Coos Health & Wellness
Together, Inspiring Healthier Communities

December 2023

COOS Health and wellness Public Health

Health Equity Assessment

Coos Health & Wellness
Together, Inspiring Healthier Communities

ACKNOWLEDGMENTS

Rede Group produced this report on behalf of Coos Health and Wellness, Public Health (CHWPHD). Rede Group and CHWPHD extend our sincerest gratitude to CHWPHD leadership and staff. Their invaluable input plays a vital role in enhancing CHWPHD's organizational understanding of equity practices and guides the way toward improved health equity at CHWPHD and in the Coos County community.

Rede Group Team:

- Makinna Miles, MPH
- Elizabeth Paschal
- KC Thompson
- Rebecca Prassas
- Erin Charpentier, MFA

Under the direction of:

- Anthony Arton, MPH, MS

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ACRONYMS

Acronym	Definition
BARHII	Bay Area Regional Health Inequities Initiative[1]
CERT	Community Emergency Response Team
CHA	Community Health Assessment
CHWPHD	Coos Health and Wellness, Public Health
DEI	Diversity, Equity, and Inclusion
HEA	Health Assessment Report
SDoH	Social Determinants of Health[2]

1. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*
2. *Definition from the World Health Organization (WHO).*

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background + Methods

CHWPHD contracted with Rede Group (hereafter, "Rede") to conduct a health equity assessment (HEA) using the Bay Area Regional Health Inequities Initiative's framework and guide: Local Health Department Organizational Self-Assessment (hereafter, "BARHII tool"). In collaboration with CHWPHD's Public Health Director, Rede adapted the BARHII tool to assess six domains of workforce and organizational competencies:

- Understanding the SDoH
- Workforce development
- Working with partners and community
- Internal collaboration
- Institutional Commitment to Address Health Inequities
- Strategic Planning

Rede assessed these competencies by gathering input from leadership and staff in management interviews, staff focus groups, and a survey of all staff and management. A detailed description of the methods, response rates, and limitations can be found in the Introduction of the report.

Summary of Findings

After reviewing findings with CHWPHD leadership, three key strengths and areas of improvements emerged across all data collection methods and the six domains used in the assessment. Rede has also included recommendations for each key area of improvement. More detailed findings, strengths, areas for improvement, and recommendations for each of the domains can be found in the Findings section of the report.

Strengths

01

Many CHWPHD staff want to do health equity work, and have demonstrated their commitment by helping clients overcome barriers to accessing resources.

02

CHWPHD staff are knowledgeable about the demographics and strengths of those they serve, as well as the resources available in their community.

03

CHWPHD has strong partnerships with local organizations, particularly those working in healthcare, childhood agencies, and prevention agencies.

Areas for improvement + recommendations

01 Staff knowledge

Recommendation:

Create a process to better inform staff during onboarding and update all staff about health equity as a strategic priority for CHWPHD. Notify staff about current efforts to address health inequities and work to further educate staff on what inequities are so that all staff understand how their roles within the organization are relevant to health equity and why training and a focus on this work is important.

02 Staff connectedness

Recommendation:

Brainstorm ways to improve staff connectedness, find more ways to collaborate, and create capacity to collaborate among all levels of staff and across programs.

03 Staff training

Recommendation:

Identify opportunities to learn about health inequities and consider implementing "refresher trainings," particularly related to learning about the SDoH specifically impacting health inequities in Coos County.

HEALTH EQUITY ASSESSMENT REPORT

Introduction

The primary objective of the Health Equity Assessment for Coos Health and Wellness, Public Health (CHWPHD) was to facilitate a comprehensive evaluation of CHWPHD's strengths and areas for improvement related to addressing health inequities and identify potential steps to build capacity and skill in this area. This assessment was specific to the work of Public Health staff within Coos Health and Wellness, and does not apply to the entire organization of Coos Health and Wellness. Rede Group (hereafter, "Rede") conducted this assessment focusing on both internal equity and CHWPHD's capacity to address health inequities in the Coos County community. The assessment included the following focus areas:

Understanding the Social Determinants of Health

Workforce Development

Working with Partners and Community

Internal Collaboration

Institutional Commitment to Address Health Inequities

Strategic Planning

"Health inequities are defined as systematic differences in the opportunities groups have to achieve optimal health, leading to unfair and unavoidable differences in health outcomes."[3]

(Braveman, 2006; WHO, 2011)

3. *Braveman, 2006; Definition from the World Health Organization (WHO), 2011*

Findings from the assessment provided crucial insight for planning and expanding capacity to address health inequities. This assessment report and plan details key strengths and areas for improvement in CHWPHD's ability to address health inequities, as well as recommended strategies to guide CHWPHD in determining where to concentrate efforts to enhance its capacity.

Methods

Rede Group (hereafter "Rede") collected primary data for this assessment using a mixed-methods approach. Each assessment method sought to assemble perspectives and learn about the experiences of CHWPHD staff and leadership. Data collection tools were adapted from the Bay Area Regional Health Inequities Initiative (BARHII)'s Local Health Department Organizational Self-Assessment for Addressing Health Inequities (hereafter, "BARHII tool").[4] The BARHII tool utilizes qualitative and quantitative data to evaluate nine competencies related to organizational characteristics and nine workforce competencies; for this assessment, we focused on just six workforce competencies. The intention of the condensed focus was to reduce the participant burden associated with lengthy surveys and focus group guides.

Six Domains of Workforce Competencies:

- Understanding the SDoH
- Workforce development
- Working with partners and community
- Internal collaboration
- Institutional Commitment to Address Health Inequities
- Strategic Planning

4. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

To evaluate each competency, the following data collection methods were employed:

Survey of Staff and Managers: An internal survey was made available to all levels of staff at CHWPHD. The survey included questions related to CHWPHD staff and management's understanding of health inequities, working with partners and community members, internal collaboration, and workforce development in the context of CHWPHD's ability to address health inequities. The survey was open from September 18 through October 2 on SurveyMonkey's online platform and garnered 11 complete responses (52% response rate). See the internal survey data collection tool in Appendix A.

Staff Focus Groups: Focus groups were conducted exclusively with non-management level staff. These 90-minute sessions provided an opportunity for in-depth discussions and qualitative exploration of specific topics related to health equity at CHWPHD. Two focus groups were held between August 29 and September 22, 2023, with six total attendees (50% response rate). See the focus group guide in Appendix B.

Management Interviews: All CHWPHD managers and supervisors (N=11) were interviewed between September 11th and September 20, 2023, yielding a 100% response rate. These interviews gathered insights into their perspectives, challenges, and strategies for addressing health equity within the organization and the Coos County community. See the leadership interview guide in Appendix C.

Figure 1: Data Collection Methods

Data analysis

Upon completion of data collection, all data were transcribed using Rev, an online transcription service. Qualitative data, including transcriptions from focus groups, interviews, and open-ended survey responses, were coded to determine emerging themes. Focus group and interview transcripts were uploaded to Dedoose, a qualitative analysis software platform, and coded a priori. During analysis, emergent themes were connected to each domain of the assessment and contributed to the identification of key strengths and areas for improvement.

Quantitative analysis for the survey of staff and managers was performed in Google Sheets using analysis best practices for descriptive statistics. Surveys were considered complete and included in the analysis if the respondent answered at least 75% of the questions. Our survey sample size was too small to complete any cross-tabulation (i.e., analysis of staff responses vs. manager responses) while preserving the anonymity of responses.

After the preliminary analysis was completed, Rede hosted a review session with CHWPHD leadership. The purpose of the review session was to confirm that Rede interpreted findings correctly, to provide additional context and meaning-making, and to provide direction for recommendations resulting from the assessment. In total, six managers attended the review session. Rede collected notes to inform three major strengths and areas of improvement related to CHWPHD's ability to address health inequities, which are described in the Executive Summary.

Limitations

Self-selection bias

The Health Equity Assessment used a convenience sampling, meaning participants opted in to participate. CHWPHD staff who participated in the survey and focus groups may have

felt more passionately about these topics than staff who did not participate, which has the potential to bias results. Staff also may have had varying capacities to participate.

Response rates

The Health Equity Assessment had low response rates for the staff and manager survey and staff focus groups. See response rates in the above table (Figure 1). This may be attributed to staff's lack of time to participate or interest in participating. With a relatively small public health department in terms of employees and given the lower response rates, it would have been ideal to confirm our interpretation of preliminary assessment results with CHWPHD staff at a review session. However, since this meeting was only available to management, we were not given the opportunity to confirm our interpretation of preliminary assessment results with non-management staff.

Demographic analysis in a small department

CHWPHD survey respondents and staff focus group participants were asked to complete a set of demographic questions. The purpose of collecting this information was to compare respondents with the overall demographic makeup of CHWPHD staff. However, staff demographic information was not available from Coos Health and Wellness, therefore Rede was unable to confirm that the assessment sample was representative of CHWPHD staff as a whole. Furthermore, demographic data collected through the assessment was not presented in this report to protect participant anonymity.

Findings, Strengths, Areas of Improvement, and Recommendations

Understanding the Social Determinants of Health

The social determinants of health (SDoH) are the conditions in which people are born, grow, live, work, and age (for example, housing conditions or air quality). Understanding the SDoH, the underlying causes of health inequities and the interactions between race, socioeconomic status, gender, and health, is critical to improving health equity.[5] Information about CHWPHD staff and leaderships' understanding of the SDoH was primarily collected through the staff survey and interviews with management.

Understanding the Social Determinants of Health

Strengths

- Opportunities to get information and have conversations about the SDoH
- Strong understanding of the SDoH, and a desire for even deeper learning

When asking managers about the support provided to staff to learn about addressing the SDoH, one interviewee referenced the Community Health Assessment (CHA) that is conducted every five years in partnership with Advanced Health CCO. This assessment helps CHWPHD staff understand the SDoH impacting Coos County community members. "Lunch & Learns" and ongoing conversations with partners were also mentioned as common ways of increasing understanding of the SDoH.

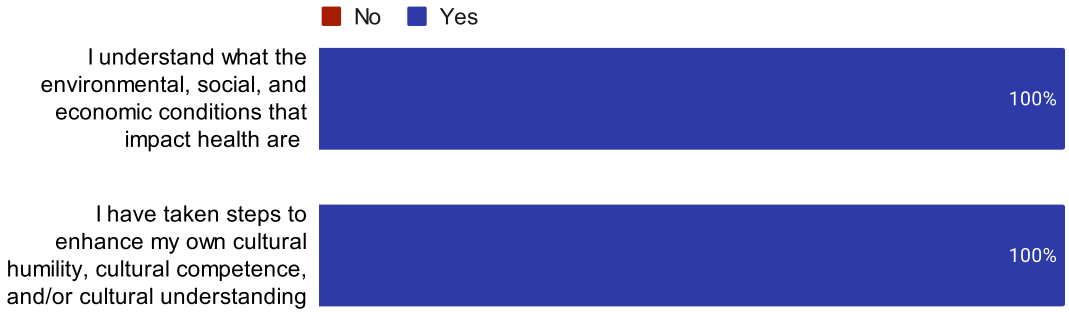
> "So in terms of health inequities, social determinants of health, a lot of that comes in the general staff meeting that we have each month through our team groups."
>
> **(Management Interviewee)**

5. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

In the staff survey, all respondents (100%, N=11) reported that they understood the environmental, social, and economic conditions that impact health and had taken steps to enhance their own cultural humility, cultural competence, and/or cultural understanding. Rede did not ask respondents to expand on these steps, and this may be a worthwhile internal conversation to increase peer learning and guide professional development.

Understanding the Social Determinants of Health

Figure 2. Respondents reported that they understand the SDoH and have taken steps to enhance their own cultural humility and/or competence (N=11)



Areas for improvement

- Connecting those most impacted by the SDoH to needed services, and evaluating CHWPHD's efforts in this area

Some interviewees felt like the data or information they have on the SDoH in Coos County is surface-level and/or siloed and they wanted more robust feedback from community members about specific health inequities they are facing. There was also a desire for more standardized and robust assessment of CHWPHD efforts to address health inequities.

Recommendations

1. Continue and improve data gathered on the SDoH and the cultural and linguistic needs of the community that CHWPHD serves. Share these data at all levels of the organization and use findings to adjust program delivery and information sharing to meet the needs identified by the community.
2. Continue exploring opportunities for staff to discuss SDoH and deepen their understanding of SDoH in Coos County.

Understanding the Social Determinants of Health

"I don't believe that programs are always assessed in terms of how it is addressing specific health inequities in Coos County. I don't think that we always have the information that we need in order to really assess if our programs are effectively addressing inequities."

(Management Interviewee)

Workforce Development

To center and promote health equity within and beyond the organization, staff should receive consistent mentorship and opportunities to grow in their understanding and practice of health equity. Successful workforce development in this area often includes a combination of required training for all new staff and more in-depth or continuous training tailored to staff interests and roles within the organization.[6] In this assessment, Rede asked questions related to workforce development in the survey, staff focus groups, and management interviews.

Workforce Development

Strengths

- Comfort discussing difficult topics, and ample opportunities to deepen understanding
- Positive attitudes about the Health Equity Coordinator and the Health Equity Committee, and excitement to continue growing the skills needed to address health inequities in Coos County

Survey respondents reported ample opportunities to discuss ways to address the SDoH and their impact in Coos County, but many reported that they do not have the opportunity to become a leader in this work.

As shown in Figure 3 on the following page, responses were split when asked if staff at all levels have opportunities to become leaders in the work CHWPHD is doing to address health inequities, as 45% (n=5) reported that they disagree or strongly

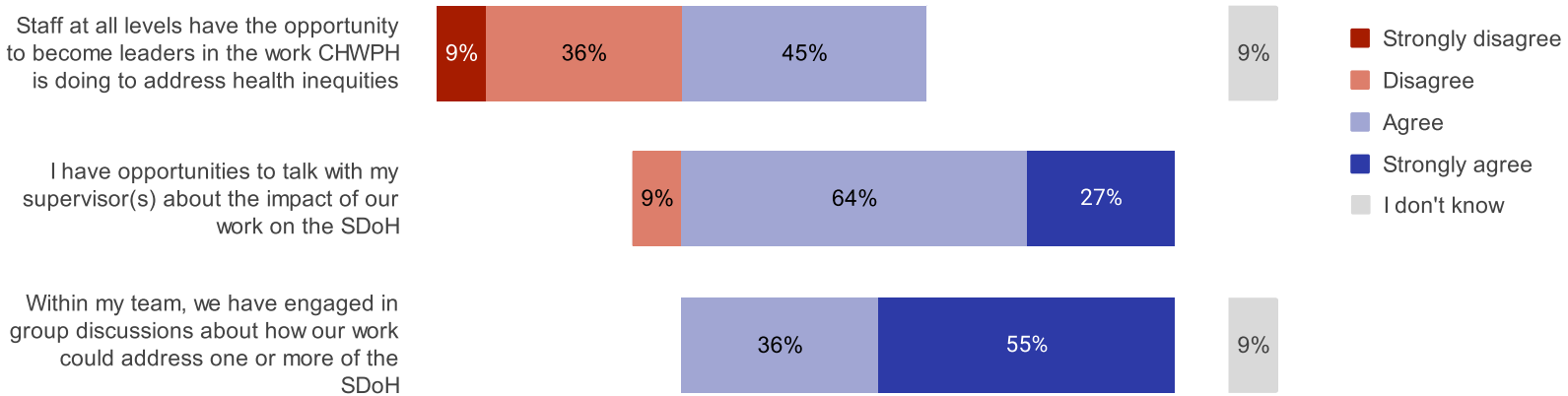
6. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

disagree, 45% (n=5) reported that they agree, and 9% (n=1) reported that they didn't know. Most respondents agreed (64%, n=7) or strongly agreed (27%, n=3) that they had opportunities to talk with their supervisor(s) about the impact of their work on the SDoH. Lastly, all but one respondent said they had been working to start discussions within their team about how their work could address one or more of the SDoH (one respondent said they didn't know).

As previously noted in the "Understanding the Social Determinants of Health" section of this assessment report, team meetings, all-staff meetings, and Lunch & Learns were cited by assessment participants as opportunities to deepen understanding of the SDoH and health inequities in Coos County.

Workforce Development

Figure 3: Overall, respondents reported that they have conversations about the relationship between their work and health equity, but do not feel like all staff have opportunities to become leaders in this area (N=11)



Management interviewees and staff focus group participants expressed optimism about the work of the health equity committee to develop more opportunities for staff learning. One focus group participant mentioned that the committee has started a book club for books related to diversity, equity, and inclusion (DEI) and is working on a DEI library.

In general, there was a sentiment that staff were eager to explore professional development opportunities again as they move beyond the COVID-19 pandemic emergency response.

Workforce Development

Areas for improvement

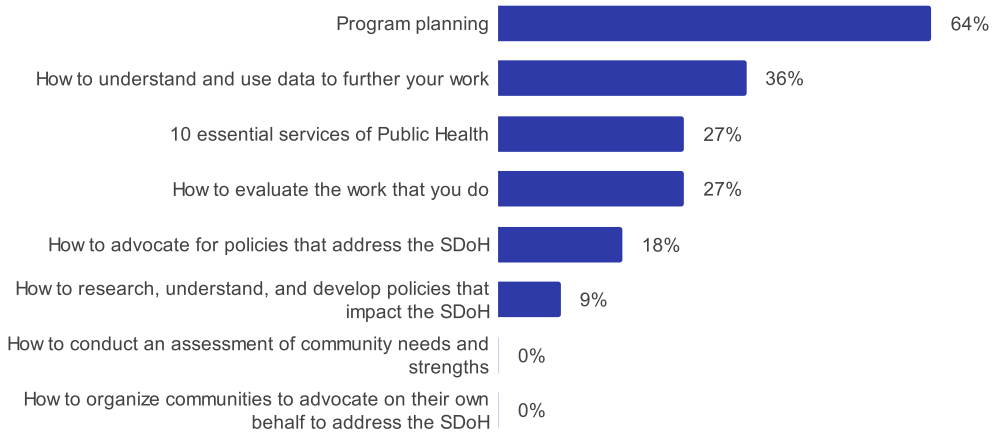
- Training in assessing community needs and strengths, and addressing the SDoH
- Desire for deeper learning, and possibly making health equity trainings required

Most survey respondents reported having received training in program planning, but few reported receiving training in understanding and addressing the SDoH. No one reported receiving training in assessing community needs and strengths, or community organization and advocacy. There were also no topics in which all survey respondents said they had received at least some training (see Figure 4 on the following page).

"We do have trainings each month, and they rotate through the different programs throughout the year. A lot of the information that I get from those meetings is helpful. It gives you a different perspective sometimes."

(Staff Focus Group Participant)

Figure 4. Many respondents received training in program planning and understanding and using data, and some respondents reported receiving training in other topics (N=11)



Workforce Development

In the focus groups with staff, participants described some opportunities to deepen their understanding of the SDoH and health inequities, as discussed in the Understanding the Social Determinants of Health section of this report. Management interviewees brought up presentations at monthly meetings and training opportunities that contributed to staff development to address health inequities.

"I know when people sometimes go to certain conferences, you might have them do a presentation when they get back on how it went and what they learned. So the knowledge is shared to everyone, especially if it's health equity or something like that."

(Management Interviewee)

Unsurprisingly, the COVID-19 pandemic significantly disrupted workforce development. Some staff focus group participants mentioned that before the pandemic they attended a full-day diversity training, online trainings, or talks from guest speakers who came to Coos Health and Wellness. Some training opportunities, including onboarding for new employees, were specific to different programs, and focus group participants reported that some program's staff onboarding emphasized health equity and others might not have.

Workforce Development

Recommendations:

1. Identify training materials for new staff and increase training and professional development opportunities for current staff that emphasize health equity (e.g., assessing community needs and strengths). Consider making some trainings on addressing inequities required for staff and leadership across all levels.
2. Brainstorm and implement additional ways to involve all staff and leadership in the work of the equity committee.

"I think more training would always be welcome. I don't ever feel like I am ready to dive right in and I'm going to be able to make a difference in everybody's life. I do need more direction and training for that. Don't drop me in the deep end, because I'm going to drown."

(Staff Focus Group Participant)

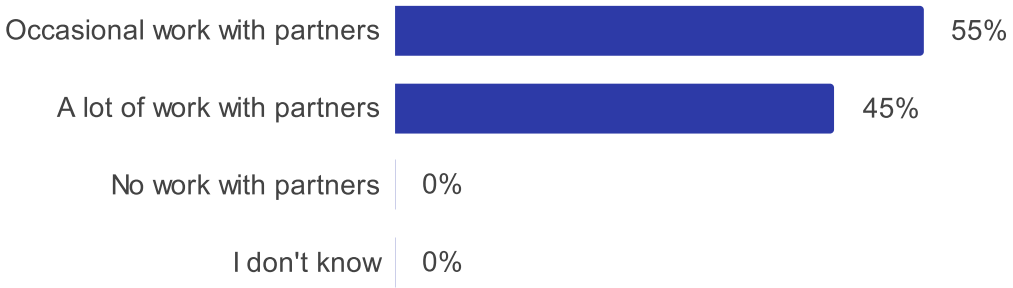
Working with Partners and Community

Efforts to bolster health equity are more effective when community partnerships are truly welcomed and supported to take action. Working with a diverse array of community partners will support CHWPHD in their efforts to reduce health inequities.

Getting comfortable working in communities, building trust, and developing an understanding of community members' needs, desires, and strengths is paramount to working with the community to address health inequities. Dedicated community organizers strive to inspire community involvement and ownership, build trust, develop and promote community networks and leadership, and meaningfully use community input. It is also important that community partners and members are able to access data, needs assessments, and are involved in planning processes.[7] Data on working with partners and community was collected using all three data collection methods.

Working with Partners and Community

Figure 5. All survey respondents reported working with community-based organizations and other partnering agencies occasionally or a lot in their role at CHWPHD (N=11)



7. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

Strength

- Established community partnerships
- Addressing individuals' needs, including the availability and utilization of the Social Determinants of Health Fund
- Participation in community events like the Health Equity Fair
- Surveys from some programs to collect community feedback

Nearly all assessment participants reported working with partners, and the most common types of partner organizations were those that worked in early childhood development and education, quality public education, or food security. For survey respondents, the majority (82%, n=9) agreed or strongly agreed that these relationships with external partners were trusting and that external partners represent the interests and needs of local community residents (73%, n=8).

Staff focus group participants discussed working with individual clients to meet their specific needs. Some were able to use the Social Determinants of Health Fund to ensure their clients' access to services.

Participating in events like the Health Equity Fair allowed CHWPHD staff to make connections with other organizations in the community and increased their awareness of other organizations' work to address health inequities.

Working with Partners and Community

"There's a lot of networking that happens in Coos County; with systems of care, the [Community Advisory Council], there's a Social Service Connect that's led through United Way, the Regional Health Equity Coalition, and other coalitions across the community."

(Management Interviewee)

In manager interviews, some participants shared that their programs distributed surveys to gather community feedback. They also described their involvement in the CHA as an important way to connect with the community and gather feedback.

Areas for improvement

- More robust systems to collect community feedback
- Opportunity to improve outreach to different types of community groups
- Reciprocal awareness between partners about services

According to manager interviewees, not all programs collected community feedback. Some collected community feedback, but not on a regular schedule or following a particular process.

When asked how often survey respondents work with community groups (i.e., groups made up of community members, not CBOs), a majority of respondents (82%, n=8) said that they worked with community groups occasionally or a lot. However, as shown in Figure 6 on the following page, there may be room to increase the diversity of community partnerships and expand relationships with groups focusing in other areas, including advocating for improved living conditions, faith-based groups, and potentially others. No survey respondents reported working with faith-based groups.

"Other" community groups that respondents reported working with included: festival/event organizers and food service, other

Working with Partners and Community

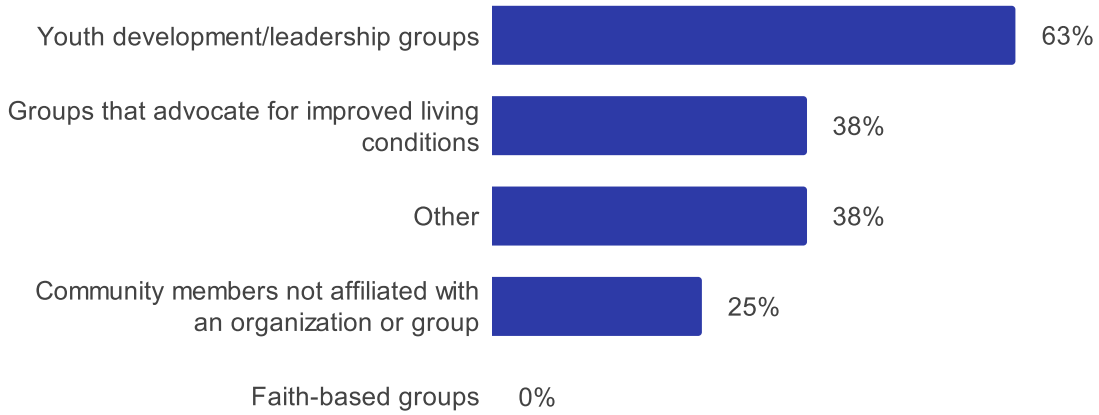
"I know in the past we have done surveys for quality improvement and participants' comments. I don't think we have done that in a while...at least my program has not done anything like that in about two years."

(Management Interviewee)

medical facilities, Friends of Public Health, and the Community Emergency Response Team (CERT).

Staff focus group participants desired increased awareness of services provided by other organizations, and wanted other organizations to be more aware of the services CHWPHD provided.

Figure 6. When asked about working with community groups, most respondents reported working with youth groups, and a few reported working with other groups. (N=8)



Working with Partners and Community

"The more we knew what each other did, the more we could support each other."

(Staff Focus Group Participant)

Several staff focus group participants discussed how the existence of racism and homophobia in the Coos County community was a barrier when trying to build/strengthen partnerships and successfully carry out public health work to address inequities.

Recommendations

1. Work to build intentional community partnerships to help address concerns around inequities in the county. For example, outreach/relationship-building with faith communities/churches.
2. Create more robust, standardized systems for collecting community feedback (i.e. a standing web form or system to incorporate input into Strategic Planning).

Working with Partners and Community

"I think this county would benefit from more racial inequity training. There are a lot of people that are clearly biased... it's an unconscious bias. I'd like to train the whole county for that."

(Staff Focus Group Participant)

Internal Collaboration

Truly collaborative institutions utilize transparent and inclusive communication styles, where input is multi-directional (across staff levels and departments) and decision-making is shared. Collaborative people know how to share power, trust their partners, and communicate well (clearly and often).[8] This domain was assessed in the survey and focus groups

Internal Collaboration

Strengths

- Staff willingness and desire to collaborate
- Some staff collaborate to provide equitable community services

Staff focus group participants discussed a willingness to get to know each other better and work across programs to address inequities.

Some staff focus group participants discussed informal collaboration they had done with other programs; for instance, telling their colleague about a service that would benefit their colleague's client.

Area for improvement

- Staff feel very disconnected from other programs
- Staff desire expanded feedback opportunities
- Non-management staff were less likely to benefit from collaboration opportunities than management

"I'll say something, and get a comment back, 'Well, that's not our department,' and I get it, because we are grant funded to do certain work. But it just seems like there could be more collaboration between departments."

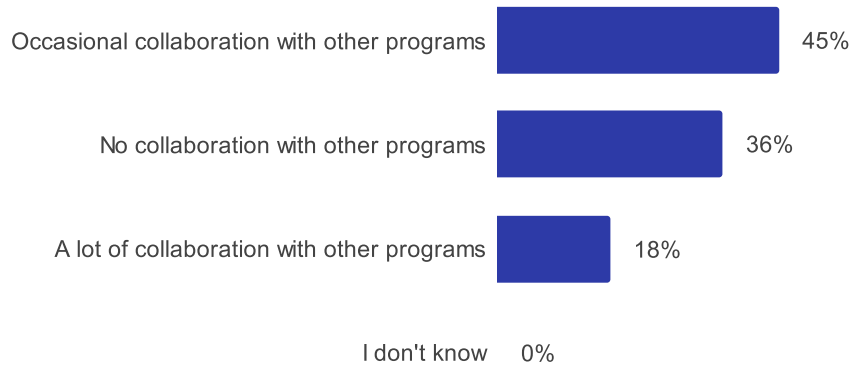
(Staff Focus Group Participant)

8. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

All staff focus group participants who discussed collaboration with other programs said they felt disconnected from other programs.

Over one-third of survey respondents (n=4) reported never collaborating with staff in other programs to address the SDoH, and almost half did not know how the work of other programs addresses health inequities.

Figure 7. Some respondents reported occasionally collaborating with staff in other programs, while about one-third reported no collaboration and only a few reported a lot of collaboration (N=11)



Internal Collaboration

"We're in our little bubble here."

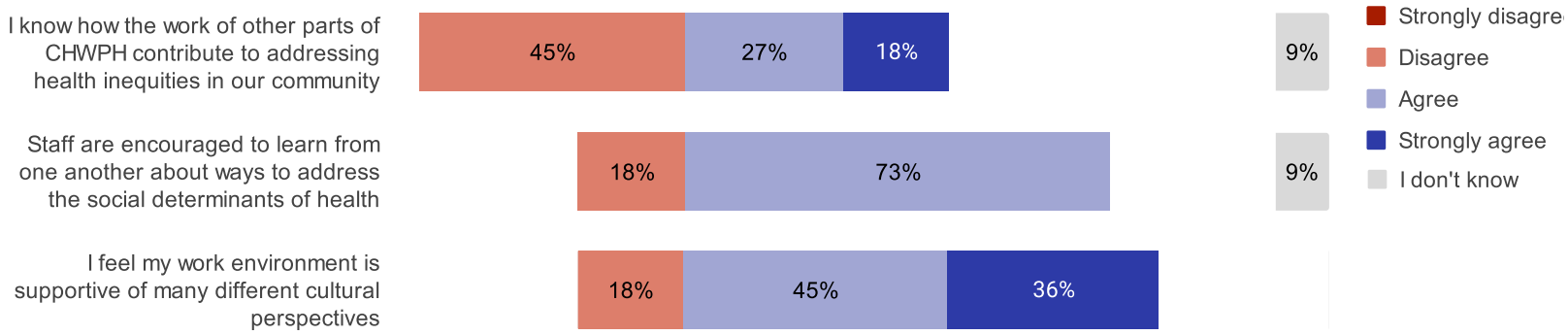
(Staff Focus Group Participant)

Communication was also included in the 2023 Strategic Plan as a key organizational issue.

Manager interviewees discussed informal opportunities for staff to provide feedback on the organization's work, including staff meetings and some recent internal surveys. CHWPHD could further encourage staff's feedback by providing regular formal opportunities and positive incentives for feedback. Examples of positive incentives for feedback include seeing a change at the organization as a result of their feedback or developing a better understanding of the organization's processes.

Internal Collaboration

Figure 8. Overall, respondents reported that CHWPHD was supportive of different cultural perspectives and of staff learning from each other about the SDoH, but they also reported a lack of knowledge about other programs' work to address health inequities (N=11)



Staff who participated in focus groups wished that they had the opportunity to collaborate across programs more and benefit from some opportunities management had, such as manager Lunch and Learns.

Recommendations

1. Identify opportunities for staff to collaborate across programs, beginning with deepening understanding of other programs' work.
2. Create opportunities for getting to know other staff; for example, emailing a bio when a new staff member is hired.
3. Create a resource repository where programs can highlight the work they do and collect community resources to be explored and used by others.

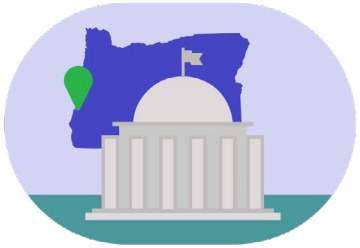
Internal Collaboration

"The manager Lunch and Learns that have been going on for several months. I have said... 'I really would've liked to have been able to sit in on that one...'"

(Staff Focus Group Participant)

Institutional Commitment to Addressing Health Inequities

An organization that demonstrates institutional commitment to addressing health inequities has the ability to integrate health equity into public health workforce and program development, inclusive decision-making, and institutional programming reflecting a clear vision and practices that show commitment to addressing health inequities.[9] All three data collection methods informed the assessment of this domain.



Institutional Commitment to Address Health Inequities

Strengths

- Health Equity Committee and Health Equity Specialist
- Recognition of health equity as a priority and CHWPHD's work to improve health equity

A critical example of Coos Health and Wellness Public Health's institutional commitment to address health inequities is the recent creation of a Health Equity Committee and partial dedication of a health equity-focused position (Health Equity Coordinator).

All interviewees offered examples of CHWPHD's work with the community to address health inequities.

Nearly three-fourths of survey respondents (73%, n=8) said that CHWPHD has the right amount of focus on health equity, while just over one-fourth (27%, n=3) said there needs to be more of a focus on health equity. Almost all focus group participants felt that addressing health inequities should concern Coos Health and Wellness Public Health staff.

"I know recently I actually joined the equity committee, and they meet every month to discuss different types of issues and also have a plan of what the goals are to work on to make the work culture more inviting and what we can do to prevent any types of issues."

(Management Interviewee)

9. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

Most survey respondents also indicated that their work involved educating and empowering people from populations that disproportionately experience poor health outcomes to collaborate in improving their health (82%, n=9).

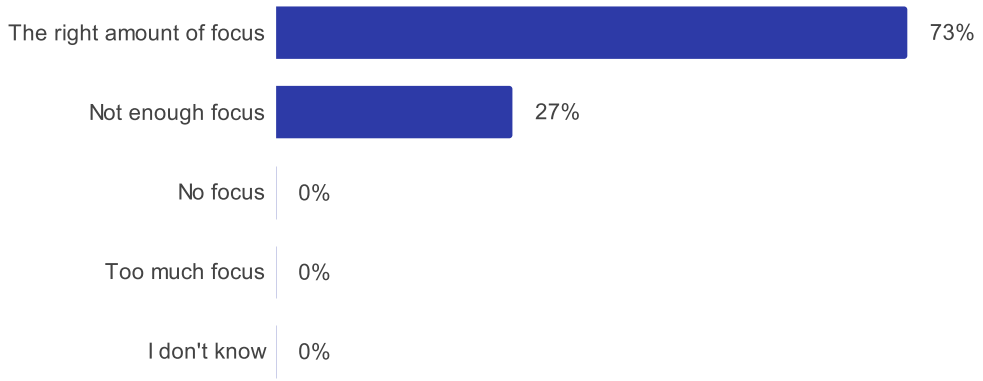
Areas for improvement

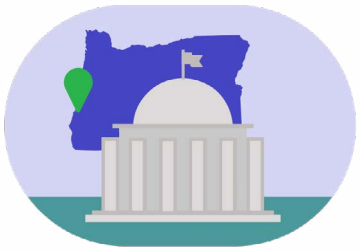
- Currently there is no process for individual programs to assess their capacity to address inequities
- Focus on health equity across programs
- CHWPHD hasn't previously reflected on its capacity to address health inequities

Manager interviewees did not mention program health equity assessments when asked about them.

Almost one-third (27%, n=3) of survey respondents said there needs to be more of a focus on health equity at CHWPHD.

Figure 9. Most respondents said that there is the right amount of focus on health equity at CHWPHD, but almost one-third said there was not enough focus on health equity (N=11)





Institutional Commitment to Address Health Inequities

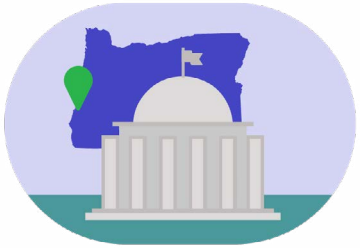
"We do receive modernization dollars to help with health equity and address the inequities and the gaps in care and services for different populations in our community."

(Management Interviewee)

All management interviewees indicated that there has been no previous reflection on CHWPHD's capacity to address health inequities. According to interviewees, previous strategic plans/ annual goals have also lacked strategies to address health inequities.

Recommendations

1. Establish expectations and formal and informal opportunities for all staff to review key findings and recommendations from this assessment. This assessment includes information that can lead to rich discussion and dialogue and, therefore, should be used as a tool for improvement at all levels of the organization.
2. Develop a policy or guidance for individual departments/programs to assess their capacity to address health inequities annually and identify areas for improvement.



Institutional Commitment to Address Health Inequities

Strategic Planning

Strategic planning is a crucial part of answering critical questions about addressing health inequities. Those questions include answering the current gaps in addressing health inequities, how an organization plans to fill those gaps, and how to address the SDoH.[10] Data for this section was collected from management interviews.

Strategic Planning

Strength

- Annual goals have been a consistent conversation between management and leadership

Management Interviewees told us that before resuming strategic planning in 2023, CHWPHD was establishing "annual goals" in lieu of a strategic plan. These were developed in meetings among CHWPHD leadership to discuss plans for the year based on each department's contract.

Areas for improvement

- Barriers related to workforce capacity and organizational focus on productivity
- Lack of focus on health inequity as a strategic issue

One management interviewee mentioned that strategic plans of the past lacked concrete steps to follow through with strategic planning goals related to addressing health inequities. Staff focus group participants and management interviewees both mentioned that their programs only had the capacity to perform

"Oh yeah. We do annual goals for each of our programs. We sit down with our supervisor and discuss what our annual goals are."

(Management Interviewee)

10. *Bay Area Regional Health Inequities Initiative. (n.d.) Local Health Department Organizational Self-Assessment.*

services they were funded for, which made it difficult to find the capacity for other things, such as expanding programs to address inequities. Clearly defining steps to incorporate this work would help.

Most management interviewees could not specify what strategic issues named in the Strategic Plan specified actions for addressing health inequities.

Recommendation

1. Incorporate organizational goals to address health inequities into the Strategic Plan, detailing a timeline for key milestones and who within the organization is responsible for leading the work (potentially the Health Equity Committee). In addition, establish a system for annually assessing progress towards these goals.

Strategic Planning

"All our goals are based on our contracts. So we have a contract to do inspections, water system surveys. So all of our goals are based on our funding. We don't go outside in that. We have ideas, but no means to accomplish other ideas..."

(Management Interviewee)

APPENDIX