HealthierHere

King County Accountable Community of Health

Equity Impact Assessment Tool Instructions

Step 1: Identify the scope of the action planned
This step should be completed by the party taking action (i.e. ACH Governing Board, design team, etc.)
Step 1a
□ Identify what action you are taking, i.e. implementing a new program/service delivery model, making a funding decision, etc.
□ In your description, identify how your action will affect/serve people and places. Include methods and intended outcomes, making sure to include any and all equity outcomes. Consider:
- Intensity: what effects, impacts and/or outcomes will your action have on people and places?
- Duration: how long will the action have an effect– short-, medium-, and/or long-term?

Note -> *Please use as much space as you need, including using additional pages to give the detailed descriptions you're asked for in this Ste*p.

Step 1b
□ Identify which of the provided areas' equity is affected (i.e. early childhood development, education, etc.)

Step 2: Identify the population(s) affected
This step should be completed by the party taking action (i.e. ACH Governing Board, Design team, etc.)

□ **Use the table to identify the reach of the action**: which people and places will be affected by your action? If more than one community within a listed population category may be affected differently, analyze them separately. For example, if the African American community in a given area may be impacted differently by the proposed action than a Salvadoran community in the town next door, use a separate line for each, researching the known disparities affecting each population.

□ **List the known disparities** in health outcomes, access to care, and the relevant social determinants of health for each population identified.

□ **List your data sources**. If it's not obvious how you got the data, please also describe what you did to get the information. For example, the source of data for information from a public online resource could be described simply with the url for the website from which the information was obtained, and the last date you checked the site to see that the information was still there and current. However, if you obtained information from a survey at a community meeting or from interviews with community leaders, you would want to describe briefly how the information was obtained (e.g., how and where the survey was conducted, whom you interviewed and when, etc.).

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Step 3: Get input from affected communities to learn their priorities and concerns and identify potential positive and negative impacts on those communities.
This step should be completed by the party taking action (i.e. ACH Governing Board, design team, etc.). ACH staff, governing board members, committee members, and design team members may work with Community / Consumer Voices (CCV) Workgroup members to connect with community stakeholders to complete this step.

Step 3a
□ Copy the list of affected populations identified in Step 2 into the left-hand column of the table in Step 3a.
□ Learn about affected communities' and/or stakeholders' priorities and concerns through community engagement activities.
- How do these communities define health?
- What are their most important concerns about health, health care and access to care in their community?
- What concerns do they have about social determinants of health, like access to safe housing, food safety, education and transportation their community?
- What are their and their neighbors' priorities to address these issues?
- Consult with the CCV and use the Community Engagement Guide to help with this.

□ Answer the question - How will the proposed action/activity affect the listed populations in positive and negative ways? In answering this question, consider the following:
- Think about direct and indirect impacts and the social determinants of health.
- Consider and describe how the your proposed action will impact health equity for the listed populations, including: What aspects of the action (if any) will produce or perpetuate health inequity in the listed communities, and how? How is the action likely to influence known disparities affecting those populations? What are the positive or negative impacts of the action on equity?
- Look beyond the intended and obvious consequences of the action; identify potential unintended equity-related outcomes.
- Use quantitative data and/or gather new information.

Step 3b
□ Think about and describe how the purposes, methods for carrying out and likely effects of the proposed action align with and diverge from community concerns and priorities.

Step 3c
Describe what you and others involved in this process did to engage each listed affected community to get the information you used to answer this question.

Step 4: Develop equitable alternatives to any potential negative impacts
This step should be completed by the party taking action (i.e. ACH Governing Board, design team, etc.)
□ List the negative impacts identified in Step 3
□ For each negative impact, try to develop and explain alternative action(s) or features of your proposal that lessen or avoid the negative impact (or more than one listed impact). Consider questions like:
  ● What are ways to reduce negative impacts?
  ● Even if the action does not seem likely to have serious negative impacts on equity, are there feasible alternatives or at least changes to the proposed action that offer the chance for greater increases in equity?
□ Evaluate each alternative. Keep in mind the following questions:
  ● Who (what communities) will be disproportionately burdened by or benefit from the alternative - now and in the future?
  ● How will alternative actions differ in improving or worsening current equity conditions?
  ● How do alternatives align with community priorities?
  ● What factors have a significant impact on the feasibility or effectiveness of the proposal?
    In answering these questions, be sure to Include upstream alternatives (and related costs) that target root causes to eliminate disproportionate impact.
    - Project or map out how key alternatives will affect community priorities and concerns.
□ Prioritize alternatives by equitable outcomes and adjust them based on the aims driving functional and financial policy.

Step 5: Work with affected populations to implement equitable alternatives
This step should be completed by the party taking action (i.e. ACH Governing Board, design team, etc.) in collaboration with the CCV Workgroup to complete this step.
□ Communicate with communities likely to be affected by the action and other stakeholders about how you will implement your action. In doing so, be sure to consider or address the following:
  ● Make sure you are connecting with all populations you identified earlier in the process that will feel significant effects of the action.
  ● Map out responsibilities for the action that address the roles of all relevant individuals, organizations, and populations; these may include, but not be limited to ACH staff, health care and social service providers, county government, and community members.
  ● Advance "pro-equity" opportunities when possible, i.e. contracting, hiring and promotion, materials sourcing, etc.
□ Describe how you will measure and evaluate your intended outcomes in collaboration with affected communities. Considerations should include, but not be limited to:
  ● Are there sufficient monitoring and accountability systems to identify unintended consequences?
  ● How will affected communities be informed about unintended impacts of the action as they arise?
  ● How will course corrections be handled if unintended consequences are identified?
  ● How will partner communities be involved in monitoring and course correction?
□ Communicate progress to all stakeholders. Plan to include community feedback into future planning.

GLOSSARY[1]:

ACCOUNTABLE: Responsive to the needs and concerns of those most impacted by the issues you are working on, particularly to communities of color and those historically underrepresented in the civic process.

COMMUNITY OUTCOMES: The specific result you are seeking to achieve that advances racial equity.

DETERMINANTS OF EQUITY: The social, economic, geographic, political, and physical environmental conditions in which people are born, grow, live, work, and age that lead to the creation of a fair and just society. Access is necessary regardless of race, class, gender, or language spoken. Inequities are created when barriers exist that prevent individuals and communities from accessing these conditions and reaching their full potential.

EQUITY: When every person has full and equal access to opportunities that enable them to attain their full potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

HEALTH DISPARITIES: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

HEALTH EQUITY: When every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

IMMIGRANT AND REFUGEE ACCESS TO SERVICES: Government services and resources are easily available and understandable to all residents, including non-native English speakers. Full and active participation of immigrant and refugee communities exists in civic, economic and cultural life.

IMPLICIT BIAS: The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

INCLUSIVE OUTREACH AND PUBLIC ENGAGEMENT: Processes inclusive of people of diverse races, cultures, gender identities, sexual orientations and socio-economic status. Access to information, resources and civic processes so community members can effectively engage in the design and delivery

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[1] The content of this glossary is taken or adapted in significant part from the City of Seattle's Racial EquityToolkit (*available at* http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityToolkit_FINAL_August2012.pdf) and *Prioritizing Racial Equity in Accountable Communities of Health,* Northwest Health Law Advocates and Washington CAN!, July 2016 (*available at* http://nohla.org/wordpress/wp-content/uploads/2016/08/ACH-Sample-Racial-Equity-Toolkit.pdf) .

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of public services.

SOCIAL DETERMINANTS OF HEALTH: The conditions in which people are born, grow, work, live, and age, and 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 and political systems.

STAKEHOLDERS: Those impacted by proposed policy, program or budget issue who have potential concerns or issue expertise. Examples might include: specific racial/ethnic groups, other institutions like housing, schools, community-based organizations, unions, etc.