# 2022 Regional Equity Assessment Report


Released February 2023

# Background

Better Health Together (BHT) works with more than 100 groups in Eastern Washington (Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties, and the tribal reservations of the Kalispel Tribe of Indians, Spokane Tribe of Indians, and the Confederated Tribes of the Colville Reservation) to tackle health inequities throughout the region. We recognize that many poor health outcomes are linked to inequities like poverty, trauma, stigma, bias, and a lack of access to services like health care, housing, and transportation. These inequities are often rooted in the policies and procedures that govern our systems. BHT's Organizational Equity Assessment is one tool that individual organizations and our entire region can use to address inequity and disrupt barriers to better health for all.

This is the second time BHT has offered the Equity Assessment to partners in the region; the first was in 2019. The assessment contains questions about understanding of health equity, organizational commitments, and practices and culture related to equity in data, design and delivery of programs or services, and hiring and employment. Respondents are asked to evaluate whether they agree, disagree, or don't know if certain activities are taking place or conditions exist within their organizations. Emerging best practices tell us that the more people see an activity happening, the more likely it is to be held as an organizational norm.

### Report Contents

The remainder of this report is broken up into four sections:



Additional information and question-by-question results can be found in the Appendices.

**How to read the results**

BHT's Equity Assessment consists of 42 questions about organizational practices and policies, plus two short sections for organizational and individual demographics. Each question about organizational practices and policies has five response options which, for reporting purposes, are condensed into three categories: (1) Strongly Agree + Agree; (2) Disagree + Strongly Disagree; and (3) Don't Know + no answer given. Appendix B contains regional results for every question on the assessment in these categories.

We also created three color ratings to signal whether each policy or practice seemed to be an organizational or regional norm:

- **GREEN** when more than 75% of respondents answered 'Strongly Agree' or 'Agree' combined
- **YELLOW** when between 51% and 75% of respondents answered 'Strongly Agree' or 'Agree' combined **and** neither of the disagree/strongly disagree or don't know/no answer categories were more than 25%
- **RED** when 25% of more of the respondents answered 'Strongly Disagree' or 'Disagree' combined **or** answered 'I don't know' or did not respond.

See Appendix B for more information on the rationale for these thresholds.

# Participants

A total of 1,217 individuals from 57 different organizations participated in the 2022 Equity Assessment. That figure includes 80 partial responses, which were included in the analysis as long as at least one full section of the assessment was answered. Responses per organization ranged from a low of 1 (21 groups only had a single response) to a high of 391, meaning that one organization accounted for almost a quarter of total responses.[1] Nineteen organizations had at least 10 respondents. Twenty-four responses from BHT staff were also received but are not included in this report.

It is important to note that participation in the 2022 Equity Assessment was voluntary. BHT advertised the assessment broadly and encouraged our partners to take part, but it was not a requirement. The findings in this regional report reflect only the 57 organizations that took part, which were 45% of the organizations that we invited. Organizations were slightly more likely to participate if they have staff on the BHT board (50% participation rate) or if they took part in the 2019 assessment (61% participation rate). The organizations and staff at those organizations who chose to participate may be different from those who declined; for example, they may have opted to participate partly because they have a strong interest in or commitment to equity.

Appendix A shows the characteristics of participating organizations and individuals. Highlights include:

Among **organizations**:

- Almost 80% offer services in Spokane County, and 15% each in Ferry and Pend Oreille counties. The other three counties in BHT's region are less well represented. (Respondents may operate in multiple counties.)
- 35% work in the social determinants of health (SDoH) sector, 59% in behavioral health, 16% in physical health, and 13% in government agencies. (Respondents may operate in multiple sectors.)
- About a third of organizations can be considered small, meaning approximately 15 or fewer staff.
- Two-thirds of the 2022 organizational respondents also took part in the 2019 equity assessment.

Among **individuals**:

- A quarter of respondents had been with their organizations for less than 1 year and 50% for 1-5 years.
- Supervisors and leadership make up 12% and 10% of responses, respectively, whereas front line or clinical positions are almost 40% of the total.
- Demographic and lived experience questions were optional, but more than 90% of respondents completed these sections. 70% of respondents identified as female and 79% as white. Respondents could choose multiple race and ethnicity categories.
- 48% of those responding to the optional lived experience questions indicated at least one listed experience. Disability was most commonly selected (15% of those responding) followed by current or former housing instability (12%), and substance use / recovery (12%). 20% of respondents selected 'I'd rather not say.'

[1] We examined how responses from this organization affected the overall regional results. Only 3% of responses came from staff in leadership roles at this organization, compared to 10% overall. Leadership roles are correlated with higher agreement scores for most items, and the impact of the large organization on the overall regional score is to decrease agreement and increase 'I don't know' scores by between 1 and 7 percentage points per item.

# 2022 Results Overall

## Highlights

13 of 42 items received a **green** rating (75% or more agreement), 8 received a **yellow** score (50% - 74% agreement) and 20 received a **red** rating (at least 25% disagreement OR "I don't know" responses)


70% of regional respondents report that their organization has "the right amount" of focus on addressing health equity but only 53% felt able to describe their organization's health equity goals

97% of regional respondents agree that it is important to understand the beliefs and values of the community members their organizations serve.

### Health equity focus vs. Practice

Almost 70% of respondents reported feeling that their organization has "the right amount" of focus on addressing health equity. Eighteen percent said there wasn't enough focus, and 12% did not know. Despite this relatively positive general assessment, almost half of the survey questions about specific organizational practices and policies did not meet the 75% agreement threshold that would suggest those practices had become organizational norms (see Appendix B, "About the color ratings"). Questions about organizational commitment or actions to address the social determinants of health were generally seen more positively. For example, 79% overall agreed that staff at their organizations demonstrated a commitment to addressing social determinants.

### Personal understanding and organization-community connections

Overall, questions related to personal understanding of and commitment to health equity received the most positive responses. More than 75% of participants across all organizations agreed with statements such as "Being aware of my own beliefs, values, and privilege helps me understand others' perspectives in my work" and "I could explain examples of health inequities to my coworkers." Personal understanding of the social determinants of health increased 16% since the 2019 assessment. BHT's Equity 101 training series, which launched in 2020 and is ongoing, covered many of the concepts reflected in these questions, including health equity, social determinants of health, implicit bias, and white privilege.

Some questions related to how the organization interacts with the broader community also received strong agreement across the region; more than 75% of respondents agreed that the organization communicates and honestly with the community, takes steps to minimize barriers to participation, and is open to community feedback on its work.

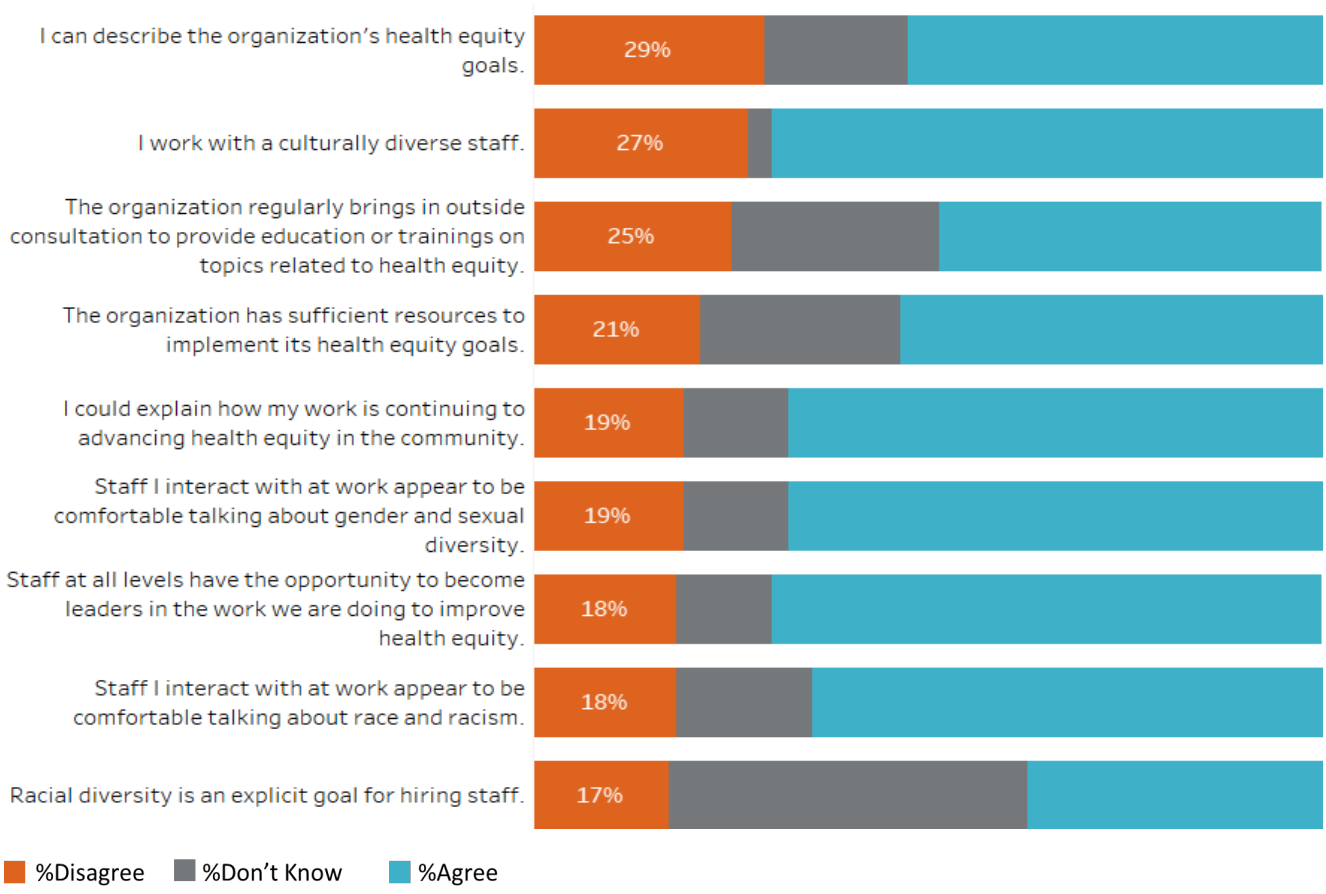
### PERCEIVED DIFFERENCES AMONG STAFF

Almost 80% of respondents agreed/strongly agreed that they themselves were comfortable discussing race & racism or gender and sexual diversity at work. But when asked about their colleagues, people were less confident; only 65-69% agreed that the "staff I interact with at work" were comfortable discussing those issues, and those two questions had higher-than-average levels of disagreement (18% and 19% disagreement/strong disagreement).

### COMMITMENT SOMETIMES OUTPACES CONCRETE GOALS AND RESOURCES

While more than 80% of respondents agreed that their organizations are supportive of many different cultural perspectives and demonstrate a commitment to addressing the social determinants of health, questions about organizational goals, resources, and employment practices had some of the highest level of disagreement.

Exhibit 1. Questions with the highest proportions of disagreement




Several of the statements in Exhibit 1 likely represent significant operational changes, such as adoption of modernized hiring practices, shifts in staff demographics, greater allocation of resources to health equity work, and openness to outside training & advice. As such, it is not surprising that these questions had relatively high levels of disagreement.

## AREAS OF UNCERTAINTY

Respondents had the option to answer 'I don't know' to any question on the assessment and did so fairly often: For 18 of the 42 questions (42%), at least a quarter of respondents selected that response.

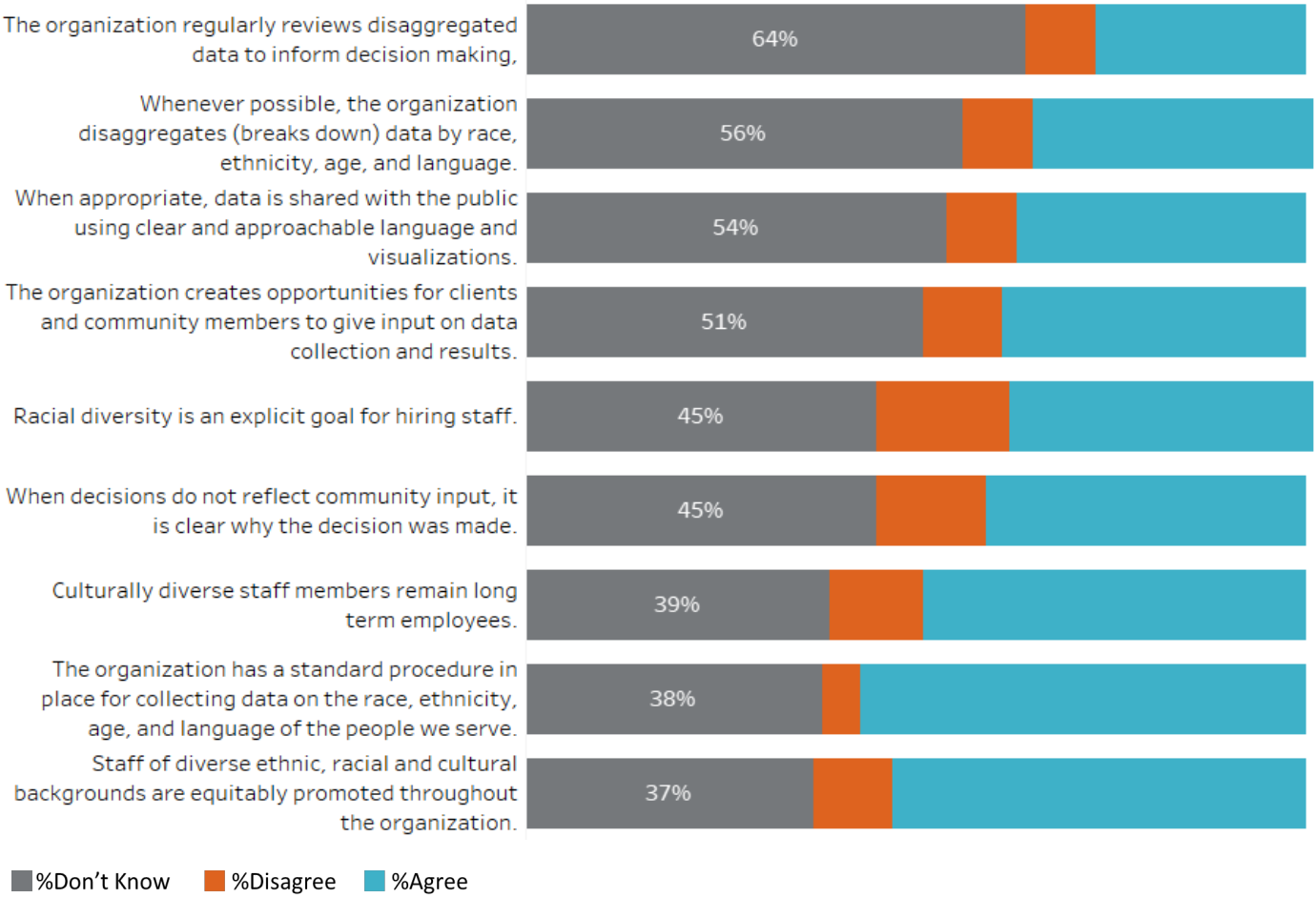
Questions related to equity in data practices were especially high in Don't Knows, presumably because working with data is a specialized role within organizations and almost 60% of respondents were in clinical, front line, or administrative positions. More than half of participants were unable to answer whether the organization examined data disaggregated by race, ethnicity, age, and language, or shared data with clients and community members. People were slightly more confident about data collection: only 38% did not know whether the organization had a standard procedure in place for collecting data on the race, ethnicity, age, and language of the people they served.

Other questions with a high proportion of 'I don't know' responses relate to HR practices and organizational decision-making, which may also be topics that fewer people are in positions to know well (Exhibit 2).

Given the frequency of 'I don't know' responses, it may be that more equity-focused practices or policies are in place at BHT region organizations than people know.

But awareness is an important part of operational norms, so questions with a high volume of 'I don't know' responses still receive a yellow or red color rating (see "How to Read the Results" on page 1).

Exhibit 2. Statements in the Top Quartile for % 'I Don't Know'



# Changes from 2019

## Highlights

**+10**

- Since the 2019 assessment, ten statements on the assessment saw an increase in agreement large enough to improve their overall rating (i.e. the rating color went from yellow to green, or red to yellow). No question dropped to a lower rating level.

- 16% more respondents say that they understand the social determinants of health
- 15% more respondents say their organization has sufficient resources to implement its health equity goals

### Interpreting differences

Participation in the equity assessment declined in 2022, when the assessment was completely voluntary (57 organizations and 1,217 individuals), compared to 2019 (81 organizations and 3,833 individuals), when it was a requirement for some organizations. Thirty-nine organizations participated in both years, but individual respondents at those organizations may not be the same. Demographic profiles between respondents from 2019 and 2022 were similar, with a higher percentage of respondents identifying as supervisor and leadership roles in 2019 (28% for 2019 vs 21% for 2022) and a larger percentage of respondents in 2022 selecting any non-white race or ethnicity (13% for 2019 vs 19% for 2022). Given these and other potential differences between 2019 and 2022 participants, changes in the regional results should be interpreted with caution. Appendix B shows 2022 results and change from 2019 for each statement on the assessment.

2019-2022 were years when racism and racial equity were prominent parts of the national conversation. BHT's board adopted an anti-racism position statement in June 2022 and many other groups in the region also responded. Since 2020, 40 organizations have completed BHT's Equity 101 workshop series. BHT also supported an Equity in HR learning cohort, incorporated equity components in our contracts with partners, and funded RFPs with equity and anti-racism focuses. This increased focus and awareness may have contributed to observed differences in the 2022 and 2019 equity assessment results.

### Improvements

A number of statements on the assessment saw more than a 10% increase in agreement from 2019 to 2022 (Exhibit 3). They represent a range of organizational practices, from hiring to accessibility to community engagement, as well as individual attributes such as personal understanding of health equity. Even some of the statements with relatively high levels of disagreement in 2022 nevertheless received more agreement this year than in 2019. For example, 54% of 2022 respondents agreed that their organization has the resources to implement its health equity goals vs. 39% in 2019. 54% also agreed in 2022 that community members with direct life experience provide input on decision making, vs. 40% in 2019.

BHT encouraged partners to implement equity-focused practices over the past few years via contractual requirements and equity-centered funding opportunities. For example, as part of our Medicaid transformation work, clinical partners integrated equity into their contract milestones, informed by the results of the first Equity Assessment. Examples of such milestones include assessing pay parity in organizational leadership positions across gender and race; educating staff about the effects of adverse childhood experiences, generational and historical trauma, and mass incarceration; and tracking the demographics of patients receiving medication assisted treatment for opioid use disorder to identify any gaps.

Exhibit 3. Statements with increases in proportion of agree/strongly agree greater than 10%, 2022 vs. 2019


### IMPROVEMENTS EVEN FOR LESS COMMON PRACTICES

Even a few statements with relatively high levels of disagreement or 'I don't know' responses in 2022 still saw substantial improvement from 2019. For example, 54% of respondents agreed that their organization had sufficient resources to meet its health equity goals in 2022, vs. 39% in 2019. 54% agreed that community members with lived experience or directly impacted by an issue provide input on the organization's decision making, vs. 40% in 2019.

### VERY FEW NEGATIVE CHANGES

Only a few statements received more disagreement or 'I don't know' responses in 2022 than in 2019, and differences were generally small. For example, 4% fewer participants agreed that "data is shared with the public using clear and approachable language and visualizations" in 2022 than in 2019.

**Are changes due to different organizations participating in the assessment in 2022 vs. 2019?**

16 out of 57 organizations involved in the 2022 Equity Assessment were first-time participants. Together they account for just 51 or 4% of individual respondents. To see whether the observed improvements from 2019 to 2022 were being driven in part by different organizations participating, we examined the 2019 to 2022 differences just among repeat organizational participants. We found **a few slightly larger improvements from 2019 to 2022** when the regional analysis was restricted to this group, but differences were only one or two percentage points and restricted to a small set of items.

# Differences by subgroup

## Highlights

Individuals in leadership and supervisor positions generally had the highest levels of agreement and fewer "I don't know" responses

SDoH sector respondents agree most often that equity practices or policies are in place at their organizations; respondents from the physical health sector agree least often.

Respondents with different racial or ethnic identities and diverse lived experiences have different perceptions of how common equity-focused conditions are at their organizations, sometimes more positive and sometimes less positive than White or dominant culture staff.

We disaggregated responses by various individual and organizational characteristics to look for substantial differences among the participants.

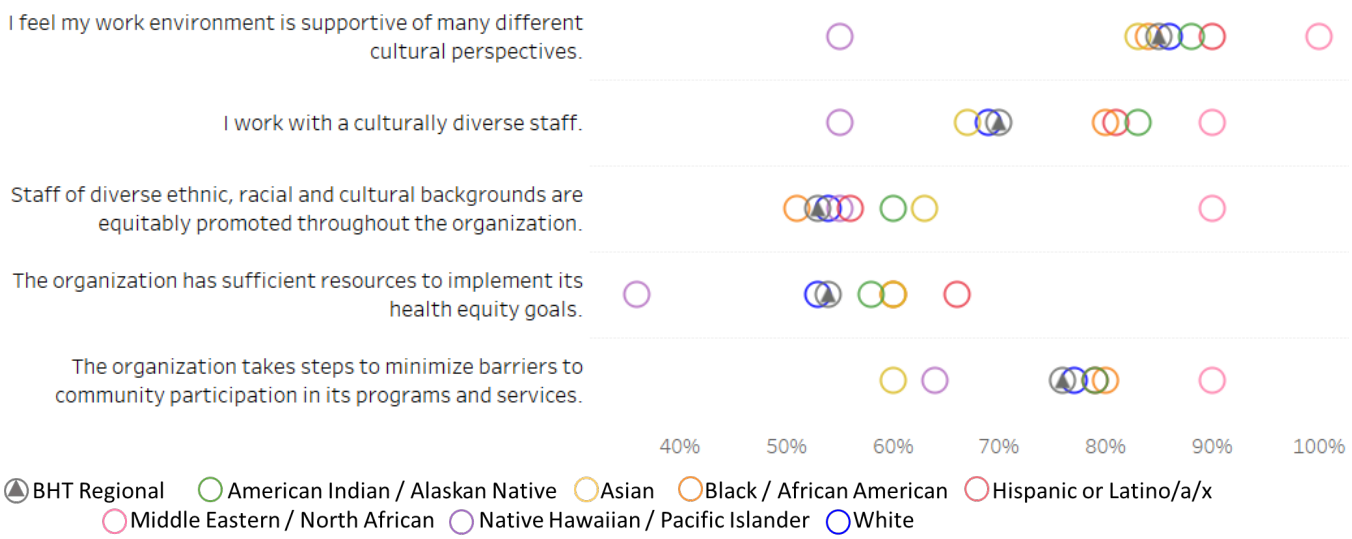
### Respondent race & ethnicity

Participants were invited (not required) to provide information about their racial and ethnic identities and were able to select as many categories as relevant. 883 (78%) of respondents selected White and 211 respondents (19%) indicated at least one race or ethnicity other than White (multiple races could be selected).

Examining responses across different groups, we observed variation on many questions, but differences were not always in the same direction. For example, respondents identifying as Black or African American were slightly more likely to agree that racial equity was an explicit goal for hiring in their organization (44% vs. 39% for the region as a whole) but a little less likely to agree that their coworkers were comfortable discussing race and racism (58% vs 65% for the region).

More often than not, Asian (N=30) and Native Hawaiian, Pacific Islander / Pasifika (N=11) individuals had lower levels of agreement about equity practices being in place, and those identifying as Hispanic or Latino/a/x (n=68), American Indian/Alaska Native (n=72), Black/ African American(N=55) or Middle Eastern / North African (n=10) had higher levels of agreement (Exhibit 4).

Exhibit 4. Percentage of agree/strongly agree by race/ethnicity for a selection of survey questions




### Respondent Role

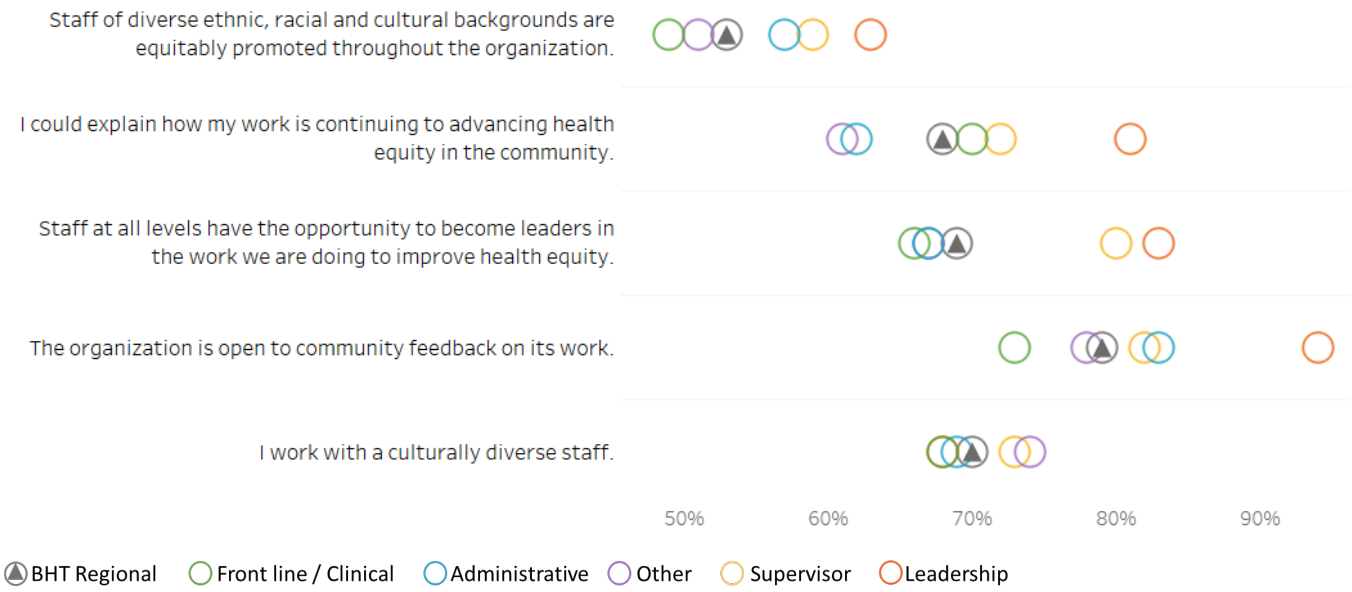
Individuals in leadership and supervisor positions—making up 22% of total responses—generally had the highest levels of agreement and fewer 'I don't know' responses than those in other roles (administrative, front line or clinical, and other).

We observed greater agreement among leadership/supervisors both for questions related to individual attitudes, such as "I could explain how my work is continuing to advance health equity in the community," and for questions about organizational practices that leaders might be expected to know more about than others, like "The organization is open to community feedback on its work." In some cases, the difference between leadership and those in other roles was 10 percentage points or more. On the other hand, individuals in front line / clinical or administrative positions tended to report lower levels of agreement.

21% of individuals selected 'Other' as their role and wrote in a wide range of positions including chef, billing specialist, peer counselor, nurse, building maintenance, and program manager. We did not attempt to re-assign these individuals to existing role categories.

For a few questions, such as "I work with a culturally diverse staff," agreement was similar across all roles (Exhibit 5).

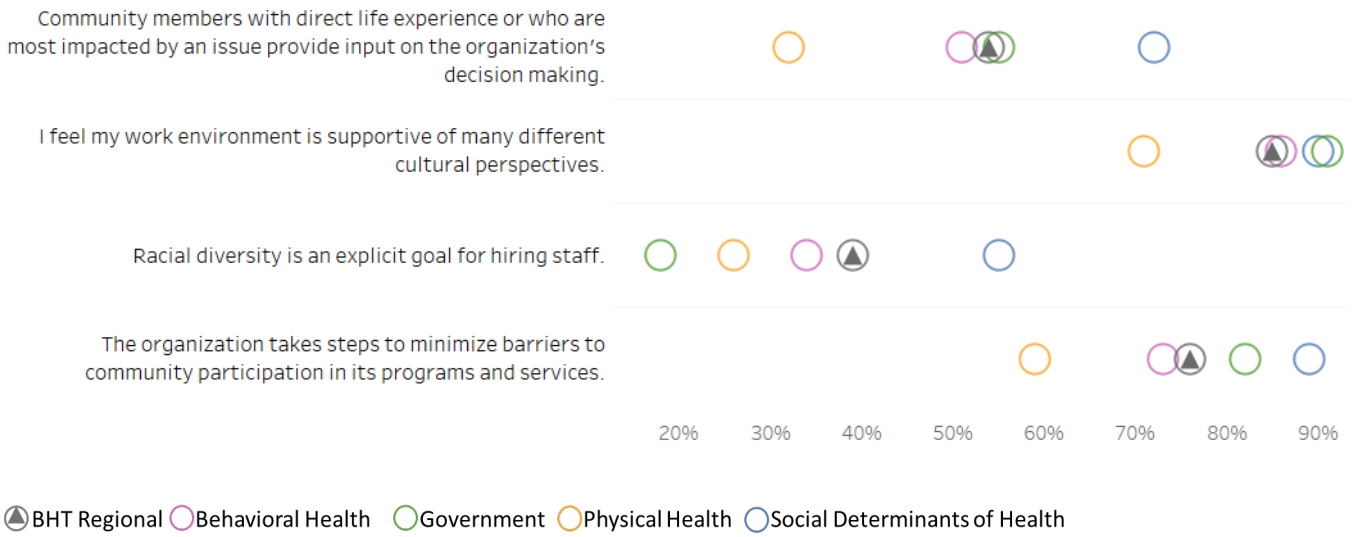
Exhibit 5. Percentage of agree/strongly agree by role for a selection of survey questions




## SECTOR

BHT categorized organizations based on the sector they were most closely associated with: primary care (13% of total respondents), behavioral health (59%), or social determinants of health (27%); see Appendix A, Table 1. Agreement on some questions, such as personal understanding of health equity, comfort talking about diversity, or "My organization has a written commitment to health equity," did not differ substantially by sector. But in many cases, respondents from SDoH organizations agreed that practices supportive of equity were in place more often than respondents working in physical or behavioral health. Agreement was generally on the lower end among respondents from organizations in the physical health sector.

Exhibit 6. Percentage of agree/strongly agree by organization sector for a selection of survey items



For example, 72% of SDoH sector respondents agreed/strongly agreed that community members with lived experience or direct impact gave input into organizational decisions, vs. 51% and 32% among behavioral health and physical health sector respondents, respectively. Respondents from SDoH sectors were no more likely to be in leadership/supervisor roles than those in other sectors, so role is unlikely to be driving the observed differences.

### LIVED EXPERIENCE

Respondents were also invited to report a range of different lived experiences, such as disability, substance use or recovery, or unstable housing / houselessness (see Appendix A, Table 2). Levels of agreement on the assessment varied less by lived experience than by race and ethnicity. More often than not, individuals reporting at least one kind of lived experience responded slightly more positively than the regional average. For example, individuals with any listed lived experience were a little more likely to report that their organization involved individuals with lived experience in decision-making (77% vs. 75%). But there were also exceptions. Individuals with lived experience of disability (n=169) or non-heterosexuality (n=115) were less likely to agree that their organizations communicated openly and honestly with the community (67% and 72%, vs. 77% regional average).

### OTHER SUBGROUPS

We examined the equity assessment results by several other individual and organizational characteristics.

- *Length of employment*: On a handful of questions, level of agreement varied based on how long the respondent had worked for their organization. For example, only 44% of those with 10+ years of tenure agreed that their organizations had the resources needed to implement health equity goals, vs. 58% of those with less than 1 year of employment. But for the most part, participants with different employment histories answered similarly.
- *County of service*: Respondents from organizations operating in Spokane were more likely to agree that their organizations had a written commitment for health equity/SDOH/cultural practices. They were also more likely to have interactions with different cultures and greater comfort discussing race/racism and gender & sexual diversity than those outside of Spokane. On the other hand, respondents working in smaller counties responded more positively about the organization's relationship with community and indicated a greater opportunity for all staff to lead equity work.
- *Populations served*: Participants from groups reporting a focus on communities of color were generally more likely to agree that equity-related practices or conditions were in place at their organizations. Respondents could indicate multiple focus populations.
- *Gender*: Differences were small overall, but men responded somewhat more positively than women on a number of questions. Those who preferred not to select a gender response (n=79, see Appendix A, Table 2) were somewhat less likely to agree that equity-related practices or conditions were in place.

## What's next?

As with the 2019 Equity Assessment, BHT will use the regional findings to help inform technical assistance offerings and provide support for organizational and regional equity efforts. Each organization with enough participating staff will also receive a report with their own results and the opportunity to walk through the report with BHT staff. We view this is an opportunity to further integrate health equity into our collective work and reach towards our vision of a region where every person can achieve their maximum health potential regardless of their identity, environment, or experiences.

# Appendix A

## Organizational and Individual Respondent Characteristics

Table 1. Organizational and individual attributes of survey respondents (N=1,217)

| Organizational attributes[1] | N | % | Individual attributes | N | % |
|---|---|---|---|---|---|
| **Sector[3]** | | | **Position** | | |
| Behavioral Health | 664 | 56% | Administrative | 245 | 20% |
| Physical Health | 160 | 13% | Front line / Clinical | 471 | 39% |
| SDoH | 316 | 27% | Leadership | 109 | 9% |
| Government | 23 | 2% | Other | 244 | 20% |
| | | | Supervisor | 148 | 12% |
| | | | | | |
| **County of service[3]** | | | **Length of Employment** | | |
| Adams | 7 | 1% | Less than 1 year | 281 | 23% |
| Ferry | 148 | 12% | 1-2 years | 248 | 20% |
| Lincoln | 47 | 4% | 3-5 years | 267 | 22% |
| Pend Oreille | 200 | 16% | 6-10 years | 206 | 17% |
| Spokane | 997 | 82% | More than 10 years | 215 | 18% |
| Stevens | 191 | 16% | | | |
| | | | | | |
| **Small organization** | 48 | 4% | **Race and ethnicity[2,3]** | | |
| | | | American Indian / Alaska Native | 72 | 6% |
| **Past assessment** | | | Asian | 30 | 3% |
| Participated in 2019 | 1179 | 96% | Black / African American | 55 | 5% |
| New in 2022 | 51 | 4% | Hispanic or Latino/a/x | 68 | 6% |
| | | | Middle Eastern / North African | 10 | 1% |
| | | | Native Hawaiian / Pacific Islander / Pasifika | 11 | 1% |
| | | | White | 883 | 78% |
| | | | Affiliation(s) or identity(ies) not listed above | 20 | 2% |
| | | | I'd rather not say | 107 | 9% |

[1] Organizational attributes are assigned to organization by Better Health Together

[2] Percentage is based on a total N of 1,137 survey responses from the optional Respondent Demographics section

[3] Organizations may operate in multiple sectors and counties; individuals may list multiple racial or ethnic groups.

Table 2. Additional Organization Characteristics and Individual Attributes from Survey Responses (N=1,217)

| Respondent's Organization[1] | N | % | Individual attributes[2] | N | % |
|---|---|---|---|---|---|
| **What kinds of services does the organization offer?** | | | **Age:** | | |
| Primary care | 290 | 24% | 15-25 | 71 | 6% |
| Behavioral health | 862 | 71% | 26-35 | 264 | 23% |
| Care coordination / navigation | 768 | 63% | 36-55 | 480 | 42% |
| Housing-related services | 646 | 53% | 56-65 | 176 | 15% |
| Education | 406 | 33% | 66+ | 56 | 5% |
| Culturally-specific services, please describe: | 130 | 11% | I'd rather not say | 63 | 6% |
| Other, please describe: | 185 | 15% | | | |
| | | | | | |
| **What populations does the organization focus on serving?** | | | **Gender Identity:** | | |
| N/A -- no particular focus population | 248 | 20% | Female | 801 | 70% |
| Youth | 563 | 46% | Male | 214 | 19% |
| Adults | 832 | 68% | Non-binary, Trans and other terms | 24 | 2% |
| Elderly | 629 | 52% | I'd rather not say. | 76 | 7% |
| Communities of color | 421 | 35% | | | |
| Other(s), please describe: | 226 | 19% | | | |
| | | | | | |
| **In which counties does the organization offer services or programming?** | | | **Lived Experience:** | | |
| Adams | 137 | 11% | Sexual orientation | 115 | 10% |
| Ferry | 214 | 18% | Current Medicaid user | 77 | 7% |
| Lincoln | 172 | 14% | First language other than English: | 43 | 4% |
| Pend Oreille | 272 | 22% | Urban Native | 31 | 3% |
| Spokane | 1070 | 88% | Person with a disability | 169 | 15% |
| Stevens | 284 | 23% | Currently or formerly houseless or unstably housed | 142 | 12% |
| Other counties or areas | 159 | 13% | Veteran status | 54 | 5% |
| | | | Foster involved | 51 | 4% |
| | | | Justice involved | 68 | 6% |
| | | | Substance use / In recovery | 141 | 12% |
| | | | Lived experience(s) not listed above: | 165 | 15% |
| | | | I'd rather not say | 223 | 20% |
| | | | Any Lived Experience | 541 | 48% |

[1] Respondent's Organization attributes are based on survey responses, individuals could select multiple options

[2]Percentage is based on a total N of 1,137 survey responses from the optional Respondent Demographics section. Individuals could select multiple items on the Lived Experience question.

# Appendix B

## Item-by-Item Results

Results are presented by survey question domain (table header) in the following format, where:

- 'Agree' represents the percentage of respondents answering 'Strongly Agree' or 'Agree',
- 'Disagree' represents the percentage of respondents answering 'Strongly Disagree' or 'Disagree',
- 'Don't Know' represents the percentage of respondents answering 'I don't know'

'Change in Score' indicates whether the color rating for the overall region results in 2022 was different than the assessment results from 2019, and in which direction. No arrow indicates no change in rating. 'NA' indicates a question not asked in 2019.

| N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|
| 1176 | 85% | 7% | 9% |  |  |

## About the color ratings

BHT framed our analysis and color-coded ratings based on "The 25% Revolution." This study looked at groups that all held the same opinion about something and then introduced people with dissenting opinions to see what percentage of the total group the dissenters needed to reach to have the influence needed to change the group's viewpoint. They found it was only 25%. CLICK HERE for a SCIENTIFIC AMERICAN article summarizing the study, or CLICK HERE to link to the full study itself.

The Equity Assessment results presented here are reflective of activities we would expect to be norms of behavior in an organization committed to advancing health equity. Using the 25% threshold, for something to be a majority viewpoint (or norm) the score would need to reflect that at least 75% of the group agrees or strongly agrees the behavior is normal within in the organization.

We created three color ratings to signal whether each policy or practice seemed to be an organizational or regional norm:

- **GREEN** when more than 75% of respondents answered 'Strongly Agree' or 'Agree' combined
- **YELLOW** when between 51% and 75% of respondents answered 'Strongly Agree' or 'Agree' combined **and** neither of the disagree/strongly disagree or don't know/no answer categories were more than 25%
- **RED** when 25% of more of the respondents answered 'Strongly Disagree' or 'Disagree' combined **or** answered 'I don't know' or did not respond.

Table 1. Regional Results: Understanding of Health Equity

| Question | N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|---|
| I understand what the social determinants of health are and how they impact physical and behavioral health outcomes. | 1176 | 85% | 7% | 9% | 🟢 | ↑ |
| I understand what health equity means. | 1176 | 85% | 8% | 6% | 🟢 | |
| I could explain examples of health inequities to my coworkers. | 1176 | 76% | 15% | 9% | 🟢 | ↑ |
| I could explain how my work is continuing to advancing health equity in the community. | 1176 | 68% | 19% | 13% | 🟡 | |
| I regularly have personally meaningful interactions with people of different cultures and backgrounds than my own. | 1176 | 81% | 16% | 4% | 🟢 | ↑ |
| I am comfortable talking about race and racism with the people I interact with at work. | 1176 | 79% | 16% | 6% | 🟢 | |
| Staff I interact with at work appear to be comfortable talking about race and racism. | 1176 | 65% | 18% | 17% | 🟡 | ↑ |
| I am comfortable talking about gender and sexual diversity with people I interact with at work. | 1176 | 79% | 16% | 5% | 🟢 | |
| Staff I interact with at work appear to be comfortable talking about gender and sexual diversity. | 1176 | 69% | 19% | 13% | 🟡 | |
| I work with a culturally diverse staff. | 1174 | 70% | 27% | 3% | 🔴 | |
| I feel my work environment is supportive of many different cultural perspectives. | 1174 | 85% | 10% | 5% | 🟢 | |
| Being aware of my own beliefs, values, and privilege helps me understand others' perspectives in my work. | 1174 | 95% | 3% | 2% | 🟢 | NA |
| I believe it is important to understand the beliefs and values of the community members served by my organization. | 1174 | 97% | 1% | 2% | 🟢 | NA |

Table 2. Regional Results: Organizational Commitment to Health Equity

| Question | N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|---|
| The organization has a written commitment to addressing health equity. | 1217 | 67% | 8% | 25% | 🔴 | |
| The organization demonstrates a commitment to addressing the social determinants of health. | 1217 | 82% | 7% | 10% | 🟢 | |
| Most staff members demonstrate a commitment to addressing the social determinants of health. | 1217 | 79% | 11% | 10% | 🟢 | |
| The organization has a written commitment to demonstrating respect for cultural differences and practices. | 1217 | 83% | 6% | 11% | 🟢 | |
| Staff at all levels have the opportunity to become leaders in the work we are doing to improve health equity. | 1217 | 69% | 18% | 12% | 🟡 | |
| I can describe the organization's health equity goals. | 1217 | 53% | 29% | 18% | 🔴 | NA |
| The organization has sufficient resources to implement its health equity goals. | 1217 | 54% | 21% | 25% | 🔴 | |
| The organization regularly brings in outside consultation to provide education or trainings on topics related to health equity. | 1217 | 48% | 25% | 26% | 🔴 | |
| The organization has made changes as a result of these conversations, trainings, or consultations. | 1217 | 52% | 12% | 36% | 🔴 | NA |

Table 3. Regional Results: Equity in Program or Service Design

| Question | N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|---|
| Program design at the organization reflects an understanding of the social determinants of health. | 1155 | 70% | 10% | 21% | 🟡 | |
| The organization regularly assesses the cultural and linguistic needs of the community it serves | 1155 | 64% | 12% | 25% | 🔴 | |
| The organization regularly assesses the physical accessibility to community participation in its programs and services. | 1155 | 66% | 10% | 24% | 🟡 | NA |
| The organization takes steps to minimize barriers to community participation in its programs and services. | 1155 | 76% | 8% | 16% | 🟢 | ⬆ |
| The organization creates and distributes oral and written information that is appropriate for the cultural, linguistic, and literacy needs in the community. | 1155 | 66% | 12% | 22% | 🟡 | ⬆ |
| The organization communicates openly and honestly with the community. | 1146 | 77% | 8% | 14% | 🟢 | ⬆ |
| The organization is open to community feedback on its work. | 1146 | 79% | 7% | 14% | 🟢 | ⬆ |
| Community members with direct life experience or who are most impacted by an issue provide input on the organization's decision making. | 1146 | 54% | 14% | 32% | 🔴 | |
| When decisions do not reflect community input, it is clear why the decision was made. | 1146 | 41% | 14% | 45% | 🔴 | |
| The organization advocates for public policies that address social determinants of health that impact our clients and community members. | 1146 | 65% | 7% | 29% | 🔴 | |

Table 4. Regional Results: Equity in Hiring and Employment

| Question | N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|---|
| The organization actively recruits diverse staff for open positions. | 1142 | 63% | 12% | 25% | | |
| Racial diversity is an explicit goal for hiring staff. | 1142 | 39% | 17% | 45% | | |
| Requirements for positions allow for relevant community experience in place of educational degrees. | 1142 | 56% | 16% | 28% | | |
| Culturally diverse staff members remain long term employees. | 1142 | 49% | 12% | 39% | | |
| Staff of diverse ethnic, racial and cultural backgrounds are equitably promoted throughout the organization. | 1142 | 53% | 10% | 37% | | |

Table 5. Regional Results: Equity in Data

| Question | N | Agree | Disagree | Don't Know | Score | Change in Score |
|---|---|---|---|---|---|---|
| The organization has a standard procedure in place for collecting data on the race, ethnicity, age, and language of the people we serve. | 1137 | 57% | 5% | 38% | | |
| Whenever possible, the organization disaggregates (breaks down) data by race, ethnicity, age, and language. | 1137 | 36% | 9% | 56% | | |
| The organization regularly reviews disaggregated data to inform decision making, | 1137 | 27% | 9% | 64% | | |
| The organization creates opportunities for clients and community members to give input on data collection and results. | 1137 | 39% | 10% | 51% | | |
| When appropriate, data is shared with the public using clear and approachable language and visualizations. | 1137 | 37% | 9% | 54% | | |