National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

LEARNING TOGETHER:
A GUIDE TO ASSESSMENT TOOLS FOR ORGANIZATIONAL HEALTH EQUITY CAPACITY

In this guide, we explore tools that organizations can use to assess their current health equity capacity.

ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY ACTION INITIATIVE

The Organizational Capacity for Health Equity Action Initiative (OCI) fosters learning about frameworks, strategies and organizational conditions that enable Canadian public health organizations to develop and sustain their capacity for health equity action. The participatory, organizational-level initiative uses a learning circle, reviews and discussion of the evidence and literature, and practice site implementation or testing to meet the initiative objectives. The learning circle is made up of research and practice experts who meet on a regular basis to integrate evidence, expert opinion and practice-based innovation and learning.

The initiative is described fully in *Organizational Capacity for Health Equity Action Initiative: A brief description*.[1]

Visit www.nccdh.ca to learn more about the initiative.

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SECTION 1: INTRODUCTION

Many health organizations across Canada have indicated that the reduction of health inequities is a priority in their work.[2] As equity comes to the forefront, there is growing recognition that organizations need to be better equipped to respond effectively to health inequities. Doing so requires organizational capacity, which some Canadian jurisdictions have named as a key area of development for public health. In Ontario, for instance, the Health Equity Guideline[3] of the Ontario Public Health Standards[4] includes "fostering organizational capacity for health equity action"[3(p8)] as a key approach to meet the provincial standards. However, there is limited evidence-informed guidance of how organizations can build their capacity in the Canadian context. In response, the National Collaborating Centre for Determinants of Health (NCCDH) implemented the Organizational Capacity for Health Equity Initiative (OCI).

The initiative used a learning circle — a group of practitioners and scholars that met regularly — to surface and foreground frameworks, concepts, strategies and tools that are highly relevant to embedding health equity action within organizational structures and processes. Learning circle members identified topics they felt were important for public health organizations to improve their ability to act meaningfully on health equity. These topics were then used to conduct evidence scans, which were discussed during learning circle meetings. In addition, two practice site health organizations focused on enhancing their own capacity through specific projects. Practice sites brought insights and challenges to learning circle discussions and applied resulting evidence in real time.[1]

In this guide, we explore tools that organizations can use to assess their current health equity capacity. The guide is designed to help organizations identify an appropriate tool to use in an organizational assessment process. It reflects the results of a literature scan and accompanying learning circle discussion held in September 2019[5] that focused on organizational assessment. The learning circle explored the question *how can an organization assess their health equity capacity?*

The guide begins with Section 1, an overview of the purpose of organizational assessments. Section 2 focuses on the methodology we employed. In section 3, we summarize tools included in the guide. In section 4 of the guide, we discuss the findings, including factors that enable successful implementation of assessments.

WHO IS THE GUIDE FOR?

This guide is for public health practitioners, managers, leaders and decision-makers looking to identify a process to systematically assess the health equity capacity of their organization. It contains a summary of each tool, as well as links to each tool's location online, facilitating further exploration of the tool and its utility to the reader.

This document will help public health organizations identify tools most relevant to their organizational context.

WHAT IS AN ORGANIZATIONAL ASSESSMENT TOOL?

Organizational capacity for health equity consists of capacity related to orienting organizational systems, processes and practices towards health equity goals[6-9]

An organizational assessment offers a clear process that organizations can use to understand and improve their health equity capacity.

Organizational assessments that can serve several purposes. They can help:

- provide a baseline for current capacity of an organization;
- identify strengths and areas where capacity could be enhanced;
- support strategic and operational planning and organizational development;
- support reflection and dialogue; and
- provide a framework to measure progress in developing organizational capacity for health equity and to build organizational accountability.

To fuel change and engagement, these assessments are ideally completed by and with those who will be impacted by the outcomes of the assessment and resulting change. All the tools included in this guide were developed in the context of a public service organization and have relevance to the public health context.

TABLE 1: GLOSSARY OF TERMS
The following terms are used throughout this document

Health equity "Health equity means all people (individuals, groups and communities) have a fair chance to reach their full health potential and are not disadvantaged by social, economic and environmental conditions."[10(p2)]
Organizational assessment tool An organizational assessment tool is a resource that provides users with a "framework that facilitates … reflections about an organization's trajectory"[11(p2)] to identify organizational strengths and areas for improvement.
Organizational capacity for health equity action "The ability of an organization to identify health inequities, mobilize resources and take effective action to reduce inequities and promote health equity"[pe264]
Social determinants of health The social determinants of health (SDH) "are the interrelated social, political, and economic factors that create the conditions in which people live, learn, work and play. The intersection of the SDH causes these conditions to shift and change over and across the life span, impacting the health of individuals, groups and communities in different ways."[10(p3)]

SECTION 2: METHODOLOGY

LITERATURE SEARCH AND CONSULTATION

The authors conducted a non-exhaustive literature search to identity health equity organizational assessment tools. The terms used for these searches are highlighted in **Appendix A**. One researcher conducted iterative searches in English using the University of Toronto Library Portal search engine, Google and Google Scholar. A second researcher and learning circle members identified additional assessment tools to consider for inclusion.

We also contacted organizations we knew were involved in developing organizational capacity for Indigenous cultural safety to identify assessments that did not come up in our other searches.

SCREENING AND INCLUSION

Through the literature searches and consultations, 15 documents were initially identified for review. Three documents were excluded from further analysis as they did not include a clear tool.

The remaining 12 documents were screened according to two criteria:

1. **Explicit consideration of health equity and applicability to Canadian public health organizations**

   We considered three questions, specifically:
   - Does the tool explicitly discuss health equity and both structural and social determinants of health?
   - To what extent does the tool support the user to engage in critical reflection on power as the driver of health inequities?
   - Was the tool developed for use in health settings or was it designed for such settings? (Those developed for use in non-health settings were excluded.)

2. **General practicality**

   To assess if the tool was practical, we asked the following questions:[12(p2)]
   - Will the tool contribute to improvements in programs and/or policies?
   - Will the tool contribute to the identification of specific actions to improve health equity?
   - Is there a step in the tool that engages or calls for participation of the community or people affected by health inequities?
   - Is the tool easy to use and understand?
   - Is there a clear set of steps that guide the use of the tool?

SECTION 3: FINDINGS

Of the assessment tools we reviewed, eight met the established criteria. Seven tools were developed specifically for use in health settings and to assess health equity and the SDH in health settings. The last was developed for use across multiple sectors and has been used in a public health setting.

The components of each assessment tool included in this resource are summarized below according to the following seven questions:

1. What is the purpose of the tool?
2. How is equity/health equity defined?
3. How are the SDH considered?
4. For whom is the tool designed?
5. What is being assessed?
6. What does the tool say about use of the assessment findings?
7. Where has the tool been applied?

The depth and detail provided on the questions above varied across the tools. We searched for examples of application and implementation. We did not contact authors for examples of application but instead relied on information that was publicly available. In two instances[13,14] we drew on the experiences of learning circle participants who were involved in the development and implementation of certain tools and could speak to their application.

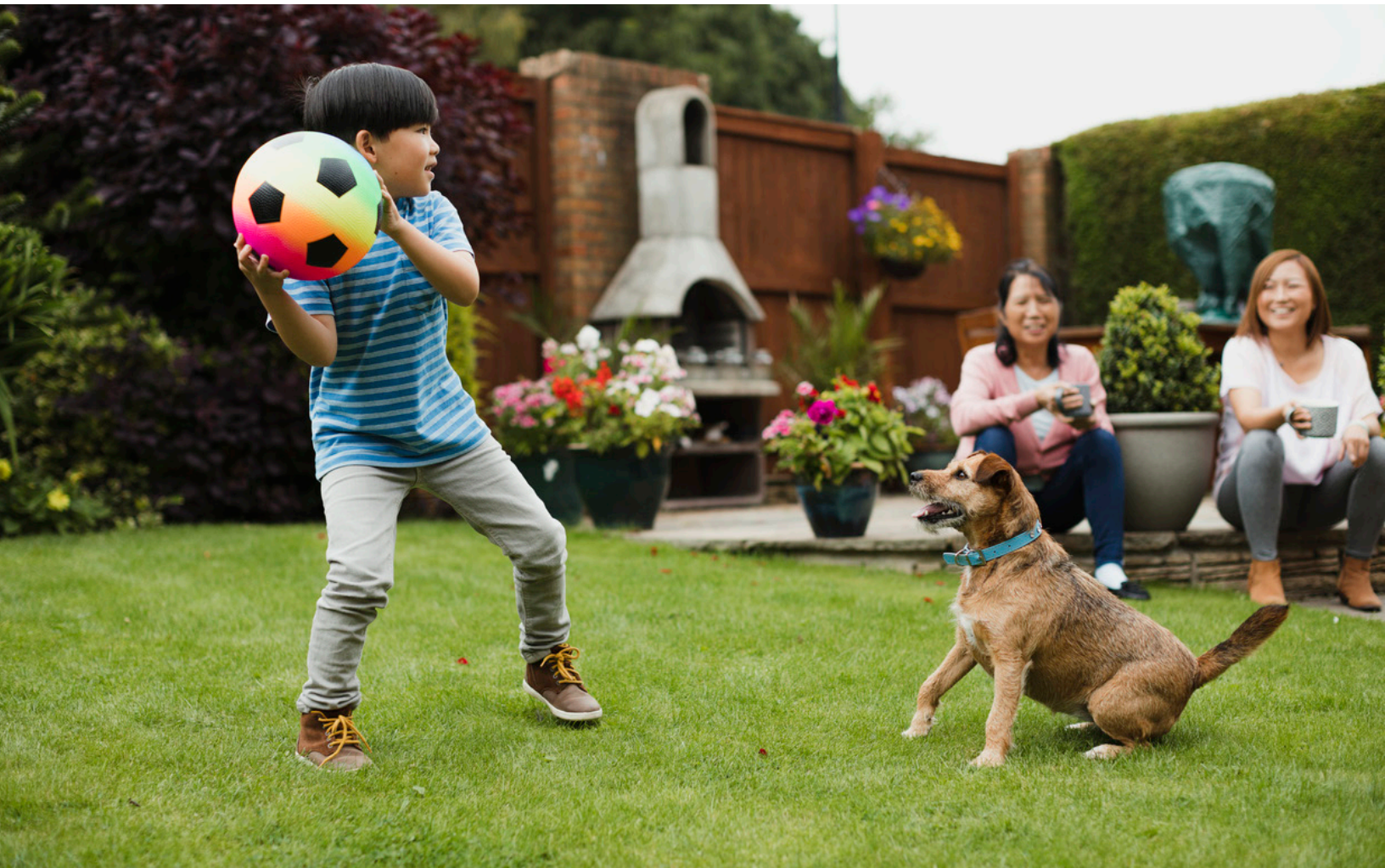
SUMMARY OF ASSESSMENT TOOLS

1 IMPROVING HEALTH EQUITY: ASSESSMENT TOOL FOR HEALTH CARE ORGANIZATIONS[15]	
Organization	Institute for Healthcare Improvement, Massachusetts, United States
URL	www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx
Purpose of the tool	The self-assessment tool was initially developed as part of a guide, *Achieving health equity: A guide for health care organizations*,[9] that outlines a framework with five areas of focus for health equity capacity and action. The guide was developed through a literature review, interviews with experts and visits to health care organizations engaged in health equity activities in their communities. The tool supports organizations to gauge their current health equity activities and assess how improvement efforts align with the health equity framework.
Definition of equity/ health equity in the tool	Equity in health is described as follows: "Ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential, if it can be avoided."[9(p8)]
Focus on the SDH	The guide uses the World Health Organization (WHO) definition of SDH, which are "the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."[9(p8)]
For whom is the tool designed?	Health system leaders looking for practical approaches to improve health equity within their institutions
What is being assessed?	The tool assesses capacity along the five components of the health equity framework using a five-point scale: 1. Make health equity a strategic priority 2. Build infrastructure to support health equity 3. Address the multiple determinants of health 4. Eliminate racism and other forms of oppression 5. Partner with the community to improve health equity Examples of Indicators • Health equity is articulated as an explicit priority in key strategy documents (e.g., organizational strategic plan, fiscal plan, annual plan) and there is a clear case for how equity relates to the organization's mission, vision and values.[15(p6)] • Senior leaders and the board regularly communicate the importance of health equity as a strategic priority to staff and empower staff at all levels to act on the vision.[15(p6)] • Data demonstrating health equity gaps (i.e., REaL [race, ethnicity and language], stratified workforce, patient experience, outcomes and quality data) are shared transparently using data dashboards and communicated broadly to key audiences.[15(p7)] • People impacted by inequities are directly engaged as key partners in work to improve equity.[15(p7)]
Intended use of findings	Organizations should use the findings to identify areas within the institution in need of strengthening.
Examples of application	The initial tool[9] was tested with eight health systems[15,16] and later refined.

2 LOCAL HEALTH DEPARTMENT ORGANIZATIONAL SELF-ASSESSMENT FOR ADDRESSING HEALTH INEQUITIES. TOOLKIT AND GUIDE TO IMPLEMENTATION[17]	
Organization	Bay Area Regional Health Inequities Initiative, California, United States
URL	http://barhii.org/resources/barhii-toolkit
Purpose of the tool	The toolkit was developed through a collaboration among 11 local health departments in the San Francisco Bay Area. It offers various resources and guidelines for public health leaders to identify skills and organizational capacities required to address health inequities. The toolkit: a. provides a baseline measure of current capacity, both at the individual practitioner and organizational levels; b. identifies research-informed organizational and individual characteristics that support health equity work; c. guides strategic planning; and d. assesses ongoing progress toward health equity goals.
Definition of equity/ health equity in the tool	The toolkit states that "health inequities are differences in health status and death rates across population groups that are systematic, avoidable, unfair and unjust."[17(p44)]
Focus on the SDH	The toolkit includes an explicit definition of the SDH. It offers questions organizations can use to assess collaborations with partners on specific social and economic conditions such as education, economic development and racial justice.
For whom is the tool designed?	Senior managers and staff in local health departments. The organizational assessment engages staff at various levels of the organization.
What is being assessed?	The toolkit is based on a matrix of organizational characteristics and staff competencies deemed essential to enabling organizations to address health inequities. The matrix contains nine domains identifying organizational characteristics and nine domains of staff competencies. The toolkit provides five instruments that assess the various domains of the matrix and include guidelines for local health departments to determine when to carry out the assessment. The instruments are as follows: 1. **A staff survey:** An online tool intended for staff members at all levels of the organization 2. **A collaborating partner survey:** A tool for collecting feedback from local health department partners regarding health equity work 3. **A guide for staff focus groups:** A guide to facilitate in-depth group exploration of various domains of the matrix and issues arising from survey responses 4. **A guide for management team interviews:** A guide to facilitate interviews with the leadership team, meant to identify organizational strengths and areas for further development 5. **A human resources data system worksheet:** A worksheet that organizations can use to summarize important information gathered during the Internal Document Review and discussions Examples of indicators (from the guide for management staff interviews) • "Based on [a local health department's]'s vision, mission and values statements, do you think there is a commitment to address health inequities? How is this commitment demonstrated?"[17(p78)] • "How are staff from multiple levels of the department involved in making major decisions?"[17(p81)] • "Can you share some ways that this multi-level involvement from staff has enhanced the department's ability to address health inequities?"[17(p81)] The toolkit also contains an implementation guide with information, tools, resources and a bibliography. The additional resources are meant to help assess whether organizations are ready to: • conduct a self-assessment; • prepare for the self-assessment; • complete the necessary steps for implementing the self-assessment; and • engage with the results of the assessment in an action-oriented way.
Intended use of findings	Organizations should use findings to help guide strategic planning and other organizational development activities. Findings are meant to guide progress toward identified goals.
Examples of application	The toolkit was pilot-tested at the City of Berkeley Department of Public Health.[17(p126-31)] Some lessons learned from the pilot test include the following: • The assessment is most appropriate when there is existing discussion of health equity and the root causes of inequities within the organization. • Leadership commitment is essential and must be clearly communicated. • A strong implementation team is needed to shepherd the process and encourage staff participation. • The assessment should be framed in the broader context of the organization's plan to improve health equity. • The self-assessment must lead to action. • Resources are required for all steps of the process — from analysis to developing an action plan.

3 BUILDING ORGANIZATIONAL CAPACITY FOR HEALTH EQUITY ACTION: A PRACTICAL ASSESSMENT TOOL FOR PUBLIC HEALTH[13]	
Organization	Lambton Public Health, Ontario, Canada
URL	http://nccdh.ca/images/uploads/comments/Lambton-Public-Health-Building-Organizational-Capacity-for-Health-Equity_2017.pdf
Purpose of the tool	The tool facilitates organizational learning, sharing and reflection on what's needed to enable action for health equity. It assesses organizational capacity across seven key elements of equity action at the local level identified by Lambton's health equity conceptual framework. The framework and assessment tool encourage the organization to build the appropriate infrastructure and context to advance health equity.
Definition of equity/ health equity in the tool	"Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, or other socially determined circumstance. We can achieve health equity by ensuring the fair distribution of resources, fair access to opportunities that support health, and fairness in how we support people when ill."[13(p21)]
Focus on the SDH	The tool includes explicit definitions of the SDH, as well as questions related to both collecting data and collaborating with partners on SDH.
For whom is the tool designed?	Employees at various levels of the organization, including frontline staff, supervisors and managers
What is being assessed?	The tool contains three checklists corresponding to three levels of influence for shaping health equity action: the individual level, the organizational level and the systems level. Each checklist assesses health equity action based on some or all of the seven key elements and sub-elements of Lambton's health equity framework. These seven elements are as follows: 1. Leadership and commitment 2. Formal systems 3. Informal systems 4. Resources 5. Accountability 6. Partnerships 7. Governance Each checklist contains: • a description, definition or example of the capacity element being assessed; • a rating scale with responses ranging from *strongly agree* to *strongly disagree*; and • evidence for future review and comparison. Examples of indicators (from the organizational capacity checklist) • "I integrate the Lambton Public Health value of equity into my public health practice"[13(p3)] • "I am able to communicate health equity issues to the board of health in a clear, concise manner"[13(p8)]
Intended use of findings	The recommended use of findings varies depending on the component of the tool used: • **Individual capacity checklist:** Findings can be used to identify how to strengthen public health professionals' daily practice • **Organizational capacity checklist:** Findings can be used to strengthen the processes and structures for embedding health equity into the organizational mandate, enabling individuals to take effective action on health inequities • **Systems capacity checklist:** Findings can be used to strengthen organizational policies, modes of governance and decision-making systems. Results can be used by management for priority-setting. Overall, information from the checklist is intended to identify issues and recommendations to review with staff and develop action plans. These plans are meant to identify next steps that consider feasibility, responsibilities, timeframe and required resources. The tool can serve as a baseline assessment and, when complemented by an action plan, can be used to monitor progress over time and for evaluation purposes.

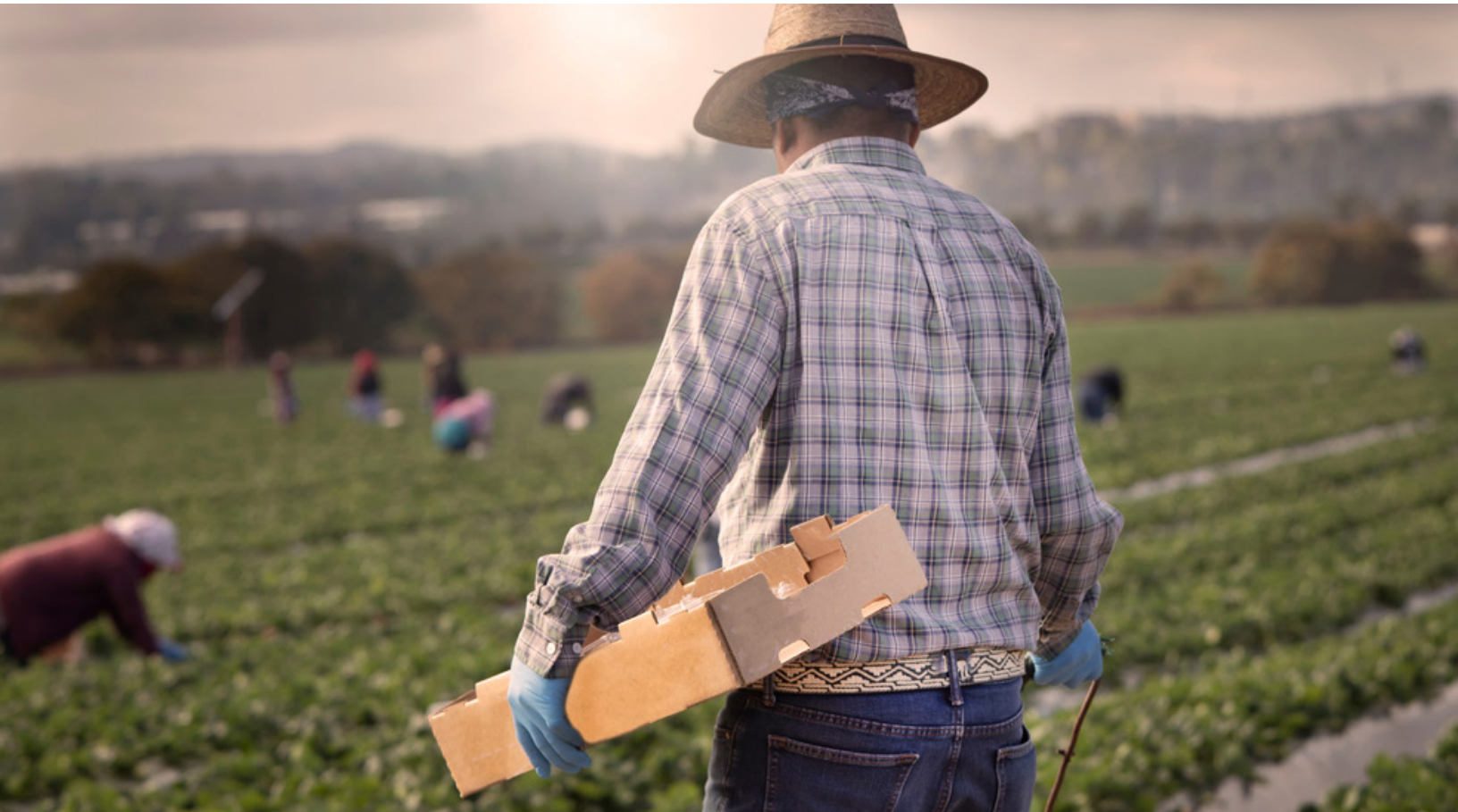
Examples of application	This tool was used with program teams at Lambton Public Health (LPH). Team results were plotted on a spidergram model, which allowed them to visualize their strengths and areas for improvement. Teams engaged in brainstorming about how to move forward and received a tailored report summarizing their results and key discussion points, intended to inform the creation of capacity-building action plans. Important lessons learned from implementation of the assessment tool included the following (Giovanna Good, March 4, 2020): • The importance of asking staff to provide concrete examples illustrating each item of the assessment tool to assess comprehension and relevance to daily practice • The influence of staff values related to health equity and whether they perceived it as core to their daily work. Those who did not value health equity were less likely to complete the survey in a meaningful way. However, discussion helped shift their views. • The need for leadership buy-in and support, as well as the importance of being cognizant of competing organizational priorities • The value of a designated leader and core team to drive the project forward • The need to use a strengths-based approach in discussing the assessment and its purpose • The importance of providing continuous support to each team throughout the process • The need to engage the governance body (Board of Health, in this case) in education regarding health equity issues Since the tool's implementation, the following events have taken place: • LPH is working towards strengthening how to operationalize equity as a value in their 2020–2026 strategic plan. • Employees are increasingly seeing health equity as integral to their work. • LPH has identified informal health equity champions from various disciplines. • The chronic disease and injury prevention program has been redesigned to focus on upstream interventions with the goal of advancing health equity, among other outcomes. • LPH is building capacity within its clinical programs (dental health, sexual health and infectious disease prevention and control) to redirect some if its work to population-level interventions that are upstream in nature.



4 HEALTH EQUITY INDICATORS FOR ONTARIO LOCAL PUBLIC HEALTH AGENCIES. USER GUIDE.[14]	
Organization	Public Health Ontario, Ontario, Canada
URL	http://nccdh.ca/resources/entry/health-equity-indicators-for-ontario-local-public-health-agencies
Purpose of the tool	The indicators were developed through the work of the Locally Driven Collaborative Projects (LDCP) program, which fosters collaboration among public health units in research projects of relevance to the Ontario Public Health Standards.[6] The tool contains a set of pilot-tested, evidence-based indicators intended to help local boards of health and public health organizations assess the extent to which they are meeting their health equity mandate and identify areas for improvement.
Definition of equity/ health equity in the tool	The resources states that "health equity means that all people (individuals, groups and communities) have a fair chance to reach their full potential and are not disadvantaged by social, economic and environmental conditions"[14(p33)] Health inequities are described as "differences in health status between groups/populations that are unfair or unjust (e.g., differences due to poverty, access to services, etc.)."[14(p34)]
Focus on the SDH	The tool includes an explicit definition of SDH. It also includes multiple questions to assess work in addressing SDH, such as involvement in advocacy for policy development in areas such as gender, education, food insecurity, employment and working conditions.
For whom is the tool designed?	Local boards of health and local public health agencies. Multiple people at various levels should be involved in completing worksheets to ensure knowledge is shared across the organization.
What is being assessed?	The tool identifies 15 indicators, which are grouped according to public health roles for advancing health equity. (Roles 1–4 have been identified by the NCCDH;[18] role 5 was included by the project team.) 1. Assess and report 2. Modify/orient 3. Engage in community and multi-sectoral collaboration 4. Lead/participate and support 5. Organization and system development Examples of Indicators • **Assess and report:** "Does your public health agency conduct routine data analysis of health outcomes of public health importance stratified by demographic and/or socioeconomic variables?"[14(p8)] • **Lead/participate and support:** "How many position and policy statements, vetted and approved by the board of health (over the past year), reflect advocacy for priority populations experiencing (or at risk for experiencing) health inequities?"[14(p23)]
Intended use of findings	The findings should be used to assess how a public health organization is moving towards health equity action. They should be applied to identify current gaps and assess progress over time.
Examples of application	Evaluation results are forthcoming. Some barriers identified through the evaluation include a lack of organizational readiness, a lack of support from leadership in some cases and a lack of local data. Some enablers identified include the presence of health equity champions, organizational readiness, organizational structures and capacity, and the adaptation of the tool to the local context.[5]

5 RATE YOUR ORGANIZATION. 10 STRATEGIES TO GUIDE ORGANIZATIONS IN ENHANCING CAPACITY FOR EQUITY-ORIENTED HEALTH CARE[19]	
Organization	EQUIP Health Care, British Columbia, Canada
URL	http://apsc-equip.sites.olt.ubc.ca/files/2019/12/RYO-Mar-23-2018.pdf
Purpose of the tool	The tool comes from the resources developed by EQUIP Health Care, an organization whose group of interventions are designed to better equip health care organizations for health equity action. EQUIP's work includes two components — staff education and organizational integration and tailoring, with this particular assessment fitting into the latter. The tool is to be used by organizations to assess their capacity in areas identified through the EQUIP interventions.
Definition of equity/ health equity in the tool	The EQUIP Health Care website where the tool is housed defines health equity as "the absence of systematic and potentially remediable differences in one or more characteristics of health across populations or population groups defined socially, economically, demographically, or geographically."[20] The site defines health inequities as "the differences in health or access to care that can result from structural arrangements that are potentially remedial; in this sense, inequities may be deemed unjust."[20]
Focus on the SDH	The EQUIP Health Care website has an explicit definition of the SDH. The strategies identified integrate social determinants of health, such as housing, income and racism.
For whom is the tool designed?	Health care providers and health care organizations
What is being assessed?	Organizations are asked to assess their capacity in terms of 10 strategies:[19(p1–2)] • [Express] explicit commitment to equity • [Develop] supportive structures, policies and processes • Re-envision how time is used • Attend to power differentials • Tailor care, programs and services to context • Actively counter racism and discrimination • Promote community and patient participatory engagement • Tailor care, programs and services to histories • Enhance access to social determinants of health • Optimize use of place and space Organizations are prompted to provide a rating from 1 to 10 for each strategy, where 10 indicates that the strategy is being addressed in full. Examples of Indicators • "Equity is identified as a strategic priority of the organization and leadership is committed to improving equity at all levels of the organization."[19(p1)] • "What messages are reflected in the way the space is designed? Is the space designed to be inclusive of those who typically are marginalized? Would people from priority populations see themselves reflected in the design of the space? Are services located in the neighbourhoods where people who are underserved may likely reside? Are transportation issues (including cost) considered?"[19(p2)]
Intended use of findings	Assessment findings should be used alongside other sources of information (e.g., community health profiles) to identify priorities for organizational change.[21]

Examples of application	The EQUIP intervention has been implemented in primary care and emergency room settings. The intervention was implemented in four primary care clinics in Canada over an 18- to 24-month period from 2013 to 2015.[22] The clinics involved in the intervention served marginalized populations including people living in poverty and those living with high levels of trauma (e.g., Indigenous Peoples, recent immigrants and refugees). The first part of the EQUIP intervention consists of staff education, followed by organizational integration of three components of equity-oriented care (cultural safety, trauma- and violence-informed care and tailoring to context). The organizational assessment is part of the organizational integration component of the intervention. For this reason, the example goes beyond the assessment to include the entire intervention. Through a mixed methods design, the EQUIP team found that participation in the EQUIP intervention resulted in greater awareness, knowledge and confidence about equity-oriented health care. Participation concurrently increased the visibility of health inequities and surfaced tensions, such as the widespread nature of racism and the impacts of violence and trauma. Participation in EQUIP prompted the development of a number of organizational policies and practices that challenged the status quo: • Staff were able to address trauma and violence more effectively. In one clinic, for instance, there was a shift in "the language, perspectives and tone used to describe patients' histories and clinical conditions."[21[p8]] There were reported changes in the power imbalances between staff with a more biomedical approach (physicians and nurse practitioners) and those with a more holistic or non-medical orientation. (e.g., outreach workers and social workers). • Staff experienced positive shifts in how they understood and responded to racism and other forms of discrimination at the structural and interpersonal levels. • Staff responded more appropriately to trauma, substance use and chronic pain. The EQUIP intervention was boosted by: • involving all staff in the organization; • creating summaries of the history of each clinic, the clinic's sociopolitical and community context and the health and social profile of communities seen (compared to the population average); and • providing clinics with background information about the key health issues faced by communities being served. Organizational factors such as funding and leadership influenced the process and impact of the intervention, as did the nature of delivery (e.g., time frame of the intervention and who delivered it).



6 STANDARDS FOR EQUITY IN HEALTH CARE FOR MIGRANTS AND OTHER VULNERABLE GROUPS: SELF-ASSESSMENT TOOL FOR PILOT IMPLEMENTATION[23]	
Organization	Task Force on Migration, Equity and Diversity at the International Network of Health Promoting Hospitals and Health Services (formerly The Task Force on Migrant-Friendly and Culturally Competent Health Care)
URL	https://www.researchgate.net/publication/262259058_Equity_Standards_in_Health_Care_2014
Purpose of the tool	The tool was developed as part of an international collaboration on standards for measuring and monitoring equity in health care. The five standards relate to policy, access and utilization, quality of care, participation and promoting equity. The tool is to be used by organizations to monitor, evaluate and ameliorate their activities on health equity.
Definition of equity/ health equity in the tool	The tool defines equity related to each of the five standards. For example, "equity in policy aims to promote equity by providing fair opportunities, reducing health inequities, and delivering sustainable and cost-effective policies."[23(p16)]
Focus on the SDH	One standard (Standard 5: Promoting equity) specifically calls for partnerships and intersectoral collaborations on the "wider determinants of health"[23(p17)]
For whom is the tool designed?	Hospitals, health care services and community and social centres
What is being assessed?	A self-assessment resource, this tool includes indicators across five areas of focus: • Standard 1: Equity in policy • Standard 2: Equitable access and utilisation • Standard 3: Equitable quality of care • Standard 4: Equity in participation • Standard 5: Promoting equity Organizations can rate the extent to which they are meeting each of the five standards on a five-point scale: *fully, mostly, partly, hardly* and *no*. There are also prompts for what evidence may be used for the assessment of each indicator. Examples of indicators • "The organisation has an equity strategy including one of more equity plans, which are reviewed annually. [Evidence: Written equity plans, which set out the actions it will take to address equity priorities (e.g. Equity plans include mission statement, objectives, allocation of resources, duration, responsibilities)]."[23(p37)] • "The organization builds inter-sectoral collaborations beyond the healthcare system to address the wider determinants of health. [Evidence: Formal links with umbrella organizations of relevant areas/districts (e.g. Co-operation between agencies concerned with social inclusion and those concerned with health promotion and education; Shared social responsibility agreements; Inter-sectoral interventions)]."[23(p68)]
Intended use of findings	The tool should be used to identify how to improve activities and develop an action plan to achieve measurable improvement.
Examples of application	The assessment tool was pilot tested in 2014 by 55 health care organizations in Australia, Canada and Europe.[24] The findings of the pilot test showed the highest levels of compliance in quality of care (62%) and access and utilisation (58%) (Standards 2 and 3, respectively). Organizations that complied with Standards 2 and 3 had policies to identify barriers to access, improve physical accessibility, address language barriers and consider individual and family characteristics and experiences in care. However, compliance was less than 50% in three of the five standards (policy, participation and promoting equity outside the organisation). In these standards, organizations struggled to establish governance-level equity policies and plans, promote the participation of clients and partner with community stakeholders.

7 BUILDING ORGANIZATIONAL CAPACITY TO ADVANCE HEALTH EQUITY[25]	
Organization	Centers for Disease Control and Prevention (CDC), Georgia, United States
URL	www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/health-equity-guide/Health-Equity-Guide-sect-1-1.pdf
Purpose of the tool	The Building Organizational Capacity to Advance Health Equity tool is part of the CDC's *Practitioner's guide for advancing health equity: Community strategies for preventing chronic disease*.[26] The guide provides ideas to improve policies, systems and strategies to advance health equity. The various resources in the guide, including the organizational capacity tool, are intended to support practitioners to embed health equity into public health practices.
Definition of equity/ health equity in the tool	The CDC's *Practitioner's guide for advancing health equity* defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal effort to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities."[26(p4)] Health inequities are defined as "a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair."[26(p4)]
Focus on the SDH	The tool discusses strategies to increase accessibility of (health) services and resources.
For whom is the tool designed?	Both early-career and experienced practitioners tackling health inequities
What is being assessed?	The Building Organizational Capacity to Advance Health Equity tool provides ideas for how to advance health equity. A checklist at the end of the tool prompts organizations to reflect on a series of questions grouped according to seven areas: 1. Current organizational practices and policies 2. Institutionalizing an organizational commitment to advance health equity 3. Funding decisions 4. Workforce capacity and needs 5. Integrating health equity into programs, services and resources 6. Partnerships and community engagement 7. Next steps Examples of indicators • "How do the funds we typically seek align with identified health equity needs in the community?"[25(p9)] • "How can our current infrastructure be enhanced to create accountability and provide guidance on our health equity commitment?"[25(p9)]
Intended use of findings	The findings are intended to help identify existing capacity, as well as determining what else is required to enhance organizational capacity for health equity action.
Examples of application	None identified

8 EQUITY AND EMPOWERMENT LENS[27]	
Organization	Multnomah County, Oregon, United States
URL	https://multco.us/diversity-equity/equity-and-empowerment-lens
Purpose of the tool	The Equity and Empowerment Lens (with a racial justice focus) is a quality improvement tool intended to inform planning, decision-making and resource allocation with the overall goal of enhancing racial equity. The tool contains a set of principles, reflective questions and processes that can be applied to the individual, institutional and systemic levels. The authors suggest engaging with the materials in the following ways: • Review the foundational assumptions and apply contextually relevant components of the key messages. • Scan the provided logic model and identify the work you as an individual or organization are already doing and where efforts could be enhanced. • Review the six outcome areas and begin developing methods to track progress. • Be attuned to aspects of the model causing discomfort and reflect on reasons for this discomfort. • Use the logic model to start discussions with other practitioners around how the logic model's embedded practices and principles have been applied. • Use the purpose handout to help identify your purpose related to racial equity work. • Apply the five Ps (people, place, process, power and purpose) resource to relevant programs, policies and practices.
Definition of equity/ health equity in the tool	The tool identifies key characteristics of racial equity, including "bold and courageous long term commitment to unearthing racism's root causes and addressing barriers to racial equity in and between individuals, institutions and systems."[28(p1)]
Focus on the SDH	The resource focuses explicitly on racial equity.
For whom is the tool designed?	Practitioners engaged in racial equity work
What is being assessed?	The resource includes a worksheet that poses reflective questions in the areas of people, place, process, power and purpose (individual and institutional purpose), to guide decision-making around a particular issue. Examples of reflective questions[29] • Power: "How is the current issue, policy or program shifting power dynamics to better integrate voices and priorities of communities of colour?"[29(p1)] • Process: "What policies, processes and social relationships contribute to the exclusion of communities most affected by inequities?"[29(p1)]
Intended use of findings	By answering questions both at the individual and organizational levels, the findings are intended to support decisions that move toward racial equity. Various resources, including the logic model, can help track progress around transformations advancing racial equity.
Examples of application	The tool was used by the Multnomah County Department of Health in its Health Equity Initiative (Racial Justice Focus). The Health Equity Initiative addresses racial and ethnic health inequities using an equity and empowerment approach. The Initiative provides technical assistance for the use of the Equity and Empowerment Lens in the Department of Health. The lens was applied to 20 programs, practices or policies each year in 2014 and 2015.[30]

SECTION 4: DISCUSSION

The review and analysis found a number of organizational assessment tools designed and used specifically in health contexts. Generally, the assessment tools include many similar components relevant to health equity–focused organizational practice, including program-planning, policy, partnerships and human resources. However, they also differ in focus. For example — and unsurprisingly — tools that were developed in public health settings tended to have a population-level focus when compared to tools developed for health care organizations.

This guide highlights eight tools that focus specifically on equity in public health and health care organizations. Seven[13–15,17,19,23,29] out of eight of the tools have been tested or applied in health settings in Canada, Australia, the United States and Europe. Most tools focused on health equity broadly, with some naming specific determinants of health. One tool focused on equity and, specifically, racism as structural drivers of inequities.[27-29] Developed by a regional government in the United States, the tool in question has been applied by the public health department in that area.[30]

While no other organizational assessment tools focused exclusively on racism, a number of tools, such as the EQUIP tool[19] and the organizational self-assessment tool from the Bay Regional Health Inequities Initiative,[17] incorporate measures related to racism. There were no tools found that specifically assessed organizational Indigenous cultural safety capacity. However, we understand that such a tool, influenced by work done by Aboriginal Health at Interior Health, British Columbia (BC) is being pilot tested by Indigenous Health at the Provincial Health Services Authority in BC (Nancy Laliberte and Sally Maguet, personal communication, September 14, 2020). This is of importance as many organizations with stated health equity mandates do not always explicitly respond to racism in their work. For this reason, there is a need to further incorporate addressing racism and cultural safety into health equity assessments.

Some tools, like that which is a part of the EQUIP intervention,[21] offer further insight into how assessments can be integrated into health equity organizational capacity efforts. As noted in the summary of included tools, EQUIP is a multicomponent intervention that includes staff education and organizational integration to support equity-oriented care. The findings from EQUIP reflect a number of themes from the learning circle discussions in the Organizational Capacity Initiative, particularly:

- framing health equity interventions (including organizational assessments) as "necessarily disruptive"[22(p13)]
- fostering opportunities for ownership of capacity-building efforts;
- involving staff across the organization; and
- ensuring impacted communities are meaningfully involved.

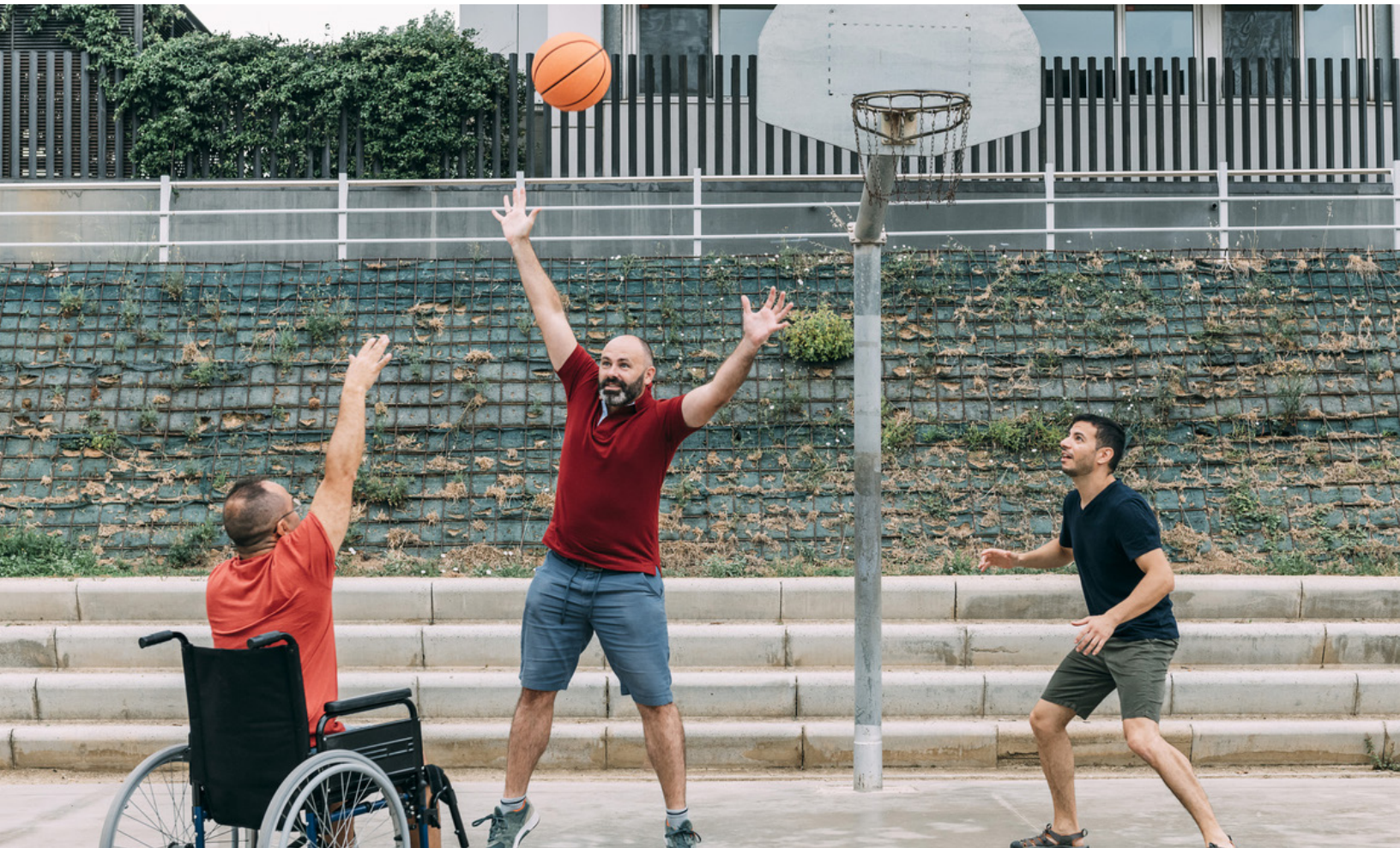
WHAT SUPPORTS THE IMPLEMENTATION OF A HEALTH EQUITY ORGANIZATIONAL ASSESSMENT?

We identified a number of key enablers for the implementation of an organizational assessment process:

- **Organizational readiness.** Uncovering organizational practices, policies and systems that create inequity can be unsettling for organizations. This is true even for institutions that are committed to improving health equity, as it may present a different view from how the organization sees itself. Organizations have to be ready to engage in authentic assessments and consider results of an assessment that reveal ways of working that are not in the service of equity.[5] Assessments will be most appropriate after internal discussions of health equity and improved understanding of the underlying causes of health inequities.[17]
- **Organizational leadership.** Strong leadership is critical to an organizational assessment process.[12] Courageous leadership is required to facilitate a sense of psychological safety, and to encourage participants to provide honest, meaningful input without fear of reprisal.[31] This supports the risk-taking required to engage in genuine assessment that could expose lower levels of capacity than anticipated.[5]
- **Appropriate resource allocation**[17,27] Sufficient resources need to be allocated to the organizational assessment process, including dedicated staff time and time for analysis and sense-making, as well resources for developing and implementing action plans.[5]

- **Adaptation for context.** Deep engagement of key stakeholders both within and outside of an organization to identify a tool's relevance to a particular context is essential. In adapting for the organizational context, those implementing the assessment have to consider how it will be implemented and how the assessment results will be translated into action.[5]
- **Practitioner competence.** Practitioners and leaders need sufficient knowledge and skill related to health equity and the SDH to adequately implement an assessment, analyze and interpret the findings, and develop appropriate actions to build organizational capacity. In the EQUIP study,[21] for example, staff education preceded organizational integration of equity-oriented care, providing a common foundation for staff.
- **Meaningful participation and multiple perspectives.** Participation should invite multiple perspectives and not rely on an individual staff member. Involvement across all levels of the organization is important to enable ownership of the assessment process and findings. When group discussions are part of an assessment, facilitators need to have an understanding of the general functions of the organization and experience leading conversations on structural and social determinants such as racism, income inequality and other potentially challenging topics.[17] It is also important to engage members of the communities impacted by the health inequities the organization seeks to address.[5]
- **Intersectoral collaboration.** Just as intersectoral collaborations are essential in improving health equity through meaningful action on the structural and social determinants of health, partners outside of the organization and the health sector may be beneficial to the organizational assessment. Their involvement can also provide meaningful insights, perspectives and solutions.[5]

Assessing organizational capacity requires persistence and creativity. The benefits, however, are numerous, including providing insight into organizational values and priorities, developing action plans that support implementation and accountability, and orienting organizational practices toward advancing health equity.



CONCLUSION

Organizational assessment processes and tools provide an organization with a systematic approach to understand organizational capacity for health equity action. There are a number of existing tools that health organizations can use to guide the process of organizational assessment of capacity for health equity action. The tools identified in this resource were developed for use in the public service sector, making them very applicable to health equity assessments in health settings.

These tools are a valuable way to identify what practices, processes or systems within an organization warrant attention and investment to enhance capacity. They provide examples of application that serve as guidance for other organizations seeking to assess their organizational capacity for health equity action.

As demonstrated in the summary above, different tools serve different purposes and may be relevant to different tasks related to the organizational assessment process. This guide supports public health organizations to identify tools most relevant to their organizational context. It is critically important that organizations remain attentive to the implementation of health equity capacity-building activities. As attention is paid to assessing capacity, organizations must be deliberate about implementing the requisite changes highlighted by the assessment.

The Organizational Capacity for Health Equity Initiative (OCI) explored issues related to organizational capacity and organizational change, such as building change collectively, communicating change, values, governance, psychological safety and psychological disruption. *Visit the NCCDH website at* ***www.nccdh.ca*** *for more OCI resources.*

APPENDIX A

SEARCH TERMS USED IN LITERATURE SEARCH				
Health equity	**Assessment**	**Public Health**	**Capacity**	**Organization**
Equality	Appraisal	Health promotion	Ability	Institution
Disparities	Evaluation	Population Health		
Inequalities	Questionnaire			
Social justice	Measure			
Inequities	Checklist			
Health inequities				
Social determinants of health				
Racial equity				
Indigenous Health				

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