EXECUTIVE SUMMARY

The mission of public health is to assure optimal health and wellness for all people. Within the current public health paradigm, we are doing our best to improve health overall and address health disparities. However, egregious gaps in health outcomes between populations persist. A growing body of evidence links significant differences in health outcomes to race, neighborhood of residency, educational attainment, income, and other social factors. Past and present policies and practices in each of these arenas play a critical role in people's lives and health outcomes, and often hamper public health efforts. How can a policy make people sick? What role do we have as local health departments (LHDs) in addressing issues such as racism and neighborhood conditions? How does our structure and workforce fit into the work that needs to be done in these arenas?

The prospect of addressing societal challenges may seem overwhelming for local health departments, yet the impact of these challenges on health is undeniable. Examples of these challenges include current and historical local, state, and national policies that have segregated communities based on race. As a result, people of color are more likely to live in lower income, less safe, inner-city neighborhoods that lack access to resources like high-quality public transportation, fresh fruits and vegetables, and safe places to walk and play. These neighborhoods tend to have schools with lower quality education for their children, resulting in fewer opportunities for advanced education and well-paying jobs. People with lower-paying jobs are less likely to have good health coverage or access to health promotion resources. The data consistently show that people who live in these conditions suffer worse health outcomes in chronic and infectious diseases, injury, and as a result of disasters and emergencies. Clearly, we must address these societal conditions if we are to reverse the trend of health inequities. This new paradigm of public health seeks to continue providing necessary individual services while also acknowledging and addressing these underlying causes that often stem from policy decisions. As this is a new direction for many LHDs, the Bay Area Regional Health Inequities Initiative (BARHII), a collaboration of eleven local health departments in the greater San Francisco Bay Area, developed the **Organizational Self-Assessment for Addressing Health Inequities Toolkit** (Toolkit). This Toolkit provides public health leaders with tools and guidelines that help identify the skills, organizational practices and infrastructure needed to address health equity and provide insights into steps LHDs can take to ensure their organization can have an impact on these negative policies. The **Organizational Self-Assessment for Addressing Health Inequities** (Self-Assessment) is intended to serve an LHD in the following ways:

- Serve as the baseline measure of capacity, skills and areas for improvement to support health equity-focused activities;
- Inventory the presence of a set of research-based organizational and individual traits that support the ability to perform effective health equity-focused work;
- Provide information to guide strategic planning processes and/or the process of developing and implementing strategies that improve capacities;
- Serve as an ongoing tool to assess progress towards identified goals developed though the assessment process.

To provide a framework for the Self-Assessment, a matrix of organizational and staff competencies needed to address health inequities was developed. This matrix identifies the skills and capacities at both the organizational and individual levels that support an LHD's ability to address health inequities. The Toolkit includes a compendium of instruments that address various elements of the matrix and the guidelines to help LHDs determine if, when, and how to carry out the Self-Assessment. Each tool is designed both to provide information for an assessment at an organizational level and to provide an opportunity for executives, staff, community agencies and other local partners to reflect upon their experiences in addressing health inequities in partnership with LHDs.

The Toolkit includes the following instruments:

1. **Staff Survey**—An online survey tool designed for LHD staff at all levels of the agency to complete. This tool addresses most of the elements included in the Matrix.
2. **Collaborating Partner Survey**—An online survey tool that provides an opportunity for other agencies, organizations and groups that work with the LHD to share feedback and insights regarding health equity work.

3. **Staff Focus Groups**—Facilitated group discussions that are designed for in-depth exploration of elements of the matrix and to gain further information on specific issues informed by the staff survey.
4. **Management Staff Interviews**—Individual interviews with members of an LHD's senior management/ leadership team to allow an LHD to further develop an in-depth sense of its organizational strengths and areas for improvement related to addressing health inequities.
5. **Human Resources Data System Worksheet**—A worksheet that can be used to summarize important data gathered during the Internal Document Review and Discussion phase of the assessment. This sheet succinctly illustrates how responsive the HR system is to the diverse needs of the population served by the LHD.

These tools can be found in *Appendix I*.

The development of the self-assessment tools was informed by an extensive review of public health and organizational development literature, as well as a review of existing organizational and cultural competency assessment tools. Guided by the literature review, a team of consultants and BARHII's Internal Capacity Committee worked together to create indicators for each element of the matrix, and then created survey and qualitative instruments to measure these indicators systematically across an organization. Finally, the self-assessment was pilot tested at the City of Berkeley Public Health Division in 2008 and the tools were further refined based on the pilot experience and feedback from staff at that LHD.

In addition to the instruments themselves, the Toolkit contains an implementation guide with information, tools, resources, and bibliography to help LHDs:

- Assess whether they are ready to conduct the Self-Assessment;
- Prepare for the self-assessment;
- Complete the necessary steps for implementing the self-assessment; and
- Engage with the results of the self-assessment in an action-oriented way.

The Self-Assessment requires commitment on all levels of the LHD, dedicated staff, in-kind resources, and time. *Appendix V* provides information on time, resources and other investments required to implement the Self-Assessment. A summary of the key lessons learned from the piloting of the Self-Assessment can be found in *Appendix X*.

LHDs are increasingly seeking ways to do more to address health inequities. This self-assessment can be a key component in improving LHDs' capacity to partner with communities, agencies and organizations to achieve health for all.