Further Faster \(GFF\) Initiative](#), a partnership between the Centers for Disease Control and Prevention's (CDC's) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), National Association of County and City Health Officials (NACCHO), and Association of State and Territorial Health Officials (ASTHO). This resource is part of the GFF Community of Practice that Mathematica facilitates to support multisector coalitions and partnerships addressing five SDOH domains linked to chronic diseases: built environment, community–clinical linkages, food and nutrition security, social connectedness, and tobacco-free policies. To promote collaboration and share lessons learned, NACCHO and ASTHO made this resource available to any coalition or partnership seeking to transform its community by addressing SDOH. Alyssa Bosold and Talia Parker authored this document. Special thanks to Nazihah Siddiqui, Alyssa Crawford, Toni Abrams Weintraub, Amanda Bernhardt, and Jill Miller.

⁹ For other examples of inclusive communication strategies, see the Center for Disease Control and Prevention's [Health Equity Guiding Principles for Inclusive Communication](#).