



HealthierHere

King County Accountable Community of Health Equity Impact Assessment Tool



The King County Accountable Community of Health (ACH) is a regional partnership committed to working in new ways to improve the health and well-being of King County residents. The goal is twofold—change longstanding health and health-related outcome disparities as part of improving regional health, and strengthen the partnerships between the clinical care system and the community-based services and factors that influence health outside clinic walls. The purpose of this tool is to ensure that equity impacts are rigorously and holistically considered and advanced in the design, implementation, selection, and monitoring of projects.

Health Equity Definition

Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people.” In King County broad disparities in health status based on race and place persist. The King County ACH strives to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Who should use the tool?

The tool should be used by ACH staff, governing board, workgroups, committees, and design teams who are developing and supporting projects as a part of the King County ACH.

Step 1: Scope

a: What are we thinking about doing and why?

- Implementing a new program/service delivery model
- Making a funding decision
- Public outreach and engagement activity/event

Describe the project area and give a detailed description of methods and outcomes including intended equity outcomes:

b: Which of the following determinants of health equity are affected?

- Early Childhood Development
- Education
- Mental/Behavioral Health
- Clinical Health Services
- Chronic Disease
- Substance Abuse
- Long-Term Care
- Social Health Services
- Jobs and Job Training
- Law and Justice
- Food Systems
- Parks and Natural Resources
- Built & Natural Environment
- Transportation
- Community Economic Development
- Neighborhoods
- Housing
- Community & Public Safety
- Jobs and Job Training

Step 2: Population(s) affected

Who could be affected and what do we already know about them?

| List Population(s) Affected | Based on available data, list known disparities | Source of Data |
|-----------------------------|---|----------------|
| Race/ethnicities: | | |
| Tribes: | | |
| Income: | | |
| Geography: | | |
| Immigration status: | | |
| Gender and sexuality: | | |
| Disability status: | | |
| Religion: | | |

Step 3: Potential impacts

a: Describe your process for engaging affected communities

b: Contact affected communities to learn community and social determinants context

| Population Affected (Transfer from Step 2) | List Their Priorities and Concerns | Positive and negative impacts on determinants of health equity (Reference Step 1b) | Is this proposed action in alignment or divergence with affected populations' priorities and concerns? |
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Step 4: Equitable alternatives

| Potential Negative Impact (Reference Step 3) | Develop and Explain Alternative Action(s) (Include multiple perspectives) | Evaluate Alternatives <ul style="list-style-type: none"> ● Who will this benefit now and in the future? ● How will this improve or worsen equity outcomes? ● How will this align with community priorities? |
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Step 5: Implementation

- Connect back to affected populations to discuss actions and alternatives and partner to implement. Briefly explain partnership strategies (Who are included? Is everyone clear about roles/responsibilities in the implementation? Reference community engagement continuum.)**

- How is accountability being built into the process?**

- If unintended consequences occur during implementation, how will they be handled?**

- How will you ensure a communication loop back to all stakeholders in the process?**

- How will you align this work with work already being done in the affected communities**