



Moving toward health, well-being and economic vitality

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Breakout session

# Using Evaluation to Move Toward Equity



# Using evaluation to move toward equity

October 3, 2024

# Learning objectives

Participants will:

- understand the role of evaluation to track outcomes and progress towards achieving equity
- be aware of ways to incorporate equity into internal and external evaluation practices using tools developed by HPIO and others
- learn how a local public health department uses data to connect city policies, programs and processes to the social drivers of health and advance equity








# Moving toward equity An evaluation toolkit

## Overview

Since 2020, 32 local governments and health departments in Ohio have declared racism a public health crisis, acknowledging the severe impact that racism has on the health of our communities. Research has also drawn connections between other forms of discrimination (such as ableism, ageism, classism, homophobia and transphobia) and health. Although there is a growing understanding that not all Ohioans have an equal opportunity to live a long and healthy life, there is much still to be done to ensure Ohioans of color, LGBTQ+ Ohioans, Ohioans with disabilities, Ohioans with low incomes, Ohioans living in urban, rural and Appalachian areas, and others can thrive in our state.

An important part of this work is to evaluate and measure if our efforts to achieve equity are successful. Evaluation tells us if what we're doing is making a difference. It gives us the information needed to understand where we need to change, refocus or intensify our approaches. Perhaps more importantly, evaluation is also a process that can build trust, collaboration and accountability.

This Toolkit is designed to provide you and your partners with information about how to use evaluation to move towards equity. It includes guidance, tools and resources on:

-  **Setting the stage for evaluation through assessment and planning** (page 5)
-  **Equitable approaches to evaluation** (page 8)
-  **Developing an equitable evaluation plan** (page 13)
-  **Using evaluation results for continuous quality improvement** (page 21)
-  **Collecting data for evaluation** (page 24)

# Moving Toward Equity An Evaluation Toolkit

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# Moving toward Equity

This toolkit is designed to provide partners with information about how to use evaluation to move towards equity. Each section covers a different element of evaluation, including information on how to tie evaluation into every step of assessment, planning, implementation and continuous quality improvement processes.

The toolkit includes guidance, tools and resources on:

- Setting the stage for evaluation through assessment and planning
- Equitable approaches to evaluation
- Developing an equitable evaluation plan
- Using evaluation results for continuous quality improvement
- Collecting data for evaluation

## Why is this toolkit needed?

Since 2020, 32 local governments and health departments in Ohio have declared racism a public health crisis, acknowledging the severe impact that racism has on the health of our communities. Research has also drawn connections between other forms of discrimination (such as ableism, ageism, classism, homophobia and transphobia) and health. Although there is a growing understanding that not all Ohioans have an equal opportunity to live a long and healthy life, there is much still to be done to ensure Ohioans of all ages, Ohioans with disabilities, Ohioans with low incomes, Ohioans living in urban, rural or suburban areas, and others can thrive in our state.

An important part of this work is to evaluate and measure if our efforts to achieve equity are successful. Evaluation tells us if what we're doing is making a difference. It gives us the information needed to understand where we need to change, refocus or intensify our approaches. Perhaps more importantly, evaluation is also a process that can build trust, collaboration and accountability.

These following tools are available for download in one convenient excel spreadsheet:

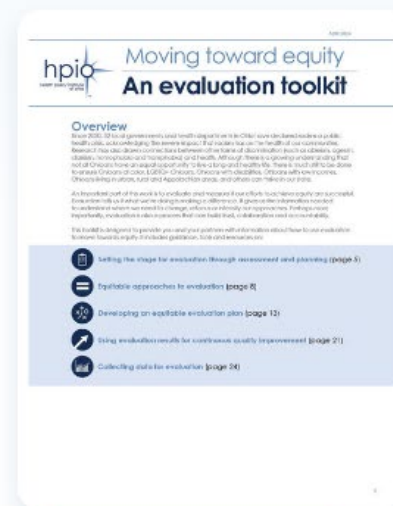
- Equitable evaluation checklist
- Logic model template
- Target setting worksheet
- Sources of publicly available disaggregated data
- Data quality checklist
- Equity considerations for primary data collection

[DOWNLOAD TOOLS](#)

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PUBLISHED ON

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[DOWNLOAD PUBLICATION](#)

## FOCUS AREAS

- **Health Equity**

## ADDITIONAL DOWNLOADS

- **Tools and Resources**



# Tool: Logic Model Worksheet

## Logic model worksheet

This worksheet can be used to create a logic model for your program/service that can help guide evaluation. There is an example at the top, followed by a worksheet that can be filled in.

### EXAMPLE

Logic model component	Inputs	Strategy(ies)	Outputs	Outcome(s) of activities	Overall goal(s)
<b>Definition</b>	<i>Resources needed to support the strategy</i>	<i>Program or service being provided</i>	<i>Tangible, countable products of your work</i>	<i>General statement about desired results</i>	<i>General statement about desired results</i>
<b>Example</b>	Trained providers	Health education class	Number of classes held	Increased awareness. Increased use of skills.	Improved health (universal target)

### WORKSHEET (fill in the blue cells)

Logic model component	Inputs	Strategy(ies)	Outputs	Outcome(s) of activities	Overall goal(s)
<b>Definition</b>	<i>Resources needed to support the strategy</i>	<i>Program or service being provided</i>	<i>Tangible, countable products of your work</i>	<i>General statement about desired results</i>	<i>General statement about desired results</i>
<b>Components of your program/service</b>					

# What is evaluation?

**Evaluation** assesses how a policy or program was implemented and whether it was effective in achieving desired outcomes.

*It is an ongoing process of discovery about what is working and what could be improved.*

# What is equity?

**Equity** exists when every Ohioan has the opportunity to reach their full potential.



# The Washington Post

## Calls to declare racism a public health crisis grow louder amid pandemic, police brutality



Lawmakers across the country declare racism a public health crisis

4:26

City governments are going on record stating that racism needs to be treated with the same kind of urgency and resources used to tackle other health emergencies (Video: The Washington Post, Photo: Holly Pickett/The Washington Post)

# Toolkit contents



**Setting the stage for evaluation through assessment and planning**



**Equitable approaches to evaluation**



**Developing an equitable evaluation plan**



**Using evaluation results for continuous quality improvement**



**Collecting data for evaluation**

Equity is both an **outcome**  
to work towards and a  
**process** to get there.

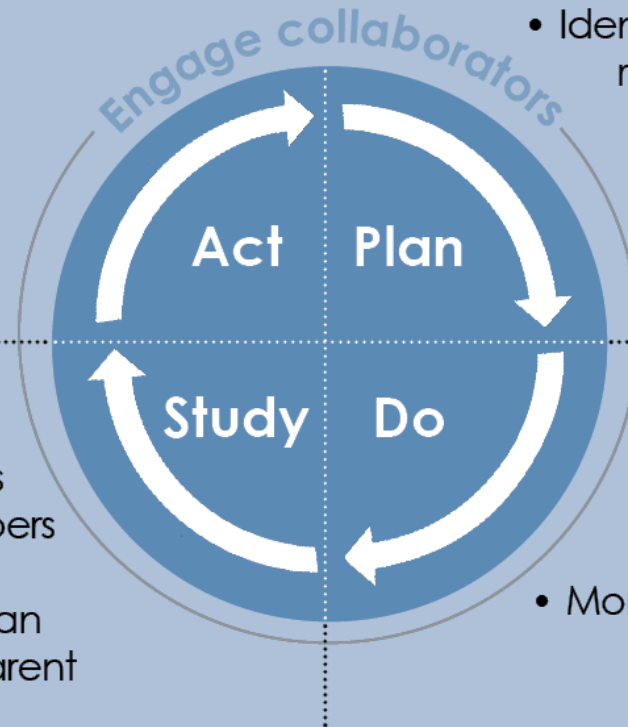
# Conducting and implementing equitable evaluation

- Reflect on findings and adjust program implementation
- Engage with partners to find new opportunities for collaboration
- Advocate for policy and system change

- Identify purpose, scope and audience of the evaluation
- Assemble an evaluation team equipped with **cultural humility** and **responsiveness**
- Identify priority populations and establish strategies for engaging them in every step of the evaluation process
  - Identify data from a wide range of sources for the priority populations, making sure to include data from diverse voices

- Analyze and interpret data with collaborators and community members
- Communicate and disseminate findings in an accessible and transparent way

- Collect data from a wide range of sources, making sure to uplift diverse voices
- Monitor progress on key **indicators**



Equitable evaluation leads to program improvement, evidence-based practices and system change.

# What does equitable evaluation look like?

- **Representative of multiple perspectives and groups** across the dimensions of diversity
- Oriented towards **the needs of program/service participants**

# Questions?

# Example SMART objective

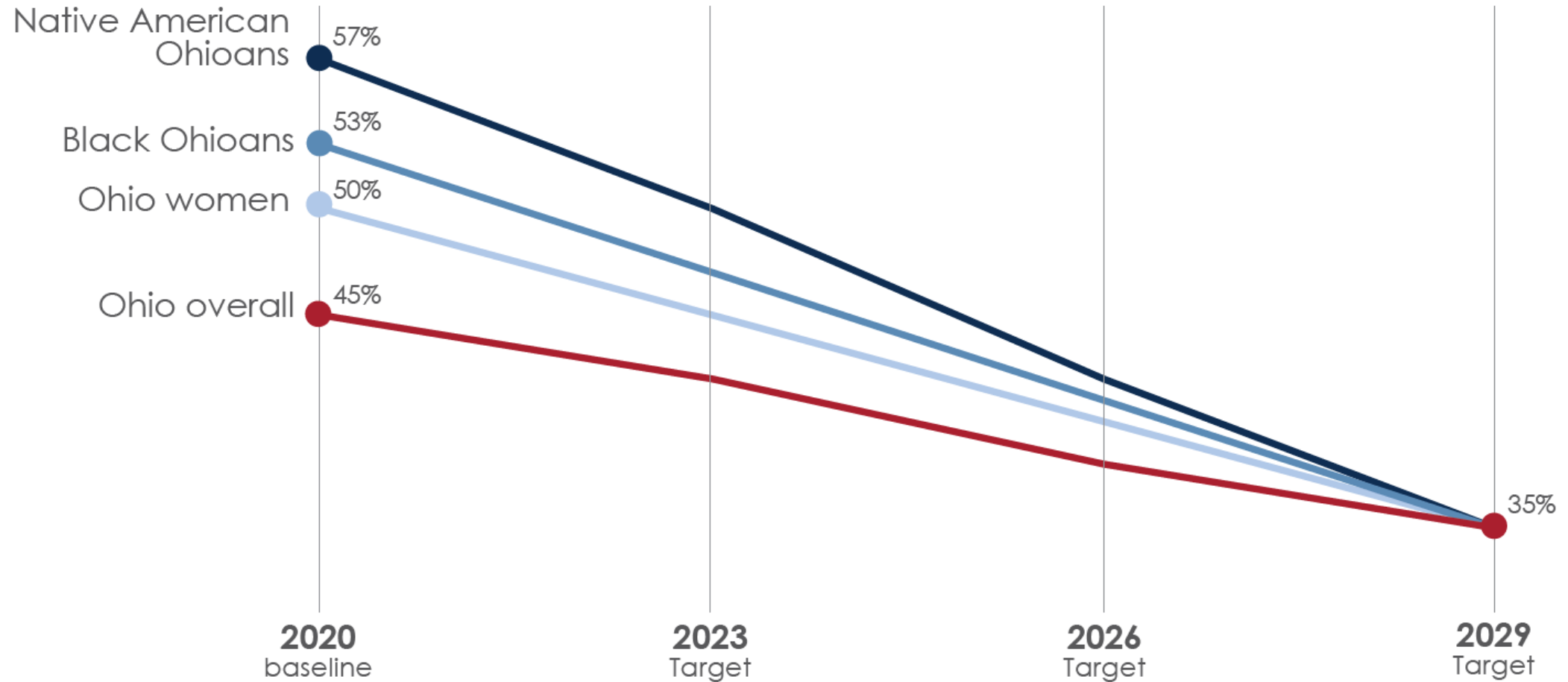
**Long-term desired outcome:** Decrease the percent of Ohio renters who are spending more than 30% of their income on housing costs from 45% in 2020 to 35% in 2029.

Indicator (sources)	Baseline data (2020)	Short-term target (2023)	Long-term target (2029)
<b>Housing cost burden.</b> Percent of renter households spending 30% or more of their income on housing costs (e.g., rent, utilities). (Source: National Equity Atlas)	45%	42%	35%
<b>Priority populations</b>			
Black Ohioans	53%	47%	35%
Native American Ohioans	57%	50%	35%
Women	50%	45%	35%

**Note:** Short-term, intermediate and long-term targets are for example only and should not be used to inform target setting.

**Baseline data source:** IPUMS, American Community Survey 5-year estimates as compiled by the National Equity Atlas

# Universal target example: Housing cost burden, by race, Ohio



**Note:** 2023, 2026 and 2029 data are for example only and should not be used to inform target setting.  
**2020 data source:** IPUMS, American Community Survey 5-year estimates as compiled by the National Equity Atlas





# Tool: Target Setting Worksheet

## Target setting worksheet

This worksheet can be used to set short-term, intermediate and long-term targets to advance equity. There is an example at the top, followed by a worksheet that can be filled in.

### EXAMPLE

1) Enter the baseline year from the data source: **2020**

2) Enter the indicator name: **Housing cost burden**

3) Enter the data source: **National Equity Atlas**

4) Enter the indicator definition: **Percent of renter-occupied households that are cost-burdened (spending more than 30% of income on housing costs)**

5) Enter baseline data values here for the overall population (green) and as many priority populations as you have identified (blue):

	Overall population	Black renters	Latino renters	Native American renters	Female renters
Baseline values	0.45	0.53	0.47	0.57	0.50

7) Enter the long-term target for the overall population: **0.35**

8) Enter goals for each year, for the overall population (green) and priority populations (blue) to identify short-term, intermediate and long-term targets\*:

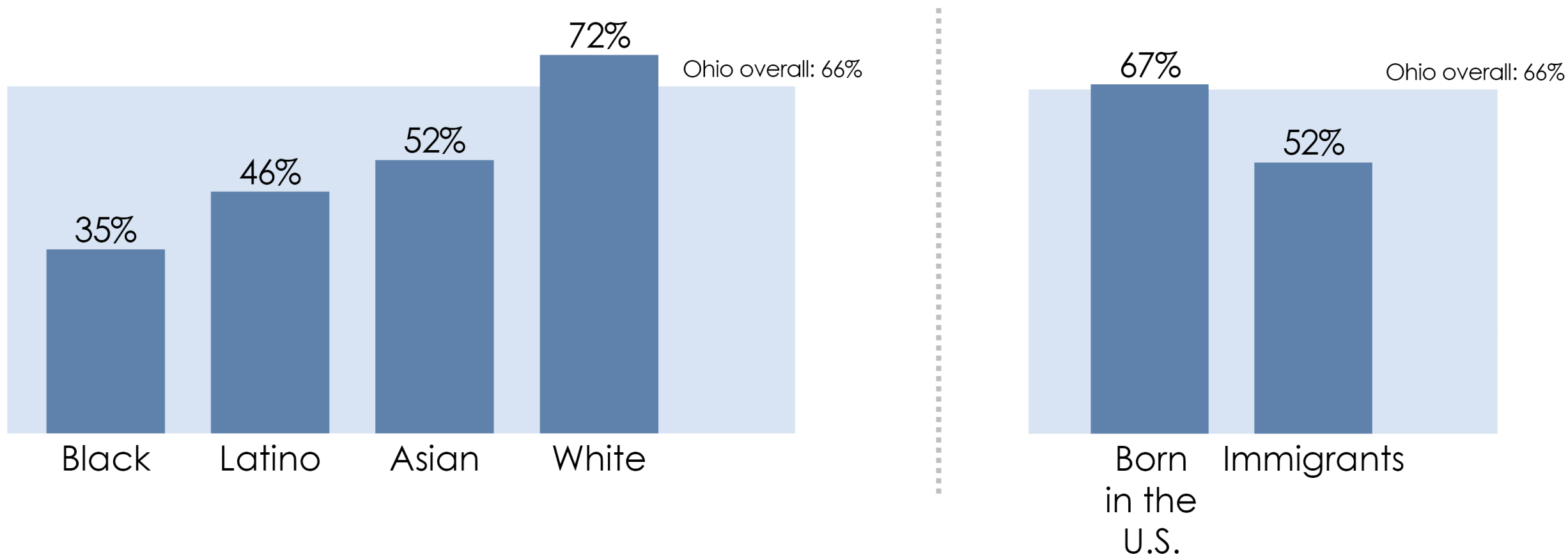
	Number of years from baseline									
	Baseline	Short-term target			Intermediate target				Long-term target	
	0 2020	1 2021	2 2022	3 2023	4 2024	5 2025	6 2026	7 2027	8 2028	9 2029
Housing cost burden. Percent of renter-occupied households that are cost-burdened (spending more than 30% of income on housing costs) (National Equity Atlas)	0.45	0.44	0.43	0.42	0.41	0.39	0.38	0.37	0.36	0.35
<b>Black renters</b>	0.53	0.51	0.49	0.47	0.45	0.43	0.41	0.39	0.37	0.35
<b>Latino renters</b>	0.47	0.46	0.44	0.43	0.42	0.40	0.39	0.38	0.36	0.35
<b>Native American renters</b>	0.57	0.55	0.52	0.50	0.47	0.45	0.42	0.40	0.37	0.35
<b>Female renters</b>	0.50	0.48	0.47	0.45	0.43	0.42	0.40	0.38	0.37	0.35

\*Ideally, short-term, intermediate and long-term targets will be set at 3, 6 and 9 years from the baseline year. To achieve equity, long-term targets should be set as **universal targets** that are the same for every population and the community overall.

# Activity

# Home ownership in Ohio

Percent of owner-occupied households by race/ethnicity and nativity, 2020



Source: IPUMS USA, as compiled by National Equity Atlas

# Example SMART objective

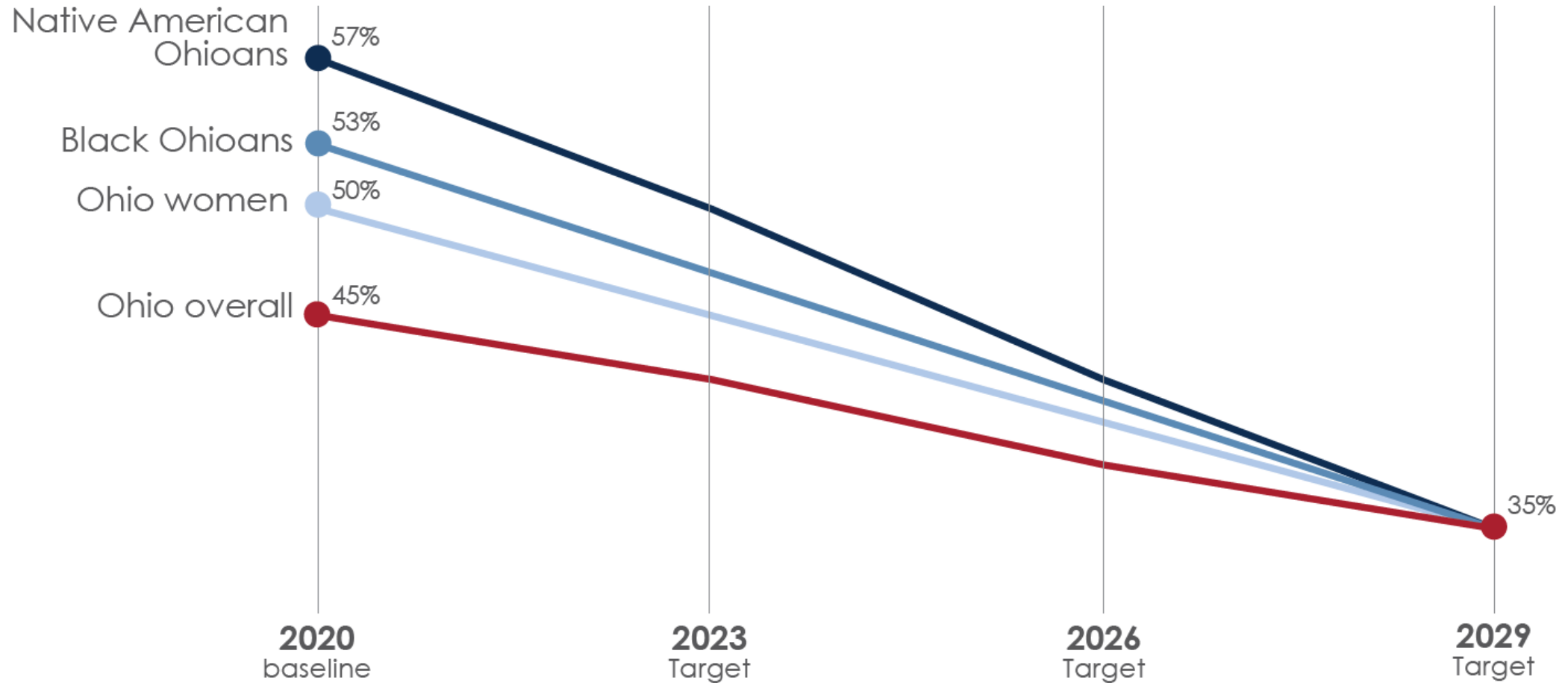
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# Plan-Do-Study-Act Cycle

## Act

- Identify changes that need to be made
- Adapt, adopt or abandon the strategy, practice or process

## Plan

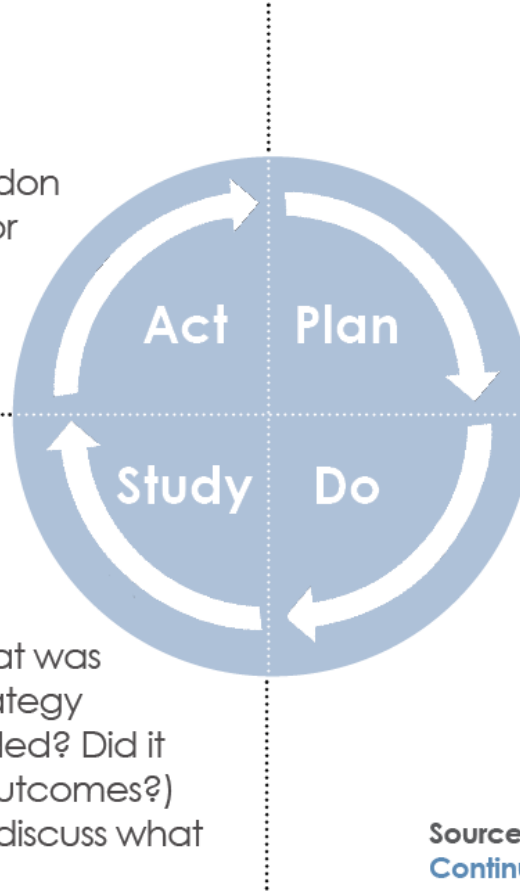
- Plan implementation of a new strategy or a change to an existing strategy, practice or process
- Plan how evaluation data will be collected

## Study

- Analyze the evaluation data
- Compare results to what was expected (Was the strategy implemented as intended? Did it lead to the intended outcomes?)
- Summarize, share and discuss what was learned

## Do

- Implement the strategy or change to practice or process
- Collect evaluation data



**Source:** Adapted from the Minnesota Department of Health, [Continuous Quality Improvement](#).

# Questions?



# CONTACT INFORMATION

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# Connect with us

## Social



@healthpolicyohio



## Email

- **HPIO mailing list**  
(link on our homepage)
- **Ohio Health Policy News**  
(healthpolicynews.org)

[www.hprio.net](http://www.hprio.net)



Oct. 3 • Columbus, Ohio



# Equity in Cleveland

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**Lita Marie Wills, MPH**

Commissioner of Health Equity and Social Justice

With Brett Grosel & Lydia Hill

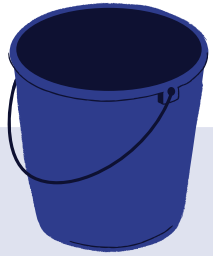
Cleveland Department of Public Health

# Creation & Context

- June 2020 - City of Cleveland adopted Resolution 296-2020 declaring **Racism a Public Health Crisis**
- March 2021 Ordinance No. 843-2020 established the **Division of Health Equity & Social Justice (HESJ)** at the Cleveland Department of Public Health
- HESJ Division mission
  - The mission of the Division of Health Equity and Social Justice is to improve the health outcomes and the overall quality of life and to remove barriers to resources in order to create thriving neighborhoods and a thriving city.
- Transition Report 2022 Equity in Action Recommendations
- Office of Equal Opportunity
- The declaration by Council also authorized the creation of the Racism as a Public Health Crisis Working Group, to work with the Health and Human Services Committee

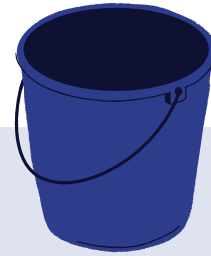
# Division of HESJ

## Three major 'buckets' of work:



### **Within CDPH**

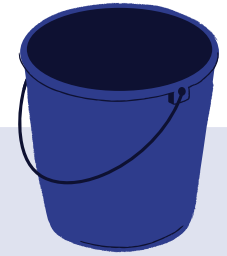
HESJ prioritizes health inequities addressed in specific programming.



### **Within the City of Cleveland**

Operationalize equity in policy and practice.

- Create the Interdepartmental Equity Team.
- Develop a strategic plan.



### **Within the community**

Align with RAPHIC-Coalition for external initiatives.

# Division of HESJ

The work of HESJ focuses on Healthy People 2030

## Social Determinants of Health



*Conditions in the environment where people are born, live, learn, work, play, worship and age that affects a wide range of health, functioning, and quality-of-life outcomes and risks.*

# Operationalizing Equity

## We have influence on conditions that impact health:

- Family wage jobs and job training
- Early childhood development
- Strong vibrant neighborhoods
- Access to safe and efficient transportation
- Community and public safety
- Equitable law and justice system
- Access to affordable, healthy food
- Equity in government practices
- Access to parks and natural resources
- Affordable, safe, quality housing



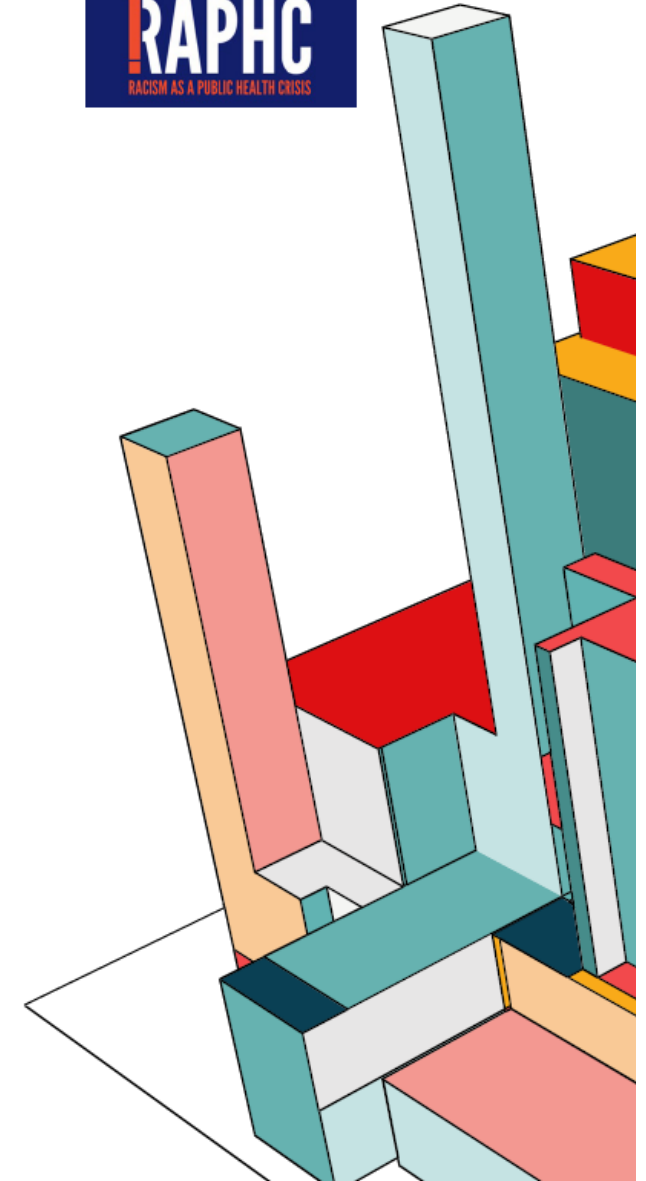


# WHAT IS RAPHC-C?

- A public-private partnership between the City of Cleveland and the Cleveland community, established by **Resolution No. 296-2020**
- RAPHC-C is a coalition that was formed to develop a framework or strategic plan to address racism and its impacts in the city of Cleveland.
- Our goal is to identify where racism is operating in policy, process and practice and to develop innovative solutions to address it.

**Mission** To improve the quality of life for black and brown communities in the City of Cleveland (particularly African American and Latinos, but also including Native Americans, Asians Native Hawaiian and other Pacific Islanders) by addressing racial inequities historically embedded in local systems. We will achieve this by addressing the underlying root causes within systems and defining the standard for equitable treatment and service delivery in in the City of Cleveland.

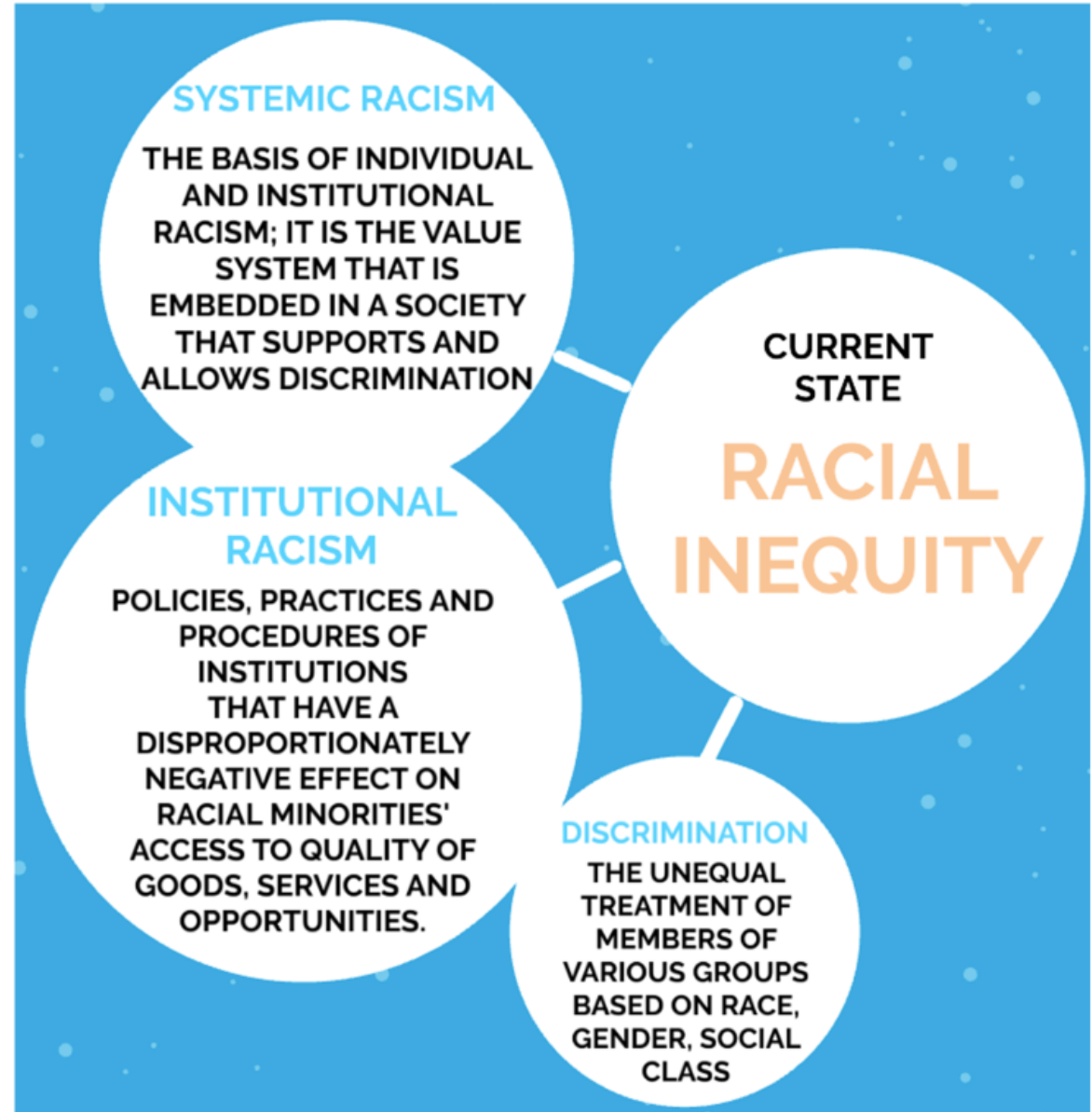
**Vision** To eliminate racism in all its forms in the City of Cleveland. Equity is recognized as a core value that drives decision-making, resource allocation, and the development of all processes, policies, practices, and procedures across sectors. We envision thriving communities where all community residents will have equitable opportunities and resources, leading to optimal health and well-being.



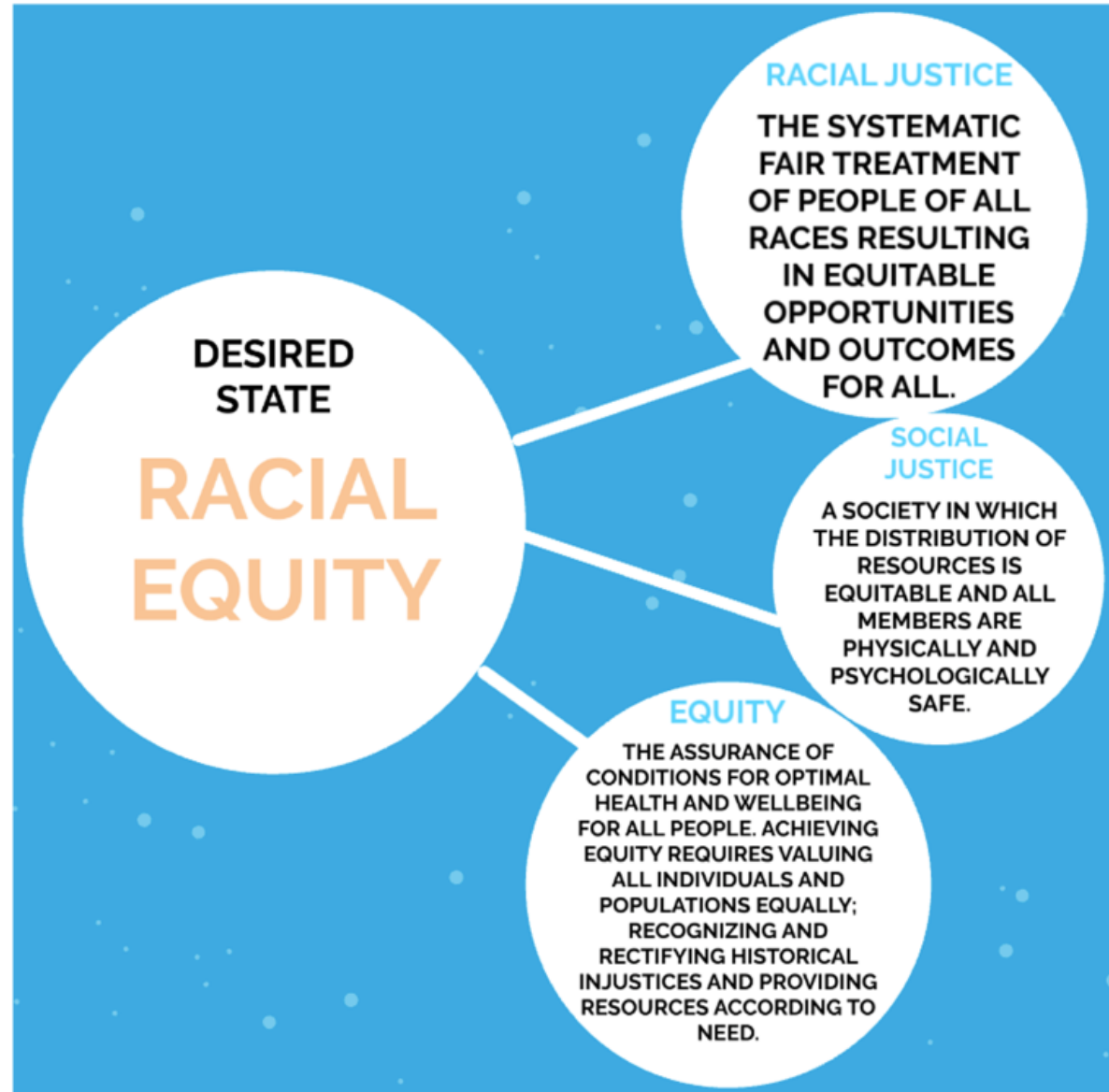


## RAPHC-C's Goal

# CURRENT STATE

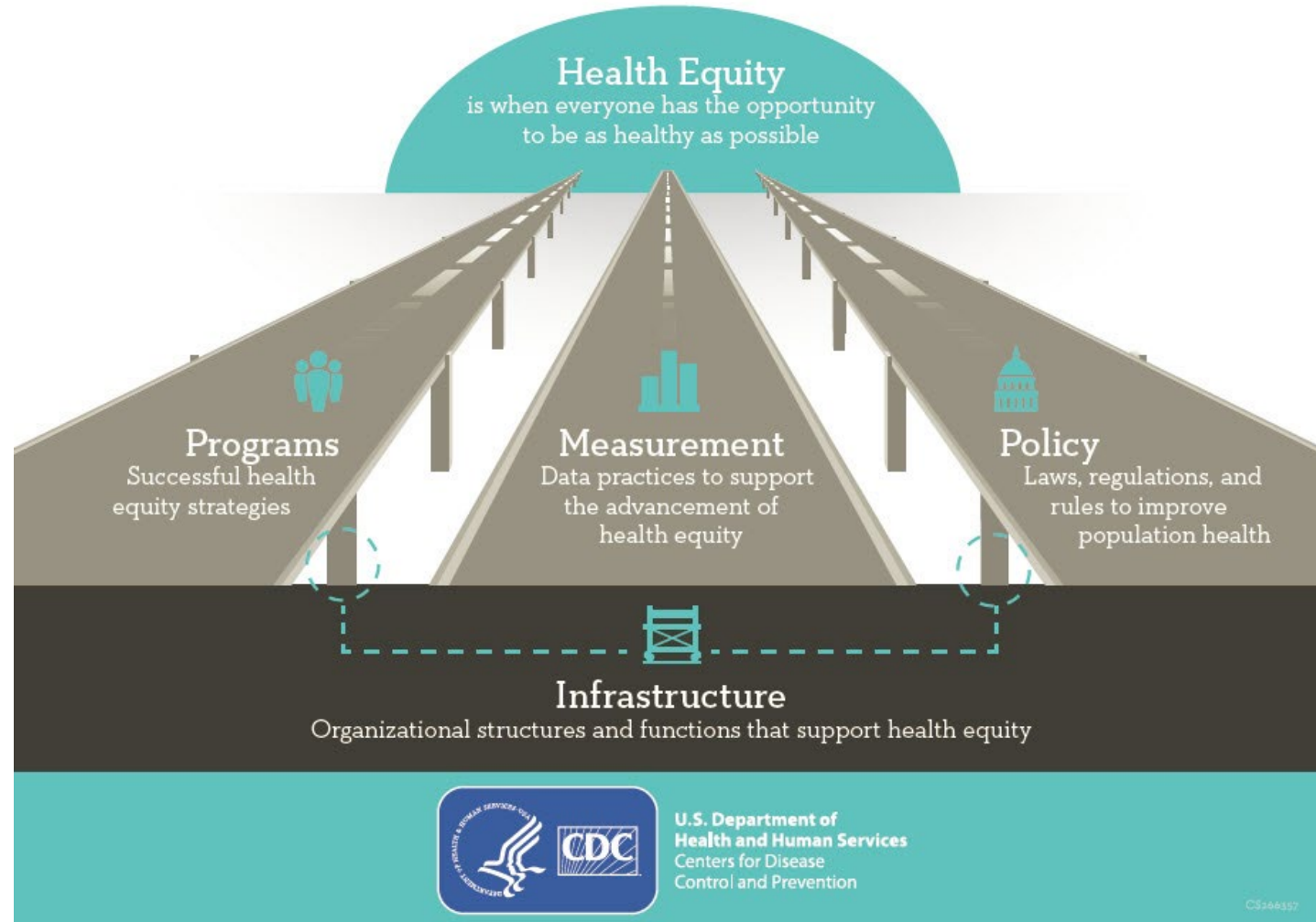


# DESIRED STATE



# Operationalizing Equity

## PAVING THE ROAD TO HEALTH EQUITY



# **Interdepartmental Equity Team (IET)**

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**Progress updates**

# Statement of Purpose

**“Equity in Cleveland is inclusion-forward participation and prosperity within a society, which encourages all to reach their full potential.”**

Mayor Justin Bibb  
2022 Transition Report



# Focus of the IET

- Broadly focused on social determinants of health: economic development, education, environment, health, safety/community context.
- Use SDOH to organize and measure the work.
- Operationalize equity across city departments.
- Create & maintain a strategic plan to continually guide the work.

# The IET will

- Develop **analytical tools to identify equity impacts** of policies and decisions.
- Determine ways to **amplify positive impacts** and **mitigate negative impacts**.
- Develop **guidelines** for outreach, communication, community engagement.
- Identify **focus areas and develop policies** and actions that improve fairness in (government) organizational processes.
- Provide a **forum for information exchange** and identification of opportunities for collaboration.
- Support the **identification of annual work plans** by each department/agency on the application of equity and social determinants.

# IET Representatives

- Aging
- Building & Housing
- City Planning
- Communications
- Community Development
- Community Relations Board
- Economic Development
- Finance
- Law
- Office of Equal Opportunity
- Port Control
- Public Health
- Public Utilities
- Public Safety
- Sustainability



# **IET Small Workgroups Health and Equity Assessment**

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# IET Pillar Workgroups

**Built Environment** - This workgroup focuses on the physical and natural aspects of Cleveland neighborhoods, such as housing, infrastructure, parks, and green spaces, influencing residents' health and well-being.

**Economic Stability and Mobility** - This workgroup emphasizes the importance of employment programs, career counseling, and childcare in fostering economic mobility and stable neighborhoods that promote generational wealth.

**Health and Public Health** - This workgroup centers on improving healthcare access, quality public health services, and violence prevention to reduce disparities and enhance community safety.

**Safety and Community Supports** - This workgroup highlights the importance of fostering safe systems and strong social connections within families, workplaces, and communities to enhance overall well-being.

**Education**

Based on the Network for Public Health Law's

**MICRO-TOOLKIT: Equity Assessment Framework for Public Health Laws and Policies**

- **Adapted by HESJ with support from NPHL as a jumping off point for the IET**
- **Simple, accessible framework that will guide us to assess potential health and equity implications**
- **Can be used for existing or new program, policies, and processes**

# Health and Equity Assessment Tool

<b>Step ONE</b> Establish why the program, policy, or process is being reviewed or proposed	<b>3</b>
<b>Step TWO</b> Explain the context of the program, policy, or process	<b>4</b>
<b>Step THREE</b> Determine the impact on internal and external partners	<b>5</b>
<b>Step FOUR</b> Identify potential outcomes	<b>6</b>
<b>Step FIVE</b> Consider other pathways	<b>7</b>
<b>Step SIX</b> Make it sustainable	<b>8</b>

## Step ONE

Establish why the program, policy, or process is being reviewed or proposed

Program, Policy, or Process Name:

Existing  Proposed

Current Policy Type	Citation or Reference	Brief Description <small>The description could include who is responsible for implementing and how long it has been in effect, or when it was last updated.</small>
<input type="checkbox"/> Statute		
<input type="checkbox"/> Regulation		
<input type="checkbox"/> Ordinance		
<input type="checkbox"/> Organizational Policy		
<input type="checkbox"/> Policy Guidance		
<input type="checkbox"/> Modify Existing Policy		
<input type="checkbox"/> Other:		

### Issue Statement:

Describe the issue you are trying to address. For example, the process is outdated, is inconsistent with a newer process, or is due for a regularly scheduled review.

### Desired Goal:

Individual or Group Completing Form

### Who identified the program, policy, or process for review and why?

Be specific. This could be your agency head, general counsel, program director, a working group, or an external partner.

## Step TWO

Explain the context of the program, policy, or process

For an existing program, policy, or process, explain why it's in place and what issue it addresses. For a proposed program, policy, or process, explain the interest in creating it.

Describe whether any person or organization supports or opposes and the reasoning behind their position, if known.

Describe or summarize any data informing the program, policy, or process (compliance or training data, outcomes data, or any data that helps to understand why the it or updates to the it are necessary).

Are the data: Complete Yes  No   
Reliable Yes  No   
Unbiased Yes  No

For information on bias in data, please take a look at the [Do No Harm Guide: Applying Equity Awareness in Data Visualization](#) published by the Urban Institute.

## Step THREE

Determine the impact on internal and external partners

Describe how this will affect internal partners:

How will they potentially benefit?

What are the potential burdens?

What do they value about the program, policy, or process?

Will this impact external partners? Yes  No

If yes, list them here. This may include community organizations, residents or anyone who accesses city services.

Describe how they will be impacted:

How will they potentially benefit?

What are the potential burdens?

What do they value about the program, policy, or process?

## Step FOUR

### Identify Potential Outcomes

Describe the outcomes you expect. How will this policy affect current practices or norms?

Describe how the policy is likely to improve, worsen, or have no impact on health and equity outcomes:

How is it likely to improve? <div style="border: 1px solid black; height: 150px;"></div>	How is it likely to worsen or ignore? <div style="border: 1px solid black; height: 150px;"></div>	Will it have no impact? <div style="border: 1px solid black; height: 150px;"></div>
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Has the policy been implemented elsewhere?  Yes  No

If the program, policy, and process was implemented elsewhere, describe any lessons learned:

This could include information about how successful the it was in achieving its perceived goal, whether it was subsequently revised, and any benefits, like return on investment (if data are available).

## Step FIVE

### Consider other pathways

Are there other options to achieve the same or a similar outcome? Which is the best option? Why? More than one program, process, or policy intervention may be necessary to achieve the goal.

Option	Reasoning
<input type="checkbox"/> Statute	
<input type="checkbox"/> Regulation	
<input type="checkbox"/> Ordinance	
<input type="checkbox"/> Organizational Policy	
<input type="checkbox"/> Policy Guidance	
<input type="checkbox"/> Modify Existing Policy*	
<input type="checkbox"/> Program or Process	

Consider information gained from all of the prior steps. summarize the decision.

Try to start with the final decision and use bullets to outline the reasoning.

## Step SIX

### Make it Sustainable

How often will the existing or proposed programs, policies, or processes be reviewed?

What performance measures will be included in the RBA model? This answers the question, is anyone better off? This may include data related to How much? (number of people reached) or How well? (percentages in uptake, completion, etc.).

Describe the conditions necessary for long-term success and what is already in place for success? This may be human and financial resources, training, reasonable enforcement mechanisms, community engagement, leadership, political will, etc.

What are the costs of change? Use the table below to think through the resources needed to change the program, policy, or process in question. **This is not a financial analysis.** You may brainstorm ideas and/or reference any relevant information from the field or from other cities.

Money or funding: <div style="border: 1px solid black; height: 30px;"></div>
Personnel: <div style="border: 1px solid black; height: 30px;"></div>
Time: <div style="border: 1px solid black; height: 30px;"></div>
Other resources <div style="border: 1px solid black; height: 30px;"></div>

## Reconfirming team members

Each office and department in the city can assign at least one member of their team to attend the IET.

- Members should expect:
  - One year of participation.
  - To be assigned to one pillar.
  - Serve as the liaison between the IET and their respective office/department.
- Meeting attendance is required:
  - The larger IET will meet once per quarter.
  - Each pillar workgroup will meet monthly.
  - Goal of completing 8-12 assessments in year1.

# Thank You

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**Lita-Marie Wills, MPH**

**Lydia Hill**

**Brett Grosel**

Division of Health Equity and Social Justice  
Cleveland Department of Public Health  
[clevelandohio.gov/equity](http://clevelandohio.gov/equity)





We value your opinion!

Please fill out our evaluation using the QR code to the right or in your program

