STATE
Health & Value
STRATEGIES

Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

Health Equity Policy Tool

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Table of Contents

The Health Equity Policy Tool *is a framework for reviewing and assessing the impact on equity of current and/or proposed policies*. This tool is a template for asking key questions to assess the likelihood that a policy will promote equity or exacerbate inequities. In other words, it can be used to consider the equity impact of any policy proposal regardless of the proposal's intent or origins. The tool can be applied to existing or proposed statutes, legislation, regulations, and policies. State agencies can use this tool as a guide toward action to implement, adjust, or advise against a regulation or policy.

This tool provides a framework to routinize consideration of policies' impact on health equity. As such, the tool creates infrastructure to address systemic racism and oppression and move toward inclusive change. Finally, this tool offers a system of identifying, assessing, and prioritizing intended and/or unintended consequences of policies, with a focus on maximizing the potential to promote equity and minimizing or avoiding harm to communities at greatest risk of adverse impacts.

Leveraging This Tool

This tool should be completed by agency staff and leverage data, research, and evaluations of similar policies to comprehensively respond to questions. Each policy will require a separate assessment. Resources for identifying best practices and data are included in the appendix*.*

The questions guide the user to research and consider the potential for the policy to impact equity (positively or negatively), with the final section guiding the user to integrate the information gathered in early sections into a set of decisions or recommendations. It is recommended to complete all sections prior to completing the final section.

This tool is intended for use by people who comment on, influence, or make decisions about policies to ensure such comments, influence, or decisions account for impact on health equity. Note that "policy" is defined broadly, and this tool can be used to embed equity in internal processes, formal regulations, statutes, and other types of policy and systems change.

While completing the tool, users are encouraged to consider the social and economic inequities that may lead to certain groups experiencing a disproportionate benefit or burden. *Staying aware of the context for and root causes of inequities should inform recommendations to support, oppose, or amend policies.* Pre-established priorities, leadership, and community relationships are other factors that will influence the potential for action on recommendations identified through the tool.[1,2,3]

Note: Even programs centered on and designed to address health equity can unintentionally exacerbate inequities due to biases embedded in our current health systems and structures. *Centering equity in decision-making requires us to analyze the equity impact of each policy change. While equity should be a consideration from the outset or planning stage of any policy planning or change, this tool is applicable at any stage of policy development and implementation.*

Part 1: Summary Information

1. Name of policy (bill, statute, regulation, practice, etc.; include bill or statue/code numbers):

2. Provide a summary of the policy being assessed including (1) any stated objectives and (2) the problem to be addressed by the policy.

3. How is equity being defined in the policy being examined? For example, will you consider race, ethnicity, sexual orientation and gender identity, disability status, population density (rural versus urban), or other factors? If your department utilizes a shared definition of equity, please reference that here and note whether it is referenced within the policy.

4. **a.** Does the policy explicitly aim to address disparities or inequities?

   Yes

   Partially

   No

   b. List/describe the explicit ways the policy addresses disparities or inequities:

5. **a.** Does the policy address social or economic determinants of health?

   Yes

   Partially

   No

   b. List/describe the explicit ways the policy addresses disparities or inequities:

c. If yes, which sectors or factors does it address?

Education

Community development

Food insecurity or nutrition

Access to healthcare

Racism

Environment

Criminal justice

Employment

Housing

Cultural and/or linguistic barriers to health

Transportation

Other, list/describe:

Part 2: Data

6. **a.** Which specific geographic areas are/will be impacted? (Check all that apply and note if certain areas are more likely to experience the benefits or burdens of the policy.)

Statewide:

County:

Region:

City:

Neighborhood:

Zip code(s):

Other:

Unknown (explain):

b. List resources used to answer this question. Note: Listing resources allows users to seek additional information and assess the reliability of the *findings*.

c. What is the racial and/or ethnic makeup of the population living in the area(s) identified above? If only one area is checked in response to the question above, leave the columns marked "Area 2" and "Area 3" blank. Note: Responses should include # or %. This is not intended to be a checklist.

Population	Area 1	Area 2	Area 3
Ethnicity			
Hispanic/Latino(a)/Latinx			
Non-Hispanic/Latino(a)/Latinx			
Other (specify, if possible)			
Race			
American Indian/Alaska Native			
Asian			
Black/African-American			
Middle Eastern/North African			
Native Hawaiian/Other Pacific Islander			
White			
Two or more races			
Other (specify, if possible)			
Unknown			

d. Sources of data used to answer this question:

7. a. Is available data adequate to complete question 6 or are data missing or insufficient?

Yes

No

b. If some data is missing or insufficient, could data from alternative, parallel, or non-traditional sources improve understanding of which populations will be impacted? For example, consider qualitative and quantitative data from community sources, university or community-based participatory research, or other relevant reports.

Yes

No

c. List potential alternate sources and/or explain limitations/barriers to accessing missing or insufficient data.

Part 3: Systemic Racism

Systemic racism describes the historical and current realities of racism across institutions and socioeconomic conditions that result in systems and structures that create differential access to power and opportunity for different racial groups. Systemic racism describes how racism in one area (e.g., the education and corrections systems) is connected to, interacts with, and perpetuates racism in other areas (e.g., the healthcare system). For more background on the definition of systemic racism, see *Health Equity Language Guide for State Officials*.

8. **a.** Consider your responses to Part 1 and Part 2. Are existing inequities related to this issue disproportionately experienced by a specific racial or ethnic group (or more than one group)?

Yes

No

b. If yes, briefly describe the inequities; for example, are they related to access, outcomes, patient/participant experience, or something else? Include the sources of data you used to answer this question below.

9. How does the policy promote racial equity and how might it contribute to inequities?

10. Identify ways the policy could be changed to either promote equity or mitigate inequities. In other words, based on the responses to prior questions, note how this policy could more effectively promote equity.

Part 4: Community Engagement

Community engagement means actively seeking the opinions, values, barriers, and goals of the communities impacted by a policy. Community engagement is key to promoting health equity and a best practice for successful policy because it ensures that policymakers are aware of potential barriers to implementation or any practical concerns that could impede the policy's success. For example, a state working to increase utilization of Supplemental Nutrition Assistance Program (SNAP) by Medicaid enrollees may not be aware of confusion caused by overlapping renewal notices or repeated requests for the enrollee's personal information. Understanding the needs, wants, and experiences of people impacted by the policy increases the likelihood of the policy achieving its goals.

11. Who was consulted or included in the design of the policy? If assessing existing policy and this information is not available, enter "unknown."

a. Were the communities who are most likely to experience the effects of this policy involved in its design?

b. If communities were engaged, was there an opportunity to influence the policy design or redesign?

Yes

No

c. If communities were engaged, was this engagement representative of the population who will experience the impact of this policy? If not, which demographic group was not involved?

12. a. What input did the community engagement efforts generate? Summarize briefly or link to documentation here:

b. How was this input incorporated into the current policy/proposed policy?

c. If input was not incorporated, why was it not incorporated?

13. If community members were engaged, was the final policy proposal shared with the engaged communities?

    Yes

    No

14. a. Does the policy ensure ongoing engagement and communication with those who are or will be most affected by it?

    Yes

    No

    b. Describe the policy's processes for sustaining ongoing engagement.

Part 5: Feasibility

15. Have similar policies been successful in addressing equity, either in your state or another state? Explain why or why not, based on the evidence.

16. Have similar policies been unsuccessful in addressing equity, either in your state or another state? Explain why or why not, based on the evidence.

17. Does the policy proposal address staffing and budget needs? Could the proposed policy be fully implemented with the proposed staffing and budget? Explain why/why not.

18. Based on research cited in prior sections and evaluations of similar policies either in your state or in other states, are there significant barriers to the policy's potential for promoting equity (as defined in Part 1)?

19. Does the policy consider likely potential challenges or barriers to implementation and include resources and/or mechanisms to address these? Consider your answers to questions 15 and 16 of this section. For example, if similar policies have experienced poor uptake or utilization, does this policy include resources to support navigators, community health workers, translation services, or media engagement to promote uptake by the target population?

20. What additional resources or actions are needed for this proposed policy to be successful in addressing equity?

21. Note the resources and assumptions used in answering the questions in Part 5.

Part 6: Accountability

22. Does the evaluation plan include assessing the policy's impact on health equity? If yes, is data to accomplish the evaluation accessible?

23. Are there opportunities to assess the policy's impact both overall and on specific communities? Are there opportunities to periodically update the policy based on these assessments? Explain.

24. Does the evaluation and decision-making process include at least one department staff member tasked with ensuring that equity is centered in the process?

25. Is the person responsible for the outcomes of the policy in a position that requires them to consider equity? If yes, is this person responsible to both the department and the communities most impacted by the policy? Explain.

26. How, how often, and with whom will evaluation results be shared? Does this include sharing evaluation results with those most impacted by the policy?

27. Note the resources and assumptions used in answering the questions in Part 6.

Part 7: Assessment Summary and Recommendations

28. Are some communities more likely than others to experience the benefits or burdens of this policy?

	More likely to experience benefits	More likely to experience burdens
Low-income individuals or families		
Hispanic/Latino(a)/Latinx people		
American Indian/Alaskan Native people		
Asian people		
Black/African-American people		
Middle Eastern/North African		
Native Hawaiian/Other Pacific Islanders		
White people		
People who identify with another race or ethnicity (specify):		
Individuals/families with limited English language proficiency		
Individuals/families with disabilities		
Children		
Adolescents		
Young adults		

Older adults		
Specific gender identity (male/female/ transgender/ non-binary)		
Specific sexual orientation (LGBTQ)		
Rural		
Suburban		
Urban		
Religious or faith groups		
Immigrants or refugees		
Other:		

29. Expand on your responses to question 28 to explain how the groups may be affected and what evidence supports these assessments. Provide sources. For example: "In 20XX, Middle Eastern and North African residents, who are more likely to have limited English language proficiency according to XXX source, would have improved access to SNAP applications as a result of the multilingual navigation services proposed in this policy."

30. Based on the assessment completed above, should this policy be considered as part of an approach to health equity?

Yes

Yes, but the health equity impact would be improved by changes (see list below)

Only if the recommendations below are incorporated

No

31. Explain the answer to question 30 and note the sources used to inform this recommendation.

32. Recommendations for making the policy more equitable:

Annotated Resource List

State Health and Value Strategies has a one-stop *resource page* dedicated to health equity.

Data				
Title	*Source*	*Year*	*Description*	*Link*
Data Visualization Tools	The Urban Institute		This bundle of interactive data tools provides state-specific fiscal, budget, tax, economic, and welfare data.	https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/interactive-data-tools
Leveraging American Community Survey (ACS) Data to Address Social Determinants of Health and Advance Health Equity	State Health and Value Strategies	2020	This issue brief details the use of the American Community Survey to supplement data to identify health needs for state Medicaid programs and references ACS variables relevant to social determinants of health and health equity measures.	https://www.shvs.org/resource/leveraging-american-community-survey-acs-data-to-address-social-determinants-of-health-and-advance-health-equity/
Data.census.gov	U.S. Census Bureau		This centralized site provides data from the U.S. Census Bureau including the demographic data from the Current Population Survey and ACS.	https://data.census.gov/cedsci/
Summary of Current Surveys and Data Collection Systems	National Center for Health Statistics	2019	This factsheet provides a summary of the National Center for Health Statistics vital records, population surveys and provider surveys. It details if each survey collects and reports disparity variables and which ones (e.g. race/ethnicity).	https://www.cdc.gov/nchs/data/factsheets/factsheet_summary.pdf
COVID-19 Health Inequities in Cities Project	Urban Health Collaborative		This dashboard provides data visualizations from 30 of America's largest metropolitan cities, and tracks COVID-19 inequities across subgroups of individuals within cities, across neighborhoods within cities, and across cities.	https://www.covid-inequities.info/
County Health Rankings	University of Wisconsin Population Health Institute		The website provides a county-level data snapshot of community health indicators.	https://www.countyhealthrankings.org/explore-health-rankings
Find More Data	University of Wisconsin Population Health Institute		The website provides a listing of state-specific data resources, national data sources, and visualization tools.	https://www.countyhealthrankings.org/explore-health-rankings/use-data/go-beyond-the-snapshot/find-more-data

Systemic Racism

Title	Source	Year	Description	Link
Communities in Action: Pathways to Health Equity	National Academies of Sciences, Engineering, and Medicine	2017	This report focuses on literature supporting community-based solutions, policy infrastructure, multisectoral collaboration and engagement and lists multiple resources and tools to examine and promote equity.	https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity
A Racial Equity Framework for Assessing Health Policy	The Commonwealth Fund	2022	This brief establishes a framework and key questions to embed racial equity in policy making processes.	https://www.commonwealthfund.org/publications/issue-briefs/2022/jan/racial-equity-framework-assessing-health-policy
Racial Equity and Health Data Dashboard	Kaiser Family Foundation		This data dashboard site provides national-level data on outcomes and the related underlying inequities disaggregated by race/ethnicity.	https://www.kff.org/racial-equity-and-health-policy/dashboard/racial-equity-and-health-data-dashboard/#economicsocial
Data	The Center for the Study of Racism, Social Justice, and Health		A site containing publicly available data sources collecting data relating to racism, health outcomes, and social determinants of health; A research findings section listing peer-reviewed resources supporting the impact of racism on health.	https://www.racialhealthequity.org/library

Community Engagement

Title	Source	Year	Description	Link
Communities in Action: Pathways to Health Equity	National Academies of Sciences, Engineering, and Medicine	2017	This report focuses on literature supporting community-based solutions, policy infrastructure, multisectoral collaboration and engagement and lists multiple resources and tools to examine and promote equity.	https://www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity
Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health	Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies. National Academy of Medicine	2022	A document establishing a framework for creating and evaluating meaningful community engagement centering health equity.	https://doi.org/10.31478/202202c
Leveraging Community Expertise to Advance Health Equity	Urban Institute	2021	This research report provides principles and strategies for effective community engagement and shares case study examples from various states and organizations.	https://www.urban.org/research/publication/leveraging-community-expertise-advance-health-equity

ENDNOTES

1. Guichard A, et al. Use of concurrent mixed methods combining concept mapping and focus groups to adapt a health equity tool in Canada. Evaluation Program Plan. 2017;61:169 –77

2. Pauly B, et al. (2018). Critical considerations for the practical utility of health equity tools: a concept mapping study. Int J Equity Health 17, 48 (2018).

3. Tyler I, et al. Health equity assessment: facilitators and barriers to application of health equity tools. Toronto, ON: Ontario Agency for Health Protection and Promotion (Public Health Ontario); 2014.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. In partnership with others, we are working to develop a Culture of Health rooted in equity that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have.

Health is more than an absence of disease. It is a state of physical, mental, and emotional wellbeing. It reflects what takes place in our communities, where we live and work, where our children learn and play, and where we gather to worship. That is why RWJF focuses on identifying, illuminating, and addressing the barriers to health caused by structural racism and other forms of discrimination, including sexism, ableism, and prejudice based on sexual orientation.

We lean on evidence to advance health equity. We cultivate leaders who work individually and collectively across sectors to address health equity. We promote policies, practices, and systems-change to dismantle the structural barriers to wellbeing created by racism. And we work to amplify voices to shift national conversations and attitudes about health and health equity.

Through our efforts, and the efforts of others, we will continue to strive toward a Culture of Health that benefits all. It is our legacy, it is our calling, and it is our honor.

For more information, visit *www.rwjf.org*.

ABOUT STATE HEALTH AND VALUE STRATEGIES—PRINCETON UNIVERSITY SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS
State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at *www.shvs.org*.

ABOUT HEALTH EQUITY SOLUTIONS
This tool was prepared by Tekisha Dwan Everette, Dashni Sathasivam, and Karen Siegel. Health Equity Solutions (HES) promotes policies, programs, and practices that result in equitable healthcare access, delivery, and outcomes for all people regardless of race or income. HES works with State Health and Value Strategies (SHVS) to guide the program's health equity work generally while also providing targeted technical assistance to states. HES is based in Hartford, Connecticut and focuses its work outside of the support it provides to SHVS on achieving health equity in Connecticut.