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APPENDIX F2: Division of HIV Health, Health Equity Assessment

**Department of
Public Health**
CITY OF PHILADELPHIA

Division of HIV Health - Health Equity Assessment

Subrecipient:	Award Number:

Overview

For decades, public health has operated from a personal choice model where communities are held solely responsible for the health disparities that exist for them. With time, research, and education, experts and professionals in public health have come to the clear conclusion that what creates these disparities is systemic inequities that entrap communities in a cycle of disparate access, resulting in these disparities. It is the goal within DHH, in continuing to address HIV and execute the Ending the HIV Epidemic plan, that HIV prevention, care, and management must utilize an equity-based model if the City of Philadelphia is to accomplish the goals of this initiative. This assessment will serve to provide insight into your organization's current equity activities, accomplishments, and designs, as well as highlight where health equity should be further applied for a more successful outcome to the individuals and groups you serve. *This assessment is to be used as a visual tool to assist in setting ongoing equity goals and is not to be utilized to reject, discard, or relinquish an organization from their current funding from DHH.*

Submitting Procedure and Assessment Results

Three (3) assessments should be returned to DHH directly in PDF format, one (1) from representatives of the leadership team, one (1) from representatives of Managers/Supervisors, and one (1) from representatives of community engaging/facing employees. Each assessment should be submitted directly from the preparer, and not sent through leadership or another individual to best protect candid and honest responses. All three (3) will be reviewed separately, then compared jointly to pull an averaged understanding with direct input from representation across the organization's power structure, with a goal of getting as much transparency as possible.

Please submit your complete assessment directly to DHH's Health Equity Officer, Evan Thornburg, at evan.thornburg@phila.gov.

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Section I: Representation
Check every group that each statement applies to.

	The Board & Directors	Managers & Supervisors	Community Facing Employees
1. Represents a vast, intersectional array of identities and people.			
2. Has a diverse amount of BIPOC (Black/Indigenous/People of Color).			
3. Has a diverse amount of people from different wealth/socioeconomic backgrounds.			
4. Has a diverse representation of gender (trans, nonbinary, women, etc).			
5. Has a diverse amount of people with abilities/disabilities.			
6. Has a diverse amount of people from different age groups.			
7. Has immigrant/refugee representation.			
8. Has intersectional individuals who are competent about a variety of identities and inclusion.			
9. Has a diverse representation of sexual identities (people who openly identify as lesbian, gay, bisexual, queer, asexual, or pansexual, etc.)			
10. Has neurodiverse representation (people who openly identify as having dyslexia, dyscalculia, autism, ADHD, etc.)			
11. Has individuals who identify as parents.			
12. Has individuals who identify as speaking another language/English is a second language.			
13. Has individuals with varying levels of formal institutional education (GEDs, high school and vocational degrees, college degrees, etc.)			
14. Has individuals who have been residents of Philadelphia for 10 years or more.			

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Section II: Competency
Using the scoring system provided, score each statement as it relates to your organization/agency.

Scoring: All scoring is on a 0 – 4 scale with each number representing the following;
0 – Unknown/Not Applicable
1 – Has not been considered/endeavored by organization
2 – Has been endeavored by the organization with little to no success
3 – Has been endeavored by the organization with some success but not consistent
4 – Has been endeavored by the organization with success and consistency

1. There is an up-to-date equity policy that includes definitions, values, and strategies that is accessible to and understood by all staff.	
2. There is an up-to-date equity strategy guide used to design programs, initiatives, and goals that is accessible to, understood by, and utilized by all staff.	
3. There is an up-to-date standard set of equity best practices that all produced and distributed materials must adhere to that is accessible to, understood by, and utilized by all staff.	
4. Leadership staff participate in consistent and ongoing trainings/presentations on different communities, cultures, and marginalized populations to better understand their needs.	
5. Management and supervisory staff participate in consistent and ongoing trainings/presentations on different communities, cultures, and marginalized populations to better understand their needs.	
6. Community facing and entry level staff participate in consistent and ongoing trainings/presentations on different communities, cultures, and marginalized populations to better understand their needs.	
7. Leadership encourage and incentivize staff participating in consistent and ongoing events, webinars, and conferences that further educate them on diverse communities and marginalized/vulnerable groups.	
8. There are formal and/or informal ways for staff to share their expertise and experiences with identity.	

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Section III: Internal Climate and Inclusion
Using the scoring system provided, score each statement as it relates to your organization/agency.

Scoring: All scoring is on a 0 – 4 scale with each number representing the following;
0 – Unknown/Not Applicable
1 – Has not been considered/endeavored by organization
2 – Has been endeavored by the organization with little to no success
3 – Has been endeavored by the organization with some success but not consistent
4 – Has been endeavored by the organization with success and consistency

1. Staff with lived experiences are consulted directly about the design of programs, initiatives, and goals that specifically target or affect their communities of origin.	
2. There is a diversity, equity, and inclusion committee/team who advise on a myriad of decisions and help solve complex issues related to staff, programming, administrative changes/choices, and community.	
3. There is a standardized mentorship initiative/program that staff from marginalized backgrounds can participate in that builds and invests in their talent and gives them direct access and support from people in managing or leadership positions.	
4. There is acknowledgement, incorporation, response, and/or celebration from leadership of holidays, events, political/legislative changes, and historic dates or moments that are important to different marginalized/vulnerable populations.	
5. The pay compensation structure is equitable, transparent, and understood by staff.	
6. The promotion process and structure are equitable, transparent, and understood by staff.	
7. The demotion/redundancy process and structure are equitable, transparent, and understood by staff.	
8. Lived work experience, when applicable, can be considered in exchange of formal higher education when hiring.	
9. Open positions are purposefully circulated to a multitude of trusted community organizations and individuals to get the most diverse talent pool possible when hiring.	
10. Every internal committee, council, or work group has substantial diverse and intersectional representatives from a myriad of backgrounds.	
11. The mental and emotional health of staff is prioritized by providing supports that include but are not limited to resources, professionally facilitated support spaces, and/or check ins.	
12. There are equitable flexibility options in scheduling, vacation/sick time, and work from home based on employee needs.	
13. There is paid parental/family leave with the option of an unpaid job security extension that can be accessed without formal or informal penalty to an employee.	
14. There is paid emergency leave that can be accessed without formal or informal penalty to an employee that includes but is not limited to death, IPV/DV (intimate partner violence/domestic violence), short term care provision for a loved one, and mental health crises.	
15. Accommodations for employees with disabilities are easily provided that include but are not limited to wheelchair access, visually impaired technology, ASL and captioning, accessible/modified office furniture, and accessible/modified organization vehicles.	
16. There is a continuing education initiative or program that supports and incentivizes employees who are interested in furthering their formal education.	
17. Paperwork, forms, and employee profile programs/apps (employee sign-in and payroll platforms like UltiPro, insurance patient profile platforms, email account titles, etc.) can use or indicate an employee's self-identified name and gender.	
18. There are affinity/BRG groups for employees with marginalized identities where they can meet regularly for support and resources, organize to solve workplace issues related to culture, and connect.	

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Section IV: Community Engagement and Inclusion
Using the scoring system provided, score each statement as it relates to your organization/agency.

Scoring: All scoring is on a 0 – 4 scale with each number representing the following;
0 – Unknown/Not Applicable
1 – Has not been considered/endeavored by organization
2 – Has been endeavored by the organization with little to no success
3 – Has been endeavored by the organization with some success but not consistent
4 – Has been endeavored by the organization with success and consistency

1. Community members with lived experiences are consulted directly about the design of programs, initiatives, and goals that specifically target or affect their communities of origin.	
2. There is a percentage or portion of the yearly budget dedicated to a participatory budgeting project or community-controlled initiative.	
3. Every external committee, council, or work group has substantial diverse and intersectional representatives from a myriad of backgrounds.	
4. There is a standardized mentorship initiative/program that volunteers/dedicated community members from marginalized backgrounds can participate in that builds and invest in their talent and gives them direct access and support from people in managing or leadership positions or a pathway to employment at the organization.	
5. Volunteers and dedicated community members are strongly considered and seen as a valuable talent pool for open positions at the organization when positions become available.	
6. Accommodations for community members with disabilities are easily provided that include but are not limited to wheelchair access, visually impaired technology, ASL and captioning, accessible/modified office furniture, and accessible/modified organization vehicles.	
7. Events, organizational programs/initiatives, and important meetings for community members are executed with transportation access, labor work hours, technological access limitations, and time constraints due to childcare as important contributing factors to be accommodated in the foundational design.	
8. Language translation services are easy to access, straight forward for community and clients to request, and are used pre-emptively for community facing meetings/events.	
9. Multiple platforms, tools, and techniques are used to connect with and inform communities of programs/initiatives at the organization including but not limited to text alerts, newsletters and emailers, neighborhood flyers, direct phone calls, townhalls, and shareable social media posts.	
10. There is an easy and accessible process for community members to provide criticism and feedback about programs, initiatives, patient/client care, and submit suggestions for improvement that is utilized when improving the organization's operations.	
11. Paperwork, forms, and patient/client profile programs/apps (i.e., patient portal platforms) can use or indicate a patient/client's self-identified name and gender.	

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Section V: Final Insights
Answer each question in one paragraph or less.

1. Name and describe at least one equity-based community project, initiative, or program the organization has implemented in the last 2 years.

2. Name and describe at least one internal equity-based systemic change the organization has implemented in the last 2 years.

3. In what ways does the organization engage the communities it serves?

4. At what stage of the programming process are marginalized/vulnerable groups and/or identified people added to the decision-making or design process?

5. What are some equity-based changes the organization should prioritize?

6. What does the organization do well for clients?

7. What does the organization do well for employees?

8. What else should we know about the organization's commitment to equity-based practices?

_____
Prepared by (Name and Title)

_____
Date

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