

HealthEquityGuide.org

A Human Impact Partners Project



Highlights from the Health Equity Guide Evaluation

January 2019

Key Findings

This evaluation reveals that hundreds of local and state health department staff in the United States find the Health Equity Guide to be a useful resource to advance health equity — both internally within their departments and externally with communities and other government agencies. Evaluation highlights include:

Thousands of people are visiting the Health Equity Guide and like what they see:

- Over 23,000 people from 90 countries visited the resource in its first 18 months.
- Almost everyone (93%) said they would recommend the resource to others and 92% rated the website as above average.

The Health Equity Guide is influencing health equity practice at local and state health departments:

- 85% of local and 70% of state health department staff reported that the resource had influenced their own approach to health equity.
- 61% of local and 48% of state health department staff reported that the resource had influenced their *agency's* approach to health equity.
- Nearly half of health department respondents reported that they're planning to use the Health Equity Guide to inform their departments' planning processes (e.g., CHA, CHIP, strategic plan, accreditation, etc.).
- Nine in ten health department respondents found that Health Equity Guide components — the Strategic Practices, Case Studies, and Resources — are somewhat or very useful, and the Theory of Change resonated with their equity work.

Health departments define working with communities different than what the Health Equity Guide calls for:

- Although the majority of health departments reported building community alliances as a regular health department activity, less than one quarter reported sharing power and decision-making or engaging in social justice campaigns or movements

The Human Impact Partners team sends gratitude to the 500 individuals who participated in this evaluation, which will inform our subsequent Health Equity Guide work!

About the Health Equity Guide

The HealthEquityGuide.org is a resource with inspiring examples of how health departments have concretely advanced health equity — both internally within their departments and externally with communities and other government agencies. Human Impact Partners developed this resource in consultation with national health equity leaders and with support from The California Endowment.

This website includes:

- [A set of Strategic Practices](#) to advance health equity in local health departments
- Key actions health departments can take to advance their current practice towards health equity
- [25+ case studies](#) from local health departments that describe how they advanced the strategic practice, factors that enabled the work, impacts, and advice for others
- [150+ resources](#) from allied organizations and others to advance the strategic practices

We're in Pursuit of Transformational Systems Change

The content in the Health Equity Guide is rooted in a theory of change that to systematically dismantle the patterns of othering and exclusion in government practice, we must pursue a wall-to-wall transformation of how local health departments work internally, with communities, and alongside other government agencies.

This inside/outside approach requires health departments to build internal capacity and a will to act on the social determinants of health and health equity. It also requires developing relationships with and mobilizing communities and government to advocate for action on health equity.

Using this framework, local health departments can systematically address power imbalances, racism, and other forms of oppression, which are at the root of health inequities.

Health Departments Can Lead the Way

This website is geared towards local health departments who are bought into the need to prioritize health equity, and who understand the social determinants of health, but are seeking information on how to best move that work forward. Health department leadership — including commissioners, division and branch directors, executives, senior program managers, and supervisors — may be best positioned to implement these practices. However, we believe that a wide range of staff have the power to start conversations and initiate changes that move in this direction.

About Human Impact Partners

Human Impact Partners brings the power of public health to campaigns and movements for a just society. Through our research, capacity building, and advocacy we challenge the inequities that harm the health of our communities. Learn more at: www.humanimpact.org

About the Evaluation

Since the website launch in July 2017, the website has had over 23,000 unique visitors in over 90 countries. Over 3,500 people registered for one or more of the [four webinars](#) profiling the Health Equity Guide's framework and case studies.

Human Impact Partners conducted an evaluation of the Health Equity Guide website during the summer and fall of 2018 to understand how people are using the website, if the theory of change resonates with health departments, and how HIP can improve the website moving forward. The evaluation involved analysis of website statistics via Google Analytics and an online survey distributed to dozens of national organizations and HIP's 3,500+ person list serv.

Given the lack of systematic data collection nationally about how health departments advance health equity, our survey findings offer some insight into the health equity activities of some U.S. health departments. However, because the survey used a convenience sample, it is not necessarily representative of all health departments.

Survey participation was fairly diverse with regard to geography, size of department, position held, and other factors. We likely received more responses from health departments who are actively engaging in or interested in health equity activities than those who are not. Despite that limitation, our findings provide valuable insights on how the Health Equity Guide is being used and how we can improve the website moving forward.



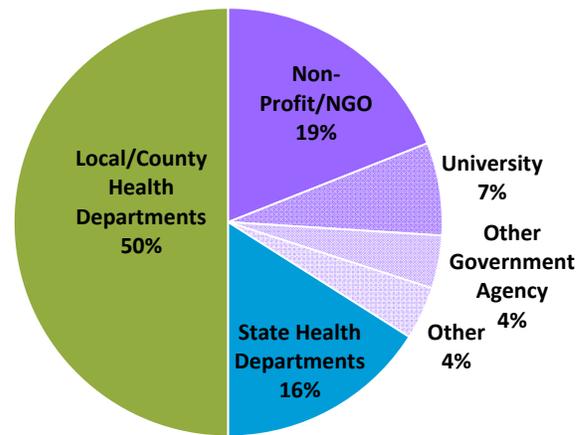
This word cloud summarizes the 398 responses people shared when asked to describe the HEG in one word. The larger the word in this word cloud, the more times the word was repeated.

Who Participated in Our Survey?

Of the 500 individuals who responded to our survey, two-thirds (N=324) work in local/county or state health departments in the United States. The remaining third work in non-profit organizations, universities, other government agencies, health care, foundations, independently/as consultants, or other settings.

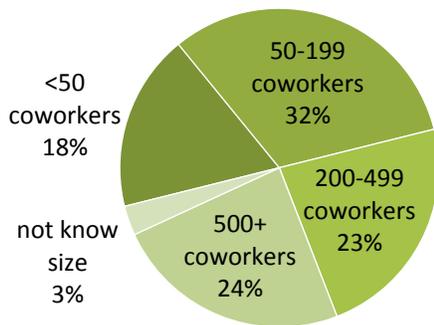
We received one or more responses from individuals in 45 of the 50 states in the United States, Canada, and Guam, including at least one response from 32 state health departments and local health departments in 33 states.

Type of Organization



Because the Health Equity Guide (HEG) was designed for local health departments, we were particularly interested in seeing who participated from city or county (local) health departments or agencies. Of the 248 respondents who worked in city or county health departments or agencies:

Size of Participating Local Health Departments

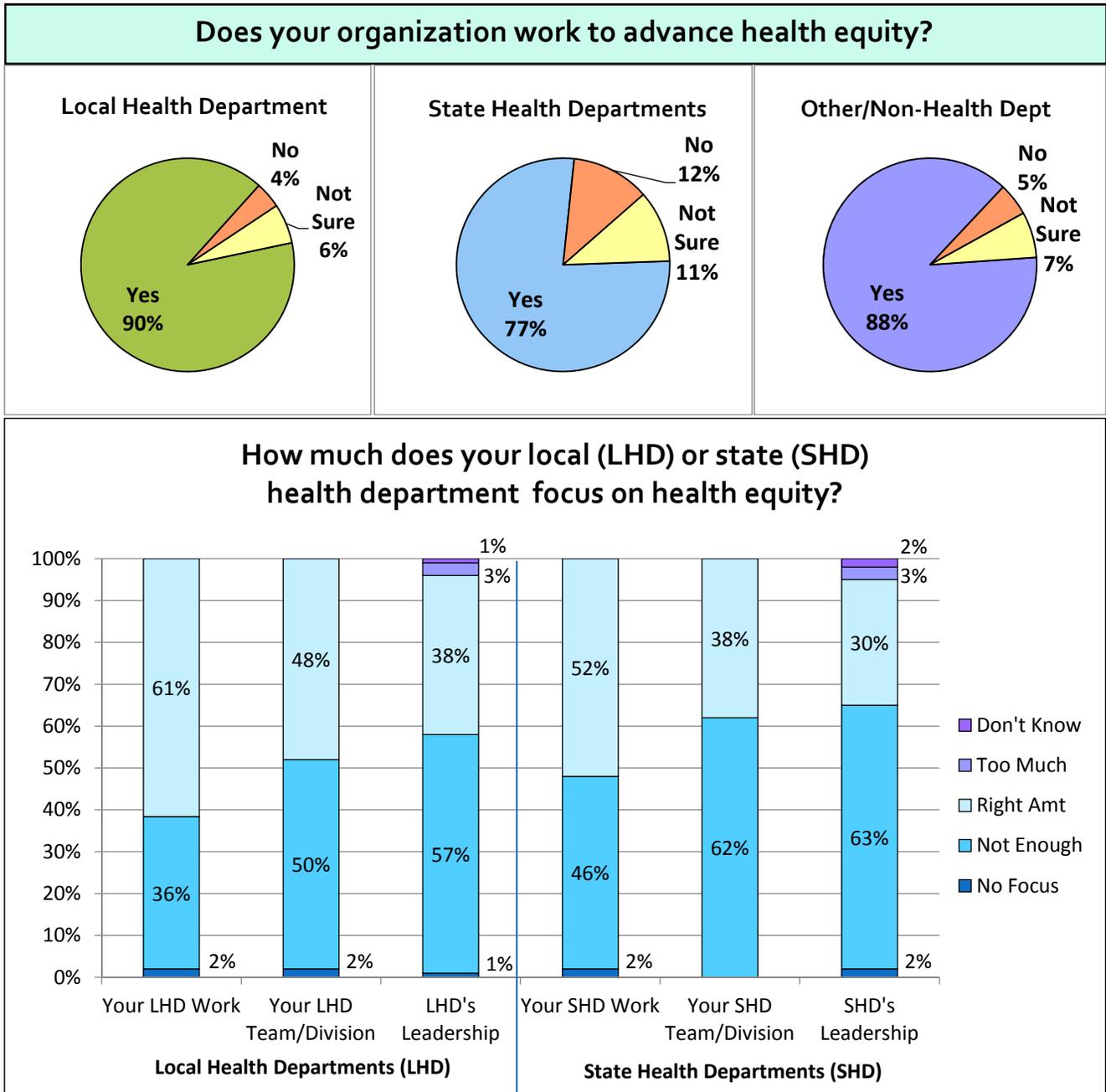


- 60% worked with urban, 60% with rural, and 50% with suburban populations (these categories were not mutually exclusive as some counties have different levels of density)
- 28% held mid-level management or program coordinator positions, 21% were health officers and/or senior management, 14% were community health workers/organizers or health educators, and 8% held a health equity coordinator or manager position

More than half of all health department respondents (147 of 273) participated in one or more of the four Advancing Health Equity webinars that featured the HEG in 2017/2018. Of those, 15% participated in all four webinars. The more webinars that staff attended, the more frequently they reported visiting the HEG website.

Organization's Work to Advance Health Equity

The vast majority of participants in our survey stated that their organization is working to advance health equity in some way, including 90% of local/county health departments and 77% of state health departments. Local health department staff were more likely to report that their personal work, the work of their team/division and their agency's leadership focused on the right amount on health equity, compared to state health department staff, who were more likely to feel that there was not enough of a focus on health equity. But for all health departments, health department leadership appeared to have less focus on health equity than the work of the survey respondents. Very few health departments reported working too much or not at all on health equity.



Health Equity Activities of US Health Departments

In general, both local and state health departments rated their agency's health equity activities as being more "advanced" or mature in areas related to building internal infrastructure and fostering community partnerships than in areas related to working across government or championing transformative change.

How "Advanced" is your Local or State Health Department in these Four Domains to Advance Health Equity?								
	Local/County HDs (N=220)				State HDs (N=63)			
	Baby	Teen	Adult	Don't Know	Baby	Teen	Adult	Don't Know
Build Internal Infrastructure	7%	60%	29%	4%	14%	44%	40%	2%
Work Across Government	23%	52%	20%	5%	25%	46%	24%	5%
Foster Community Partnerships	9%	51%	38%	2%	17%	44%	37%	2%
Champion Transformative Change	27%	48%	23%	2%	25%	46%	27%	2%

When asked more specifically about the types of activities that the local/county or state health department is doing to advance health equity, responses mirrored the domain responses above. Although the majority reported building community alliances, less than a quarter reported sharing power and decision-making or engaging in movements, which HIP views as core components to meaningful community engagement.

Activities that Local or State Health Department is Working on to Advance Health Equity				
	Health Department (HD) is working on this activity to advance health equity		One of top 3 activities HD working on to advance health equity	
	Local HD (N=220)	State HD (N=63)	Local HD (N=220)	State HD (N=63)
Mobilize data, research, and evaluation	73%	81%	42%	51%
Build organizational capacity	73%	86%	48%	46%
Build community alliances	73%	62%	38%	32%
Change internal practices	70%	75%	35%	32%
Change the conversation	58%	52%	25%	17%
Develop leadership/support innovation	49%	51%	7%	10%
Build government alliances	45%	49%	9%	16%
Prioritize upstream policy change	43%	41%	12%	16%
Confront the root causes	40%	41%	9%	5%
Build a health equity movement	40%	44%	10%	19%
Allocate resources	38%	46%	11%	17%
Develop a shared analysis	31%	33%	6%	5%
Share power and decision making	28%	19%	2%	2%
Engage in movements	25%	19%	3%	2%
Broaden regulatory scope	7%	14%	0%	0%

Visiting the Health Equity Guide

The majority of survey participants have visited the Health Equity Guide (HEG) multiple times, with health departments reporting slightly higher use (70%) than non-health department respondents (60%). State health departments were slightly more likely to visit the HEG than local health departments.

*It is practical and straightforward.
It is truly a guide and a roadmap of practices without being overly prescriptive.*
-Survey Participant

Of all survey respondents who viewed the HEG one or more times (N=305):

- 33% had already recommended the website to others
- 92% ranked the website as better than average (a 6 or higher out of 10)
- Those who recommend the website were more likely to have visited the website frequently and resonate “a lot” with the HEG’s theory of change

Among local and state health departments who visited the website one or more times (N=213):

- 51% said the HEG website is easy or super easy to use
- 46% stated it was average and 3% said it was hard
- Health Equity Coordinators/Managers, Health Officers and Senior Managers, and Mid-Level Management/Program Coordinators were the most likely to recommend the HEG to others

This looks like the resource we have been searching for.
-Survey Participant

When asked how useful are each of HEG components, we found that the Strategic Practices and Resources were the most useful, followed by the Case Studies. Fewer people had also visited the Downloads section compared to the other website sections. These sentiments were echoed in the qualitative section of the survey when people were asked what they liked best about the HEG.

How useful are the following Health Equity Guide Components.....*	Strategic Practices (N=191)	Case Studies (N=183)	Resources (N=188)	Downloads (N=169)
Not at all	1%	2%	2%	2%
Not sure	8%	7%	7%	11%
Somewhat useful	38%	46%	40%	45%
Very useful	53%	44%	50%	42%
Somewhat or Very Useful	92%	91%	90%	87%

* Number of health department responses varies per component because we excluded those who had not visited the component and those who did not reply to the question.

What Users Like the Most About the Health Equity Guide

When asked about how they liked the Health Equity Guide website, we received roughly twice as many comments about what people liked the most (N=215) as what they liked the least (N=121). Below are some comments of what users liked the most:

- *Thought-provoking concepts that can inspire staff and spark meaningful conversations.*
- *The mix of resources and case studies and its organization around strategic practices*
- *Recognition that diverse sectors approach health equity differently. This guide fits diverse audiences and stages of readiness*
- *The plethora of information and helpful steps for guiding work in equity.*
- *Comprehensive. A lot of great info, but doesn't feel overwhelming. Well organized.*
- *Clear strategies and examples that prioritize and emphasize community organizing and social movements.*
- *Aligns to today's needs of addressing equity across all sectors but most importantly government.*
- *The way it is organized - four categories and specific practice. Also like the message... specific actions depend on your context. And the idea that there are many things you can do to advance health equity within your organization.*
- *The easy list of strategies - clickable resources. Organized multiple ways so you can find content whether you are curious about a specific strategy or about what a specific city is doing.*
- *The case studies make it real.*

Interesting Facts about HEG from Google Analytics

- Over 23,500 individuals have viewed the HEG since its launch in July 2017
- 5 Most Viewed Pages: [Homepage](#), [Strategic Practices](#), [Case Studies](#), [Mobilize Data/Evaluation Strategic Practice](#), and [About the Health Equity Guide](#)
- Case Studies with 1000+ views: [Alameda County](#), [Minnesota](#), [King County](#), [NYC](#), and [Kansas City](#)
- Strategic Practices with 1000+ views: [Mobilize Data/Eval](#), [Build Org Capacity](#), [Change Internal Practices](#)
- Over time, more users arriving to HEG via web searches or links from others' sites (e.g., APHA)
- 87% of users visit the site from a desktop or laptop, 9% from mobile devices, 4% from tablets

Using the Health Equity Guide in Agency Work

The survey found that the Health Equity Guide has impacted many individuals' and agencies' health equity work. Specifically,

- 85% of local and 70% of state health department staff reported that the HEG had impacted or influenced their approach to health equity work
- 61% of local and 48% of state health department staff reported that the HEG has also influenced how their agency or organization is approaching health equity.

Has the HEG (theory of change, strategic practices, etc.) impacted or influenced how:						
	You currently approach your health equity work?			Your agency/organization is currently approaching your health equity work?		
	LHD (N=180)	SHD (N=57)	L/SHDs (N=237)	LHD (N=181)	SHD (N=56)	L/SHDs (N=237)
A lot	28%	28%	32%	18%	11%	16%
A little	57%	42%	41%	43%	37%	41%
Not Sure	8%	21%	19%	29%	35%	31%
Not at All	8%	9%	9%	10%	16%	12%

When asked how specifically the health department was using the HEG in their agency's work, we found the most common responses for both local and state health departments to be related to sharing and discussing the guide with colleagues. Moving forward, roughly one-third of respondents plan to use the content to think differently about the work that they are currently doing or planning to do and one third plan to use the HEG as a framework to structure their health equity efforts.

In what ways has your agency/organization used/is using the HEG?				
	LHD (N=210)		SHD (N=63)	
	Currently Using	Planning to Use	Currently Using	Planning to Use
Share with colleagues (e.g. in an email, newsletter, or ppt)	46%	36%	51%	41%
Have discussions with colleagues about the content	38%	33%	46%	37%
Expand our thinking about what is possible within our department	30%	33%	24%	35%
Provide a framework for how to structure our health equity efforts	30%	37%	29%	37%
Help start conversations about health equity within our department	28%	34%	29%	33%
Use the content to initiate new work related to health equity	24%	37%	22%	37%
Use the content to adjust current work we're currently doing to advance health equity	21%	35%	21%	33%
Affect how we think about and engage community members and residents	17%	30%	11%	30%
Affect the kinds of work we thought of as "health equity"	16%	28%	11%	33%
Affect how we communicate/work to change the narrative around roots causes of health inequities	12%	30%	16%	32%
Follow up with case study locations for more info about their work	7%	16%	6%	16%

The table below summarizes the number of ways that health departments stated that they are using or planning to use the Health Equity Guide in their organization. Of all local and state health department respondents (N=273):

- 74% are currently using or have already used the Health Equity Guide in one or more ways
- 76% are planning to use the Health Equity Guide in one or more ways moving forward
- 46% are planning to use the Health Equity Guide to inform one or more their departments' planning processes (e.g. for CHA, CHIP, strategic plan, accreditation, health equity plan, etc)

Although local health departments are currently using and plan to use the Health Equity Guide in more ways and for agency planning efforts than state health departments, more state health departments plan to use the Health Equity Guide generally moving forward.

Number of Ways Health Departments Using and Plan to Use HEG															
Number of Ways	Local HDs (N=210)					State HDs (N=63)					Local + State HDs (N=273)				
	0	1-2	3-5	6+	1+	0	1-2	3-5	6+	1+	0	1-2	3-5	6+	1+
Health Dept Currently Using HEG*	26%	34%	22%	18%	74%	24%	35%	29%	13%	76%	26%	34%	23%	16%	74%
Health Dept Plans to Use HEG*	26%	24%	26%	24%	74%	19%	22%	37%	22%	81%	24%	24%	28%	24%	76%
Health Dept Plans to Use HEG in Agency Planning Efforts**	53%	19%	20%	8%	47%	59%	21%	16%	5%	41%	54%	19%	19%	7%	46%

* See table above for the 11 ways that health departments have been using or are planning to use the HEG (e.g. to share with others, expand thinking, provide a framework, use content, etc)

** See table below for the 13 planning processes that health departments are planning to use the HEG in (e.g. developing a Health Equity Action Plan, Strategic Plan, CHA, CHIP, Accreditation Planning, etc)

Using the Health Equity Guide for Planning

When asked if and how health departments are using the HEG in planning efforts, we found that the majority of respondents (N=244) are already using the HEG (28%) or are planning to in the future (50%). Only 17% responded that they do not plan to use the HEG for future planning and 37% were unsure.

We found that local health departments were slightly more likely than state health departments to report that they are currently using (22% vs 17%) and planning to use (40% vs. 32%) the HEG in planning efforts. Mid-size and large local health departments (with 200 or more employees) were more likely to be currently using the HEG in planning efforts than smaller local health departments. But smaller local health departments, particularly those with less than 50 employees, were more likely to report planning to use the HEG in future planning efforts.

Of the 244 who responded to questions about planning efforts, over half (N=125) provided more details on how they were using or planning to use the HEG in their health department’s planning efforts. As illustrated below, the most common uses of the HEG are to inform a Health Equity Action Plan, a Community Health Assessment (CHA) or a Community Health Improvement Plan (CHIP).

How using or planning to use HEG in health department planning efforts?			
	LHD (N=99)	SHD (N=26)	L/SHDs (N=125)
Health equity action plan	60%	73%	62%
Community Health Assessment	39%	31%	38%
Community Health Improvement Plan	37%	19%	34%
Agency/Organization’s Strategic Plan	32%	23%	30%
Accreditation plans and activities	28%	27%	28%
Specific Division/Program’s Strategic Plan	22%	23%	22%
Vision/Mission Statement	21%	23%	22%
Racial equity action plan	21%	8%	18%
Evaluation plans and activities	19%	23%	20%
Agency/Organization’s Values/Principles	18%	15%	18%
Other organizational plans	17%	12%	16%
Emergency Preparedness Plan	11%	8%	10%
Other uses (activity identified)	5%	8%	6%

Health Equity Guide's Theory of Change

Power imbalances, racism and other forms of oppression are at the root of health inequities.

To systematically dismantle the patterns of othering and exclusion in government practice, we must pursue a wall-to-wall transformation of how local health departments work internally, with communities, and alongside other government agencies.

This inside/outside approach requires health departments to build internal capacity and a will to act on the social determinants of health and health equity.

It also requires developing relationships with and mobilizing communities and government to advocate for action on health equity.

This Theory of Change articulates how Human Impact Partners understands what is needed for health departments to truly advance health equity, and it serves as the framework for the Health Equity Guide. We asked respondents the extent to which this theory of change resonated with them as

61% of health department staff state that the HEG Theory of Change resonates with their approach to health equity

individuals and within their agency/organizations: 61% of health department respondents stated that it resonated “a lot” and 29% “a little” with how they were already approaching health equity work personally.

In contrast, when asked if the Theory of Change resonated with how their agency/organization is currently approaching health equity work, only 25% stated “a lot” and 56% stated “a little”.

We found that the Theory of Change tended to resonate “a lot” with people in Health Equity Coordinator/Manager positions and Health Officers and Senior Management, and “a little” with people in Community Health Worker/Health Educator, Administrative/Frontline, and Epidemiologist/Analyst positions.

We also found that the Theory of Change tended to resonate a lot with staff from larger local and state health departments (e.g., 500 or more employees) and staff from smaller state health departments (e.g., less than 200 employees), than with staff from mid-sized health departments.

Opportunities for Improvement/ Recommendations

The Health Equity Guide received many positive reviews and appears to be a helpful resource for health departments across the United States. To identify opportunities for improvement, we asked survey respondents what they liked least about the website and what did they find most frustrating.

Because there is so much information, it's hard to know where to start.
-Survey Participant

The majority of comments related to website navigability and to the content on the website. Importantly, although 19 people commented that the most frustrating thing about the HEG was how to navigate the website, 54 people commented that they found the website very user-friendly and easy to navigate. Some respondents also offered comments and frustrations with their own work, agency leadership, and lack of time and resources to advance health equity

Key recommendations are listed below. In the coming months, Human Impact Partners will work to implement these and other recommendations to further improve the HEG website.

- ✓ **Provide More Guidance on “Where to Start”:** Lift up existing resource materials, share examples of how other health departments have started using the HEG, develop a standard presentation about HEG to share with others, share tips for getting leadership more on board for advancing equity
- ✓ **Add More Case Studies and Resources:** Of smaller and more rural health departments, on climate change, on engaging majority white communities in anti-racism work, on mental/behavioral health
- ✓ **Improve Website Navigation:** Add a search function, make it easier to go backwards and quicker to load pages, have clearer landing pages for the Strategic Practices and Resources sections
- ✓ **Disseminate the HEG Widely:** Many suggestions were provided of where to disseminate the HEG, along with suggestions of organizing more webinars, reminding users to use the HEG (e.g., emails), and in-person or on-line convenings to meet other HEG users

If you have any additional comments or suggestions, please feel free to email megan@humanimpact.org with your suggestions.