

Tips for Conducting Equity Assessments

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This content was initially created to inform federal staff at the U.S. Department of Health and Human Services. In an effort to increase collaboration and share promising practices, the Office of the Assistant Secretary for Planning and Evaluation has made this tool available for both public and private partners. Potential audiences that may be interested in these materials include, but are not limited to, state and local governments, tribal governments, and other private or non-profit organizations focused on programs and policies relating to health and human services. Links and references to information from non-governmental organizations are provided for informational purposes and are not an HHS endorsement, recommendation, or preference for the non-governmental organizations.

Equity assessments are systematic examinations of available data and expert input on how various groups—especially those facing inequity or disparities—are or likely will be affected by a policy, program, or process. They aim to minimize unintended adverse outcomes and maximize opportunities and positive outcomes. They are flexible in application, ranging from rapid reviews to continuous improvement efforts. They are used to inform new policy proposals, improve existing programs, and help grant recipients direct their activities. They can ultimately help deliver resources and benefits more equitably.

Although specific steps vary by equity assessment tool and context, core steps include:

1. Describe the program/policy and populations
2. Consider context and drivers of disparities
3. Collect expert input, including from affected community members
4. Identify information sources and gaps
5. Analyze policy/program effects—potential or current—on people and communities
6. Plan for action and accountability

These steps inform each other. It is important to synthesize information and findings from all of the steps rather than completing them in isolation.

What is equity?

The consistent and systematic, fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of colors; members of religious minorities; lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. *Definition adapted from [Executive Order 13985](#).*

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1. Describe the program/policy and populations

- ▶ Start by **describing the program/policy** that will be the focus of the assessment and **considering all the people and groups affected by it**. Think about **those currently served and excluded**, whether intentionally or unintentionally. Consider populations that may not be receiving the full benefits of the policy or program even though they are eligible to participate. Also consider program participants or beneficiaries, as well as **others involved in or affected** by the program, such as staff in the field.
- ▶ When describing populations (or subgroups) facing disparities, give one or more **reference points for the disparities**, such as the characteristics or outcomes of the total population in an area, the national population, the largest group, or a benchmark chosen through a planning process.
 - ✓ Justify or **explain your selected reference point(s)**. Try to think critically about the best reference point rather than simply defaulting to reference populations used in the past. Consider whether there is a consistent benchmark to measure all groups against and explain how using that reference point will help identify and illuminate disparities.
 - ✓ Consider reporting both **absolute and relative measures of disparities** because they might lead to different conclusions, especially about change over time. An absolute measure is the difference between two rates and shows the big picture about how outcomes or experiences differ. A relative measure puts the rate for one group in the context of the rate for the reference group, as a percentage. See the following resource for a helpful discussion: [Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity \(nih.gov\)](#).²
- ▶ Consider **intersectionality**—the fact that people belong to more than one group and may experience overlapping health and social drivers of disparities, as well as overlapping strengths and assets.³ Thinking through intersectionality helps avoid assumptions about the homogeneity of

Intersectionality: What if data on overlapping identities are not available?



Example: The assessment team has data on two characteristics, but the exact number of people with both is unknown or difficult to calculate.

Interim solution: Consider barriers and opportunities for people with each characteristic, then consider barriers and opportunities for those with both. How can a program best serve them?

Long-term solution: Analyze available data in new ways to better understand intersecting characteristics. If necessary, document data gaps to make a case for better data.

Whenever possible: Consult with people who have those overlapping identities to make better inferences about their experiences. Ideally, this involves engaging people with lived experience with a program or policy or who may be eligible but not served.

² Penman-Aguilar, A., M. Talih, D. Huang, R. Moonesinghe, K. Bouye, and G. Beckles. “Measurement of Health Disparities, Health Inequities, and Social Determinants of Health to Support the Advancement of Health Equity.” *Journal of Public Health Management Practice*, vol. 22, suppl. 1, 2016, pp. S33–S42.

³ Adapted from <https://www.cdc.gov/healthcommunication/HealthEquityGuidingPrinciples.pdf>.

the people served and helps identify subgroups who may be most affected by disparities. This tip can also help with thinking through what different people need to thrive.



2. Consider context and drivers of disparities

- ▶ Include a discussion of **the potential reasons for observed disparities**. This is important for placing focus on systems and institutions that need to be changed, and it helps to avoid blaming groups of people for poor outcomes. Reasons could include **structural drivers of disparities**, which are governing processes and economic and social policies that distribute power and resources in unfair ways, such as an inequitable distribution of funds to certain communities. In other words, these drivers are built into our society. **Social drivers of disparities** are differences in the conditions in which people are born, grow, live, work, and age, such as poverty, employment, housing, environment quality, transportation, food security, and community safety. Differences in these social conditions drive disparities. Although these conditions are also known as social determinants of health, this tool uses a broader term to encompass multiple outcomes, including both health outcomes and other outcomes (e.g., economic outcomes).
- ▶ Consider the context for policies, programs, and proposed changes, including **historical, societal, and/or policy context**. This helps in understanding how systemic or institutional racism or structural barriers could have played a role in the development of previous policies, and how they can avoid replicating bias in new policies.

Context: Practical questions to consider



- Why might observed disparities exist? What factors might be driving them?
- What indicators can provide context for individual-level disparities? Consider the social conditions present where program participants or beneficiaries live and the characteristics of groups eligible for or participating in programs.
- Why is this policy or program needed? What historical issues is it seeking to overcome?
- To what extent does this analysis of context apply to equity assessments of different aspects of the same policy or program?



3. Collect expert input, including from affected community members

- ▶ **Engage experts, including people with lived experience with programs, to understand inequities and barriers and to inform the analysis.** Experts include former or current program participants or beneficiaries, staff who work with program participants/beneficiaries or affected communities, subject matter experts such as researchers, staff in federal offices, or state or local partners.³ See the following resource for helpful strategies: [Methods and Emerging Strategies to Engage People with Lived Experience](#).⁴

³ This tip sheet uses the term “expert” instead of the word “stakeholder.” The Centers for Disease Control’s guide to inclusive language recommends against using stakeholder: [Preferred Terms for Select Population Groups & Communities | Gateway to Health Communication | CDC](#).

⁴ Skelton-Wilson, S., M. Sandoval-Lunn, X. Zhang, F. Stern, and J. Kendall. “Methods and Emerging Strategies to Engage People with Lived Experience.” Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2021. Available at <https://aspe.hhs.gov/reports/lived-experience-brief>.

- ▶ Engage experts **as early in the assessment process as possible**. Expert input can inform all other steps in the assessment and its conclusions. In addition to collecting input, offices can include experts as **members of the assessment team**. Experts can suggest data sources, provide multiple perspectives to inform and enhance the analysis, and develop recommendations for follow-up, among other roles.

Expert input: What if the assessment time frame is short or the process is confidential?



- Consider what is already known about experts' views.
- Consider and document future possibilities to collect new input.



4. Identify information sources and gaps⁶

- ▶ **Quantitative data** such as program, administrative, or survey data shed light on the magnitude and prevalence of an inequity or an opportunity for improvement. Disaggregate (i.e., break down) quantitative data to understand differences among groups, such as people from different geographic areas or with different incomes.
- ▶ **Qualitative data** such as interview or focus group data increase understanding of context and the experiences of participants and beneficiaries. They also help to explain quantitative findings. For example, experiences with a burdensome application may help to explain a disparity in access to a program.
- ▶ **Secondary sources** such as gray and peer-reviewed literature leverage learning in the field and are often efficient to use.
- ▶ Document **data gaps**. As the Government Alliance on Race and Equity's racial equity toolkit notes, "sometimes missing data can speak to the fact that certain communities, issues or inequities have historically been overlooked."⁶ Documenting gaps avoids over-relying on traditional sources that do not reflect variation in socioeconomic or cultural experience or that exclude people, such as unregistered voters or undocumented immigrants. Documenting specifics about gaps, such as needed variables, can also support investments in obtaining better data for use in future equity assessments.



5. Analyze policy/program effects—potential or current—on people and communities

- ▶ Describe specific ways that policies affect (or might affect) children, families, individuals, and communities. Equity assessments are stronger **detailed outcomes of current programs**, and/or **proposed changes** can be articulated, based on the available data and information. Experts can be engaged to understand ways in which people interact with a policy or program in their daily lives. Predicting outcomes specific to a proposed policy is a good idea even when there is no obvious equity impact.
- ▶ **Consider potential community-level outcomes**. Some policies have the potential to affect conditions for entire communities, thereby affecting structural or social determinants of

Accessed February 8, 2022.

⁵ Data collection and analysis may also require legal review to determine appropriate authorities.

⁶ Nelson, J., and L. Brooks. "Racial Equity Toolkit: An Opportunity to Operationalize Equity." Government Alliance on Race and Equity, 2016. Available at https://racialequityalliance.org/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf. Accessed December 20, 2021.

disparities. However, **not all programs and policies will have community-level outcomes**, especially those that focus on individuals or serve a small fraction of a population group or community. Thinking through community- versus individual-level outcomes of programs can help offices make changes needed to drive equity. It also helps offices understand the limitations of programs and policies that focus on disparities but not their root causes.

Analysis: Domains of equity to consider



- Awareness of programs and benefits
- Processes, rules, and administrative burden
- Access to services
- Funding and distribution of resources
- Participation and engagement
- Outcomes and quality

Analysis: Example of programs with and without community-level effects



- A program that creates a pipeline for health care professionals in communities with low access to care could change social conditions and reduce disparities in health outcomes.
- A program that coordinates care for children with certain disabilities will help individuals but is less likely to have a community-level effect.



6. Plan for action and accountability

Articulating action steps is part of the equity assessment, and this typically occurs once there are at least preliminary results from the prior steps of the equity assessment. Without planning action steps and developing a plan for accountability, organizations might not realize expected positive changes or learn whether actual outcomes match predicted ones.

- ▶ For assessments of proposed policies, think about how **implementation strategies or complementary policy strategies** might increase the chances of realizing expected positive outcomes, or avoiding negative ones. Policy and program changes do not automatically result in improvements to equity. Consider (1) the processes people must use to access programs and services, and (2) the coordination, training, technical assistance, or other implementation actions needed to realize expected outcomes.
- ▶ Consider whether **sharing the assessment**—for example, with affected communities or other organizations—would help to validate or refine findings, or support coordination, learning, or transparency.
- ▶ For assessments of existing programs and policies, **develop strategies to address inequities or disparities** revealed through the assessment. Articulate goals for improvement and actions needed to reach each goal.
- ▶ Describe **program improvement, monitoring, and/or evaluation plans**. If possible, articulate **measurable goals for improvement** in addition to processes and actions. Doing so helps offices understand whether policy changes or planned improvements are playing out as expected.