



2022 BHT Equity Assessment Frequently Asked Questions (FAQs)

What is health equity?

We achieve health equity when institutions support every person in reaching their individual full health potential so that no person experiences negative health outcomes as a result of identity, environment, or experiences. We recognize that many of the poor health outcomes in our region are linked to unfair or unjust conditions - inequities like poverty and trauma, stigma and bias, lack of access to services like health care, housing, and transportation, just to name a few. These inequities are often deeply rooted in the policies and procedures that govern our systems, so it is vital that each one of us, as members of organizations that make up the regional health system, look internally for opportunities to disrupt these barriers to better health.

What is the goal of this survey? Why should my organization participate in the equity assessment?

For your individual organization, this survey can serve as a baseline, data point, and/or conversation starter to inform your equity journey. The results may be helpful in demonstrating your organization's commitment to equity and identifying areas for growth. Results might also be a resource as you apply for grants, develop partnerships, and undertake strategic planning processes. For the six Better Health Together counties, this survey will provide perspective that we can use to inform our equity work region-wide. Additionally, Better Health Together will use the results to inform future technical assistance offerings.

Didn't we take this survey a few years ago? Why are we doing it again?

Better Health Together administered a similar Health Equity Assessment in 2019. We know that equity commitments and barriers to equity have changed since that time. The 2022 Health Equity Assessment is one tool that individual organizations and our entire region can use to inform our work and continue pushing us to identify and implement sustainable, community-driven decisions that advance health equity.

Who is eligible to complete this survey?

All Better Health Together partners are invited to participate. For some organizations, participation is part of a BHT contract requirement. All participating organizations should have as many staff complete the survey as possible, including team members at every level of the organization.

My organization is not a health care organization. Should I still take this survey?

Yes! What we know about social determinants of health tells us that organizations supporting people with housing, food, transportation, jobs, community support, education and much more play a role in determining people's health. Even if you are not explicitly health-focused, we believe social service organizations will benefit from taking this survey to think about how the work they do supports health equity.

Which staff members should take the survey? How many people need to participate?

Organizations should have as many staff complete the survey as possible, including team members at every level of the organization. The more representative the participation, the more useful the results will be for understanding where your organization is on its equity journey.

In order to protect the anonymity of participants Better Health Together will only provide organization-level results to those that have more than 10 people complete the survey. Please work to ensure that at least 50% of staff participate so the results can be most useful to you

What can I do to increase participation from my organization?

Get creative, and let BHT know if there are ways that we can support your efforts! Here are a suggestions:

- Send regular email reminders to staff with the survey link.
- Reserve 20 minutes at a staff meeting for all staff to complete the survey on their smart phones or laptops.
- Offer a raffle or incentive for complete surveys. Even a raffle for a \$5 coffee gift card can be a strong motivator.

How can I find out how many of my staff have taken the survey?

Your staff can print out their completion page at the end of the survey and share it with you. You can also contact EQA@betterhealthtogether.org to request the number of completed assessments by members of your organization.

When can we expect results?

The assessment will close on Friday, October 28. BHT will analyze responses and send a scorecard with aggregated results and equity-related resources and opportunities to each organization in the first quarter of 2023.

How can we learn more about region-wide results?

BHT will hold a webinar in the first quarter of 2023 to share region-wide results and discuss next steps. Please stay tuned for the exact date and registration details.

My organization wants to deepen our equity commitments and practices. What are next steps for us and how can BHT offer support?

BHT staff members are available to review results with organizations, share relevant resources, and recommend next steps. Additionally, BHT continues to grow and evolve the level and types of technical assistance we offer. We will use Assessment results to inform this work going forward.

Will BHT be offering the assessment again in the future? Periodically going forward?

Yes. This is our second time offering the Equity Assessment. Going forward, we plan to offer it periodically (exact cycle still to be determined) as part of our investment in learning, growing, and improving health equity across the region.

Definitions

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This relates not just to healthcare but also to housing, food, transportation, social connections, and other aspects of well-being.

Health Equity: A state of being where every person has the optimal opportunity to reach their full health potential, regardless of identity, environment, or experiences.

Social Determinants of Health: Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. Examples include access to health food, housing, and education.

Formal Conversations or Trainings: We recognize this might look different from organization to organization. For these purposes, formal conversations are intentional learning opportunities. They could be hosted by the organization or outside subject matter experts; either way, the organization supports and prioritizes staff attendance.

Disaggregate: to look at differences by group such as race, class, and other categories.

Racism: Racism is not just when a person treats someone else differently because of their race. Racism is a belief that race is the primary determinant of human capabilities and that racial differences produce an inherent and unjust superiority of a particular race. Racism is a public health crisis that has resulted in avoidable and unjust health outcomes for people of color for over 400 years.

Behavioral Health: A broader term that is inclusive of mental health and substance use disorders, as well as overall psychological well-being.