

## Texas Accountable Communities for Health Initiative Health Equity Assessment Tool (HEAT): A Self-Reflection Tool to Guide Collaborative Action on Health Equity

### OVERVIEW

**Health equity means that everyone has a fair and just opportunity to be as healthy as possible.** This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.<sup>1</sup> The pursuit of health equity is both an outcome and a process that requires constant, systematic and devoted effort and action at multiple levels – individual, institutional, and community - to dismantle deep systems of oppression, discrimination and bias.

The TACHI health equity assessment tool (HEAT) is intended to help Accountable Communities for Health (ACH) obtain **a pulse of where they are on their health equity journey and where they need to go.** It is intended to be completed through collaborative reflection and discussion among partners, with at least one representative from each partnering organization contributing feedback. This tool does not replace more comprehensive health equity assessments but provides a starting point for partners to reflect on and discuss their collective strengths, gaps, aspirations and next steps for advancing health equity. This tool builds on a body of nationally recognized and validated health equity assessment tools and has been adapted with questions that align with the core elements of the ACH framework (see references).

### GETTING STARTED

Designate **one person in your group to read questions and write responses.** Designate a **second person to share results** in the report-out. Take a moment to write your ACH’s name and participants in today’s discussion.

**Name of ACH:**

**Participants (Name and Organization):**

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<sup>1</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? 2017. Princeton, NJ: Robert Wood Johnson Foundation.



## HEAT QUESTIONS

Complete the following self-assessment questions reflecting on your ACH’s progress in implementing each of the listed actions for advancing health equity. Use the scale below to select the response that best matches your progress.

Yes	We have made <b>very good progress</b> .
Somewhat	We have made <b>some progress</b> .
No	We have made <b>no progress</b> .
Don’t Know	We <b>need more information internally</b> to answer this.

Section 1: Making Health Equity a Strategic Priority in the ACH				
	Yes	Somewhat	No	Don’t Know
1. Our ACH’s <b>shared vision</b> demonstrates a commitment to health equity.				
2. Our ACH’s <b>mission and/or goals</b> express a commitment to health equity.				
3. Our ACH’s <b>implementation plan</b> embeds actions to advance health equity in all core elements (e.g., governance, data, community engagement, interventions, etc.).				
4. Our ACH’s <b>logic model</b> embeds inputs, outputs and outcomes for health equity.				
<b>Comments and Reflections:</b>				

Section 2. Cultivating a Culture of Equity within the ACH				
	Yes	Somewhat	No	Don't Know
5. Each core partnering organization within our ACH has a <b>demonstrated commitment</b> to health equity.				
6. Our ACH has established a <b>shared understanding</b> among our leadership, staff and core partners of what health equity means and why it matters.				
	Yes	Somewhat	No	Don't Know
7. All ACH leadership, staff and core partners have <b>knowledge and skills to address implicit bias, cultural humility and/or cultural competency.</b>				
8. All ACH leadership, staff and core partners have <b>knowledge and skills to address racism and other forms of oppression</b> as a root cause of health inequities.				
9. ACH leadership, staff and core partners have had <b>serious conversations about addressing racism and other forms of oppression</b> to advance health equity.				
10. Our ACH <b>provides ongoing education, training and resources</b> to build health equity knowledge and capacity among our leadership, staff and partners.				
<b>Comments and Reflections:</b>				

Section 3. Fostering Diversity, Equity and Inclusion in the ACH's Governance and Structure				
	Yes	Somewhat	No	Don't Know
11. Our ACH's current <b>Governing body</b> reflects the diversity* of our local community.				
12. Our ACH's current <b>Backbone leadership, staff and partners</b> reflect the diversity* of our local community.				
13. Our ACH has <b>policies and procedures to actively recruit</b> governance, leadership, staff and partners who represent the diversity* of our local community.				
14. Our ACH <b>includes members of the community with lived experience expertise</b> in our Governing Body and/or as part of a Community Advisory Group to share in decision-making.				
<p>* <b>Diversity</b> refers to the inclusion of people with varied backgrounds, identities, abilities and perspectives. This includes representation by place, race, ethnicity, age, gender, gender identity, sexual orientation, disability status, socioeconomic status, religion, and other factors depending on populations being served in your community.</p>				
<p><b>Comments and Reflections:</b></p>				

Section 4. Community Engagement, Trust Building and Shared Ownership				
	Yes	Somewhat	No	Don't Know
15. We have established <b>trusting relationships with community partners</b> such as community-based organizations, community health workers, faith-based groups, ethnic and cultural groups, and neighborhood coalitions.				
16. We believe that our <b>community partners reflect the diversity*</b> of our local community.				
17. We believe that our <b>community partners represent the interests and needs</b> of our local community.				
18. <b>We consult with our community partners</b> to provide input on community needs, priorities and interventions in the ACH (e.g., through interviews, surveys, focus groups, etc.).				
19. <b>We collaborate with our community partners</b> to develop, implement and evaluate all aspects of our ACH (e.g., through planning and advisory meetings).				
20. Beyond community partners, we also <b>collaborate with community members or lived experience experts</b> to inform, develop, implement and evaluate all aspects of our ACH.				
21. We have strategies in place <b>to minimize barriers to community participation</b> in our ACH meetings (e.g., providing financial and other support to compensate for time, childcare, food and transportation for community residents to attend meetings, English language support and translated materials for participants, etc.).				
22. Our ACH <b>communicates with the community in ways that</b> meet their literacy, cultural and linguistic needs.				
23. Our ACH makes deliberate efforts to <b>build the leadership capacity of diverse community members</b> to meaningfully participate in shared ownership of the ACH.				

\* **Diversity** refers to the inclusion of people with varied backgrounds, identities, abilities and perspectives. This includes representation by place, race, ethnicity, age, gender, gender identity, sexual orientation, disability status, socioeconomic status, religion, and other factors depending on populations being served in your community.

**Comments and Reflections:**

### Section 5. Centering Health Equity in Data and Performance Measurement

	Yes	Somewhat	No	Don't Know
24. Our ACH <b>uses data to understand health inequities</b> in our community, the populations and places most affected, and where and how to target interventions to close gaps.				
25. Our ACH has <b>conducted a root cause analysis</b> to identify the root drivers of health inequities in our community—including understanding the role of racism and other forms of oppression—to better tailor interventions to close gaps.				
26. Our ACH has <b>established key performance indicators for closing equity gaps</b> in health care, social needs, social determinants of health and health outcomes.				
27. Our ACH's data system <b>collects standardized and self-reported data</b> on race, ethnicity, language, gender, age, geography (e.g., Zip Code or Census Tract) and other demographic factors to monitor health inequities.				
28. Our ACH <b>analyzes health care, social needs, social determinants of health and health outcomes data</b> by key stratifying measures (e.g., race, ethnicity, gender, age, geography, etc.) to measure impact and unintended consequences.				
29. Our ACH <b>shares data transparently</b> with partners and the community demonstrating progress (or lack thereof) toward closing health equity gaps.				

**Comments and Reflections:**

**Section 6. Centering Health Equity in Portfolio of Interventions**

	Yes	Somewhat	No	Don't Know
30. Our interventions address the <b>social needs</b> of residents and patients, with targeted strategies for historically marginalized populations. <i>Note: Social needs are individual-level needs such as food insecurity, housing instability and transportation needs.</i>				
31. Our interventions address the <b>social determinants of health</b> in our community, with targeted initiatives for historically marginalized populations. <i>Note: Social determinants of health are community-level conditions in which people are born, grow, work, live and age. Examples include community rates of poverty, food accessibility and availability of affordable housing.</i>				
32. Our interventions address <b>structural drivers of health</b> through supporting or advocating for public policies that create equitable opportunities for all residents to thrive. <i>Note: Structural drivers of health include social norms and broader macroeconomic and social laws, policies and systems that structure resources and power. Racism is an example of a structural driver that leads to health inequities.</i>				
33. Our interventions explicitly work to <b>close health equity gaps</b> .				
34. Our interventions explicitly incorporate actions to implement the <b>National Standards for Culturally and Linguistically Appropriate Services (CLAS)</b> .				

**Comments and Reflections:**



Section 7. Funding & Sustaining Health Equity Actions				
	Yes	Somewhat	No	Don't Know
35. Our ACH has made a <b>financial commitment</b> to advance health equity by dedicating financial, human and other resources.				
36. Our ACH has established <b>financial incentives</b> for closing health equity gaps in key performance indicators.				
37. Our ACH has made a commitment to <b>recruit and hire leadership, staff and community health workers locally.</b>				
38. Our ACH has made a commitment to <b>contract with minority- and women-owned businesses.</b>				
<b>Comments and Reflections:</b>				

## DEVELOPING A HEALTH EQUITY ACTION PLAN

Once completed, the HEAT’s responses will help you understand your ACH’s strengths, gaps and areas for action toward operationalizing health equity. **Start by prioritizing three to six areas for action** (those marked yellow and red) and build an initial action plan below. Be sure to consider how your health equity actions can be integrated in the broader work and timeline you are undertaking to implement other ACH elements. Once you have addressed gaps, also consider ways you can continue to build on and improve your strengths. Remember health equity is a journey of continuous self-reflection and action!

<b>Priority #1</b>		
Goal		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		

<b>Priority #2</b>		
Goal		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		

<b>Priority #3</b>		
Goal		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		

<b>Priority #4</b>		
Goal		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		

<b>Priority #5</b>		
Goal		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		

<b>Priority #6</b>		
Goal:		
<b>Action Steps</b>	<b>Who</b>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		

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