



Equity Assessment Scorecard

SPOKANE NEIGHBORHOOD ACTION PARTNERS



Background

How We Got Here

Through the Washington State Medicaid Transformation Project (MTP) efforts, [Better Health Together](#) is working with 80+ organizations impacting health through our Spokane, Stevens, Pend Oreille, Ferry, Lincoln, and Adams counties to radically improve how we deliver Medicaid. We are doing this work through county-based Collaboratives as well as through contracts with primary care, behavioral health, and social determinant of health providers with the goal of cutting costs and improving access and quality of care for all.

BHT and our Partners recognize that many of the poor health outcomes in our region are linked to inequities like poverty, trauma, stigma, bias, and a lack of access to services like health care, housing, and transportation. These inequities are often unintentionally rooted in the policies and procedures that govern our systems.

BHT believes that the Medicaid Transformation funding and programming creates a once in a generation opportunity to look for ways to disrupt these barriers to better health for all. This is an opportunity to further integrate health equity into the day to day delivery system and reach towards our vision of a region “where every person can achieve their maximum health potential regardless of their identity, environment or experiences.”

Survey Objectives

One of BHT’s strategies to support this work is to identify ways organizations can commit to implementing education, policies, and workflows for staff and people served. We also want organizations to look for ways to address how inequities are impacting the systems we work in and outcomes we work towards. The activities listed in the Equity Survey represent policies and behaviors that promote equity in organizations that are impacting health in our community. This survey asked members of partnering organizations to evaluate whether they agreed, disagreed, or don’t know if these certain activities are taking place.

Emerging best practice tells us the more people see an activity happening, the more likely it is to be held as an organizational norm, built into practice and organizational culture. This survey data helps us measure how apparent or “normal” the activity is within your organization. There are many ways to approach health equity, and this is by no means an exhaustive or exclusive list – our intent was to utilize best practice in the creation of this survey tool that will serve as a helpful baseline for organization’s current status.

How to Interpret Results

Understanding The Scores

In the following pages, we've included the combined total amount of survey responses from participating members of your organization. For each question we combined the "I Don't Know" and unanswered responses, the "Strongly Disagree" and "Disagree" responses, and "Agree" and "Strongly Agree" responses. Each question also includes a Red, Yellow, or Green rating based off of the following criteria:

- **RED** Where 25% or more of the respondents answered "I don't know" or did not respond. This reflects that a critical percentage of staff are not aware if the activity is taking place, or may not be comfortable answering, and are unlikely to consider it as an organizational norm.
- **RED** Where at least 25% of the respondents answered, "Strongly Disagree" and "Disagree" combined. This reflects a critical mass does not observe this activity taking place and are unlikely to consider it as an organizational norm.
- **RED** Where less than 51% of respondents answered "Strongly Agree" or "Agree" combined. This reflects that a majority of respondents have not observed this activity taking place and are unlikely to consider it as an organizational norm.
- **YELLOW** where between 51% and 75% of respondents answered "Strongly Agree" or "Agree" combined, but don't fall into any of the red categories above, a majority of staff see this activity in place, but enough do not that it is at risk for not being observed as an organizational norm.
- **GREEN** Where more than 75% of respondents answered "Strongly Agree" or "Agree" combined, the majority observes this activity in place and it is likely to be held as an organizational norm.

Results are presented in the following format:

Example:

Survey Question	%I don't know + %Not Answered	%Disagree + %Strongly Disagree	%Agree+ %Strongly Agree	Score
1. In your opinion, how much does your organization focus on achieving health equity?	0%	24%	76%	■
2. The organization has a written statement that includes a commitment to addressing health equity	30%	10%	60%	■
3. The organization demonstrates a commitment to addressing the environmental, social, and economic conditions that impact health.	22%	14%	64%	■

The Theory

BHT framed our analysis and color coded "scoring" off of "The 25% Revolution." This study looked at groups that all held the same opinion about something and then introduced people with dissenting opinions to see what percentage of the total group the dissenters needed to reach to have the influence needed to change the group's viewpoint. They found it was only 25%! Click here for a [Scientific American Article](#) summarizing the study, or [click here](#) to link to the full study itself.

The Equity Assessment results presented here are reflective of activities that should be present as norms of behavior in an organization committed to advancing health equity. Using the 25% threshold, for something to be a majority viewpoint (or norm) the score would need to reflect that at least 75% of the group "knows" about and "agrees" the behavior is normal within in the organization.

Next Steps

Members of your organization who completed this survey will be eager to hear the results, and what organizational leadership intends to do as a result of these findings. We highly recommend sharing these results and creating space in a staff meeting or other forum for staff to share their reactions, reflections, and feedback for the organization. If you are eager to learn more, we have included in the end of this packet a list of resources organizations can point to for more information and education related to the activities in the survey.

BHT Staff are available to come to or call into your organization to walk through the survey results with staff. If you would like to take advantage of this offer, please contact Reese Holford to schedule at Reese@betterhealthtogether.org

BHT is using the regional findings to help inform a menu of Pay-for-Equity Activities. Activities will include specific actions your organization can choose to commit to completing in 2020. This menu of activities will be released in draft form in February for community input, to be approved by the BHT Board and released in early March. There will be an option to submit your own suggested activity for approval from BHT to implement as well.

BHT will release an online survey link for partners to use to select their Pay-for-Equity activity in April 2020. This survey link will go to your transformation manager, the same person who received your survey results. Once submitted, your organization becomes eligible for payout on the second half of the Equity Survey payment and gains access to 8 hours of free technical assistance from any member of our Equity TA Bank.

A reminder to BHT Contracted Partners: Completing the Equity Assessment was a deliverable for Year 1 contracts. Committing to a Pay-for-Equity Activity is a requirement in Year 2 contracts and prompts the 2nd half of the Equity payment in your contract (see Addendum 4.04). BHT will host a presentation and workshopping opportunity on Pay-For-Equity at the March 26th Learning Cohort event for partners.

Thank you for completing the survey and joining in our regional health equity journey!

Participation Summary

In total **3833 people** took the assessment across **81 organizations**.
 The overall rate of people who complete the survey all the way through was **76%**.
 You can review the results of all responses [here](#).

At **Spokane Neighborhood Action Partners 110** took the assessment.
 Of those **95%** completed the survey all the way through.

Survey Results

Organizational Commitment to Equity	%IDK + NA	%D + SD	%A + SA	Score
1. In your opinion, how much does your organization focus on achieving health equity?	0%	42%	58%	■
2. The organization has a written statement that includes a commitment to addressing health equity	26%	20%	54%	■
3. The organization demonstrates a commitment to addressing the environmental, social, and economic conditions that impact health.	8%	7%	85%	■
4. Most staff members demonstrate a commitment to addressing the environmental, social, and economic conditions that impact health	11%	15%	75%	■
5. The organization has a written commitment to demonstrating respect for cultural differences and practices	11%	11%	78%	■
6. Staff at all levels have the opportunity to become leaders in the work we are doing to address health equity	13%	29%	58%	■
7. The budget contains sufficient resources to implement the organizations health equity goals	30%	37%	33%	■
8. The organization regularly brings in outside consultation to provide education and trainings on topics related to equity	14%	31%	55%	■

Equity in Program Design	%IDK + NA	%D + SD	%A + SA	Score
9. The way programs or services are designed reflects a general understanding of the environmental, social and economic conditions that impact health	13%	7%	80%	■
10. The organization regularly assess the cultural and linguistic needs of the community they serve	14%	22%	65%	■
11. There are strategies in place to minimize barriers to community participation in programs and services	15%	14%	71%	■
12. The organization creates and distributes oral and written information that is appropriate for the cultural, linguistic, and literacy needs in the community	17%	25%	58%	■
13. The organization communicates openly and honestly with the general public	15%	11%	75%	■
14. The organization is open to community feedback on its work	15%	5%	80%	■
15. People with the most direct life experience or who are most impacted by an issue provide input on decision making	26%	27%	46%	■
16. When decisions made by the organization do not reflect community input, it is clear why the decision was made	32%	20%	48%	■
17. The organization has strategies in place to advocate for public policies that that address the environmental, social, and economic conditions impacting the health of the people our organization serves	21%	12%	67%	■

Equity in HR	%IDK + NA	%D + SD	%A + SA	Score
18. The organization actively recruits diverse staff for open positions	19%	20%	61%	■
19. Racial diversity is an explicit goal for hiring staff	35%	26%	38%	■
20. The organizations application and on-boarding documentation reflect a culture of diversity and inclusion	24%	15%	61%	■
21. When appropriate, minimum requirements for positions are flexible, allowing for relevant community experience in place of educational degrees	19%	24%	57%	■
22. Culturally Diverse staff members remain long term employees	26%	15%	59%	■
23. Staff of diverse ethnic, racial and cultural backgrounds are equitably promoted throughout the organization	25%	24%	52%	■

Equity in Data	%IDK + NA	%D + SD	%A + SA	Score
24. There is a standard procedure in place for collecting Race, Ethnicity, Age, Gender and Language demographics of the people we serve	18%	5%	77%	■
25. Whenever possible, data on program performance and/or quality is broken out by Race, Ethnicity, Age, Gender and Language	35%	7%	58%	■
26. The organization has a standard procedure for reviewing data broken out by Race, Ethnicity, Gender, Age and Language to inform program evaluation and decision making	45%	12%	43%	■
27. The organization creates opportunities for the people they serve to give input on data collection and results	28%	12%	60%	■
28. When appropriate, data is shared with the public using clear and approachable language and visualizations	29%	13%	58%	■

Personal Understanding of Equity	% NA	%D + SD	%A + SA	Score
29. I could explain to a coworker what the social determinants of health are and how they impact physical and behavioral health outcomes	5%	25%	70%	■
30. I understand what health equity means	5%	8%	87%	■
31. I could explain examples of health inequities to my coworkers	5%	20%	75%	■
32. I could explain how my work is contributing to advancing health equity in the community	5%	29%	66%	■
33. I regularly have personally meaningful interactions with people of different cultures and backgrounds than my own	5%	17%	78%	■
34. I am comfortable talking about race and racism with the people I interact with at work	5%	21%	75%	■
35. Staff I interact with at work are comfortable talking about race and racism	5%	41%	55%	■
36. I am comfortable talking about gender and sexual diversity with people I interact with at work	5%	25%	70%	■
37. Staff I interact with at work are comfortable talking about gender and sexual diversity	5%	36%	59%	■
38. I work with a culturally diverse staff	5%	34%	62%	■
39. I feel my work environment is supportive of many different cultural perspectives	5%	20%	75%	■
*Please note, "I don't know" was not an option in this section				

Trainings

Prevalence of Equity Training Topics Across Participants:

Training Results	# Received	% Received
Adverse Childhood Experiences (ACEs)	34	31%
Racial Equity	50	45%
Implicit Bias	48	44%
Tribal Sovereignty and Local Native American History	15	14%
Health Inequities	31	28%
Social Determinants of Health	32	29%
Poverty	87	79%
Generational/Historical Trauma	32	29%
Trauma-informed Approaches	29	26%
Secondary Trauma	17	15%
Collecting and using data to identify disparities	40	36%
Cultural Awareness	59	54%
Gender and Sexuality	49	45%
Disabilities	51	46%
Aging	46	42%
Recovery Model	4	0%

Other Topics Identified:

Acknowledgements

The Equity Assessment Survey Tool was designed by BHT staff and informed by several publicly available existing resources for organizational equity assessments, including:

The Bay Area Regional Health Inequities Initiative, *Organizational Self-Assessment Toolkit for Local Health Jurisdictions*, <http://barhii.org/resources/barhii-toolkit/>

The Continuum on Becoming an Anti-Racist Multicultural Organization, https://www.aesa.us/conferences/2013_ac_presentations/Continuum_AntiRacist.pdf

Just Lead Washington, *Racial Equity and Justice Initiative Assessment*, <https://justleadwa.org/learn/rejitoolkit/>

Dismantling Racism, *Moving a Racial Justice Agenda Organizational Assessment*, <https://www.njjn.org/uploads/digital-library/westernstates3.pdf?phpMyAdmin=14730ab3483c51c94ca868bccffa06ef>

Western State Center, *Racial Justice Assessment Tool*, [https://www.njjn.org/uploads/digital-library/AssessingOurOrganizations_RacialJustice%20\(1\)%20\(1\).pdf](https://www.njjn.org/uploads/digital-library/AssessingOurOrganizations_RacialJustice%20(1)%20(1).pdf)