



EQUITY IMPACT ASSESSMENT (EIA)

2023 EVALUATION REPORT





Executive Summary

Background

In 2020, as part of Governor Whitmer's Executive Directive, Addressing Racism as a Public Health Crisis, the Michigan Department of Health and Human Services (MDHHS) Office of Equity and Minority Health (OEMH), proposed and conducted a demonstration of an Equity Impact Assessment (EIA) in three (3) work areas. They were the Economic Stability Administration (ESA); Behavioral, Physical Health, and Aging Services Administration (BPHASA); and Bureau of Children's Coordinated Health Policy and Supports (Children's Services). To conduct the EIA, MDHHS-OEMH selected and adapted the Government Alliance for Race and Equity's (GARE) Racial Equity Tool and developed a program that included the following components, programmatic evaluation, three foundational trainings and six technical assistance sessions with objectives and competencies, coaching sessions, reporting templates to track progress, and a peer-to-peer learning cohort model for cross-learning. To implement the EIA, 3-7 member teams were convened from each work area. During implementation, the three teams participated in an EIA technical assistance (TA)/coaching process designed and delivered by the programming team of OEMH. Additionally, a comprehensive process and outcome evaluation was designed and conducted by a team comprised of staff from Michigan Public Health Institute (MPHI) and Public Research and Evaluation Services (PRES).





The EIA Process for MDHHS

The EIA process was guided by a theory of change and logic model which focused on “strengthening the capacity of demonstration sites to use equity tenets to make decisions and develop and implement practices, procedures, and policies that incorporate an equity lens.”

To address the EIA process, TA/coaching focused on the following ten topics:

1. **EIA Training Part 1** – Health Equity and Race Equity Foundations
2. **EIA Training Part 2** – Implementing the EIA Process
3. **Exploring Implicit Bias** in Equitable Decision Making
4. **EIA TA Session** – Data Collection and Interpretation
5. **EIA TA Session** – Root Cause Analysis and Problem Statement
6. **EIA TA Session** – Engagement of Priority Populations and Partners
7. **EIA TA Session** – Proposal (Consensus Workshop)
8. **EIA TA Session** – Testing and Data Analysis (including SMART Objectives)
9. **EIA TA Session** – Standardization, Accountability, and Sustainability
10. **Peer to Peer** Learning Cohort

Also, with technical assistance from the evaluation team, each of the three demonstration sites created their own theories of change and logic models around their selected problem statements. These statements were selected based on disparity data noted in each of the specific work areas and for which they would design an intervention.



Process and Outcome Evaluation

The process evaluation examined implementation of the EIA, which primarily focused on activities and interventions to improve service delivery. The logic model, competencies, and timelines were frequently reviewed at project meetings to determine if implementation was aligned with what was proposed.

Specifically, the evaluation and programmatic teams reviewed activities, interventions, and the timeline to improve the TA/coaching structure and competencies, reviewed evaluation reporting and sustainability activities, and prepared for the EIA expansion. This aspect of the evaluation was integral in planning for replication, preparing for the pilot, and supporting sustainability efforts.

The outcome evaluation examined whether the EIA demonstration resulted in changes in participants' self-perception of their knowledge and ability use equity tenets in decision-making and in the development and implementation of practices, procedures, and policies.



Findings

The evaluation of the EIA demonstration process found that overall, participants experienced growth in the short-, medium-, and long-term competencies aligned with each session. The short-term measures examined participants' perceived changes in awareness, knowledge, and capacity and attitudes, beliefs, and perceptions. Across the sessions, the majority of participants strongly agreed or agreed that they could complete the short-term tasks listed. For instance, on 6 of the 9 sessions, 100% of respondents indicated they could report on inequities within the four levels of advantage and disadvantage. Medium-term indicators were based on perceived changes in skills. Post-session evaluation data found that an average of 83% of respondents strongly agreed or agreed that they could complete the medium-term tasks specified. As an example, after 4 of 9 sessions, all participants (100%) felt they could "Utilize culturally competent strategies to foster shared decision-making and engage priority populations, directly impacted communities, gatekeepers, and other partners..." The long-term measures were behavior change/decision making in relation to practices, procedures, and policies. Where sufficient time had passed to evaluate these long-term measures (i.e., 1-3 years post trainings), data revealed that participants were making progress in applying and mastering them. For example, on 4 of 9 post-training evaluations, 100% of respondents felt they could complete tasks showing mastery of long-term competencies such as creating a personal workplan to address the history of privilege and oppression and systemic inequities in their work area.

As part of the process and outcome evaluation, EIA participants' perspectives were measured in April 2022, almost one year from when the demonstration process launched. Data showed that 92% of respondents (n=12) strongly agreed or agreed that the EIA process is helping to accomplish the Governor's goal of addressing racism as a public health crisis. An overwhelming majority, 82%, strongly agreed or agreed that they had gained an increased desire to address inequities. Additionally, 92% of participants strongly agreed or agreed that the sessions increased their understanding or would help them become more competent in learning the EIA process or its components. When asked, 75% of respondents reported that they could better accomplish the work of the EIA process with more time.

Background

Created as part of a larger response to Governor Whitmer’s Executive Directive, 2020-9: Addressing Racism as a Public Health Crisis, this initial phase of the Equity Impact Assessment (EIA) process sought to strengthen the capacity of demonstration sites to use equity tenets in decision making and as they develop and implement practices, procedures, and policies. Implemented by the Michigan Department of Health and Human Services (MDHHS) Office of Equity and Minority Health (OEMH), the EIA demonstration process engaged three (3) work areas who each convened teams of 3-7 members.



Behavioral, Physical Health, and Aging Services Administration (BPHASA)



Bureau of Children’s Coordinated Health Policy and Supports (Children’s Services)



Economic Stability Administration (ESA)





The EIA Process for MDHHS

MDHHS-OEMH selected and adapted the Government Alliance for Race and Equity's (GARE) Racial Equity Tool. During implementation, the three work area teams participated in training sessions and received technical assistance/coaching designed and delivered by the programming team of OEMH who in turn received support from the evaluation team. The process began with leadership commitment meetings and foundational training sessions in May 2021 and concluded with the training on Standardization, Accountability, and Sustainability and a check-in/open dialogue session in November 2022.

The initial sessions were held to confirm buy-in and commitment from leaders of each of the three work areas. Following those, the EIA team focused on building capacity of the work area/demonstration site participants through TA sessions on the following topics: EIA Foundational Trainings; Data Collection and Interpretation; Root Cause Analysis and Problem Statement; Engagement of Priority Populations and Partners; Proposal (Consensus Workshop); Examining Implicit Bias in Decision-Making; Testing and Data Analysis; and Standardization, Accountability, and Sustainability.



The EIA Demonstration Process

During the EIA demonstration, the evaluation and programming teams developed a theory of change and logic model (as shown in [Figure 1](#) below) to guide the implementation and evaluation. Each demonstration site also worked closely with the evaluation team to develop their own theory of change and logic model. Training sessions were designed, objectives and competencies specified, and evaluation forms created. Trainings were conducted on Microsoft Teams™ and links and QR codes for evaluation forms were provided electronically at the end of the sessions and/or by email.



Phases of the EIA Process



Phase I: Leadership Commitment & Foundational Trainings

This phase established EIA leadership buy-in. Leadership agreement forms with expectations and timelines were signed. EIA foundational trainings were delivered. Work areas assembled an internal EIA team and began to hold internal EIA meetings to make progress in EIA work.



Phase II: Evaluation Process Introduction

Work readiness was measured through the administration of a work area assessment. The evaluation team introduced the evaluation model and the programmatic team introduced the coaching structure. Work areas continued to hold regular internal EIA meetings to make progress in EIA work.



Phase III: Technical Assistance and Coaching

During this phase, a total of six structured training and technical assistance sessions were delivered. Programmatic coaching occurred via open dialogue/check in sessions with each of the work areas. Each open dialogue session occurred two weeks after a structured training session. Logic model sessions were conducted and facilitated by an evaluator to develop measurement structures. The evaluation team delivered quarterly updates to Partners in this phase. Work areas continued to hold regular internal EIA meetings to mobilize and make progress in EIA work.



Phase IV: Final Evaluation and EIA Toolkit Publication

Evaluators developed a final evaluation draft report. Programmatic leads disseminated an EIA Toolkit in 2023. Work areas also reviewed and provided feedback on the draft report and EIA Toolkit. An EIA Train the Trainer Champion structure was developed to train staff who were knowledgeable, well-prepared, and passionate about continuing to operationalize the EIA process in their work area.



Training Sessions

1. EIA Training Part 1 – Health Equity and Race Equity Foundations
2. EIA Training Part 2 – Implementing the EIA Process
3. Exploring Implicit Bias in Decision-Making
4. EIA TA Session – Data Collection and Interpretation
5. EIA TA Session – Root Cause Analysis and Problem Statement
6. EIA TA Session – Engagement of Priority Populations and Partners
7. EIA TA Session – Proposal (Consensus Workshop)
8. EIA TA Session – Testing and Data Analysis (including SMART Objectives)
9. EIA TA Session – Standardization, Accountability, and Sustainability
10. Peer to Peer Learning Cohort

During the demonstration, several of the topics were delivered in more than one session. They were: Proposal (Consensus Workshop); Exploring Implicit Bias in Decision-Making which was first offered as a self-paced webinar and then as a webinar facilitated by the programming team; Engagement of Priority Populations and Partners; and Testing and Data Analysis. Additional details on all sessions and their objectives and competencies are provided in [Appendix B: EIA sessions, objectives, and competencies](#), below.

Technical Assistance, Coaching, and Reporting Template

A reporting template was developed and used by MDHHS-OEMH to document progress, guide activities, and identify areas for additional coaching and technical assistance. After specific TA sessions, the template was updated to document milestones and roadblocks highlighted by the demonstration sites based on the topics that were presented, including: Data Collection and Interpretation; Root Cause Analysis and Problem Statement; Engagement of Priority Populations and Partners; Proposal (Consensus Workshop); Testing and Data Analysis (including SMART Objectives); and Standardization, Accountability, and Sustainability. The reporting template can be found in [Appendix C](#).

As an example, after the session on Root Cause Analysis and Problem Statement, the reporting template guided each site through the steps of moving from their disparity data to specifying the problem statement for which they would design an intervention. During the scheduled check-in that followed this session, the teams also received technical assistance and coaching support in brainstorming and completing the template. Each sites' problem statement is presented below.



Problem Statements Guiding the Work of Each Demonstration Site

BPHASA



Black women are 2.8 times more likely to die as a result of pregnancy or childbirth.

CHILDREN'S SERVICES



Black children are underrepresented in the group receiving Trauma Focused Cognitive Behavior Therapy (TF-CBT).

ESA



SNAP participation is lower for Hispanics in poverty with a visual disability (41% compared to 53% for non-Hispanics).





Summary of Each Demonstration Sites' EIA Process

BPHASA

Prior to becoming involved in the EIA process, BPHASA had begun working to address maternal health disparities by creating a Medicaid policy for doula coverage and reimbursement. Specifically, the team identified maternal mortality as a pressing and critical issue and their EIA work was guided by the problem statement: Black birthing individuals are 2.8 times more likely to die from pregnancy or childbirth related causes than White individuals. Before the EIA process began, BPHASA had conducted research on doula policies in other U.S. states, gathered suggestions from an initial conversation with doulas, and engaged three community organizations throughout the process: Black Mother's Breastfeeding Association, Focus: HOPE, and Miigwesh Inc. During the EIA process, findings were enhanced with input collected during the federally required public comment period and from a survey conducted as part of the EIA-required engagement of priority populations.

BPHASA overcame challenges such as a lack of connection with the priority population and the time-intensive nature of the EIA process. They were aided by a high level of support from leadership and a dedicated core group of team members. For BPHASA's intervention, the Medicaid Doula Policy was created and became effective January 1, 2023 and a Doula Advisory Council was established. Short-, medium-, and long-term outcomes will be measured through metrics such as Medicaid claims data, caesarian sections rates, patient attendance at early post-partum visits, and maternal mortality rates.

ESA

ESA's mission is to promote long term economic stability through accessible, timely, and accurate service delivery that maintains the dignity and respect of all involved. As part of the EIA process, the team identified an opportunity to fill a gap in achieving its mission. Data, both quantitative (from the American Community Survey Census) and qualitative (records of reasons why service delivery requests could not be fulfilled), showed that clients with visual impairments could be better served by the ESA and the local MDHHS offices it oversees. The team identified a very specific priority population and designed the following problem statement: SNAP participation is lower for Hispanics, at 41% compared to 53% of non-Hispanics, in poverty with a visual disability. During the EIA process, the ESA team navigated the challenges of designing interventions for such a specific community that has been marginalized. For example, during the required engagement of priority populations, they interviewed only one individual who was Hispanic with a visual disability who was eligible for SNAP participation. The team also interviewed and obtained data from individuals who were visually impaired but who were not Hispanic and who ethnically and potentially linguistically, did not represent the priority population.



In adhering to tenets of the EIA process and ESA's mission of maintaining the dignity and respect of all individuals, the team implemented a model for community engagement that incorporated a compensation policy with a \$42 per hour rate for participants. The team's intervention currently includes this compensation policy and Braille applications that are available by request. Additional components will be made available including applications in larger font sizes in English, Spanish, and Arabic and headphones to be provided for the privacy of users of kiosk stations in the lobbies of MDHHS local offices. Screen reader software will also be installed on local office kiosks. Because MDHHS's online applications were already screen reader friendly as required by the Americans with Disabilities Act (ADA), the kiosk-based screen readers will be an additional service. ESA's EIA intervention will also include audio files in English, Spanish, and Arabic on its public website of assistance applications and information booklets. Short-, medium-, and long-term outcome measures will include the number of Braille applications requested, headphone distribution data, and, if available, data on application use and approval rates by race/ethnicity and visual impairment status.

Children's Services

When the Bureau of Children's Coordinated Health Policy & Supports (BCCHPS) was created by MDHHS in 2022, one of its divisions, the Program and Grant Development and Quality Monitoring Division (also called Children's Services), already had a team actively participating in the EIA demonstration process. Through a pre-existing evaluation partnership/contract, population-level data sources were analyzed including data on Trauma-Informed Cognitive Behavioral Therapy (TF-CBT). Findings highlighted disparities in TF-CBT data and led to the development of Children's Services' problem statement: African American/ Black children are underrepresented in the group receiving trauma focused cognitive behavioral therapy. For the EIA required step of engaging priority populations, Children's Services collaborated with one of its Community Mental Health (CMH) agency partners to recruit and collect survey data from families they served, including African American families and children. This priority population feedback was integrated into the multi-faceted intervention that was developed.

As part of the EIA process, Children's Services overcame challenges such as not being connected to the priority population. Members of the team felt these accomplishments were possible because leadership supported the EIA process and allowed staff to allocate the necessary time and resources. Interventions included increasing the number of clinicians, prioritizing sites from locations with higher populations of African American children and families, expanding learning collaboratives, and teaching staff how to engage families from the onset. For Children's Services, intervention outcomes will be measured through a variety of short-, medium-, and long-term metrics including data from pre-post training surveys, evaluations of engagement strategies, numbers and capacity of staff trained to provide TF-CBT, and numbers of African American children and families receiving assessments and TF-CBT.



Process and Outcome Evaluation

The process evaluation examined implementation of the process and findings were reported on an ongoing basis. It included evaluation reports from training sessions and a presentation of interim findings. During weekly meetings, the evaluation and programmatic teams reviewed activities, interventions, and the timeline to improve the TA/coaching structure and competencies, reviewed evaluation reporting and sustainability activities, and prepared for the EIA expansion.

The process evaluation examined implementation of the EIA. The logic model, competencies, and timelines were frequently reviewed at project meetings to determine if implementation was aligned with what was proposed. During the weekly meetings, the evaluation team provided data regarding the outputs and outcomes for each objective or competency, as available, including data from training sessions and a presentation of interim findings. Additionally, during these meetings, the programming team provided a status report of the activities. The basic question addressed during these weekly meetings was: What, if any, features of the program, contributed to achievement of the desired results? If during these reviews, it was found that the outputs and outcomes were not being achieved and there were discrepancies in implementation, then the evaluation team would inform the programming team of the need to increase fidelity. Specifically, the evaluation and programming teams reviewed activities and interventions to improve service delivery; developed and revised the TA/coaching structure; and discussed data collection instruments, evaluation reporting, and sustainability activities and products. This aspect of the evaluation was useful for planning replication, preparing for the pilot, and supporting sustainability efforts.

The outcome evaluation examined whether the EIA demonstration resulted in changes in participants' self-perception of their knowledge and ability to use equity tenets through decision-making as well as in the development and implementation of practices, procedures, and policies. Measurement occurred for the short- (i.e., immediately post training) and medium-terms (i.e., 3-6 months post training) and has been initiated for the long-term (i.e., 1-3 years post training).

Medium- and long-term measures were also evaluated through focus groups convened on Zoom™. Each of the three sites participated in their own focus group in September 2022.

During the first half of the focus group, participants were given a link through which they could provide individual and confidential responses. The second half of the session was conducted in the traditional manner with attendees responding in a group setting to pre-designed prompts. Based on responses given during the focus groups, facilitators asked follow-up questions.

The logic model is presented below in [Figure 1](#). Following that is a discussion of the pre-intervention readiness assessment. Evaluation results are then presented in the findings section of the report. Process and outcome questions are presented first, followed by the findings for those questions.



Figure 1: Theory of Change

Theory of Change
Equity • Impact • Assessment

We provide equity-based training, technical assistance, and tools in an effort to build awareness, increase knowledge, and strengthen the capacity of pilot sites to use equity tenets to make decisions and develop and implement practices, procedures, and policies that incorporate an equity lens.

EIA Logic Model for Programs



OUTCOMES

EIA increases objectivity by engaging authentically with state governmental leaders and community stakeholders to co-create and increase equitable outcomes for racial, ethnic and other marginalized populations.



Short-Term Indicators (Immediately After Post-Trainings)

- Competency**
Remember and Understand
Recall information about the history of privilege and oppression and systemic inequities, express this information in one's own words, and give examples.
- Awareness, Knowledge, Capacity**
Assess increases in awareness, knowledge, and capacity.
- Attitudes, Beliefs, Perceptions**
Measure changes in attitudes (approach), beliefs (acceptance) and perceptions (way you see it) following theory that reasoning predicts behavior change.



Medium-Term Indicators (3-6 Months Post-Trainings)

- Competencies**
Apply and Analyze
Report on and distinguish how policies and practices contribute to the history of privilege and oppression and systemic inequities.
- Evaluate**
Self-evaluate one's own actions and experiences as they relate to the history of privilege and oppression and systemic inequities in one's own work area.
- Skills**
The ability to use one's knowledge effectively and readily in execution or performance.



Long-Term Indicators (1-3 Years Post-Trainings)

- Competency**
Create
Create a personal workplan of behavior change based on one's own efforts to address the history of privilege and oppression and systemic inequities in one's own work area.
- Behavior Changes/Decision Making**
Practices
How something is carried out or performed; both individual and organizational level.
- Procedures**
An established way something is done.
- Policies**
A written and codified, high-level overall organizational plan embracing the philosophy, general goals, and acceptable procedures to remedy an issue.



Pre-Intervention Readiness Assessment

To prepare for the EIA and to tailor the direction and flow of topics, a pre-intervention readiness assessment was conducted. On this instrument, one question measured participants' prior training around seven (7) topics. To operationalize and ensure a common understanding of each topic, a definition and citations were provided on the assessment. A brief summary of each definition is provided in the following discussion of results. For each of the seven topics, complete definitions and citations are provided in [Appendix D](#) below.

Results of the readiness assessment indicated that of the seven (7) topics, implicit bias (defined as a tendency or inclination in our outlook that results in positive or negative judgment without question) was the only topic on which more than two thirds (67%) of respondents had participated in training. One third (33%) had been trained on the topic of disparities (defined as significant differences in outcomes between two groups). In three topics, 28% had received some training.

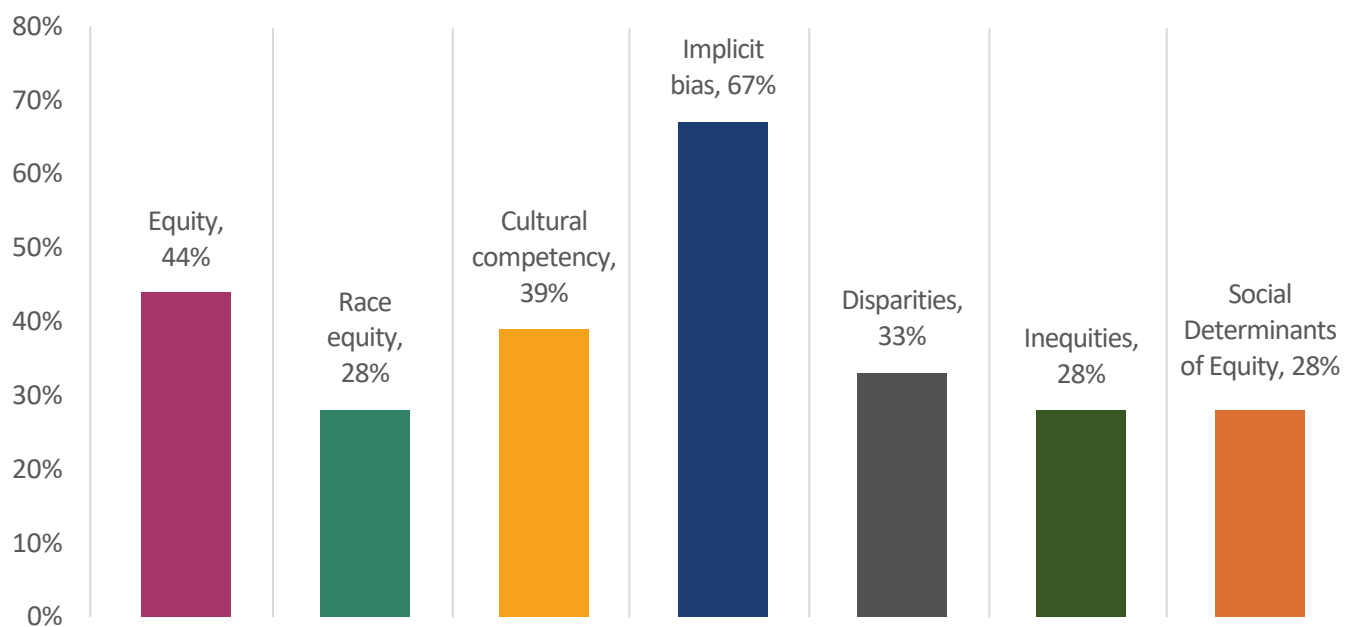
These topics were:

- race equity (defined as the condition where racial identity has no influence on how one fares in society);
- inequities (defined as differences that are systematic, patterned, unfair, unjust, and actionable); and
- social determinants of equity (defined as conditions and systems in/under which people are born, grow, live, work, and age that influence health and well-being).



Forty-four percent (44%) of respondents had received training on equity (defined as: 1) tailored approaches based on need; 2) full access for all people to achieve their full potential; and 3) the fair, just, and equitable distribution and implementation of public services). On the topic of cultural competency (defined as behaviors, attitudes, policies, structures, and practices that enable effective cross-cultural work), 39% had received training. The findings from the pre-assessment are graphically presented in [Figure 2](#) below.

Figure 2: Readiness Assessment Data
Percentage of respondents previously trained on EIA topics (n=18)





Findings

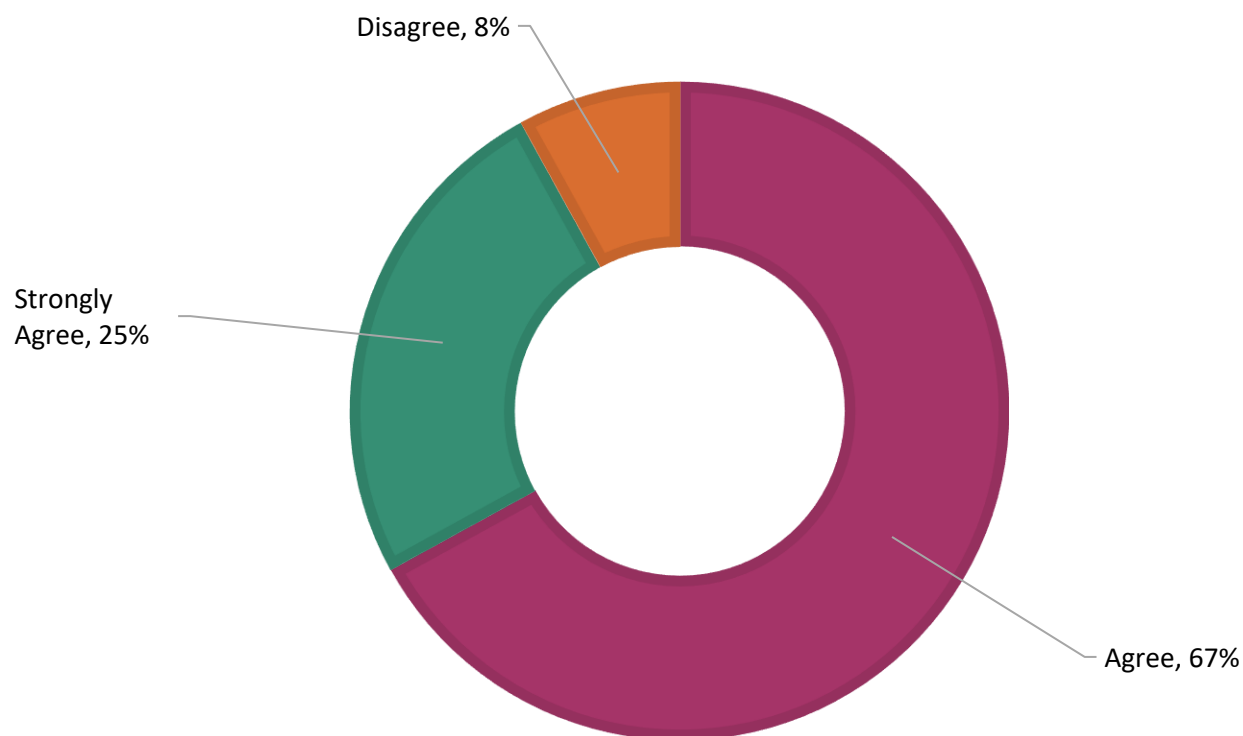
Process Evaluation Questions

1. To what extent do participants perceive that the EIA process is helping to accomplish the Governor’s goal of addressing racism as a public health crisis?
2. During the medium-term, what do participants report as challenges and facilitators of the EIA process?
3. What successes and challenges did the programming team members identify?

Process Evaluation Question 1: To what extent do participants perceive that the EIA process is helping to accomplish the Governor’s goal of addressing racism as a public health crisis?

According to participant feedback, 92% of participants (n=12) strongly agreed (25%) or agreed (67%) that the EIA process is helping to accomplish the Governor’s goal of addressing racism as a public health crisis. [Figure 3](#) presents these results graphically.

Figure 3: Agreement that the EIA process is helping to accomplish the Governor’s goal of addressing racism as a public health crisis? (n=12)

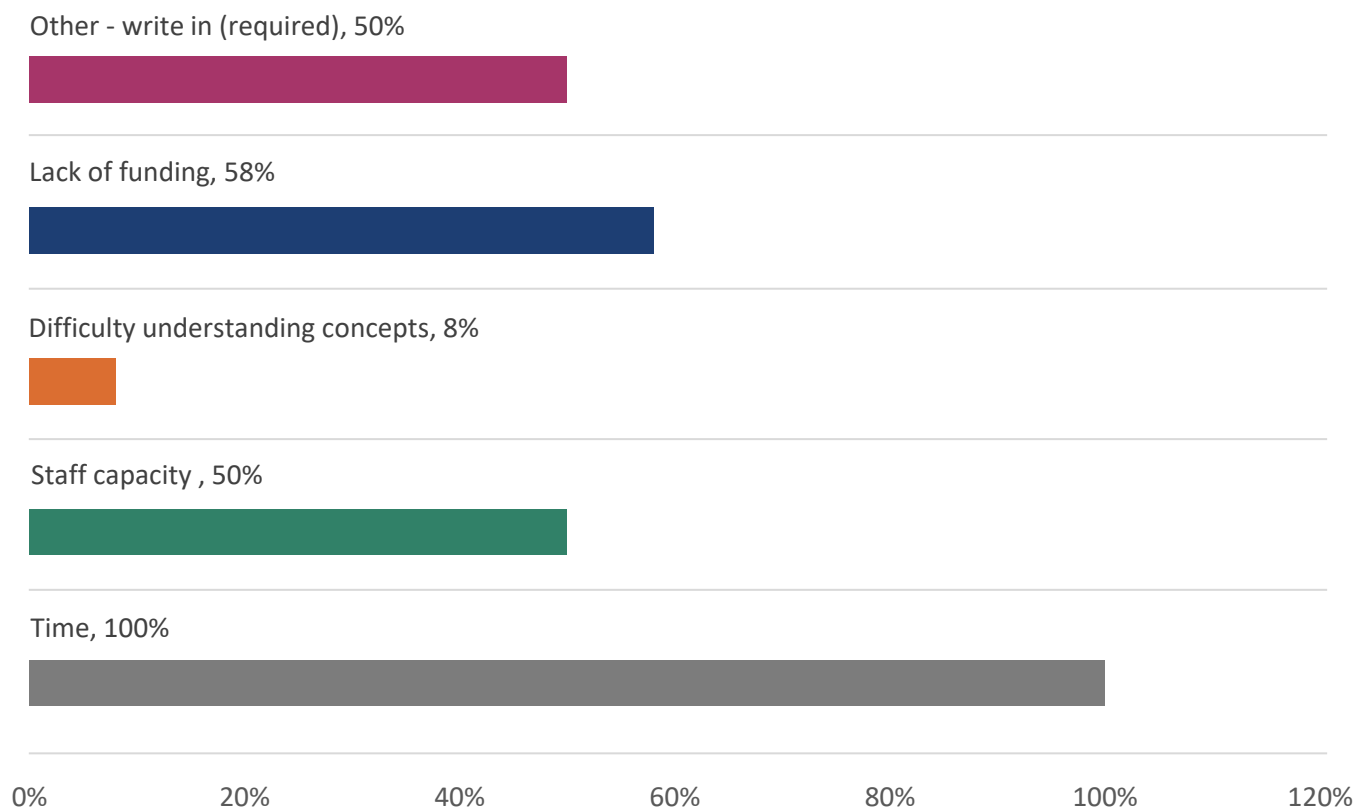




Process Evaluation Question 2: During the medium-term, what do participants report as challenges and facilitators of the EIA process?

After engaging in the EIA process all participants strongly agreed or agreed that the greatest barrier they faced was time (100%) followed by lack of funding (58%) and staff capacity (50%). This quantitative data is presented in [Figure 4](#) below. Comments regarding barriers/challenges were provided by 50% of respondents and they are presented after [Figure 4](#).

Figure 4: What barriers/challenges have you had as a participant of the EIA process? (n=12)



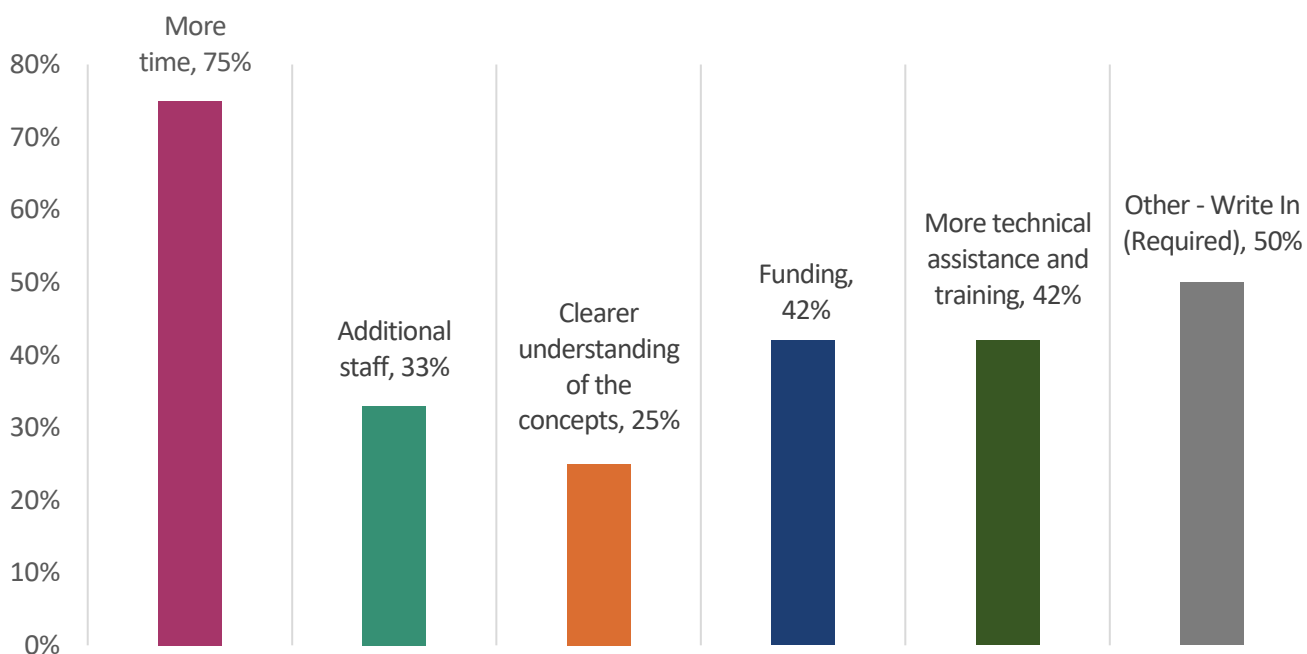


Respondents' comments regarding barriers/challenges:

- Difficulty understanding the process. (n=3)
- Difficulty implementing alongside COVID-19 response and return-to-normal activities; of course, the EIA team did a great job working in such unique circumstances.
- EIA staff's understanding of our bureau's work and their understanding of effective training technique.
- Time and staff capacity will likely always be a barrier and I believe can (be) worked around. I think the bigger barrier, from the department's perspective is changing our typical view of stakeholders, away from providers and toward beneficiaries. Especially changing leadership and staff views around this. What we do now isn't enough, but many think it is (culture change!)

When asked what could help them better accomplish the work of the EIA process, as shown in [Figure 5](#), respondents strongly agreed and agreed on more time (75%), funding (42%), and more technical assistance and training (42%). This quantitative data is presented in [Figure 5](#) below followed by comments relating to this question.

Figure 5: Which of the following would help you better accomplish the work required by the EIA process? (n=12)





Respondents' comments regarding what would help accomplish the work:

- Clearer understanding of the timeline and/or process. (n=3)
- Data collection support.
- Ultimately - we got the most done when we worked as a group with the EIA facilitators. Because of the lack of time the TA/check-in meetings were extremely helpful. We focused, we got clear direction about what we needed to do next and would get a lot done in a short amount of time.

Process Evaluation Question 3: What successes and challenges did the programming team members identify?

During the April 2022 data collection activity, the EIA programming team (n=3) was asked to provide their feedback regarding successes and challenges faced during the demonstration process.

The successes identified by the programming team included the following:

- Dedication to learning the process (n=2);
- Close guidance the EIA team provided during training and technical assistance sessions (n=2);
- Staff had time for equity related work that they would not have had time for otherwise without EIA (n=1); and
- Guidance from evaluators to intentionally focus on connecting activities with expected outcomes (knowledge, skills, competencies) (n=1)

The following is an excerpt of the challenges identified by the EIA programming team:

1. Insufficient funding (n=1);
2. Timelines and deliverables unknown, unclear, or changing (n=3);
3. Participants' resistance or lack of time (n=2);
4. System-level barriers within MDHHS [i.e. (lack of) demographic data collection standards and easily available data stratification] (n=1);
5. Challenges with data collection (n=1);
6. Evaluation being designed along the way (n=2);
7. Lack of connections to communities being served (n=1); and
8. Workload required (for both participants and the EIA programming team) is much greater than the time available to do the work (n=2).



Outcome Evaluation Questions

1. To what extent did participation in the EIA process result in participants' growth in the short-term competencies and measures of awareness, knowledge, and capacity and attitudes, beliefs, and perceptions?
2. To what extent did participation in the EIA process result in participants' growth in the medium-term competencies and measure of skills?
3. To what extent did participation in the EIA process result in participants' growth in the long-term competencies and measures of behavior change/decision making: practices, procedures, and policies?
4. During the medium-term, what do participants report as benefits of the EIA process?
5. How long do participants think is realistic to complete the work required by the EIA process?





Evaluation Findings

Outcome Evaluation Question 1: To what extent did participation in the EIA process result in participants' growth in the short-term competencies and measures of awareness, knowledge, and capacity and attitudes, beliefs, and perceptions?

For this process, as shown in the Logic Model ([Figure 1](#)), short-term was defined as occurring immediately following the training. Awareness was defined as one's recognition/consciousness, knowledge as one's understanding, and capacity as one's abilities/skills. Attitudes were defined as one's approach, beliefs as one's acceptance, and perceptions as one's way of seeing something.

On each event evaluation form, participants were asked if the session increased their understanding or would help them become more competent in learning the EIA process or its components. These responses were then compared across the 14 events for which the evaluation forms were used.

As shown in [Appendix A](#), across all surveys, the number of respondents ranged from n=3 to n=11. On average, 92% of them strongly agreed or agreed that the sessions increased their understanding or would help them become more competent in learning the EIA process or its components. In addition, post-session evaluation data were used to confirm the topics on which participants would need greater support and technical assistance. For instance, 100% of participants strongly agreed or agreed that their understanding of the EIA process increased after both leadership training sessions, the foundational training sessions, and the sessions on creating their proposals and interventions. In contrast, after the first training on Engaging Priority Populations, 83% of participants (n=6) strongly agreed or agreed with the statement, "I have an increased understanding of how to engage priority populations and key Partners in the EIA Process." This room for growth was confirmed by participants during the post training check-in. After additional technical assistance and a second training, 100% of respondents (n=5) strongly agreed or agreed that they had an increased understanding. More details can be obtained in [Appendix A](#).



Measures of Short-Term Competencies

Post-Training Evaluations

After nine (9) of the training sessions, participants were asked if they felt able to accomplish the types of short-term tasks outlined in the EIA competencies. An average of 94% of participants strongly agreed or agreed (across all surveys, the number of respondents ranged from n=3 to n=11). On 6 of the 9 sessions (range of n=4 to n=11), all participants (100%) strongly agreed or agreed that they could complete the tasks listed. For example, during both the session on Root Cause Analysis (n=4) and the one on Implicit Bias (n=11), 100% of respondents indicated that they could report on inequities within the four levels of advantage and disadvantage. In the first session on Engaging Priority Populations, 83% (n=6) agreed that they could outline the steps for engaging priority populations and directly impacted communities in shared decision-making. By the second session on this topic, 100% (n=5) agreed that they could accomplish this short-term measure. In [Appendix A](#) highlights each session and the percentage of participants that strongly agreed and agreed that they could complete each task.

Outcome Evaluation Question 2: To what extent did participation in the EIA process result in participants' growth in the medium-term competencies and measure of skills?

Measures of Medium-Term Competencies

Post-Training Evaluations

As shown in the logic model ([Figure 1](#)), medium-term measures were expected to occur within 3-6 months of a training and the indicator "skill" was defined as the ability to use knowledge effectively to execute a task. Post-session evaluation data found that on average, 83% of respondents strongly agreed or agreed that they could complete the medium-term tasks specified (range of n=3 to n=11). All (100%) felt this way after 4 of 9 sessions including after Proposal Part 1 (n=10), Testing and Data Part 1 (SMART objectives) (n=7), and both Priority Population sessions (session 1, n=6 and session 2, n=5) where they were asked if they could "Utilize culturally competent strategies to foster shared decision-making and engage priority populations, directly impacted communities, gatekeepers, and other partners..." Participants also strongly agreed or agreed that they could execute the medium-term tasks specified after the sessions on Root Cause Analysis (75%) (n=4); Testing and Data Part 2 (88%) (n=9); Standardization, Accountability, and Sustainability (63%) (n=8); and Implicit Bias (60%) (n=11). [Appendix A](#) highlights each session and the percentage of participants who strongly agreed and agreed that they could complete each task.



Focus Group Data

Outcomes on medium-term measures were also captured during the three focus groups. During the first half of the focus group, participants were given a link through which they could provide individual and confidential responses (additional details of the focus groups can be found in the Process and Outcome Evaluation section). As shown in [Figure 6](#) below, in one of the questions, respondents (n=12) were asked to rate their level of skill in executing nine (9) specified tasks.

In 2 of these 9 EIA related tasks, 75% of participants felt they were at the advanced or moderate skill level for:

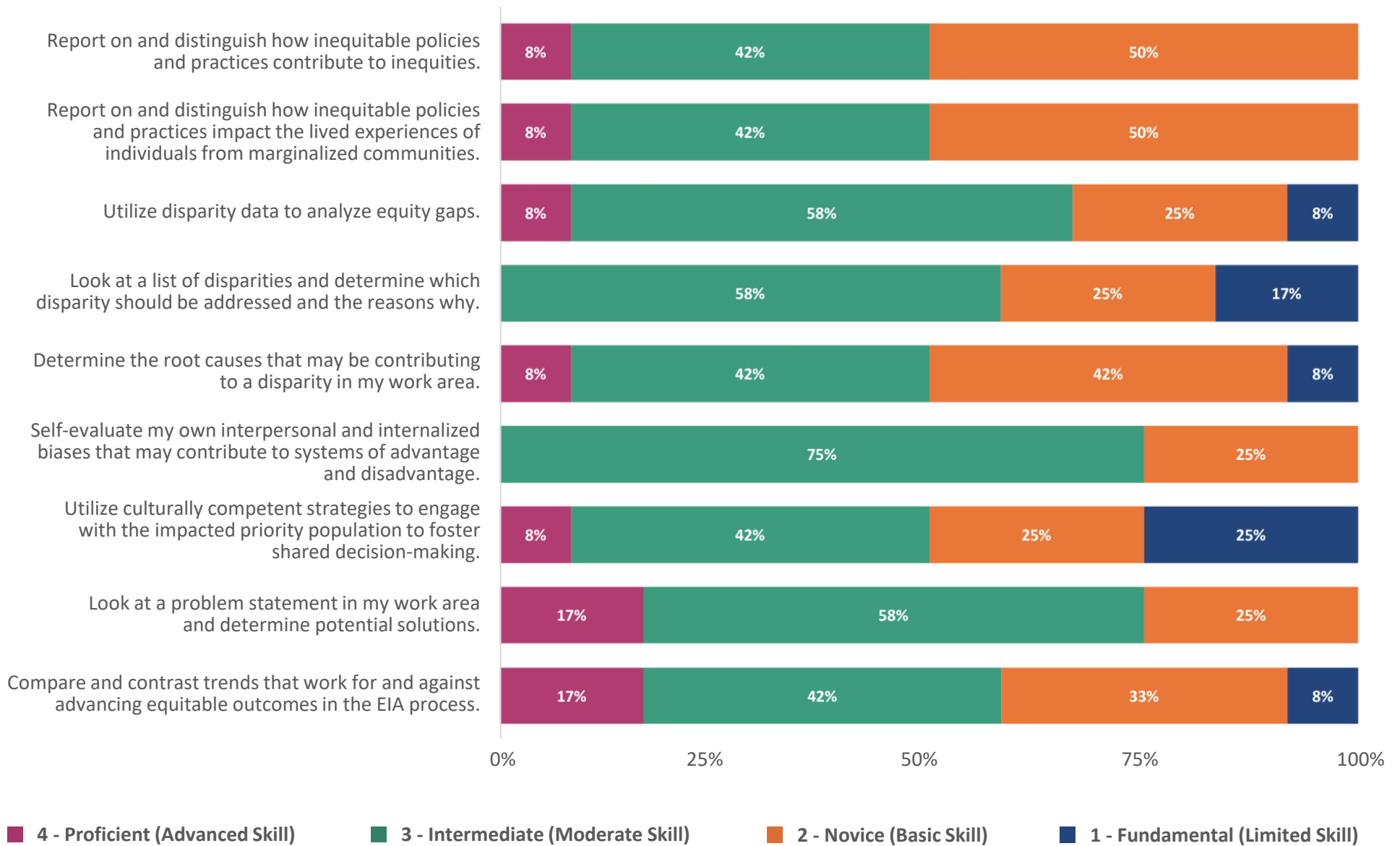
- Evaluating their own interpersonal and internalized biases that may contribute to systems of advantage and disadvantage; and
- Looking at a problem statement in their work area and determining potential solutions.

In 3 of 9 tasks, between 51% and 74% of respondents felt they had advanced or moderate skill. In the remaining four tasks, there was an even split (50% each) between those who felt they had advanced or moderate skill and those who felt they had basic or limited skill. The competencies or tasks and the reported perceived skill levels are presented below in [Figure 6](#).





Figure 6: For each competency listed below, please select your level of skill (your ability to use knowledge effectively in performing the task). (n=12)





Measures of Long-Term Competencies

Outcome Evaluation Question 3: To what extent did participation in the EIA process result in participants' growth in the long-term competencies and measures of behavior change/decision making: practices, procedures, and policies?

Post-Training Evaluations

Participants were expected to be fully competent on long-term measures within 1-3 years of a training session. Long term indicators were “behavior changes” and “decision making”. These were sub-divided into: practices - defined as how something is performed; procedures - defined as an established way something is done; and policies - defined as a written plan.

Immediately after the training sessions, an average of 83% of respondents (range of n=3 to n=11) felt they could execute long-term measures. On 4 of 9 post-training evaluations, 100% of respondents felt they could complete tasks such as the one that shows long-term mastery of a competency covered in the Root Cause Analysis session (n=4) “Create a personal workplan of behavior change based on my own efforts to address the history of privilege and oppression and systemic inequities in my own work area.” All respondents also strongly agreed or agreed that they could complete these types of tasks after the training on Implicit Bias (n=11) and after both sessions on Engaging Priority Populations (session 1, n=6 and session 2, n=5). In [Appendix A](#) highlights each session and the percentage of participants who strongly agreed and agreed that they could complete each task.

Focus Group Data

To measure participants' mastery of long-term competencies, they were asked several questions during the independent-response portion of the focus group (additional details of the focus group can be found in the Process and Outcome Evaluation section of this report). One question asked respondents to think of a work-related concern that is different from the one they and their team were currently working to address as part of the EIA process. They were then to select their level of progress in applying the EIA process to that different concern. Data revealed that 100% of respondents (n=12) had made some progress in applying EIA principles to a different concern in their work area. Specifically, one third (33%) had started initial conceptual and planning work, another third (33%) had begun to implement the skill, a quarter (25%) had made some progress, and one respondent (8%) had made significant progress.



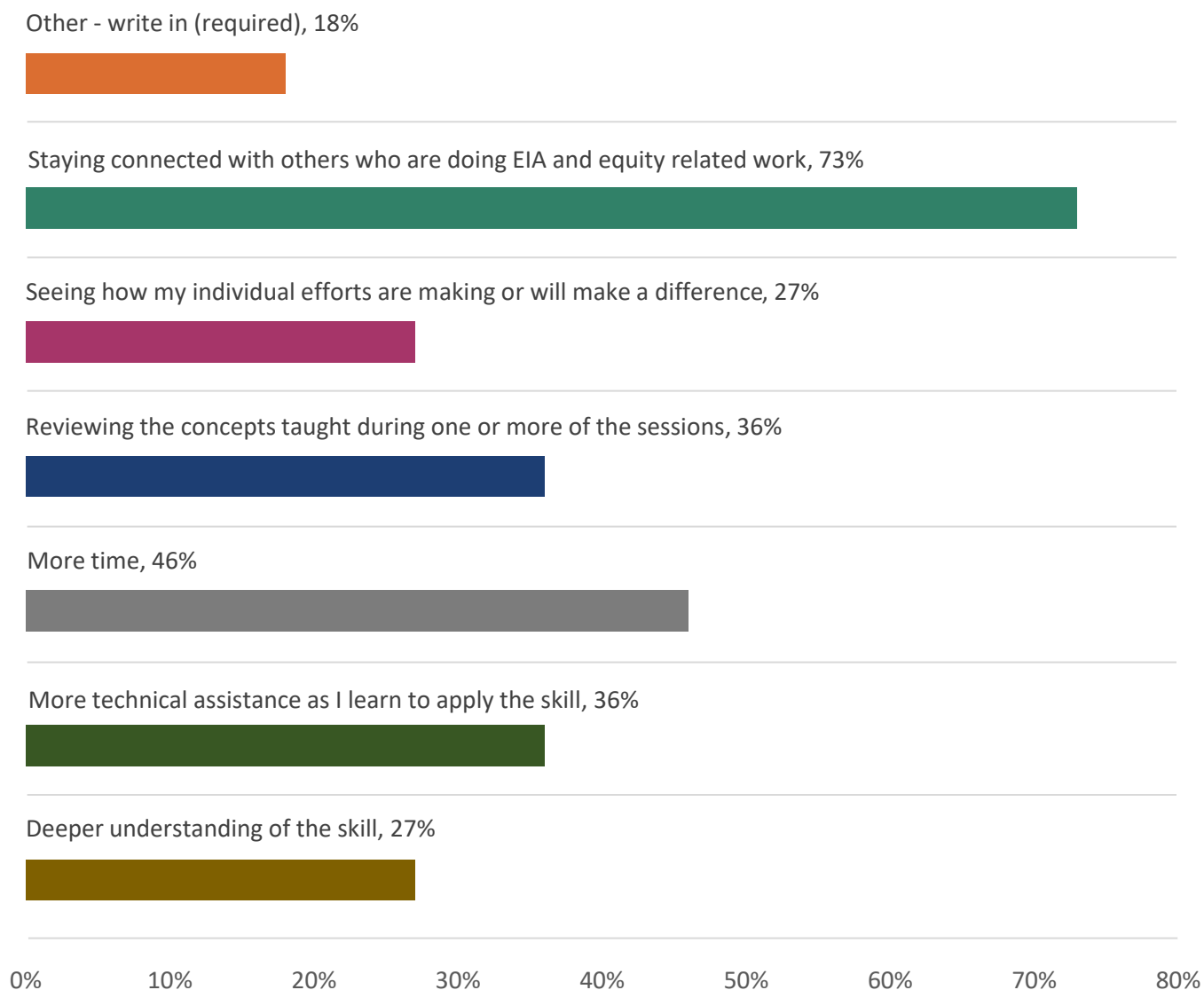
When participants selected that they had made some form of progress toward applying the EIA process to a different concern in their work area, branching logic was used to ask them what would help them continue building upon the progress they had made. Several pre-created responses were offered, and respondents could select as many of those options as they wanted. There was also an open-ended option in which answers could be typed. The top three selections that would help respondents continue making progress were: staying connected with others who are doing EIA and equity related work (73%), having more time (46%), and 36% each for the categories: 1) more technical assistance as they learn to apply the skill and 2) reviewing the concepts taught during one or more of the sessions. [Figure 7](#) below presents this data in greater detail followed by respondents' comments.

Other focus group data supported the benefits of participants staying connected with colleagues who had gone or were going through the process. A majority of respondents (83%) (n=12) reported that as a result of their participation in the peer-to-peer session(s), they felt they were part of a community that is working to build equity within their department and across departments.





Figure 7: Participants' self-report of what would help them continue building upon the progress they had made during the EIA process (n=11)



What would help participants to build on their progress - Write in responses:

- Support from other staff in my area
- Funding

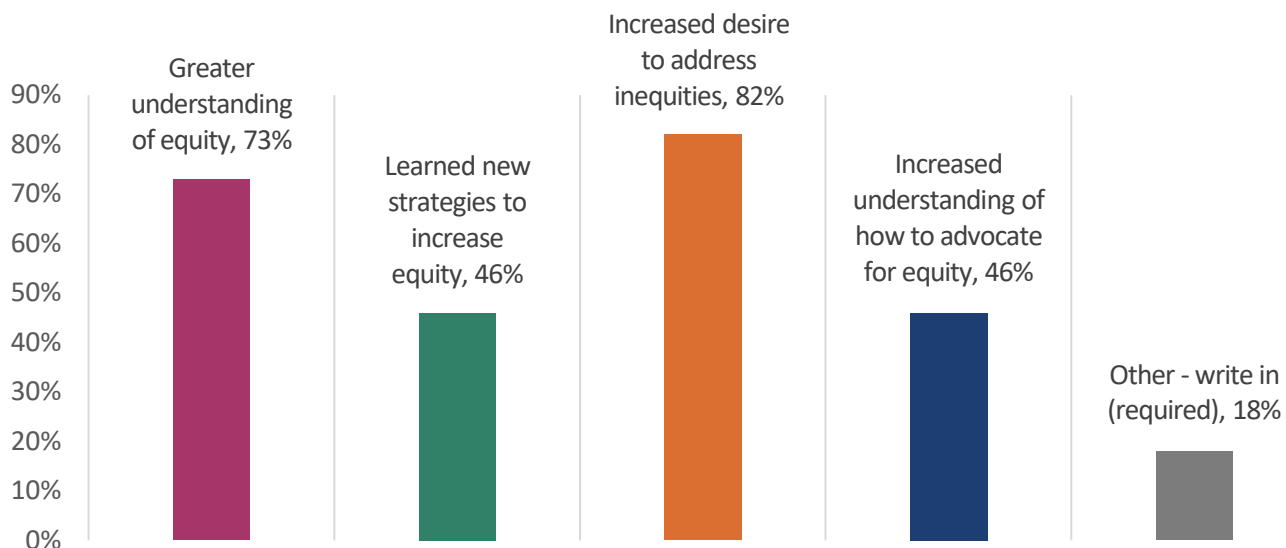
Due to the response to the question about applying EIA to a different work concern, one respondent was asked “For the skill, applying the EIA process to a concern in your work area, you selected ‘I Have Made Significant Progress.’ What do you think has helped you to make this level of progress in using the skill? Please check all that apply.” That individual credited the following three categories for their level of progress: commitment to addressing inequities and disparities in my work area, desire to support better outcomes for individuals from marginalized communities, and technical assistance as I learned to apply the skill.



Outcome Evaluation Question 4: During the medium-term, what do participants report as benefits of the EIA process?

According to respondents, after engaging in the EIA process, they gained an increased desire to address inequities (82%) and a greater understanding of equity (73%). All responses to this question can be found in [Figure 8](#) below; write-in responses are also provided.

Figure 8: What have you gained as a participant of the EIA process? (n=12)



Gains/benefits - Write in responses:

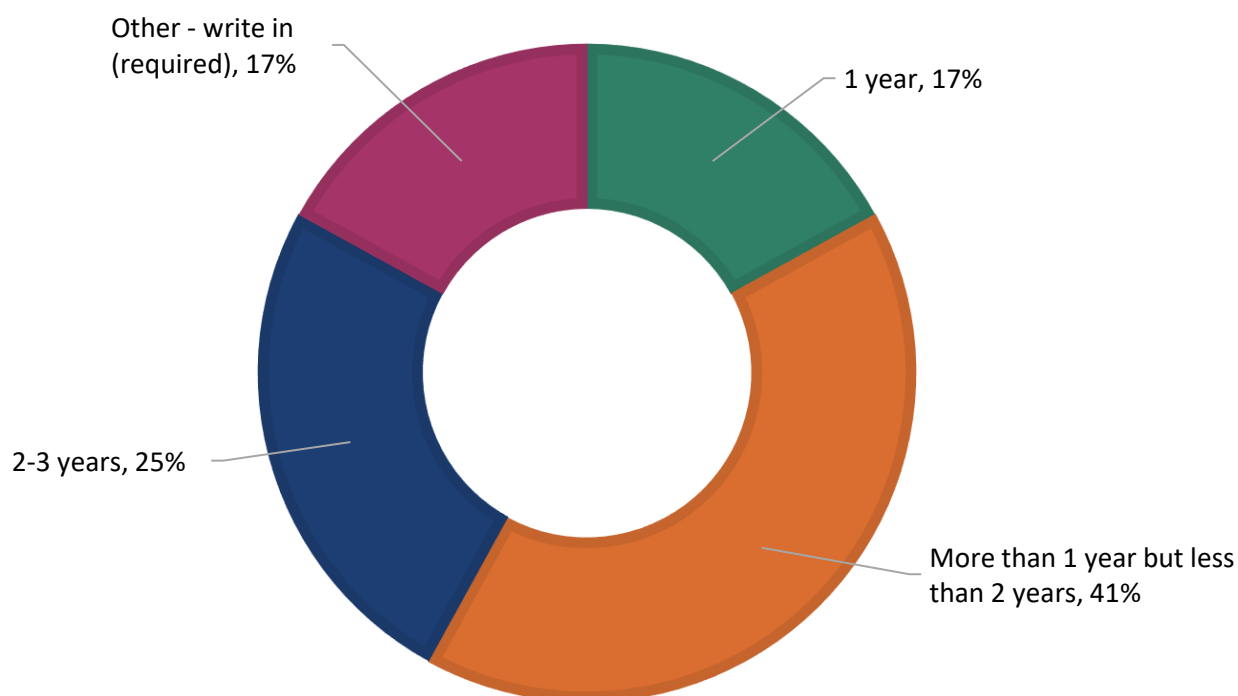
- I think I've learned the tension of...being in this bridging type of space (and) helping support this work from a role that isn't solely focused on it. And the fact that this tension is required (and) necessary to effect change.
- Learned how to look for inequity in places that I did not think to look before.



Outcome Evaluation Question 5: How long do participants think is realistic to complete the work required by the EIA process?

As shown by [Figure 9](#) below, when asked, 41% of participants felt a realistic timeline would be between a year and two years and one quarter (25%) felt 2-3 years was realistic. Respondents' comments are also provided.

Figure 9: How long do you think is realistic to complete the work required by the EIA process? (n=12)



Respondents' comments regarding a realistic length to complete the work required by the EIA process:

- Depends on the population being studied
- I think this depends on the breadth of what you're looking at/evaluating



Conclusion

Participants overwhelmingly perceived **that the EIA process is helping to accomplish the Governor’s goal of addressing racism as a public health crisis.**

The evaluation found **that overall, participants perceived that the sessions helped them to achieve the short-, medium-, and long-term competencies measured.**

Time capacity challenges were faced by the demonstration sites and the programmatic team.
Adjusting the process timeline helped to address these challenges.



Appendix A

Table 1A: Session-by-session summary of participants’ self-report of increases in understanding of the EIA process

Training Session	Questions	Percentage of Agreement	n=	Strongly Agreed or Agreed n=
Leadership Pt 1	I have an increased understanding of the EIA Process	100%	3	3
Leadership Pt 2	I have an increased understanding of the EIA Process	100%	5	5
Foundational Training Pt 1	I have an increased understanding of equity principles in the EIA Process	100%	9	9
Foundational Training Pt 2.1	I have an increased understanding of equity principles in the EIA Process	100%	10	10
Root Cause Analysis	I have an increased understanding of equity principles in the EIA Process	75%	4	3
Priority Population Session 1	I have an increased understanding of how to engage priority populations and key Partners in the EIA Process	83%	6	5
Priority Population Session 2	I have an increased understanding of how to engage priority populations and those with lived experiences in the EIA Process	100%	5	5
Proposal Session 1	I have an increased understanding of strategies for equitable and culturally competent decision-making as part of the EIA Process	100%	10	10
Proposal Session 2	I think this training will help me become more competent in learning the EIA process	100%	3	3
Testing and Data Session 1 (SMART objectives)	I have an increased understanding of how to develop SMART objectives that incorporate feedback from priority populations and those with lived experiences as part of the EIA	86%	7	6
Testing and Data Session 2	I think this training will help me become more competent in learning the EIA process	78%	9	7
Standardization, Accountability, and Sustainability	I think this training will help me become more competent in learning the EIA process	75%	8	6
Implicit Bias	I think this training will help me become more competent in learning the EIA Process	100%	11	11
Average Percentage				92%



Table 2A: Session-by-session summary of participants’ self-report of ability to accomplish the short-term competencies of the EIA process

Training Session	As a result of this TA Session, I can:	Percentage of Agreement	n=	Strongly Agreed or Agreed n=
Root Cause Analysis	Report on and distinguish how inequities operate within the four levels of advantage and disadvantage (including in my own work area).	100%	4	4
Priority Population Session 1	Outline the steps for engaging priority populations and directly impacted communities in shared decision-making.	83%	6	5
Priority Population Session 2	Outline the steps for engaging priority populations and directly impacted communities in shared decision-making.	100%	5	5
Proposal Session 1	Outline strategies for equitable and culturally competent decision-making to reflect priority populations and Partners who are directly impacted.	100%	10	10
Proposal Session 2	Outline strategies for equitable and culturally competent decision-making to reflect priority populations and Partners who are directly impacted.	67%	3	2
Testing and Data Session 1 (SMART objectives)	Describe how SMART objectives can be created and can be aligned to the EIA process, model, and framework, including how they can incorporate feedback from priority populations and those with lived experiences	100%	7	7
Testing and Data Session 2	Employ the EIA framework, such as including feedback from priority populations and those with lived experiences, to create SMART objectives to address a problem in participant's own work area.	100%	9	9
Standardization, Accountability, and Sustainability	Recall accountability and evaluation structures to measure long-term effectiveness.	75%	8	6
Implicit Bias	Report on inequities that operate within the four levels of advantage and disadvantage in a general sense.	100%	11	11
Average Percentage				94%



Table 3A: Session-by-session summary of participants’ self-report of ability to accomplish the medium-term competencies of the EIA process

Training Session	As a result of this TA Session, I can:	Percentage of Agreement	n=	Strongly Agreed or Agreed n=
Root Cause Analysis	Report on and distinguish how inequitable policies and practices (including in my own work area) contribute to multiple inequities and how they impact the lived experiences of individuals from marginalized communities.	75%	4	3
Priority Population Session 1	Utilize culturally competent strategies to foster shared decision-making and engage priority populations, directly impacted communities, gatekeepers, and other Partners. Strategies can be short term and informal.	100%	6	6
Priority Population Session 2	Utilize culturally competent strategies to foster shared decision-making and engage priority populations, directly impacted communities, gatekeepers, and other Partners. Strategies can be short term and informal.	100%	5	5
Proposal Session 1	Evaluate how well culturally competent strategies engage and foster shared decision-making with directly impacted priority populations and Partners.	100%	10	10
Proposal Session 2	Evaluate how well culturally competent strategies engage and foster shared decision-making with directly impacted priority populations and Partners.	67%	3	2
Testing and Data Session 1 (SMART objectives)	Evaluate the extent to which SMART objectives are aligned with the equity framework and the EIA process, including the extent to which they incorporate feedback from priority populations and those with lived experiences, for solving at least one problem in one's own work area.	100%	7	7
Testing and Data Session 2	Evaluate the extent to which proposed intervention goals are being achieved.	88%	9	8
Standardization, Accountability, and Sustainability	Assess the effectiveness of implementing the strategies identified. Assess the specific outcome(s) named.	63%	8	5
Implicit Bias	Identify strengths and values of cultures different from my own.	60%	11	7
Average Percentage				83%



Table 4A: Session-by-session summary of participants’ self-report of ability to accomplish the long-term competencies of the EIA process

Training Session	As a result of this TA Session, I can:	Percentage of Agreement	n=	Strongly Agreed or Agreed n=
Root Cause Analysis	Create a personal workplan of behavior change based on my own efforts to address the history of privilege and oppression and systemic inequities in my own work area.	100%	4	4
Priority Population Session 1	Design and develop tailored strategies that are formally implemented to build long-term relationships with priority populations, directly impacted communities, gatekeepers, and other Partners.	100%	6	6
Priority Population Session 2	Design and develop tailored strategies that are formally implemented to build long-term relationships with priority populations, directly impacted communities, gatekeepers, and other Partners.	100%	5	5
Proposal Session 1	Create an implementation plan based on evaluation findings.	90%	10	9
Proposal Session 2	Create an implementation plan based on evaluation findings.	67%	3	2
Testing and Data Session 1 (SMART objectives)	Create an implementation plan based on SMART objectives that include feedback from priority populations and those with lived experiences.	86%	7	6
Testing and Data Session 2	Develop a report that presents intervention goals, outcome data, and narratives.	33%	9	3
Standardization, Accountability, and Sustainability	Create a plan to standardize the proposal, maintain accountability, and sustain the intervention implemented to address the disparity identified in the EIA process.	75%	8	6
Implicit Bias	Work to address privilege, oppression, and systemic inequities that may exist in my work area.	100%	11	11
Average Percentage				83%



Appendix B

EIA sessions, objectives, and competencies

A key is provided at the end of the table.

Topics/Title	Objectives: What we want participants to know after the session	Competencies: How we can be certain participants know it
EIA Training Part 1 – Health Equity and Race Equity Foundations	<ul style="list-style-type: none"> Describe shared foundational language, including the terms of equity, race, inequities, disparities, social determinants of equity, and cultural competence. Compare and contrast disparities and inequities and systems of advantage and disadvantage Identify the equity framework and how to take tangible action to create structural changes to enhance equity. 	<ul style="list-style-type: none"> Recall foundational shared language and vocabulary when discussing equity. (R&U) Report on and distinguish how inequitable policies and practices (including in participant’s own work area and practices) contribute to multiple inequities and how they impact the lived experiences of individuals from marginalized communities. (A&A) Evaluate disparities and inequities at each of the four levels of advantage and disadvantage. (E) Create and utilize the shared language in a personal work plan of behavior change based on participant’s own efforts to address institutional and structural inequities in participant’s own work area. (C)
EIA Training Part 2 – Implementing the EIA Process	<ul style="list-style-type: none"> Examine the equity impact assessment (EIA) model, why it is needed, and its purpose to advance equity. Identify how the EIA model and Plan-Do-Check-Act (PDCA) decision making method have been integrated together to become the EIA framework. Describe equity questions that would be asked during the EIA process including questions about priority populations and other Partners. 	<ul style="list-style-type: none"> Describe the EIA model and framework. Express commitment to using the EIA framework to solve problems of inequity in participant’s own work area. (R&U) Apply the EIA to a problem in participant’s own work area. (A&A) Appraise the value of the equity framework for solving at least one problem in participant’s own work area. (E) Create a plan applying an equity lens to analyze a problem and propose solutions to the analyzed problem. (C)



Appendix B (continued)

Topics/Title	Objectives: What we want participants to know after the session	Competencies: How we can be certain participants know it
EIA TA Session- Data Collection and Interpretation	<ul style="list-style-type: none"> Identify the steps of the EIA data collection and interpretation process. Examine equitable data tenets including how to disaggregate data and focus on root causes. 	<ul style="list-style-type: none"> Locate and identify data on disparities and inequities, interpret the meaning of information, and give examples of how data reveal disparities. (R&U) Utilize disparity data to analyze equity gaps. (A&A) Determine which disparity should be addressed and the reasons why. (E) Develop a plan for EIA data collection and interpretation for the identified problem in the work area. (C)
EIA TA Session- Root Cause Analysis and Problem Statement	<ul style="list-style-type: none"> Give examples of the difference between disparities vs. inequities. Give examples of structural, institutional, interpersonal, and internalized systems of advantage and disadvantage. Formulate root causes of the problem through facilitated dialogue. Use the fishbone diagram to focus on root causes, not symptoms. Create a shared understanding of the problem among team members. 	<ul style="list-style-type: none"> List the systems of advantage and disadvantage. (R&U) Determine the root causes that may be contributing to a disparity in the participant's own work area. (A&A) Self-evaluate participant's own interpersonal and internalized actions that may contribute to the systems of advantage and disadvantage. (E) Write a problem statement for participant's own work area. (C)



Appendix B (continued)

Topics/Title	Objectives: What we want participants to know after the session	Competencies: How we can be certain participants know it
EIA TA Session-Engagement of Priority Populations and Partners	<ul style="list-style-type: none"> Describe cultural competence. Describe the cultural competence continuum. Identify Culturally and Linguistically Appropriate Services (CLAS) Standards. Identify culturally competent and equitable principles for engaging priority populations and key Partners. Describe methods to build sustainability for co-decision making with those served. 	<ul style="list-style-type: none"> Outline culturally competent and equitable principles to engage (e.g., focus groups, key informant interviews) priority populations, directly impacted communities, and those with lived experiences in the EIA process. Outline the steps for identifying and engaging gatekeepers and other Partners. (R&U) Utilize culturally competent strategies to foster shared decision-making and engage directly impacted priority populations and Partners. Strategies can be short term and informal. (A&A) Evaluate how well culturally competent strategies engage and foster shared decision-making with directly impacted priority populations, those with lived experiences, and other Partners. (E) Design and develop tailored strategies that are formally implemented to build and sustain long-term relationships with priority populations, directly impacted communities, gatekeepers, and other Partners. (C)
EIA TA Session-Proposal (Consensus Workshop)	<ul style="list-style-type: none"> Examine the gap between data and practice. Describe the steps of connecting root solutions to root causes. Define targeted universalism. Compare deficit-based to asset-based responses. Sketch potential solutions to the problem statement through a facilitated consensus workshop. Develop consensus on the problem and vision. 	<ul style="list-style-type: none"> Recall the steps of connecting root solutions to root causes. (R&U) Employ strategies to address identified gaps between data and practice. (A&A) Determine potential solutions to the problem statement. (E) Create/adjust an implementation plan for potential solutions to the problem statement. (C)



Appendix B (continued)

Topics/Title	Objectives: What we want participants to know after the session	Competencies: How we can be certain participants know it
EIA TA Session- Testing and Data Analysis (including SMART Objectives)	<ul style="list-style-type: none"> • Understand how to create SMART objectives as part of the EIA process. • Practice developing SMART objectives that are informed by the root cause analysis. • Identify and review data metrics to determine whether proposed intervention goals could be met. 	<ul style="list-style-type: none"> • Describe how SMART objectives can be created and can be aligned to the EIA process and framework, including how they can incorporate feedback from priority populations and those with lived experiences. (R&U) • Employ the EIA framework, such as including feedback from priority populations and those with lived experiences, to create SMART objectives to address a problem in participant’s own work area. (A&A) • Evaluate the extent to which proposed intervention goals are being achieved. (E) • Develop a report that presents intervention goals, outcome data, and narratives. (C)
EIA TA Session- Standardization, Accountability, and Sustainability	<ul style="list-style-type: none"> • Establish accountability and evaluation structures to measure long-term effectiveness. • Identify and implement transparent and accessible communication of standardized processes. 	<ul style="list-style-type: none"> • Recall accountability and evaluation structures to measure long-term effectiveness. (R&U) • Utilize transparent and accessible methods to communicate standardized processes. (A&A) • Assess the effectiveness of implementing the strategies identified. Assess the specific outcome(s) named. (E) • Create a plan to standardize the proposal, maintain accountability, and sustain the intervention implemented to address the disparity identified in the EIA process. (C)



Appendix B (continued)

Topics/Title	Objectives: What we want participants to know after the session	Competencies: How we can be certain participants know it
Exploring Implicit Bias in Equitable Decision-Making	<ul style="list-style-type: none"> • Create a shared language including implicit bias, explicit bias, and schemas. • Explain the concept of implicit bias. • Build awareness around areas where bias and stereotypes manifest. • Outline steps for mitigating implicit bias. 	<ul style="list-style-type: none"> • Identify how cultural stereotypes lead to multiple forms of oppression. Examine participant’s own stereotypes regarding different cultures. (R&U) • Report on and distinguish how inequities operate within the four levels of advantage and disadvantage (including in participant’s own work area). (A&A) • Rate the extent to which participant’s own actions and experiences show efforts to value the strengths and wisdom of individuals whose cultures are different from participant’s own. (E) • Create a personal workplan of behavior change based on participant’s own efforts to address privilege and oppression and systemic inequities in participant’s own work area. (C)
Peer to Peer Learning Cohort	<ul style="list-style-type: none"> • Build cross-collaboration between the cohort areas engaging in the EIA process. • Identify strengths, challenges, and opportunities of the EIA process being implemented in the work area. • Determine which lessons learned should be integrated into next steps of the process. 	<ul style="list-style-type: none"> • List strengths, challenges, and opportunities of the EIA process being implemented in the work area. (R&U) • Utilize peer to peer feedback to make process and decision-making improvements in the current EIA process. (A&A) • Compare and contrast trends that work for and against advancing equitable outcomes in the EIA process. (E) • Formulate an implementation plan that includes peer to peer feedback for advancing equitable outcomes more effectively. (C)

Key

R&U – Remember and Understand (short-term measures – participants should be able to do this immediately after the training)

A&A – Apply and Analyze (medium-term measures – participants should be able to do this within 3-6 months after the training)

E – Evaluate (medium-term measures – participants should be able to do this within 3-6 months after the training)

C – Create (long-term measures – participants should be able to do this within 1-3 years after the training)



Appendix C

This space is reserved for the reporting template when it's delivered.

MDHHS EIA Process Technical Assistance Template

[Click Here](#) to view a Blank MDHHS EIA Process Technical Assistance Template



Appendix D

Definitions and citations of each topic from the readiness assessment

Equity: Defined as: 1) Providing tailored approaches based on need while building better outcomes for historically and currently disadvantaged populations; 2) Full access to opportunities, power, and resources necessary for all people to achieve their full potential and thrive; and 3) The fair, just, and equitable distribution and implementation of public services.

MDHHS Diversity, Equity and Inclusion Strategic Plan, 2018.

Valenzuela, Matias. (2017). King County Journey in Institutionalizing Equity and Social Justice. American Society for Public Administration. King County, Washington State.

Race Equity: Defined as the condition where one's racial identity has no influence on how one fares in society. An inclusive approach to transform structures toward access, justice, self-determination, redistribution, and the sharing of power and resources.

MDHHS Diversity, Equity and Inclusion Strategic Plan, 2018.

Cultural Competency: Defined as requiring that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross culturally.

National Center for Cultural Competence Curricula Enhancement Module Series. (1998). Definitions of Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC.

Implicit Bias: Defined as a tendency or inclination in our outlook that results in positive or negative judgment without question. There is no consideration for alternative points of view. Bias is an inherent mechanism for human brains to operate. Humans are neurologically biased, no exception. However, biases are also shaped by our social environment.

Powell, J. A. (2014). Health and Racial Equity in Turbulent Times: Implicit Bias Examined. Haas Institute for a Fair and Inclusive Society.



Appendix D (continued)

Disparities: Defined as a significant difference in outcomes measured between two groups regardless of the underlying reasons.

U.S. Department of Health and Human Services. (2020). Healthy People. (2014-15).

Inequities: Defined as differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.

Whitehead, M. (1992). The concepts and principles of equity and health. International Journal of Health services, 22(3), 429-445.

Socials Determinants of Equity: Defined as the conditions and systems in/under which people are born, grow, live, work and age, that influence the health and well-being of individuals and communities. The Social Determinants of Equity can be articulated as assets that like so many benefits of US society, are inequitably distributed, contributing to the inequitable outcomes that we see.

Murillo, Y. and Jegede, B. (2021). Equity impact assessment toolkit. Michigan Department of Health and Human Services, Office of Equity and Minority Health, Office of Race Equity, Diversity, and Inclusion. Lansing, MI.