



HEIA

HEALTH EQUITY IMPACT ASSESSMENT

FACILITATOR'S GUIDE

NOVEMBER 2021

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Getting Started: Implementation Day

Background Information for the Facilitator: Now that the [implementation team](#) members are at the table and the Pre-Work has been completed, it is time to get started on Action Steps 1 – 4. However, prior to jumping straight in, the facilitator will need to provide some background and context for the [implementation team](#) members. Ask the team to turn to page 3, **Introduction: An Overview of the Health Equity Impact Assessment** in the HEIA tool. It is a good idea to have them follow along with the facilitator. Remember to allow the group to ask questions throughout the process. The facilitator “script” is italicized to make it easier to follow along. Feel free to improvise the wording, but make sure to fully communicate the main ideas and instructions. Words that are underlined, bolded, and in dark blue font are found in the [Glossary](#) in the HEIA Implementation Guide.

We know that North Carolina, including our community, is at its best when everyone, no matter what they look like or where they live, has the opportunity to be as healthy as they can be. Achieving [health equity](#) means that we must change policies, systems, and practices to target [health inequities](#) and decrease [health disparities](#) that have affected members of our communities for a long time. The [Health Equity Impact Assessment](#) (HEIA) tool is designed to support the planning, review, and implementation of [public policies](#) and [programs](#) to reduce and eliminate [health disparities](#) and to improve the overall well-being of all populations.

*We are using the HEIA tool today because we think it is important to think about the impacts of **(name the policy/program)**. We have tried to be inclusive and invited those who have the biggest stake in this work to join us today. We have carefully pulled together the data we thought would be most relevant for our discussion. We want you all to be involved; to really think about the broad and deep impact of this [policy/program](#) on our community. Think outside the box and consider all the factors that could be important as we talk.*

Today/over the next few days, we will:

- **Analyze data** to determine potential impact of [policies/programs](#).
- **Involve [stakeholders](#) and impacted populations.** Effective [health equity](#) assessments require early and continued involvement of members of [impacted communities](#). It is important to have knowledge of the community and to gain their perspective on current policies and programs as well as understand the potential impacts on the community, both positive and negative.
- **Identify** ways to change current or proposed policies or programs to ensure they reduce [health disparities](#) and [inequities](#), **NOT** make them worse.
- **Provide information** on uneven impacts on various populations or communities.
- **Recommend changes** to policies or programs that promote equity and ease negative impacts.

The HEIA tool consists of three pre-work steps that have been completed, four Action Steps that we will complete together, a glossary, and appendices. There is also a companion Facilitator's Guide. The [leadership team](#), which consisted of [name those individuals] completed Pre-Work A

(identifying both the **policy/program** which will be reviewed using the HEIA tool) and Pre-Work C (preparing the data profile we'll use in Action Step 2). Pre-Work B included some self-assessment tools that were shared with you, the members of our **implementation team**, who agreed to participate today.

The remaining steps are:

- Action Step 1: Describe the current policy or program
- Action Step 2: Analyze and interpret the data profile
- Action Step 3: Identify changes
- Action Step 4: Develop a monitoring plan

These steps will help to increase our understanding of how to address, analyze, and determine the positives and negatives of the **policy/program**.

As we move through each step, we want to remind you that this requires your participation. We will be asking a lot of questions. Your input is very important. We can't be successful without getting your feedback. Please speak up anytime. Let us know what you think as the day moves forward.

QUESTIONS?

OK, so we are going to get started with some brief team building activities that will help prepare us for the work ahead.

Team Building Activities

These activities provide opportunities to get to know each other better, to form ground rules, to gain trust, and to understand key terms and definitions.

ICEBREAKER

Background Information for the Facilitator: The work you are about to do is hard. Before jumping into the HEIA, it is important for the group to be comfortable with each other. The process of discussing [health inequities](#) and racial/ethnic disparities can be challenging and deeply personal. [Community experts](#) who are participating with the implementation of the HIEA may have never been involved in work like this. [Stakeholders](#) and other [content experts](#) may have never been in a room with members of the community before.

ACTIVITY: FINISH THE SENTENCE ICEBREAKER

Time: Approximately 15 minutes

Materials: A piece of paper for each person (if needed) and flip chart paper on which to write the 3 questions (or use the LCD/laptop)

Instructions:

- In front of you, there is a table tent with your first name and your role or the “hat” you are wearing today. Prior to coming today, one of the [leadership team](#) members (or the facilitator) spoke with you about the importance of wearing this “hat” and why we need various “hats” at the table.
- We are going to do a short exercise that will help us learn more about each other and the “hats” we are wearing today.

Read: *Ask each person to complete each of the sentence stems AFTER stating their name:*

- *The hat I am wearing today is ...*
- *The most difficult thing about wearing this hat today is...*
- *The greatest thing about wearing this hat today is...*

Segue into the group norms discussion.

SETTING GROUP NORMS

Background Information for the Facilitator: This activity should be used to establish group norms. Before starting Action Step 1, it is important to establish an agreed upon set of norms among the group. The activity below is one of many that can be used to establish group norms.

ACTIVITY: GROUP NORMS

Time: Approximately 5 – 10 minutes

Materials: Flipchart paper, whiteboard, markers, laptop/LCD

Instructions:

- Inform the group that they are going to review a few group norms for the meeting and will take a few minutes to confirm and edit these group norms.
- The following group norms can be revised and approved by the participants.

Read: *We have come up with a few group norm examples, however, these are just examples. Let's decide together what we want our group norms to be today.*

- *Step up – step back. (Be sure that everyone has a chance to speak.)*
- *Stay mentally and physically present.*
- *Consider the intent and the overall impact of your words and actions.*
- *Stay on task and on time.*

UNDERSTANDING THE TERMINOLOGY

Background Information for the Facilitator: The goal of this activity is to understand the terminology that will be used throughout the implementation of the HEIA. Understanding the terminology and ensuring all participants have the same working definitions is important to help provide clarity throughout the experience.

As the groups report out, feel free to provide additional examples and solicit feedback from the other participants. The best way to learn new vocabulary or terms is to use everyday examples everyone can understand. It is highly suggested that this activity or one similar be completed before starting Action Step 1 of the HEIA. The key terms, definitions, and cards are in [Appendix 1](#).

ACTIVITY: UNDERSTANDING THE TERMINOLOGY

[Appendix 1](#) contains the nine key terms that are crucial to review with the [implementation team](#) prior to beginning the work.

Time: Approximately 15 – 20 minutes

Materials: Sets of cards with the key terms and definitions, flipchart paper, markers

Instructions:

- Prior to the implementation of the HEIA, create several sets of the key terms and definitions cards on card stock.
- Divide participants into groups of 4 – 6.
- Give each group a set of the key terms and definitions cards.
- Groups will read the key terms and the definitions and try to match them up. Groups should also come up with one example of the key term as it relates to the policy/program being assessed.
- If you would like, the groups can write their key terms and definitions up on large flip chart paper.
- Groups will report out the key terms, definition, and an example of each.

Read: *Having common definitions for terminology such as [health equity](#), [health disparities](#), and inequities is an important step in participating in an honest discussion where various perspectives can be spoken and heard. We are going to break out into groups [depending on the number of people, count them into groups of 4 to 6]. Each group has a set of cards with key terms and definitions we will be using throughout the implementation of the HEIA today. We want you to match up the key term with the correct definition and put them on the flipchart paper. We would also like you to come up with an example using the key term.*

Ok, let's get started.

SETTING THE STAGE FOR THE ASSESSMENT

Background Information for the Facilitator: After completing the **Understanding the Terminology** activity, the team should have a basic understanding of the language to be used throughout the assessment. In addition, the team may begin to feel more comfortable with each other to create a space for open and honest discussion.

It is important to take time to acknowledge how advantages and privileges affect outcomes as well as disadvantages and lack of privileges. The three activities below provide an opportunity to generate these discussions. Choose one activity to complete. Additional activities can be found in [Appendix 2](#) for use during the day.

ACTIVITY: ADVANTAGE VS. DISADVANTAGE BASKETBALL GAME

Goal: To get the greatest number of points (balls in the box) within the allotted time while following the directions on the index card.

Materials: Trash cans, boxes, or crates; approximately 5 – 8 balls, beanbags or any small item that can be tossed (balls); labeled index cards; and a stopwatch or timer for the facilitator.

- Prepare the index cards prior to the training by writing/printing the following on the index cards: (1) Leave the card blank, (2) Throw with your opposite hand, (3) Throw with one eye closed, (4) Throw with your back turned to the box. If there are more than four teams, develop additional scenarios for the index cards.

Instructions:

- Divide people into three or more groups.
- Give each group the same number of balls and a box.
- Allow a member of the team to pick an index card.
- Set the timer for 1 minute (or more, depending on the amount of time you have for the game).
- Team members should read their index card and follow the directions when the facilitator starts the timer.
- Each player should get a turn to throw the balls into the box. Ensure they follow the directions on their index card.

Process the activity with the following discussion questions:

- What happened in the game? Who got the most balls in the box?
- Was the game fair? Why or why not? If the game was not fair, how can we make the game more fair?
- What would need to happen to make sure everyone has a chance to make the same number of baskets?
- Did anyone from your team come up to help the person throwing the balls?
- Who in your community represents each group?
- Who in your community is responsible for moving/setting the line (rules) for winning?

Segue and connect to the purpose of the training.

Read: *How does what we have discussed during this activity connect back to our work on health equity?*

Ask the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

ACTIVITY: THE RACE OF LIFE

Goal: To ignite a discussion about advantage vs. disadvantage and privilege by using a visual example.

Materials: Access the internet to share the following video:

www.youtube.com/watch?v=LV3rJZ-3cCo

Process the activity with the following discussion questions:

- What happened in the video?
- What stood out to you in the video?
- What, if anything, made you uncomfortable?
- Please provide an example of how what you just watched and what you experience in your own life are related (or not related).

Segue and connect to the purpose of the training.

Read: *How does what we have discussed during this activity connect back to our work on health equity?*

Ask the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

ACTIVITY: KIDS AT THE BASEBALL GAME PICTURE

Goal: Learn the differences between equality and equity.

Materials: Access the illustration *Interaction Institute for Social Change* | Artist: Angus Maguire at: <https://interactioninstitute.org/illustrating-equality-vs-equity/>

- Put the pictures on a PowerPoint slide or make copies to distribute.
- Show and describe the first two pictures (boys standing on the same boxes – equality and the boys standing on different size boxes – equity).

Process the activity with the following discussion questions:

- What do you see when you see these two pictures? (All three people have the same size boxes despite differences in height.)
- Does it seem fair? What about the pictures is unjust? (An equal distribution of resources does not necessarily achieve equal outcomes.)
- What are some ideas to fix the picture so it would be fairer? (Give the shorter kid a taller box.)
- Let's talk about the fence. Why do you think the fence is there? Who built it? Does it have to be this tall? Does it have to be there at all?
- What is the fence a metaphor for? (Shorter kid's life experience.)
- What are some resources that some people have, and others do not? (Think about listing the ideas on a sheet of paper.)
- What do you think about the players on the field? The people in the stands (some have better seats than others)? The players in the dugout?
- Follow this up with examples from your county (community) about disparities and equality vs. equity. Include non-health related examples in the activities.

Segue and connect to the purpose of the training.

Read: *How does what we have discussed during this activity connect back to our work on health equity?*

Ask the group to list three takeaway messages that relate back to health equity. Record them on flipchart or notepad.

Action Step 1: Describe the Current Policy/Program

Purpose: Ensure that all implementation team members understand the policy/program that will be assessed using the Health Equity Impact Assessment (HEIA) tool.

Background Information for the Facilitator: The leadership team will present a description of the policy/program as prepared in Pre-Work A. As the facilitator, encourage clarifying questions from the implementation team and make sure that everyone understands the rationale for selecting this policy/program. Distribute and review the document prepared in Pre-Work A identifying the program/policy. Have the implementation team members write down the policy/program in the box. Encourage them to take notes about the policy/program and write down any additional questions that haven't been answered during the discussion.

Remember that the leadership team has had meetings and discussions prior to getting the implementation team together so they are familiar with the policy/program, but the implementation team is coming to the table with less familiarity and many different

perspectives. Therefore, it is important to take the time necessary to fully explain the background of the policy/program being assessed and the rationale for selecting the issue.

Taking the time during Action Step 1 to ensure everyone agrees with the policy/program and is on the same page will provide the foundation for Action Steps 2 – 4.

Let's get started. In Pre-Work A, the leadership team examined multiple policies and programs before making the decision to focus on [name of policy/program]. We want to give you some background information and describe the policy/program to you (distribute handout prepared in Pre-Work A). Please ask questions at any point. Take notes about the policy/program

and write down any additional questions that haven't been answered during the discussion. It's important that we are all on the same page regarding the policy/program. Let us all write it down on page 18 of the HEIA tool.

TIP!

Think about how the Social Determinants of Health (SDOH) are associated with the policy/program you are assessing. Need more information on the SDOH? Visit: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Action Step 2: Analyze and Interpret the Data Profile

Purpose: To develop a specific problem statement for the policy/program using the data profile completed in Pre-Work C.

Background Information for the Facilitator: Activities in Action Step 2 include the presentation of the data profile, the development of the original problem statement, a root cause analysis to get at the WHY, and the revision of the problem statement. By the end of Action Step 2, the implementation team will have a clear understanding of what is contributing to the inequity(ies) of the policy/program being assessed. The problem statement will provide the foundation for Action Steps 3 and 4.

At the beginning of Action Step 2 are guiding questions which the implementation team should be able to answer by the end of the Action Step. The list of questions is not exhaustive. Feel free to include other questions that need to be answered as well.

TIP!

Provide a handout of the data profile and consider having the profile visible on the laptop/LCD for the implementation team. Always choose the format that works best for your team.

BREAKDOWN OF ACTION STEP 2:

2A is the presentation of the data profile. The person facilitating this step should be able to explain in simple terms what the data means to the participants and answer questions about the data.

2B asks the team to write a problem statement that is specific and addresses the policy/program they are assessing from Action Step 1. When writing the problem statement, make sure the problem statement answers the “who, what, why, where, how, and when.”

2C teaches the participants about root causes using a technique called “But Why?” This technique comes from the Center for Community Health and Development’s Community Tool Box from the University of Kansas. Learning this method will help the implementation team examine the underlying causes of the problem statement associated with the policy/program. The video at this link demonstrates this technique: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>.

2D takes the information revealed in 2c and the original problem statement from 2b and asks the implementation team to revise the problem statement to be even more specific by answering the “who, what, why, where, how, and when.”

The questions you asked about the policy/program statement in Action Step 1 were great. Let's keep these questions in mind as we examine the data profile. Prior to meeting today, the leadership team met to collect, prepare, and analyze data related to the policy/program we are assessing.

After reviewing the data and really digging into to the "why" behind the policy/program, we are going to develop a clear and concise problem statement. On page 19 of the HEIA tool, there are some guiding questions for us to consider.

ACTION STEP 2: ANALYZE AND INTERPRET THE DATA PROFILE

Below are examples of questions the implementation team should be able to answer by the end of Action Step 2. This outline may not contain all the information needed to develop the specific problem statement. Add or delete questions as necessary.

1. What subgroups make up your priority population and/or community?
2. What would happen if the policy or program was successfully implemented?
3. Which population experiences the best related health outcomes that the policy/program is trying to address? Why?
4. Which population experiences the worst related health outcomes that the policy/program is trying to address? Why?
5. Are there geographic locations or clusters of disparities? If so, where and why?
6. What other relevant disparities do you observe in the data (e.g., differences by age, gender, nativity, etc.)?

2A. PRESENT THE DATA PROFILE

Background Information for the Facilitator: Share the data profile. Encourage an interactive discussion and note taking. Data interpretation and understanding are acquired skills. Some of the team may be experienced while others may not. **Small group work may increase participation by all members**, regardless of their experience. Some examples of probing discussion questions are included below and in the HEIA tool, but don't be limited by these questions.

1. What patterns did you see in the data?
2. What inequities are apparent or should be considered?
3. Is there anything about the data that doesn't line up with your perception of the issue?
4. What is the big takeaway from the data?
5. What was most surprising about the data?
6. What other data might help us better understand this issue?

After a sufficient period of time, come back together as a large group and discuss the highlights of the discussion and what they see as the problem.

Now **[name of person]** will explain the data profile for the **policy/program** we are assessing and will share the data findings. Please ask questions at any time. Following **[name of person]**'s presentation, we will work in small groups to answer questions under 2A in your handouts.

2B. DEVELOP A PROBLEM STATEMENT THAT ADDRESSES THE INEQUITY(IES)

Background for the Facilitator: Now that you have examined the data profile and had group discussion, the **implementation team** is ready to develop the problem statement. Be sure to include the **quantitative** and **qualitative** information from the data profile as well as answer the questions who, what, where, when, why, and how. Make the problem statement as concise and understandable as possible.

*Great job with the data everyone. You had some great questions and really seem to understand what the problem(s) are with this **policy/program**. We are now going to move forward and try to take what we have learned and write a problem statement. Who knows what a problem statement is?*

Background for the Facilitator: Wait for an answer, provide feedback, and/or ask for more input.

*Perfect, a problem statement tells us what we are going to examine and should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about the **health inequities**. So, tell me what you think the problem statement should be.*

2C. IDENTIFY ROOT CAUSES

Background Information for the Facilitator: The data profile identified some disparities and inequities associated with the **policy/program** we are assessing. A problem statement has been developed. The next step is to dig deeper and understand the **root cause(s)** of the problem.

TIP!

This may be a good place to take a break. Gauge the room and ask the **implementation team** if they need a break. If you choose to take a break, be sure to summarize what has been accomplished thus far during the HEIA.

Have the **implementation team** members define what a **root cause** is and ask them to provide examples.

After you feel the **implementation team** has a general understanding, let them know we are going to watch the technique with a short video. After the video, the facilitator will ask for feedback on the method to ensure all members of the **implementation team** are on the same page for the method of getting to the **root causes**.

If the **implementation team** is small, do this as one large group. If the implementation is larger, maybe

strategically place one member of the **leadership team** in each group to assist with the process as needed.

*The data profile identified some disparities and inequities associated with the **policy/program** we are assessing. Now that we have a problem statement, let's dig deeper and understand the **root cause(s)** of the problem. Who knows what a **root cause** is?*

Background Information for the Facilitator: Wait for an answer and then restate the definition cited below.

*A **root cause** is one of many factors that contributes to or creates an undesired outcome and, if eliminated, would have prevented the undesired outcome. In other words, **root causes** are the conditions in a community that determine whether people have access to the opportunities and resources they need to thrive. One way to determine **root causes** is to use the “**But Why**” technique. We are going to watch a short video about this technique.*

Background Information for the Facilitator: Video link: <https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main>

The “**But Why**” technique:

1. State the **policy/program** you are assessing. Summarize the existing problem statement.
2. Someone in the group takes the lead and begins the dialogue of “but why is X a problem?”
3. Repeat this back-and-forth process with the team until the potential responses are exhausted and the answers have sufficiently uncovered the multiple paths that could address getting to the underlying causes of the problem.
4. This technique will lead to multiple solutions and paths. You will utilize this information in the next steps to further identify which solution(s) will be a better fit.

Background Information for the Facilitator: After the video, the facilitator will ask for feedback on the method to ensure all members of the **implementation team** are on the same page for the method of getting to the **root causes**.

*Let's think about the **root causes** for the **policy/program** we are assessing. We are going to do an example first as a large group then we will break out into smaller groups.*

Background Information for the Facilitator: Use the example of Breastfeeding to run through the “**But Why**” technique with the larger group trying to uncover what the **root causes** are. Use the flipchart paper or the LCD. This will help ensure everyone understands the concepts and process for the “**But Why**” technique.

EXAMPLE

Program to be assessed: Breastfeeding initiation.

Problem statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are racial/ethnic disparities in breastfeeding initiation rates in our county as fewer non-Hispanic African American, and non-Hispanic American Indian mothers initiate breastfeeding compared to white mothers.

“But Why” Technique

Q: But why?

A: They do not get sufficient support in the hospitals.

Q. But why?

A: People think African American and American Indian women don't want to breastfeed.

Q. But why? ...

Great. Now it's your turn.

Background Information for the Facilitator: Break the implementation team into smaller groups (if appropriate). Consider counting off or mixing people up so they are working with different people than earlier in the day and/or on a daily basis. The more diversity in the small group, the more opportunities there are for thinking outside of the box.

This process has two major components. First, someone will make a statement. Second, we will ask “But why?” We will repeat this until we have thought of as many reasons as possible are explored and every path that could potentially lead to the topic we are discussing. The goal is to get to the most basic, original reason the problem exists, and then determine which root causes might be most feasible for us to address through this policy/program.

Background Information for the Facilitator: Pass out flip chart paper, markers, tape, etc. for each group with the words “**But Why**” written on them. Begin the activity once everyone has moved to their groups. Depending on the [implementation team](#), you may or may not need to go over the process of the technique again. Ideally, the facilitator can wander around the room and check-in on each group. The facilitator will manage the time for the activity (which may depend on the [policy/program](#)).

At the end of the allotted time, bring the small groups back together (if applicable) to discuss their root cause analysis. At the end of the activity, there will be a large list of the [root causes](#) associated with the [policy/program](#) and the problem. As a team, you might explore all the [root causes](#) in the next step, or you may want to prioritize them.

Let's come back together and examine what we have found out. Let's look at the [root causes](#) each group found associated with the [policy/program](#). Who would like to go first?

TIP!

The “**But Why**” process can be used throughout the implementation of the HEIA. It is a cyclical process that can help identify missing information in the data profile, in the change step, and even during action planning!

Background Information for the Facilitator: Continue receiving feedback from the small groups until a list of unique, unduplicated [root causes](#) is generated.

Ask the [implementation team](#) about their perceptions of the important [root causes](#) that can be changed. Continue the discussion about the [root causes](#) of the problem until there is agreement about which [root causes](#) are the most feasible to address. Try to be patient and listen as the team discusses their ideas and thoughts. Encourage open and honest discussion. The group may also choose to prioritize the [root causes](#). Remember, not all [root causes](#) are able to be changed or adapted by this team – or at all.

2D. REVISE THE PROBLEM STATEMENT

Together, we are going to revise the problem statement.

Background Information for the Facilitator: You can share the example on page 21 of the HEIA tool and show the [implementation team](#) members how it changed from 2B to 2D.

EXAMPLE

Program: Breastfeeding.

Original Problem Statement: Early and exclusive breastfeeding can improve infant health and reduce infant death. There are disparities in breastfeeding initiation rates in X county by race/ethnicity as fewer African American mothers initiate breastfeeding.

Revised Problem Statement: In the US and North Carolina (NC), minority-women, specifically African American (AA) and American Indian (AI) women, experience higher rates of infant mortality and lower rates of breastfeeding at initiation and one year. Breastfeeding is protective against infant mortality. The infant mortality rate among AA and AI in NC is 2.5 times higher compared to white infants (year). In X county, the same holds true. The infant mortality rate among AA is X per 100,000 and Y per 100,000 for AI compared to Z per 100,000 among white infants (year). In NC, the initiation and 6-month rates are X% and Y% for AA and AI women, compared to white women (Z%), respectively (year). The initiation and 6-month rates for AA and AI women are X and Y at initiation, compared to Z for white women. At six months, the rates are X and Y for AA and AI compared to Z for white women. Key factors such as ... affect breastfeeding rates among minority women.

Ok, let's look at the example on page 21 of the HEIA tool. You will see how the example of the problem statement went from general to specific. In the next step we will revise the problem statement since we know a lot more about the root causes.

(If needed:) To reiterate, a problem statement tells us what we are going to examine. It should answer the who, what, where, when, how, and why questions. Good problem statements allow anyone from the outside to clearly understand the issue at hand. The problem statement will include information about health inequities and health disparities as well as any additional individual or structural factors.

Now we want to revise the specific problem statement. Be sure to include the quantitative and qualitative information from the data profile as well as answer the questions: who, what, where, when, how, and why. Make it as concise and understandable as possible. Ensure the problem statement is associated with the policy/program being assessed.

Action Step 3: Identify Changes

Purpose: With the problem statement in hand, determine what changes need to be made to the policy/program to reduce the root causes that contribute to the health inequities.

Background Information for the Facilitator: Throughout step 3, it is important to summarize what has been decided before moving on to the next part. Explain the *KEEP IN MIND* notes. Explain how it might be useful to the team to generate ideas about changes or adaptations. Provide an example of a program, intervention, or budget change that is not related to the policy/program you are assessing.

Now we are going to look at what changes may be needed to the policy/program to address the inequities we found in the data profile and the root cause analysis. We will do this in a series of steps.

3A. IDENTIFY THREE ASSETS OR STRENGTHS AVAILABLE AMONG YOUR PRIORITY POPULATION THAT CAN BE LEVERAGED.

*First, let's look at Action Step 3 on page 23. Step 3A asks us to **identify three assets or strengths available among your priority population or impacted community that can be leveraged**. Prior to addressing the changes, it is important to think about and document the assets or strengths within the priority population. These are opportunities that can be utilized throughout the changes.*

Background Information for the Facilitator: Brainstorm and capture ideas about strengths of the priority population from the group on flip charts. Summarize the top three strengths. When the team is ready, move on to 3B.

3B. IDENTIFY THREE CHALLENGES IMPACTING YOUR PRIORITY POPULATION.

Next, we will need to look at the challenges impacting our priority population prior to making changes. This will help us understand what changes are realistic within the confines of the community/county. What are three challenges that are impacting the priority population that might affect the changes to the policy/program?

Background Information for the Facilitator: Brainstorm and capture ideas about challenges of

KEEP IN MIND...

Use the list below to help generate ideas about the potential changes to the policy or program. The list is not exhaustive. Include additional areas that need to be changed, if needed. Additionally, do not feel that every item needs to be addressed.

- Intervention
- Budget
- Training/Education
- Public Health
- Community Services
- Public Work
- Human Barriers
- Other

the **priority population** from the group on flip charts. Summarize the top three challenges. When the team is ready, move on to step 3C.

3C. MAKE A LIST OF POTENTIAL CHANGES.

Background Information for the Facilitator: The facilitator may decide to break the teams up into smaller groups to do the brainstorming exercise about changes. Document the changes either on flip chart paper or the laptop. Once the brainstorming is complete, summarize the proposed changes out loud. When the team is ready, move on to step 3D.

3D. ASSESS THE FEASIBILITY OF THE PROPOSED CHANGES.

TIP!

Use sticky notes to help make Action Step 3 interactive and participatory! You can use different colors to correspond to the different questions.

*Great, now let's brainstorm ideas about how we can address the **root causes** identified in Action Step 2 that are associated with the **policy/problem**. No idea is too big or too small. No idea is off limits.*

*Remember, in this step we are examining the **root causes** of the **policy/program** that we generated earlier and seeing which of the changes might be feasible to adapt to reduce the disparities and inequities. Not all the **root causes** we came up with in Action Step 2 will be feasible to modify. The **root causes** are associated with the problem. By examining which ones that we may be able to modify, we get closer to seeing how we can make changes to the overall **policy/program**.*

*Now that we have a list of potential changes, we need to assess the feasibility of them. The feasibility is not only about the change itself, but about how the changes relate to the identified **root causes** associated with the **policy/program** and the problem statement. We have two different methods to assess changes. The first is called an **Impact Matrix**. Who knows what an **Impact Matrix** is?*

Background Information for the Facilitator: Wait for answers from the team. If no one knows, then describe what an **Impact Matrix** is. Let the team know what page the definition is on in the Glossary (page 34). The facilitator can draw a picture of an **Impact Matrix** and provide an example, if necessary.

*The second method is called a **SWOT analysis**, also known as Strengths, Weaknesses, Opportunities, Threats. Who can tell us what a **SWOT analysis** is and give us an example?*

TIP!

Don't forget to take breaks. Encourage people to get up and move. Giving people "permission" in the beginning of the assessment to stand and walk around as needed promotes healthy behaviors and engagement during an intensive process!

Impact Matrix			SWOT Analysis	
	Hard (High Effort)	Easy (Low Effort)	Strengths	
High Impact			Weakness	
Low Impact			Opportunities	
			Threats	

Background Information for the Facilitator: Wait for answers from the team. If no one knows, then describe what a [SWOT analysis](#) is. Let the team know what page to find the definition in the Glossary (page 35). The facilitator can draw a picture of an [Impact Matrix](#) and provide an example, if necessary.

Now that we have a better understanding of these two methods, let's decide which method we want to use.

Background Information for the Facilitator: It is likely that the list of changes developed will be long and varied. It is probably best to do the [Impact Matrix](#) first, plotting all the change ideas together, then doing a [SWOT analysis](#) for the changes. Depending on the number of changes, there is probably not enough time to do a [SWOT analysis](#) on each change. One way to cut down on the time associated with this step is to first have the team come to a consensus on which changes they would like to prioritize to conduct the analyses with. Copies of the [Impact Matrix](#) and [SWOT Analysis](#) tools are in Appendix C of the HEIA Implementation Guide.

This task can be done in small groups or as a large group activity. If you do the activity in small groups, include time for the groups to report out at the end of the activity. By the end of the exercise, the [implementation team](#) should be able to identify the changes that are most likely to be impactful and adaptable.

3E. DETERMINE POSITIVE AND NEGATIVE IMPACTS.

Background Information for the Facilitator: Step 3E asks us to identify the impact categories for each proposed change and the positive and negative impacts that may be associated with the change. It is important to discuss both intended and [unintended consequences](#) of the proposed changes. The table on the next page identifies potential positive and negative impacts that may arise because of the changes.

[Unintended consequences](#) are unforeseen positive and negative impacts that are not intended

by a purposeful action. You may decide to state a common example and see what the team thinks are the negative and positive impacts. Make it simple and straight forward so that the team can easily see how the outcome was unseen or unknown and that there was both a positive and negative impact. A blank copy of the **Proposed Changes Impact Table** is in the HEIA tool on page 26.

Great job. So now we know which changes may get us to more equitable outcomes associated with the policy/program. The next step, 3e asks us to look at the positive and negative impacts of the changes. We want to make sure to identify what possible unintended consequences might occur. We'll use the example to highlight positive and negative impacts.

With any change or proposed change, there is always the potential for positive or negative impacts to occur. These can sometimes also be known unforeseen consequences or unintended consequences. Unintended consequences can be positive and negative. Can someone give me an example of an unintended consequence from your professional or personal experience?

*OK, let's get started on identifying the positive and negative impacts of the changes we are proposing to implement with the policy/program by completing the **Proposed Changes Impact Table**. First, let's look at the **Impact Category Table**. Look at the categories listed in the table noting that this is not an exhaustive list. The impact categories are listed to help broaden the implementation team's thinking about the proposed change and how these categories overlap.*

*You will also see the **Proposed Changes Impact Table** on page 26 of the HEIA tool. We will take the proposed changes and put them in the table. We will then decide which impact category the proposed change is associated with (it may be more than one category). Next, we will assess the positive and negative impacts for each of the changes and each of the categories, keeping those unintended consequences front and center.*

By the end of this step, we will be able to identify the positive and negative impacts of the changes and determine which changes to keep. After this is completed, we will work on putting together an action plan on how the changes will be implemented.

Impact Category Table

Cultural: Rules presented in language(s) most commonly spoken; honor cultural holidays and traditions; and wear traditional clothing without repercussion

Educational: Quality; culturally appropriate; close the education gap; accessible; affordable early care; public education; advanced training or college

Jobs and Economic Stability: Economic development; job training; livable wages; investment in community building; urban renewal; training; support working families; training; transportation

Health/Healthcare: Accessible; affordable; attainable

Housing: Affordable; safe; clean living environments; community supports; conditions surrounding homes

Neighborhoods and Community Supports: Safe, healthy, and quality indoor/outdoor public areas; community-based recreation; support services proximity to communities; strengthen father involvement; zoning and tax codes (voting districts, sidewalks, infrastructure planning); coordination and integration of family support services; promotion of health prevention; tax incentives (credits, subsidies, exemptions, abatements)

Public Services and Supports: Law enforcement that promotes equitable access and fair treatment; EMS; fire stations; code enforcement; transportation; organizational support that assesses and eliminates intentional and unintentional policies or practices that have negative impacts related to race/ethnicity; gender; national origin; disabilities; sexual orientation; gender identity

EXAMPLE

Problem: Disparities in breastfeeding rates among African American and American Indian Women

Proposed Changes Impact Table			
Proposed Change	Impact Category	Positive Impact	Negative Impact
Provide a peer educator from the local health department to visit the prioritized population's neighborhood every Saturday to provide support and information to breastfeeding or pregnant mothers.	Housing Healthcare	Increased access to breastfeeding information and built in support system with other new mothers	Cost/effort to hold trainings outside of WIC clinic hours and in different location

3F. DESCRIBE THE AGREED UPON CHANGES AND DEVELOP AN ACTION PLAN.

Background Information for the Facilitator: After completing step 3E, if the team is working in small groups, bring them back together as a large group. Conduct step 3F as a large group. Buy-in from all team members is critical since they will be helping to implement the changes to the policy/program. There is an example of how to complete the **Action Plan Table**. If it is necessary, go through a couple of examples. If the team seems to grasp the concepts and process, you can choose to skip the example.

The number of changes agreed upon in the previous steps will determine the number of changes to be implemented. Depending on the change, different team members should take the lead. **By no means should one person be in charge of all of the changes.** People have different power within an organization as well as different professional and personal strengths. It is important to utilize these strengths when asking for someone to take the lead. Having a timeline is really important to help with accountability. The **Action Plan Table** on page 28 of the HEIA tool can be used to compile this information or the group can choose their own way of documenting this information.

Before we get started with our changes and an action plan, we can look at the example of a plan. Who wants to help us run through one or two of the examples?

Background Information for the Facilitator: Listen and watch the team to decide how much time to spend on the example. When everyone seems to understand the example, move on to the actual policy/program and changes.

EXAMPLE

Problem: Disparities in breastfeeding rates among African American and American Indian Women

Action Plan Table				
Changes	Action Steps	Intended Outcome	By When	Lead Person
Provide a peer educator from the LHD to visit the prioritized population's neighborhood every Saturday to provide support and information to breastfeeding or pregnant mothers.	<ol style="list-style-type: none"> 1. Identify the prioritized neighborhood and meeting location 2. Find local champion in priority neighborhood 3. Meet w/ WIC director to adjust peer educator's schedule 	<ol style="list-style-type: none"> 1. Neighborhood and meeting location identified 2. Champion identified 3. Meeting held, & permission granted 	Within 30 days for all three action steps	<ol style="list-style-type: none"> 1. LaDonna Smith (Community Outreach Worker) 2. LaDonna Smith 3. Jane Watson (Breast-feeding Coordinator)

Great. Does everyone feel good about moving on to our policy/program and our action plan? Let's get started with the first change. What are the action steps and intended outcomes? By when do we want to accomplish each action step, and who is the lead person driving the action? Keep in mind, one change may have multiple action steps, intended outcomes, timelines, and leads. There is a blank copy of the table on page 25 of the HEIA tool.

Background Information for the Facilitator: Continue this process until there is an action plan for each change. Stop and summarize as needed.

3G. IDENTIFY POTENTIAL UNEQUAL IMPACTS.

Great work. We are almost done with Step 3. Next, we are going to look at the unequal impacts. Who knows what unequal impacts are and can give an example?

Background Information for the Facilitator: Wait for answers from the team. If no one knows, define what unequal impacts are (an adverse effect of a practice or standard that is neutral and non-discriminatory in its intention, but disproportionately affects individuals, groups, and communities based on race/ethnicity, sex, gender, age, disability status, etc.). Provide an example, if necessary.

Unequal impacts are negative effects on one group of people versus another in employment, housing, health, education, etc. Some of these may have been captured when we discussed unintended consequences, but we want to make sure we highlight those that may affect different communities differently. It is possible that even with changes to a policy/program, disparate impacts may arise. How will you handle disparate impacts should they arise? Let's discuss and jot down some of these potential unequal impacts.

Action Step 4: Develop a Monitoring Plan

Purpose: To develop an accountability plan to continue to monitor the impact of the revised policy/program, the changes, and ensure that disparate impacts and negative unintended consequences are assessed and remedied.

4A. DEVELOP A MONITORING PROCESS.

Background Information for the Facilitator: Development of an accountability plan is essential to ensure that the changes get made to the revised policy/program and communication continues with the impacted communities, partners, and stakeholders. To ensure the documentation of the process and next steps, there are two tables below that might be useful.

The first, a **Monitoring Process Table** provides a space for the team to document how, when, and who will review the **Action Plan** created in Action Step 3.

The **Monitoring Plan Table** provides a space to document each change, the intended outcome, whether the intended outcomes were achieved, and describe the unequal impacts or unintended consequences and how they were addressed. Copies of the Monitoring Process and Monitoring Plan Tables can be found on pages 31 and 32 of the HEIA tool.

This last step is to identify how we will create a monitoring plan to ensure there is follow up and follow through with the changes to the policy/program.

We also want to be able to have a process to assess how well the changes are or are not working. Keep in mind that the process should include a method to review actions associated with the changes; how data and information will be shared with the impacted communities, partners, and stakeholders; and finally, how we plan to make changes should something not be working after a period of time.

*The **Monitoring Process Table** is one way to think through the pieces of this process and should be completed today. It provides a space for the team to document who, when and how the changes will be reviewed.*

*The **Monitoring Plan** is a tool that can document the intended outcomes and actual outcomes of the change as well as how any disparate impacts or unintended consequences were addressed. This table can be used at subsequent meetings and when reviewing the Changes Action Plan Table.*

Both of the tables can be found in the HEIA tool on pages 31 and 32. Let's go ahead and work on these today.

Monitoring Process Table	
Who will lead this process?	
When will the Changes Action Plan be reviewed?	
Who will review the Changes Action Plan?	
How will the outcomes of the changes be shared?	

Monitoring Plan Table			
Changes	Intended Outcome	Outcome Achieved	Describe any unintended consequences or disparate impacts and what was done about them
		<input type="checkbox"/> Yes <input type="checkbox"/> No Why or why not?	

4B. DEVELOP A COMMUNICATION PLAN.

Background Information for the Facilitator: Ensure that everyone on the team has provided feedback and has come to a consensus in step 4A. Once the team is ready, move on to the last part of Action Step 4, the communication plan.

Continual communication with the implementation team, other leaders, and stakeholders is extremely important. Taking time to plan this step won't take long, but the long-term benefits will be beneficial to the work.

Lastly, a communications plan is essential to ensure that feedback to the impacted community, partners, and stakeholders occurs. Take time to determine how you will communicate information regarding the policy/program, the changes, and the outcomes. Brainstorm ideas about what documents will be prepared and how they will be shared (electronically or hard copy? via social media?). Determine dates and locations for meetings with impacted communities, partners, and stakeholders or a plan for how dates will be decided.

Conclusion – Wrap-Up – Summary

Background Information for the Facilitator: If needed, you can summarize the end results of the process. Participants have reached the end of the assessment. Now, feel free to encourage the group to reflect on the assessment and the process. Feel free to use another type of QI assessment at the end of the implementation process. What is most important is to reflect on the process and how the process unfolded.

Congratulations! We have completed the four Action Steps of the HEIA. What an amazing job!

Before we head out, let's take a couple of minutes to evaluate our work.

- *What is one word that represents how you feel about our accomplishments today?*
- *What went well during this assessment process?*
- *What could be improved when we get back together next time?*

FACILITATOR GUIDE
APPENDICES

Appendix 1: Understanding Terminology Activity List of Words and Definitions

TERMINOLOGY DEFINITION CARDS

(PRINT ON ONE COLOR CARDSTOCK)

Differences in health outcomes and their causes among groups of people that are related to social or demographic factors such as race, gender, income or geographic region.

When everyone has the opportunity to be as healthy as possible

The unfair differences that prevent everyone from the opportunity to have good health.

The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. The biases can be favorable or unfavorable assessments that are involuntary and occur without an individual's awareness or internal control.

When social, economic, and political opportunities are not predicted based on a person's race.



When a person's race can predict their social, economic, and political opportunities and outcomes.

The underlying reasons that create the differences seen in health outcomes. The conditions in a community that determine whether people have access to the opportunities and resources they need to thrive.



Unforeseen outcomes that are not intended by a purposeful action. These can be both positive and negative.

The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at national, state, and local levels. These are also known as the drivers of health.

WORD CARDS

(PRINT ON A DIFFERENT COLOR CARDSTOCK)

HEALTH DISPARITY

HEALTH EQUITY

HEALTH INEQUITIES

IMPLICIT BIAS

RACIAL EQUITY



RACIAL INEQUITY

ROOT CAUSES

**SOCIAL DETERMINANTS
OF HEALTH**

**UNINTENDED
CONSEQUENCES**



Appendix 2: Team-Building Activities

The following activities can be conducted before the implementation of the HEIA as an ice-breaker or even as a separate meeting. (Source: *Introduction to Social Determinants of Health, Health Equity Peer Educator Training*: <https://sph.umich.edu/cbphcaucus/pdf/Resources/HEPESocialDeterminants.pdf>)

GAME OF LIFE

Who can play

- This game can be played with large or small groups.

What you'll need

- Colored game pieces - red, blue, green (instead of game pieces you can use cards with the colors red, blue, and green).
- Index cards with descriptions of the scenarios
- If you have a large group, you can make game pieces with more colors and create new scenarios.
- You can also use PowerPoint and allow people to choose game pieces and give them their scenarios (this could save time but might be less fun).

How to play

- Pick your colored piece. You (and your group) will identify as this “person” for the game.
 - **Blue** - Lives in a 2-bedroom rented apartment. There is a family of 5 (a retired grandparent and 3 children, one parent). **Blue** (the parent) went to school but did not graduate from high school because her first child was born.
 - **Red** – Lives alone in a 3-bedroom condo. **Red** does not have any children. **Red** has finished high school but does not have a college diploma.
 - **Green** – Lives in a 4-bedroom house. **Green** is one of two parents. They have 3-children. **Green** has a high school diploma and some college. **Green's** partner has a college degree.
- Scenario Give each player, regardless of their color, an index card with each of the following scenarios
 - All game pieces lose their jobs.
 - All game pieces have a crisis: go for surgery to remove an appendix that was infected.
- After the job loss and medical crisis, give the pieces the next card with the following scenarios.
 - **Blue** – no insurance. Does not meet the poverty level. Loses the apartment, now lives in public housing. Remains in public housing and one child falls victim to violent crime in the neighborhood.
 - **Red** – no insurance, loses the condo, becomes homeless. Eventually, after 6 to 9 months, gets a job as a manager and now lives in an apartment.
 - **Green** – covered by Blue Cross/Blue Shield (or another popular private health insurance company). Spouse provides financial support for the household. Remains searching for a comparable job to the one lost, while spouse supports the family financially.

Discussion questions

- What happened to each person as they went through the exact same issues?
- How did it affect their health?
- What is the relationship between education, environment, social support, and finances with regard to health?

MONOPOLY

What you'll need

- A couple of copies of the Monopoly game.

How to play

- Divide people up so that a similar number are playing at each board.
- Play using monopoly rules, but randomly pick 1 to 2 people to start first at each board. After about 10-20 minutes, randomly pick another 1 to 2 people to begin playing. Continue this until all of the people at each board are playing.
- After an hour or so (depending on the timeframe and your group), stop the game.

Discussion questions

- What happened in the game?
- Who was winning?
- How did it feel to the people who started the game late (2nd, 3rd, etc.)?
- How did it feel to the people who started first in the game?
- What was the point of playing Monopoly like this?
 - Define social determinants of health, equity, inequities, and disparities.
 - Discuss how these words and definitions fit into the game just played.
 - What lessons were learned?

THE LIFE COURSE GAME

What you'll need

- One or more copies of the Life Course Game.

How to play

- Play this game according to the rules that come with the game.
- If there are more people than pieces, people can team up.

Discussing Questions

- Using the discussion questions in the facilitator's guide to begin a conversation with the players about the topics covered in the guide.

Alternative play strategy

- If there is limited time for play, put people in small groups and divide up the scenario cards randomly.
- Have each team take on a different “person.”
- Have each team discuss the scenarios and questions in the facilitator’s guide.

WHAT WOULD YOU DO?

This activity depicts a social experiment conducted in the park, where there are three people who try to steal a bike out in the open. Watch how the bystanders react to who is stealing the bike.

What you’ll need

- Access the following video on YouTube: <https://www.youtube.com/watch?v=ge7i60GuNRg>

Activity

- Watch the video with the group and then follow up with the discussion questions.

Discussion questions

- What would you do?
- How would you react if you saw the different people stealing the bike?
- What comes into your mind when you see the bystanders reacting differently to the different people stealing the bike?

FLOWERPOT (BASED ON CAMARA JONES’ THE GARDNER’S TALE)

What you’ll need

Three flowerpots of the same size with one having red flowers, one having pink flowers, and one being empty or pictures of three similar flowerpots

How to play

Give each person (or group) a flowerpot or image. Each flowerpot has a number (1, 2, or 3):

- Flowerpot 1 has **red** flowers in it and is flourishing and looks bright/cheery
- Flowerpot 2 has nothing in it – just dirt
- Flowerpot 3 has **pink** (or another color) flowers in it but are small and appears to be sad looking

Discussion questions

Ask how each group feels about their flowerpot.

- **Flowerpot 1 – what are some of the advantages of being a red flower?** *The best, they are better than pink, they are growing and doing well. This pot represents what would be considered the white race in the US. The provision of soil was the emphasis on the historical happenings in the US. Whites are perceived to have better health outcomes compared to other races/ethnicities.*

- **Flowerpot 2 – how did you feel when you were not included?** *Your flowerpot did not have seeds or anything growing in it. This pot represents the people of color, minorities. While the Black/white inequities and disparities are among the greatest in the US, there are many inequities and disparities among other people of color and whites. This flowerpot was just forgotten, ignored. It did not “stand a chance.”*
- **Flowerpot 3 – who/what was controlling the success and growth of this flowerpot?** *This pot had some growth, some opportunity but did not get the same opportunities for growth as pot 1. There was some growth with the bad soil which can be interpreted as poor growing conditions.*

Additional information

- Distribute copies of the article [Levels of Racism: A Theoretic Framework and a Gardener's Tale](#) by Camara Phyllis Jones, MD, MPH, PhD.
- Link to one of Dr. Jones' many online videos such as [Dr. Camara Joes Explains the Cliff of Good Health](#)

THE STORY OF YOUR NAME, COMMUNITY, AND YOUR GIFTS

This is a great icebreaker to get a group of people talking about themselves and to start feeling connected with one another.

What you'll need

No materials are needed, but you can write up these statements on a PowerPoint slide or flip chart paper:

- The story of your name – where did your name come from or why were you given your name? What does your name mean? How do you feel about your name?
- The story of your community – where do you come from, what is your community like, what have you learned within your community? Who are your folks? Where did you group up? What era did you grow up in? What are you now?
- The story of your gifts - what is natural to you, not necessarily your skills (or what you've been trained to do)?

Activity

- Divide up into small groups of about 3 – 4 people each.
- Have people share the something about each of the three statements.