MEASURING PERFORMANCE TO ADVANCE EQUITY

OFFICE OF HEALTH EQUITY
COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT

WHO
The Colorado Office of Health Equity developed this handout to spark ideas for program evaluators and/or project managers with interest in measuring equity efforts.

WHAT
To measure whether or not an agency, program, or project is helping to create conditions for equitable outcomes. This guide is not intended to address every possible equity measure; rather, it pulls together resources to start important conversations, and ultimately lead to actionable and measureable items for advancing equity and social determinants of health. Consider reviewing portions of this handout with a group of peers.

WHY
It can be difficult to know how to operationalize equity efforts, thus complicating how to measure those efforts. We should measure that which will help us improve our work and increase impact over time to ultimately decrease inequities. In other words, "What we measure often defines how we see the world."[1]

HOW IS THIS HANDOUT STRUCTURED?
Outcome measures indicate the impact or value to the end-user, whereas process measures indicate if an intervention is on track to have the intended impact (the right steps to get there). This guide is broken up into two sections: the first section is focused on performance measures to ascertain if day-to-day operations are on track to advancing equity. The second section is a general overview on creating measures to advance equity and is more relevant to designing program evaluation questions and tracking population-level outcomes over time. For further information on integrating equity into every step of the evaluation process, please visit RacialEquityTools.org[2] and click on the "Evaluate" tab.

Part 1: Sample Process (performance) Measures for Advancing Equity

Sometimes it can be difficult to gauge if we're on the right track to advancing equity in our day-to-day work. Here is a list of sample performance measures to ensure it is embedded in your agency/project's core functions. This list is not exhaustive, but rather intended to spark ideas. When identifying measures, the aim is to understand how much you're doing to advance equity, how well you're doing it, and if anyone is better off as a result.

Important Notes

- Each measure needs to be crafted into a SMART objective (Specific, Measureable, Achievable, Realistic, and Time-bound).[3] For example, "By 2018, 90 percent of staff agree that our agency has clear expectations for how we work with the community."
- These measures need to be tailored to fit your agency/project's readiness, while also advancing equity. Target counts and percentages should be challenging, but not impossible. They can be used to track progress year over year and can help answer Where are we now and where do we want to go? When determining whether to use percentages or counts, keep in mind that a lower sample size can easily result in a high percentage, whereas a count doesn't necessarily indicate quality.
- Some measures require more time than others to track. If your agency already administers the BARHII Organizational Assessment[4], you may be able to add some of the measures below to survey staff at the same time and cut down on administrative time.

Staff Capacity Building

These indicators explore whether agency staff have skills and knowledge to advance equity.

- # of staff who…
    - Have attended a training/workshop on health equity [best to specify if it's an intro or more advanced training]
        - Used skills/knowledge they learned at least once within 3 months of the training/workshop
    - Believe the agency has strategies in place to advance equity, including strategies to address environmental, social, and/or economic conditions that impact health inequities.
    - Can identify examples of institutional and structural racism/ discrimination
    - Feel they have the skills to apply equity and justice to their work
- # of supervisors/managers who attend training on supporting teams to advance health equity
    - # of attendees who used skills/knowledge they learned at least once within 3 months of the training/workshop

Organizational Culture

These indicators explore social norms, practices, and policies that affect the agency workforce.

Workforce diversity and development

- % of subject matter reviewers in screening process who successfully complete the Harvard Implicit Association Test[5] (IAT) to identify their biases.
- % of interview/ hiring panels that have diverse reviewers ["Diverse" could be based on different types of demographics]
- % of workforce that reflect your jurisdiction's 2030 projected workforce demographics
- % of leadership workforce that reflect your jurisdiction's 2030 projected workforce demographics
- % increase in employee engagement through feedback [from periodic surveys or focus groups]

Employee attitudes and perceptions

- # of times agency leadership speaks clearly about structural discrimination and the effects of social exclusion, either to internal staff or publicly
- % of staff who agree that in the last year their section has engaged in group discussions about how their work could advance equity or justice
- % of staff who agree that advancing equity or justice is part of their job
- % of staff who agree the agency supports its partners in their efforts to advance equity

Agency process and procedures

- % of individual employee performance goals that incorporate equity or justice (usually part of the annual review process)
- # of agency performance measures that use quality improvement principles to continuously improve policies, processes, and programs specifically to advance equity
- # of times staff meet to promote peer-to-peer learning and spread successes in advancing equity
- # of major policy, planning, practice, or budgeting decisions for which an equity impact assessment is used (measured at least annually).
- Government jurisdiction (county commissioners, mayor or governor) signs a health in all policies[6] ordinance. [This is more of a goal, but some process measures could lead up to the goal]
    - # of working relationships/ MOU's with agencies or sectors such as housing, education, corrections, economic development, public safety, etc.
        - # of times health is considered in a decision-making process by one of these partners
- # of times the agency assesses the state and local policy context for the social and economic factors that contribute to or decrease health inequities.
- # of times public policies (that are not traditionally public health or health care policies) are identified that make the link to health each year

Local Voice (Community Engagement)

These indicators[7] explore whether the agency designates enough time and creates avenues for meaningful participation of communities of color, and others experiencing health inequities in project governance and oversight. Community Member is defined as a member of the affected/priority population (e.g. families, youth, women). For more information on Community Engagement, please see the Office of Health Equity guide titled Authentic Community Engagement to Advance Equity.[8]

- Rating of amount of community member participation by program evaluator (scale of 1 to 5, with 1 being not a lot and 5 being total participation)
- Rating of quality of community member participation by program evaluator (scale of 1 to 5, with 1 being not a lot and 5 being total participation)
- Was an assessment completed to understand the agency/program needs according to the community engagement continuum[9]?
- # of staff hours spent on community engagement planning, implementation, and evaluation
- % of community members who agree or strongly agree on having a clearly defined role (self-report Likert scale from community participants on boards or advisory committees)
- % of community members who agree or strongly agree on Working Together survey[10] "trust" items
- # of partnerships built with community leaders to support a community initiative, e.g. affordable housing
- # of times the agency/program shares the evaluation results of our community engagement efforts with community partners
- % of staff who indicate that it's routine practice to tell community leaders and/or community based organizations what changes were made as a result of their input
- % of staff who agree that the agency/ program has clear expectations for how they work with the community

Connecting through communications

These indicators explore the agency's effort to tell the story of what creates health (i.e. the social determinants of health).

Data acqusition, analysis and dissemination

- # of times analyses is conducted using tools such as health impact assessment to examine and demonstrate impact on health inequities across sectors.
- # of times the agency formats and communicates data findings so that they are useful for action by all sectors, community stakeholders, and at all levels of government [as perceived by these external stakeholders]
- % of reports that incorporate one or more of the social determinants of health in its data analysis
- % of reports that stratify data across population groups, e.g. race, zip code, language

- % of data staff who indicate that engaging community leaders and/or community organizations is routine practice…
    - in determining what data to collect
    - in interpretation of data
    - in communicating data findings
- # of times the agency utilizes a tool such as the WHO CSDH Framework[11] for planning purposes, such conducting health needs assessments and program logic models

Agency communications

- The agency can demonstrate improved communication and outreach to communities of color, LES communities, and low-income communities through…
    - increased number of translated documents and materials
    - increased number and quality of outreach activities over the previous year
    - An increase in the participation level of community residents/ partners at recurring or annual activities.
- % of community members from impacted population who feel the agency's communication methods are effective
- # of social media messages on what creates health (socioeconomic factors)
- % of agency budget that is allocated for translations and/or interpretation for community events

Contracts, procurement, grant making and applying for grants

These measures explore the type of funding coming into and leaving the agency (if the agency grants funding).

- Grant-writing (to obtain funding and support for advancing equity)
    - % of budgets that have line items for equity activities
        - Among the budgets that have line items for equity activities, % of overall budget
            - Example line items include: funding to train staff in equity concepts, holding stakeholder engagement meetings, or compensating community members for their participation
    - # of grants written with evaluation measures that answer at least one question related to health equity, such as:
        - If and how the effectiveness of programs in reducing racial/ethnic disparities is assessed
        - If and how social determinants of health are addressed
        - If and how successful strategies or approaches to advance equity are shared
        - If and how successful partnerships across sectors and with community are built
        - If and how the project built upon or incorporated previous inclusion efforts in the community
        - If and how cultural competency was ensured among grantee staff working with the priority population

    - # of grants written with evaluation measures that incorporate community-based participatory research or community residents into the collection, design, interpretation, and dissemination of evaluation findings

- Grant-making
    - # of solicitation processes where data is used to identify who is eligible for funding, e.g. the most vulnerable populations
    - # of programs that can report an annual increase in the number of community-based organizations and small, minority-owned/women-owned/ veteran-owned businesses servicing its external contracts, consistent with state and federal laws
    - % of new, agency-initiated RFPs/RFAs are developed with input from the communities they are intended to impact

While some of these practices may seem cumbersome, remember that just because something can be measured, doesn't meant that it should be measured. Rather, we should measure that which will help us improve our work and increase impact over time. You are encouraged to engage in further exploration of measuring equity through dialogue and practice!

Sources

1. http://www.sustainablemeasures.com/Training/Indicators/Lookat.html
2. Racial Equity Tools
3. Develop SMART Objectives. CDC, Public Health Information Network Communities of Practice.
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5. Project Implicit. 2011.
6. Georgia Health Policy Center. Health in All Policies.
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8. Authentic Community Engagement to Advance Equity. Colorado Office of Health Equity. 2017.
9. Community Engagement Spectrum: Continuum and Examples. King County.gov.
10. Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference, 1st ed., by David D. Chrislip and Carl E. Larson, San Francisco: JosseyBass, 1994.
11. A Conceptual Framework for Action on the Social Determinants of Health. World Health Organization. 2007.