#impactEQUITYNC

North Carolina Health Equity Impact Assessment

The North Carolina Health Equity Impact Assessment was developed by #impactEQUITYNC, a collaboration between NC Child, the NC Division of Public Health Women's Health Branch, NC Office of Minority Health and Health Disparities, and the Rockingham Health Department. This assessment was informed by the Health Equity Review Planning Tool created by the Washington State Department of Public Health and the City of Seattle Race and Social Justice Initiative Racial Equity Toolkit.

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About This Tool

North Carolina is at its best when every individual--regardless of race, ethnicity, income, or geography-- has the opportunity to attain his or her best health. Ensuring [health equity](#) for all requires changing policies, systems, and practices to address health inequities and reduce longstanding disparities. [The North Carolina Health Equity Impact Assessment](#) (HEIA) provides a structured process to guide the development, implementation, and evaluation of policies, programs, and initiatives in order to reduce disparities and promote health equity.

Why Use This Tool

Use this tool to identify how a program, policy, or practice may impact groups in different ways or potentially cause unintended consequences that increase health disparities. The use of the tool may also raise awareness about health equity.

Who Should Use This Tool

Everyone. The HEIA can be used with local and state stakeholders engaged in public policy or community planning. Examples include community based organizations, elected officials, government staff, health and human services staff, hospitals, and faith-based organizations.

When to Use This Tool

Early. Early and frequent assessment provides a structured framework to achieve your desired policy, program, or practice outcomes.

How to Use This Tool

Be Inclusive. Successful health equity assessments involve members of impacted communities.

Use Data. Data is essential to identify disparities and understand the complex factors that contribute to health inequities across populations

Dig Deeper. When completing this tool think concretely and consider the social, structural, and cultural factors that impact individual and community health.

This assessment is made up of two pre-work activities and six action steps. *Worksheet A* identifies who needs to participate in the HEIA and *Worksheet B* helps you prepare a data profile for your assessment. The remaining steps are sequential, building from beginning to end:

Step 1.   *Getting started*: Determine what is being assessed.
Step 2.   *Set outcomes*: State your intended outcomes.
Step 3.   *Analyze data to determine impact:* Identify impacted populations and communities.
Step 4.   *Determine benefit and burden*: Determine positive and negative impacts.
Step 5.   *Identify modifications*: Propose changes that enhance your strategy.
Step 6.   *Develop an action plan*: Monitor implementation and share findings.

Pre-work A: Identify Participants

The success of your health equity assessment is highly dependent on having the correct people at the table throughout the assessment process. To help ensure diverse stakeholder involvement and community representation, the following is a description of potential stakeholder roles that are important to the assessment process. Use this worksheet to identify specific people who will be invited to participate.

- **Content Experts**: People who have a command of research, policy and practice who can speak to the nuances of how each of those things work. The person who knows the issue best.
- **Providers**: People who are on frontlines actually carrying out the day to day realities (e.g., teacher, health care provider, community health care worker, public health program manager/coordinator).
- **Consumers**: People who use the services your policy, program, or intervention seeks to implement or change.
- **Impacted Groups**: People who are disproportionately impacted by the issue.
- **Key Decision Makers**: People who have the influence or power to create change and set policies.
- **Community Leaders**: People who have the trust and respect of the community and can mobilize action.
- **Advocates**: Professionals who advocate in the interest of particular communities or groups.

Role	Participant Name(s)
Content Experts	
Providers	
Consumers	
Impacted Groups	
Key Decision Makers	
Community Leaders	
Advocates	

Pre-work B: Compile Your Data Profile

Collecting and analyzing data by race, ethnicity, and other key demographic factors (such as literacy, language preference, nativity, etc.) is critical in identifying disparities and understanding the complex factors that contribute to health inequities across populations. Your analysis in Step 2 should include the following types of information:

- [Quantitative](#) data refers to surveillance, administrative, or survey statistics that capture dimensions that can be measured.
- [Qualitative](#) data refers to descriptive characteristics that can be observed, but not measured. These data are often generated through focus groups, surveys, and key informant interviews and include stories collected from your target population and community.

Pre-Step 1: Describe the problem your [policy,](#) [program](#), or [intervention](#) seeks to address.

_____

_____

_____

Pre-Step 2: List the top questions your group needs to answer in order to understand the [root causes](#) of this problem. This helps focus data collection on information you need to get, rather than what is easiest to collect.

Question 1: _____

Question 2: _____

Question 3: _____

Pre-Step 3: Compile data related to the questions above**.** See **[insert link to a webpage here]** for a list of North Carolina data sources.

Pre-Step 4: Use the prompts below to construct a data profile. Develop charts, tables, or graphs to visualize your data. You will use this profile in Step 2 of the assessment.

Prompts	Data-based Insights
● What subgroups make up your target population or community?	
● Which members of your target population experience the best related health outcomes? Which experience the worst?	
● Are there geographic locations or clusters of disparities? If so, where?	
● What other relevant disparities do you observe in the data? *(Ex. differences by age, gender, nativity, etc.)*	
● Identify three assets or strengths available among your target population that you should leverage.	
● Identify three challenges impacting your target population.	

Pre-Step 5: Identify what data are missing that would be helpful to understand the experiences of the community or groups impacted by your policy, program, or intervention. What strategies might you use to collect this information, or to support the development of data collection efforts?

Step 1

Getting Started: Determine What is Being Assessed

Select the category that best describes the item you are assessing:

☐ Policy   ☐ Program   ☐ Intervention   ☐ Budget Issue   ☐ Other: _____

Briefly describe what is being assessed:

_____

_____

_____

List the specific communities, populations, or audiences intended to be served:

_____

_____

Step 2

Set Outcomes: State Your Intended Outcomes

2a. What problem does this policy, program, or intervention seek to address?

_____

_____

2b. What change do you expect to see as a result of this policy, program, or intervention?

_____

_____

_____

2c. Which factor(s) will the policy, program, or intervention impact? *(Check all that apply.)*

       ☐ Housing
       ☐ Jobs & Economic Stability
       ☐ Neighborhood & Community Supports
       ☐ Health & Health Care
       ☐ Public Services & Supports
       ☐ Education
       ☐ Criminal Justice
       ☐ Environment
       ☐ Other

2d. What are the consequences of not implementing your policy, program or intervention?

_____

_____

_____

2e. Who is already working on the issues identified above (for example, churches, civic groups, community leaders, community organizations, etc.)? List individuals or organizations and indicate whether they should be included in this health equity impact review process.

_____

_____

_____

2f. Who else needs to be at this health equity assessment table? (Ex. Who needs a voice or an advocate?)

_____

_____

Step 3 Analyze Data to Determine Impact: Identify Impacted Populations and Communities

Use the data profile completed in Worksheet B to answer the following questions:

3a. Which geographic areas will be impacted? *(Check all that apply and name.)*

☐ Statewide

☐ County: _____

☐ Region: _____

☐ City: _____

☐ Neighborhood: _____

☐ Zip code(s): _____

☐ Other: _____

3b. What is the racial/ethnic breakdown of those living in the impacted area(s)?

Population	**Data**
White	
Black or African American	
American Indian or Alaska Native	
Asian	
Native Hawaiian or Pacific Islander	
Two or More Races	
Hispanic or Latinx	

3c. Who may be affected by the issue more than others? *(Check all that apply.)*

☐ Poor or low-income individuals or families
☐ Racial or ethnic groups. Please list:
☐ Individuals/Families with limited English proficiency
☐ Individuals/Families with physical or behavioral disabilities
☐ Children
☐ Adolescents
☐ Elderly
☐ LGBTQ
☐ Rural
☐ Immigrants or Refugees
☐ Other: _____

3d. List community members you have consulted to interpret the data and determine impacts.

_____

_____

3e. Summarize the priority issues and needs community members indicated were most important to them. How does your initiative fit with these priorities?

_____

_____

3f. What does the data and your conversations with stakeholders tell you about existing racial and other inequities that influence people's lives and should be taken into consideration?

_____

_____

3g. What root causes or factors may be creating these racial and other inequities?

_____

_____

3h. Which of these root causes does your policy, program, or intervention address?

_____

_____

Step 4

Determine Benefit and Burden: Determine Positive and Negative Impacts

Given what you have learned from the data and stakeholder involvement, please answer the following questions.

4a. How will the policy, program, intervention improve health equity (including racial and ethnic equity) for each of the groups identified in question 3c? What benefits may result?

_____

_____

_____

4b. How will your proposed policy, program, or intervention have a negative impact on health equity for those groups identified in question 3c? What inequities may result?

_____

_____

_____

4c. What are potential unintended consequences? (*List both positive and negative*)

_____

_____

_____

4d. Are the impacts identified here aligned with the outcomes that you defined in Step 2?

_____

_____

_____

Step 5

Identify Modifications: Propose Changes that Enhance Your Strategy

Based on the findings of this assessment, summarize the modifications needed to reduce inequities and promote health equity in your policy, program, or intervention.

5a. List the modifications you will make as a result of this assessment process. *(If not applicable, skip to question 5c.)*

Modification 1: _____

Modification 2: _____

Modification 3: _____

Modification 4: _____

Modification 5: _____

5b. Use the space below to provide specific and detailed notes regarding your rationale for proposing the above modifications to the policy, program, or intervention. If no modifications are necessary, please give the reasons why.

Develop an Action Plan: Monitor Implementation and Share Findings

To ensure there are no disparate impacts on the communities identified in this assessment, monitoring implementation of your policy, program, or intervention is essential.

6a. Create an action plan to monitor how well the policy, program, or intervention is working. A sample table is offered here, but adapt as necessary, making sure to include the who/what/where/when.

Action	Date to Be Completed	Who is responsible	Result

6b. If disparate impacts arise, how will they be addressed?

_____

_____

_____

6c. A Health Equity Impact Assessment is not a document that "sits on the shelf." This is a continual process that should be re-evaluated and assessed on a regular basis. How will you communicate information regarding the implementation and evaluation of your policy, program, or intervention with the members of impacted groups and other stakeholders?

_____

_____

_____

6d. List all HEIA participants below.

Participant Name	Role and Affiliation	Date(s) of participation

Lead Facilitator: _____   Date Completed: _____

Glossary

Advocates: Professionals who advocate in the interest of particular communities or groups.

Beneficence: Action that is done for the benefit of others. Actions can be taken to help prevent or remove harms or to simply improve the situation of the population.

Community Leaders: People who have the trust and respect of the community and can mobilize action.

Community Outcomes: The specific result you are seeking to achieve that advances racial equity.

Consumers: People using services your policy, program, or intervention seeks to implement or change.

Content Experts: People who have a command of research, policy and practice that can speak to the nuances of how each of those things work. The person who knows the issue best.

Evaluation: Making a judgement as to how successful (or otherwise) a project has been, with success commonly being measured as the extent to which the project has met its original objectives or intended outcomes.

Health Disparity: Differences in health status or outcomes between groups.

Health Equity: Refers to the attainment of the highest level of health for all people.

Health Inequities: Preventable differences in health risk or status between different population groups. Inequities refer to differences in the root causes of health that are avoidable, unnecessary, and unjust.

Impacted Population: A group of people or community that is identified as the intended recipient of a policy, program, or intervention.

Inclusive Outreach: The process of including all people of diverse races, cultures, gender identities, sexual orientation, and socio-economic status.

Intervention: Programs intended to improve health and quality of life through prevention or treatment.

Key Decision Makers: People who have the influence or power to create change and set policies.

Program: A defined set of activities implemented in response to needs within a community or target population.

Providers: People who are on the frontlines actually carrying out the day to day realities (e.g., teacher, health care provider, community health care worker, public health program manager/coordinator).

Public Policy: Rules, laws, or regulations that define government response to the needs of its citizens. Public policy may be legislative or administrative.

Quantitative Data: Surveillance, administrative, or survey statistics that capture dimensions that can be measured.

Qualitative Data: Descriptive characteristics that can be observed but not measured. These data are often generated through focus groups, surveys, and key informant interviews and include stories collected from your target population and community.

Racial Equity: When social, economic, and political opportunities are not predicted based on a person's race.

Racial Inequity**:** When a person's race can predict their social, economic, and political opportunities and outcomes.

Root Causes: A root cause is one of many factors that contributes or creates an undesired outcome, and if eliminated would have prevented the undesired outcome. In other words, root causes are specific underlying causes or sources of a problem.

Unintended Consequences: Unforeseen outcomes that are not intended by a purposeful action.

Social Determinants of Health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at national, state, and local levels.

Stakeholders: Those impacted by proposed policy, program, or intervention, who may have concerns or provide key information. Examples include: Specific racial/ethnic groups, housing authority, schools, community-based organizations etc.