

# Equity Organizational Self-Assessment

Use this self-assessment to identify current conditions and practices in place within your organization supporting equity.



**Instructions:** Use this self-assessment to identify what is currently in place within your organization to support ongoing commitment and action towards building a **Culture for Equity**. This assessment includes the following sections:

1. Strategic Focus on Equity
2. Procedural Equity
3. Influence Equity
4. Access Equity
5. Quality Equity

A **Culture for Equity** exists when organizational policies, practices, mindsets, resource allocations, decision-making processes, and capacities are aligned with the goal of ensuring everyone has a fair and just opportunity for health and wellbeing. In organizations with a strong Culture for Equity, there is an explicit focus on removing barriers that create inequity

For each question, please rate the extent to which each statement reflects current conditions and practices within your organization by placing an “X” in the appropriate column. See references page 7.

## I. Strategic Focus on Equity

Organizational goals, outcomes, and strategic focus demonstrate commitment to equity

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
a. <b>Leaders communicate a commitment</b> to promoting equity in all aspects of the organization’s work.				
b. <b>Discussions</b> about the systemic causes of inequities and how to address them are encouraged and supported.				
c. We have a <b>shared language and understanding</b> around the concept of equity.				
d. Our <b>mission, goals, and objectives</b> include language representing our commitment to equity.				
e. <b>Strategic plans</b> , work plans, or action plans focus on promoting equity.				
f. We have <b>identified and prioritized</b> inequities and affected groups related to the organization’s overall goals and aims.				
g. We build authentic and long-term <b>relationships</b> with local settings/agencies working most closely with groups experiencing inequities.				
h. Criteria related to supporting a “Culture of Equity” within the organization is included in <b>staff evaluations</b> (e.g., annual reviews).				
i. We <b>collect demographic and descriptive information</b> with relevant organizational or program data to allow data to be disaggregated across sub-groups.				
j. We <b>assess disaggregated data</b> to reveal inequities across groups. This includes examining differences by: race/ethnicity, income, gender, gender identity, geography, and other groupings relevant to the community.				
k. We track specific <b>outcomes</b> to assess whether our efforts are helping to reduce local inequities.				

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
l. We <b>communicate progress</b> on reducing local inequities with community partners.				
m. Staff are knowledgeable about the ways <b>racial and income inequities create cumulative disadvantages</b> for certain youth and adults.				
n. <b>Staff can articulate</b> the organization's goals related to equity.				
o. <b>Staff understand specific roles</b> they can take to help the organization promote equity and reduce inequities.				
p. We invest in developing the <b>power and capacity</b> of youth, adults, and communities experiencing local inequities. Consider investments promoting social connections, economic opportunity, leadership capacity, and political power of youth, adults, and communities experiencing local inequities.				

## 2. Procedural Equity

Equitable treatment or interactions with individuals from different groups

- EX: An organization's policies, practices, or staff behaviors do not disadvantage certain individuals based on their race/ethnicity, gender or gender identity, income, or location.

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
a. We use <b>decision-making processes</b> to assess how our proposed policies, protocols, processes, and/or practices will affect equity.				
b. There are <b>well-defined equity principles and/or practices</b> guiding day-to-day organizational and staff behavior.				
c. <b>Current policies</b> do not disadvantage local youth and adults experiencing inequities.  EXAMPLES. Consider potential disadvantages resulting from policies related to: <ul style="list-style-type: none"> <li>scheduling (e.g., consequences for missing appointments)</li> <li>eligibility (e.g., criminal background checks, employment requirements to receive benefits, home address requirements disadvantaging homeless)</li> <li>disciplinary action (e.g., zero-tolerance school suspensions)</li> <li>funding (e.g., distribution of community resources by property taxes)</li> </ul>				
d. <b>Current protocols and practices</b> (written and unwritten) do not disadvantage local youth and adults experiencing inequities  EXAMPLES. Consider potential disadvantages resulting from protocols and practices related to: <ul style="list-style-type: none"> <li>service intake or enrollment (e.g., multi-step processes that disadvantage people with limited phone minutes, processes that assume individuals have internet access)</li> <li>scheduling (e.g., same day appointments offered based on insurance coverage)</li> <li>service or treatment delivery (e.g., what is offered to who)</li> <li>referrals to outside resources (e.g., who gets referred, for what)</li> <li>racial profiling</li> <li>hiring</li> </ul>				

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
e. The <b>language</b> used within our policies, protocols, and organizational messaging does not convey bias against local youth and adults experiencing inequities.				

### 3. Influence Equity

Individuals from different groups have equitable influence over decisions impacting their lives or communities.

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
a. We engage local youth and/or adults experiencing inequities in helping to <b>select our organization’s priorities</b> (e.g., related to which outcomes and inequities are targeted in our efforts).				
b. We engage local youth and/or adults experiencing inequities in <b>making decisions about how to design</b> our programs and strategies.				
c. We <b>provide feedback</b> to local youth and/or adults experiencing inequities about how their input was used within our organization’s decision-making.				
d. Our services, supports, or opportunities are <b>designed to meet the stated needs and preferences</b> of local youth and/or adults experiencing inequities.				

### 4. Access Equity

Services, supports, resources, and opportunities are equitably distributed and accessible across the community

- EX: there are enough healthcare clinics available and accessible within low-income neighborhoods to meet local need (compared to only higher-income neighborhoods having enough accessible clinics to meet their needs)

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
a. <b>We assess the basic needs</b> of all our clients/participants and refer them to resources in the community.				
b. We <b>gather and use feedback</b> from local youth and adults experiencing inequities on whether our services, supports, or opportunities are easy for them to access.				
c. Programs, services, supports, and/or opportunities are offered at <b>times and locations</b> that are easy for local youth and adults experiencing inequities to access.				
d. We provide <b>materials in languages and formats</b> (e.g., use of images to accommodate low literacy levels) that can be understood by local residents experiencing inequities.				
e. We distribute our programs, services, supports, and/or opportunities across the community to <b>meet the unique needs of local youth and adults experiencing inequities</b> .				
f. Programs, services, supports, and/or opportunities are <b>affordable</b> for local youth and adults experiencing inequities to access.				

## 5. Quality Equity

Equity in the quality of services, supports, or opportunities across different groups and places.

- EX: healthcare clinics in low-income neighborhoods have high-quality service providers and facilities to meet local needs (compared to only higher-income neighborhoods having high-quality providers and facilities)

In my organization...	Not at all	Starting to Make Progress	Making Good Progress	Fully in Place
a. We have <b>recruitment, hiring, and promotion policies/practices</b> to promote and maintain the diversity of staff and leaders.				
b. We have processes in place to ensure all staff and leaders are knowledgeable about <b>cultural competence/responsiveness</b> and <b>trauma-informed approaches</b> .				
c. We have processes in place to ensure all staff and leaders are knowledgeable about <b>implicit racial bias</b> .				
d. <b>Staff reflect the demographics of populations served</b> across all organizational units				
e. <b>Leaders reflect the demographics of populations served</b> across all organizational units.				
f. We provide <b>high-quality programming, services, supports, and/or opportunities</b> to local youth and adults experiencing inequities  EXAMPLES. Consider to what extent all settings/locations have: <ul style="list-style-type: none"> <li>• Skilled staff and service providers (e.g., teachers, doctors, case workers, etc.)</li> <li>• High-quality curriculum</li> </ul>				
g. We provide <b>high-quality settings and environments</b> to local youth and adults experiencing inequities  EXAMPLES. Consider to what extent all settings/locations have: <ul style="list-style-type: none"> <li>• High-quality buildings, waiting rooms, service rooms</li> <li>• High-quality materials and equipment (e.g., medical equipment, books, technology, etc.)</li> </ul>				
h. <b>Organizational spaces</b> are welcoming to diverse children, youth and adults, including materials and images that reflect diverse languages and populations.				

### This assessment was adapted from the following sources:

Annie E. Casey Foundation. (2014). Race Equity and Inclusion Action Guide. Retrieved from [https://www.aecf.org/m/resourcedoc/AECF\\_EmbracingEquity7Steps-2014.pdf](https://www.aecf.org/m/resourcedoc/AECF_EmbracingEquity7Steps-2014.pdf)

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Centers for Disease Control and Prevention. (2013). A practitioner's guide for advancing health equity: Community strategies for preventing chronic disease. Atlanta, GA: US Department of Health and Human Services. Retrieved from [https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/HealthEquityGuide\\_Intro\\_May2018\\_508.pdf](https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/pdf/HealthEquityGuide_Intro_May2018_508.pdf)

JustPartners, Inc. (2009) Tools for Equity, Diversity, and Inclusion [Measurement instrument]. Retrieved from <http://www.racialequitytools.org/resourcefiles/caseyann.pdf>

MP Associates. (2016) Transforming Organizational Culture Assessment Tool [Measurement instrument]. Retrieved from [http://www.mpassociates.us/uploads/3/7/1/0/37103967/toca\\_toolpotapchuk\\_.pdf](http://www.mpassociates.us/uploads/3/7/1/0/37103967/toca_toolpotapchuk_.pdf)

Western States Center. (2001) Assessing Organizational Racism [Measurement instrument]. Retrieved from <http://www.racialequitytools.org/resourcefiles/westernstates2.p>

