



Health Disparities

Organizational Assessment

Certain organizational characteristics facilitate work to address health equity. Thinking about Specific organizational characteristics should be considered when working to address health equity. The characteristics can range from low to high. With a colleague, team, or department, consider where your LHD currently falls along this spectrum. Use the questions at the end of the worksheet to reflect and begin to consider next steps for improvement.

Organizational Characteristics Needed to Address Health Equity	
ORGANIZATIONAL COMMITMENT	
LOW	HIGH
<ul style="list-style-type: none"> Limited to no formal internal conversations about health equity Limited information about health disparities in the local community 	<ul style="list-style-type: none"> Established health equity plan or health equity included in strategic plan Specific health equity goals and regular assessment toward goal progress Regular internal communication about commitment to health equity
STRUCTURE TO SUPPORT COMMUNITY PARTNERSHIPS	
LOW	HIGH
<ul style="list-style-type: none"> LHD unable to engage with partners regularly Goals or expectations of partnership is unclear Meetings with partners are unfocused 	<ul style="list-style-type: none"> Staff have workload capacity to regularly engage current partners and seek out potential partners The level of partnership is clear and agreed upon by all parties LHD offers and/or shares training and educational opportunities to partners Relevant data is shared with partners Bidirectional learning is prioritized



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Organizational Characteristics Needed to Address Health Equity	
TRANSPARENT AND INCLUSIVE COMMUNICATION	
<p>LOW</p> <ul style="list-style-type: none"> Internal communication is infrequent or irregular Communication lacks important information Only staff in certain roles receive critical LHD communications Public messaging and internal messaging is inconsistent 	<p>HIGH</p> <ul style="list-style-type: none"> Internal communications are timely and transparent Information is relevant and useful All staff receive critical LHD communications Public communications are open and honest Content of messaging internally and externally is consistent
COMMUNITY ACCESSIBLE DATA AND PLANNING PROCESSES	
<p>LOW</p> <ul style="list-style-type: none"> Data is only available internally Data is siloed by department Planning processes are internal only Community feedback is not collected or integrated 	<p>HIGH</p> <ul style="list-style-type: none"> Data is public-facing and easily accessible Data is included in public communications when relevant Community is included in planning process via focus groups, community advisory boards, community meetings, involvement of people with lived experience There is a process for collecting community feedback
SUPPORT FOR NEW AND CURRENT STAFF TO ADDRESS HEALTH EQUITIES	
<p>LOW</p> <ul style="list-style-type: none"> Internal dialogue about local health disparities is siloed or limited There is little support professional development guidance or support given to staff There are few limited to no internal resources for workforce development 	<p>HIGH</p> <ul style="list-style-type: none"> Internal dialogue about local health disparities is regular and includes multiple departments Training and/or education is available to all staff New staff onboarding process includes an overview of health disparities/health equity Staff mentorship or supervision is regularly available and encouraged Workforce development goals are inclusive of education about health disparities and health equity



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1. Our Strengths:

- Which of the organizational characteristics did we rank the highest? Why?
- Where do we excel?
- What are we most proud of?
- Where have we grown?

2. Our Weaknesses:

- Which of the organizational characteristics did we rank the lowest? Why?
- Where do we have organizational blind spots?
- What needs and wants are we currently not fulfilling for our community members?



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3. Our Opportunities:

- What changes and trends in our community align with our strengths?
- Where do we need greater leadership and/or stakeholder buy-in?
- What is the community's perspective of our current priorities/areas for growth in health equity?
- What are our populations of focus?

4. Our Challenges:

- What is currently getting in the way of a higher ranking in these characteristics?
- What barriers might we face in working to build these organizational characteristics?



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5. Our Goals:

- What are characteristics are our priority right now?
- Which characteristic improvement would be most important and would have the greatest impact?
- What would a 'high' ranking in our priority characteristic look like?

6. Our Next Steps:

- What is one step can take toward organizational improvement?
- Who needs to be involved or aware of that step?
