### Attachment 6a. DELTA AHEAD Health Equity Capacity Assessment

Form Approve OMB No: xxxx-xxxx Exp. Date: xx-xx-xxxx

Public Reporting burden of this collection of information is estimated at 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (xxxx-xxxx).

### **Background**

This is an assessment of your coalition's current capacity to enhance and expand health equity work, or those activities that address social determinants of health and the inequities that create disproportionate burden of intimate partner violence (IPV).

### Information for Recipients:

Please note that the term "coalition" refers to your State Domestic Violence Coalition (SDVC). This survey has been sent to you as the Project Lead on the DELTA AHEAD project for your SDVC. However, you may complete the survey with any other Coalition staff or external evaluators that you feel would be appropriate. Please submit only ONE survey per Coalition.

The questions are referring to the coalition as a whole unless it is specified that they are in reference to DELTA staff and activities specifically.

**Health Equity** refers to the attainment of the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health (CDC). Achieving heath equity means valuing everyone equally with focused efforts to address avoidable inequities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

**Social Determinants of Health** refers to the conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2030 groups social determinants of health into 5 domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

The assessment should take approximately 30 minutes to complete.

# **DELTA AHEAD Health Equity Capacity Assessment**

Internal Capacity: Current inte	ernal capacity to	meet the curre	nt and future ne	eds of the program	related to advancing	health equity.
Questions		Responses				
Staff Capacity and Knowledge, S.	kills, and Abilities	(KSAs)				
To what extent do coalition s resources and trainings neces implement health equity into	ssary to	To no extent	To little extent	To some extent	To a large extent	To a very large extent
To what extent do coalition sunderstanding of health equi		To no extent	To little extent	To some extent	To a large extent	To a very large extent
3. To what extent do coalition s understanding of the social d health that impact intimate p violence?	eterminants of	To no extent	To little extent	To some extent	To a large extent	To a very large extent
4. To what extent do coalition s experience with providing proservices for populations disprimpacted by violence?	ogramming or	To no extent	To little extent	To some extent	To a large extent	To a very large extent
Leadership Buy-In and Policies						
5. To what extent is coalition lead committed to advancing heal	•	To no extent	To little extent	To some extent	To a large extent	To a very large extent
6. What strategies, if any, have engage leadership in health e efforts?						
7. What can be done differently engage leadership in health e efforts?						
8. How, if at all, does your coali training to staff on health equ	•					

9. To what extent are experience and knowledge of health equity considered during the hiring process?	To no extent	To little extent	To some ext	ent To a la	arge extent	To a very large extent
10. To what extent do the staff working on DELTA AHEAD reflect the priority population(s) of DELTA AHEAD?	To no extent	To little extent	To some ext	ent To a la	arge extent	To a very large extent
11. Is achieving health equity an explicit goal of your coalition (e.g., is included in the mission statement or strategic plan)?	No	)	,	<b>Ye</b> s		Unsure
12. Are racism and other forms of oppression acknowledged as root causes of violence in your coalition?	No	)	Yes		Unsure	
13. Does the coalition currently have a dedicated arm for health equity (such as a health equity team, advisory group, etc.)?	No	)	Yes		Unsure	
<u>Data Availability:</u> Data related to health equit additional data needs to advance health equit		erminants of he	ealth currently	available in you	ır state, dat	a use, and
Questions	Responses					
Data availability						
14. How many data sources used for planning and monitoring/evaluating DELTA activities are disaggregated by demographic variables?	None	Some (less tha	n 50%) N	Most (more than 50%)	All	I
15. How many data sources used for planning and monitoring/evaluating DELTA activities are used for their information on one or more of the social determinants of health that impact violence?  Data Use	None	Some (less tha	n 50%) N	Aost (more than 50%)	All	I

16.	To what extent are data demonstrating health equity gaps (outcomes disaggregated by demographic and/or socioeconomic variables) considered when making programmatic decisions?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
17.	How if at all are data used to monitor processes or outcomes related to health equity?					
18.	What, if any, data collection methods are used to ensure the needs of priority populations experiencing health inequities are identified and inform program implementation?					
19.	To what extent do you engage your priority population to seek meaning and understanding of the findings from evaluation or other data?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
20.	To what extent do you share evaluation data in ways that ensure communities and priority populations have access to them?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
Dat	a Needs					
21.	What gaps do you observe in available data to inform programmatic decisions in ways that promote health equity?					
	ining and Technical Assistance (TTA): Curre	nt capacity to pro	vide training and	technical assistance	on health equity and opp	portunities for
	provement					
	estions	Responses				
22.	What types of training and technical assistance (TTA) on health equity, if any, are available to your DELTA-funded Coordinated Community Response Team(s) (CCRT)?					

23. To what extent are you assessing TTA to CCRT(s) for provision of culturally-competent services?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
24. To what extent are community members meaningfully included as recipients of TTA opportunities to build capacity within communities?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
<u>Current State of Partnerships</u> : How partnersh	ips are or are no	t meeting the cu	rrent and future he	ealth equity needs of t	he program
Questions	Responses				
25. To what extent do you involve your priority population(s), as a key partner, in planning and implementation DELTA AHEAD activities?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
26. What methods are currently used to engage diverse and inclusive new and existing partners in program planning and implementation efforts?					
Policy Work: Current capacity to plan and imp	olement policy e	fforts that promo	ote health equity		
Guiding Questions	Responses				
27. To what extent is coalition staff knowledgeable about the connection between policies that strengthen economic supports for families and violence prevention?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
28. To what extent do DELTA AHEAD staff have the knowledge skills, and abilities to implement policy efforts?	To no extent	To little extent	To some extent	To a large extent	To a very large extent
29. To what extent do CCRT(s) have the knowledge skills, and abilities to implement policy efforts?	To no extent	To little extent	To some extent	To a large extent	To a very large extent

30. Is promoting health equity an explicit goal of your DELTA-funded policy efforts?		Yes	Unsure	
<b>Current Activities: List any activities related to</b>	o health equity that have no	t yet come up in the capacity asses	ssment	
Optional				
Health Equity Activity		Plan for Continuation		
	•			
	•			
· · · · · · · · · · · · · · · · · · ·				

Additional Resources		
Resource	Description	Links
Improving Health Equity:	A tool for leadership of health care organizations to	http://www.ihi.org/resources/Pages/Publications/Improving-
Assessment Tool for Health Care	identify areas in need of strengthening to achieve	Health-Equity-Guidance-for-Health-Care-Organizations.aspx
Organizations	health equity goals.	
<b>Building Organizational Capacity to</b>	A tool for public health practitioners to identify	https://www.cdc.gov/nccdphp/dnpao/state-local-
Advance Health Equity	existing capacity to determine what is required to	programs/health-equity-guide/pdf/health-equity-
	enhance organizational capacity for health equity	guide/Health-Equity-Guide-sect-1-1.pdf
	action. Includes 6 recommendations with guiding	
	questions and a short example.	
Race Matters: Organizational Self-	A tool for organizations to raise organizational	https://assets.aecf.org/m/resourcedoc/aecf-
Assessment	awareness, start focused conversations, contribute to	RACEMATTERSorgselfassessment-2006.pdf
	the development of equity action plans, and track	
	organizational change specific to racial equity.	
Health Equity and Social Justice in	A tool designed for public health practitioners and	HESJ-Dialogue-Based-Needs-Assessment-MPHI-CHEP.pdf
Public Health Work: A Dialogue	their community partners to use dialogue to assess	
Based Assessment Tool	their organization's ability to address health equity	
	and social justice using four domains: leadership,	
	workforce, community, and systems change.	
Health Equity Indicators	A Canadian tool including 15 indicators grouped by	http://nccdh.ca/resources/entry/health-equity-indicators-
	public health roles to advance health equity.	for-ontario-local-public-health-agencies
	Resource for those who want to dig in to indicators,	
	but not exhaustive and not all relevant to violence	
	prevention in the US.	

# Summary

## **Guiding Questions:**

- 1. What are the overall recommendations identified through the assessment?
- 2. What is the feasibility of addressing the gaps identified and implementing the recommendations?
  - Consider what areas are feasible to accomplish within the timeframe and given resources of the funding period.
  - Consider what areas are feasible to begin addressing but may not be accomplished until after the funding period.
- 3. What roadblocks or challenges were identified through the capacity assessment?

•	Consider strategies for addressing or overcoming barriers.
Response:	

Based on the results of this capacity assessment, recipients should be able to provide detailed recommendations and action steps to implement recommendations across capacity areas to improve and expand health equity work in your state. It may also be helpful to consider the sustainability of your state's capacity to continue health equity strategies beyond the funding period when developing the recommendations.

# Glossary

Health equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.