



BUILDING ORGANIZATIONAL CAPACITY TO ADVANCE HEALTH EQUITY



ORGANIZATIONS ENGAGE IN MANY PRACTICES - BOTH WITHIN AND BEYOND THEIR WALLS - THAT CAN INFLUENCE THEIR IMPACT ON HEALTH EQUITY. EACH OF THESE PRACTICES (E.G., HIRING DECISIONS, RESOURCE DISTRIBUTION, STAFF TRAINING) REPRESENTS AN OPPORTUNITY TO IMPROVE HEALTH FOR ALL. CONSIDER THESE IDEAS TO ENHANCE YOUR ORGANIZATION'S CAPACITY TO ADVANCE HEALTH EQUITY.



Establish an Institutional Commitment to Advance Health Equity

Create or clarify your commitment by writing health equity goals into critical documents such as mission statements and strategic plans. Support your written commitment with action by establishing permanent structures, such as workgroups or staff positions, to improve health equity practices. Create other informal systems to empower staff to identify and contribute to health equity-related improvements. Additionally, consider conducting an organizational assessment (e.g., Bay Area Regional Health Inequities Initiative Organizational Self-Assessment Toolkit²²) or review your organization's policies and practices for potential modifications.

Where Possible, Align Funding Decisions with Your Commitment to Health Equity

Establish or revise processes for seeking, distributing, and using resources. Establish a clear understanding of community needs before seeking resources. This will ensure the most efficient use of time and resources. Before distributing funds, make health equity a clear component of funding expectations and requirements to guide the actions of those receiving the funds (e.g., require hiring and collaborating with representatives from underserved communities, require health equity training, develop criteria for prioritizing interventions based on need). Also, consider distributing funding opportunities among non-traditional partners and conducting trainings to build capacity of potential applicants.

Be Deliberate in Recruiting and Building Staff Skills to Advance Health Equity

Reexamine and expand recruitment efforts through outreach to members of professional affinity groups and specific cultural networks. Bring in new skills and perspectives by making experience working with underserved populations a priority in job qualifications, and widely distributing job announcements with an aim toward engaging staff with skills addressing health equity. Additionally, facilitate ongoing training and dialogue among staff and management to help make cultural competency and health equity a part of standard operating procedures.

Track and Capture Health Equity Efforts in Training and Performance Plans

Establish expectations that staff and management engage in activities designed to advance health equity (e.g., training requirements, workgroup participation). Hold staff accountable for these activities in training or performance plans. These expectations may help shift the culture and clarify everyone's role in advancing health equity.



Integrate Health Equity Into Your Services and Resources

Get feedback from community members to ensure services and resources are culturally and linguistically appropriate. Modify services, as needed, to make them more convenient for community members (e.g., bundle services to reduce number of visits, adjust service hours). Continually find ways to improve efforts by tracking those who are benefiting from your services and resources. Also, identify those who are not participating and the reasons for this lack of participation. Ensure anticipated improvements are shared with community members to reinforce partnerships and relationships.

Establish Multi-Sector Collaborations and Relationships with Diverse Communities

Addressing the complexities of health inequities is beyond the scope of any one organization or entity. To build the trust needed to advance health equity, develop multi-sector partnerships and relationships with communities affected by health inequities.

“WE ARE ACTIVELY WORKING TO STRENGTHEN OUR STAFF AND ORGANIZATIONAL CAPACITY TO ADDRESS HEALTH INEQUITIES. THIS INCLUDES ENSURING OUR INTERNAL WORK IS ROOTED IN THE PRINCIPLES OF SOCIAL JUSTICE AND THAT OUR ORGANIZATIONAL CULTURE SUPPORTS STAFF IN BEING INNOVATIVE, CREATIVE, PASSIONATE, AND ACCOUNTABLE. BUILDING OUR INTERNAL CAPACITY HELPS US DEVELOP STRONG PARTNERSHIPS, ENGAGE IN POLICY CHANGE, CONDUCT INNOVATIVE DATA COLLECTION AND ANALYSIS, ENSURE OUR PROGRAMS AND SERVICES MEET THE NEEDS OF COMMUNITIES, AND WORK IN TRUE PARTNERSHIP WITH COMMUNITIES IN ALAMEDA COUNTY.”²¹

— Alameda County Department of Public Health Website



MPHD Staff members participating in a training on community-based focused conversations.

Changing the Way They Work to Advance Equity—Nashville and Davidson County, TN

Metro Public Health Department

To effectively address existing health inequities, Metro Public Health Department (MPHD) leadership started changing the way they worked. The following highlights some of the actions they took to build their capacity to advance health equity:

- MPHD built health equity into its Departmental Strategic Plan in order to institutionalize such work throughout the organization. Additionally, in 2012, MPHD's Director of Health issued a directive to all staff to incorporate equity as a decision filter in all policy, programmatic, and practice activities.
- MPHD established organizational structures, such as a department-wide Equity Work Group to support the department in attaining its goals and to ensure continued competency and capacity building.
- MPHD instituted various professional development and learning experiences to support and advance individual competencies and organizational capacity to promote health equity. These experiences included assessing individual biases; understanding the impact of individual biases on practice; and understanding how societal and structural biases, racism, and diversity impact health status.
- MPHD worked to build a team of diverse staff who were reflective of and understood the community by incorporating a health equity perspective in its hiring practices. Recruitment and interviewing processes were modified to hire staff who demonstrated an understanding of health equity and how it translated to practice.
- MPHD continues to foster long-standing relationships with organizations that serve and work with communities affected by health inequities. These partnerships are mutually beneficial and have helped MPHD more effectively understand and connect to populations of greatest need.

Through these actions and other efforts, MPHD continues to incorporate a health equity focus in everything they do.

QUESTIONS FOR REFLECTION: Organizational Capacity



1. Where are we now?

- How do our current organizational policies and practices facilitate or inhibit us from advancing health equity?
- What is our organization's stated commitment to health equity? Is this commitment documented and widely understood?

2. How can we institutionalize our organizational commitment to advance health equity?

- What process (e.g., organizational assessment) can we implement to review current policies and practices in relation to our health equity commitment?
- How can our current infrastructure be enhanced to create accountability and provide guidance on our health equity commitment?
- What expectations and opportunities exist for staff to make health equity a part of their daily work?

3. How can funding decisions advance our health equity efforts?

- How do the funds we typically seek align with identified health equity needs in the community?
- When distributing funds, what funding guidelines or requirements need to be in place to ensure recipients address health equity?

4. How can we build a skilled and diverse workforce committed to health equity?

- How do our recruitment efforts support or hinder us in building a diverse staff and management team committed to health equity?
- How can we add or enhance our training activities to ensure staff and management share a common understanding of the complexities of health inequities and have the skills to advance health equity in their work?

- How can we better align staff performance to health equity practice?
- How can we build accountability for advancing health equity into the performance plans of staff and management?

5. How can we integrate health equity into our products and service offerings?

- What are the cultural and linguistic preferences of our community members? How can we revise our services and resources to accommodate those preferences?
- What structural and operational modifications are needed for our services to be more accessible and of better quality?
- How are we tracking and evaluating our efforts to determine if populations experiencing health inequities are benefiting from the services or resources we provide?

6. How can our partnerships and community outreach efforts help to advance health equity?

- What existing partnerships do we have with organizations serving populations experiencing health inequities?
- What new partnerships should we consider exploring to fulfill our commitment to health equity?
- How is our organization perceived in the community?
- How can we build better connections to and collaborations with populations experiencing health inequities?

7. What are our next steps?

- What can we do differently to improve or enhance our organization's capacity to advance health equity?
- What is our plan of action to implement those changes?