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BALTIMORE CITY HEALTH DEPARTMENT

Health Equity Committee Results Based Accountability Framework

May 2022

Baltimore City Health Department
Letitia Dzirasa, M.D., Commissioner of Health

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Executive Summary

"Health Equity ensures that every person has the opportunity to attain their full health potential."

In September 2018 the Baltimore City Council passed and the Mayor signed the Equity Assessment Ordinance for each Baltimore City agency to hire an Equity Coordinator, conduct equity assessments, plan and implement equity initiatives, and track outcomes.

In response to this important legislation, the Baltimore City Health Department (BCHD) hired a Director of Health Equity, conducted an initial Equity Matters: Departmental Self-Assessment, created and convened a Health Equity Committee, adopted a strategic planning model, and set out on its work to focus on more equitable outcomes for stakeholders including: employees, partners, grantees, residents, and neighborhoods.

Utilizing Participatory Action Research (PAR) as a framework, BCHD's health equity director adopted a Result-Based Accountability (RBA) approach. PAR utilizes a collaborative approach to finding answers to equity issues. The RBA framework encompasses the planning, implementation, and assessment efforts of the BCHD Health Equity Committee (HEC) and the overall agency work toward equity and inclusion in policies, programs, services, and actions based on adherence to Baltimore City Council and Mayoral administration requirements and guidance.

Subsequently, utilizing a Participatory Action Research lens, the BCHDHEC adopted the RBA strategic planning model to determine achievable results, performance measures, strategies, an action plan, ongoing assessment, and a reasonable timeline toward results and next steps.

Methodology

The Baltimore City Health Department's Commissioner of Health, Dr. Letitia Dzirasa, M.D., created a department-wide Health Equity Committee in order to implement strategies for more equitable outcomes. The Health Equity Committee was made up of a cross section of senior leadership, mid-level management, and frontline staff. The committee was structured with a general committee made up of all members and two subcommittees: external and internal committees.

The external committee's responsibility was to focus on developing recommendations to engage Baltimore City residents, integrating a defined health equity approach.

The internal committee focused on integrating a health equity approach throughout BCHD itself – to ultimately improve services and internal engagement as a way to foster connectedness among staff and residents.

To structure the work, two models were adopted: Results-Based Accountability (RBA) and Participatory Action Research (PAR). Results-Based Accountability RBA was adopted as a cyclical process of responding to five core questions that focused on identifying and developing health equity results, performance measures rooted in advancing health equity, restrictive and contributing root causes based on historical data and data forecasts, partners who have a role to play in addressing root causes, strategies that work to support progress, and action planning for implementation of the strategy.

PAR, a collaborative research model, was adopted as a tool to receive feedback directly from staff members of BCHD. It allows for staff members from all levels of the organization to be a part of the equity decision-making process. The process includes five steps: (1) identify the problem and envision success, (2) develop a plan of action, (3) collect data, (4) analyze data and form conclusions and (5) adjust the theory and begin again.

Lastly, the *Equity Matters: Baltimore Departmental City Self-Assessment* was completed to develop a baseline data of where BCHD rated itself in implementing health equity strategies.

In response to the Equity Assessment Program, Baltimore City's Office of Equity and Civil Rights designed and refined the *Baltimore City Equity Matters Departmental Self-Assessment* (*See Appendix B)* to support agencies in their effort to ensure that race, health, economic status, and social status cease to predict the future success of individuals who belong to the many diverse communities in Baltimore City.

The primary purpose of the assessment focused on supporting agencies in gathering data and information for self-identification of areas to shift and improve, and what actions may support healthier outcomes for communities that are often marginalized. In addition, the assessment was designed to support dialogue that explores issues of inequity and how agencies help the community understand equity and guide the sharing of information, resources, mutual support, and improvement tools related to it. Finally and most importantly, the assessment aimed to garner shared accountability across departments.

Departments are required to complete the self-assessment and report on its *Equity Self-Assessment* Score. Equity coordinators or directors, in conjunction with senior-level management, assumed responsibility for completing the self-assessment toward an action plan. After completing the self-assessment, departmental staff/leadership were expected to agree on a score defined by the Equity Matters Score and learn what their scores mean. Scores are defined under a Racial Equity Score. A full explanation of the self-assessment can be found in Appendix B, including how the self-assessment is scored and how next steps are guided.

At the time of this report, BCHD completed the ten-question assessment. After answering the questions BCHD self-assessed with a score of 13-18 in its Racial Equity Score.

Results-Based Accountability as a Strategic Tool for Health Equity, a methodology

To develop a strategic plan, the Health Equity Committee adopted the RBA approach. It was developed as a disciplined way of thinking and taking action that can be used to improve quality of life in communities, cities, counties, states, and nations, as well as to improve the performance of agencies and programs.

RBA begins with a shared language, focuses on results, and facilitates collective impact. The core focus is on accessibility and equity when creating strategies to address the desired results. RBA provides an evidence-based and community-accessible framework designed to address complex social issues such as health equity.

The HEC's use of RBA fosters data-driven, health equity solutions and bringing action to talking points and academic research findings. It uses plain language in order to make the approach easily understood. Through a series of sessions, BCHD's Health Equity External Committee members selected one RBA result and the Internal Committee selected three RBA results, both with corresponding performance measures ***(See Table 3 and Table 4)***. Once results were selected, members of the committees underwent a process called Turn the Curve Thinking.

Turn the Curve Thinking

RBA asks five core Turn the Curve Thinking questions.

1. **What is the end?**
2. **How are we doing?**
3. **What is the story behind the curve?**
4. **Who are partners who have a role to play in turning the curve?**
5. **What works to turn the curve?**

What is the end?

The starting point in "turn-the-curve" decision making was to identify the desired "end." The focus was on improving the quality of life for a population (population accountability) or how well a program or agency was performing (performance accountability). Since BCHD was considered an agency, the committee focused on performance accountability, an approach to addressing the performance of BHCD's health equity efforts and how well it served its constituents as well as its staff.

How are we doing?

After selecting performance measures, the agency presents the corresponding data on a graph with: (a) a historic baseline (at least 3-5 years of data, if available) and (b) a forecast assuming no change in the current level of effort (for 3-5 years, if possible). To provide the forecast, committee members completed step 3, the "Story Behind the Curve." Turn-the-curve decision making focused on systematically determining the best actions to take to improve on the forecasted trend for the baseline to "turn the curve."

Legislation

The Equity Assessment Program legislation Baltimore Code Article 1, §39-1, Subtitle 39 ***(See Appendix A)*** was passed in September of 2018. The legislation indicated that, "[in the first year of the program] agencies must participate in training and ongoing capacity building around equity and inclusion to produce a baseline analysis of the equity impacts of the agency's existing and proposed actions and policies, encompassing programs, operations, and capital projects," [cite legislation source].

Additionally, in the second year, the legislation further stated that, "City agenc[ies] must develop, adopt, and oversee an Equity Assessment Program that requires it to" focus on several areas, including:

1. "Proactively develop policies, practices, and strategic investments to reverse disparity trends based on race, gender, sexual orientation, or income
2. Act to eliminate structural and institutional racism and discrimination of all kinds based on immutable characteristics to ensure that outcomes and opportunities for all people are no longer predicable based on these characteristics
3. Develop and implement an equity action plan to incorporate and embed equity principles and strategies into City operations, programs, services, and policies
4. Conduct equity assessments of existing and proposed City actions, policies, and both capital and operating budgets" (Ord. 18-160)"

The legislation further requires agencies to present an Annual Equity Report on or before June 30th of each year following a year after the effective date of the passing of the legislation. This report will be submitted to the Mayor and City Council and the Department of Legislative Reference for public review.

Each report will include:

1. "An assessment of progress toward achievement of the goals of the Equity Assessment Program
2. An assessment of the current scope of its compliance

3. A discussion of any disparate outcomes identified through equity assessments of its existing City policies or procedures
4. Recommended steps to address the identified disparate outcomes
5. An update on progress toward eliminating previously identified disparities and implementing actions recommended in past reports." (Ord. 18-160)"

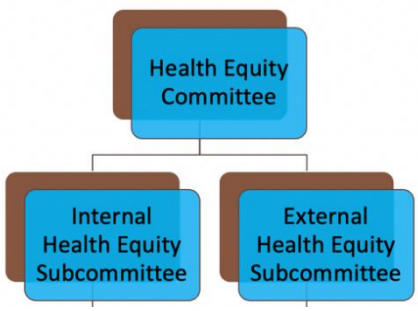
Convening the BCHD Health Equity Committee

On November 12, 2020, Baltimore City Commissioner of Health, Letitia Dzirasa, M.D., established the BCHD Health Equity Committee (HEC). The group's charge was to develop race/equity structural suggestions on culture and celebrate gold standard efforts. The HEC was created as a diverse representation of every bureau and office. Committee members were selected to represent a cross-function of BCHD and engage social identity groups. The HEC also informs Human Resources (HR) and senior departmental leadership based on feedback received from staff on building a culture of equity and inclusion.

In May 2021, Commissioner Dzirasa hired BCHD's first Director of Health Equity. The Director of Health Equity's responsibility was to develop an equity assessment plan for BCHD and work across the agency to collaboratively embed equity into all BCHD operations, programs, services, and policies; work with community partners and external stakeholders to promote equity and inclusion within Baltimore; and move BCHD toward producing measurable improvements and disparity reductions. This role was deemed as critical in promoting equity and reducing disparities within the work of BCHD and Baltimore City.

The HEC comprised BCHD employees and was structured into a General Equity Committee, which was a combination of two subcommittees: the Internal Equity Committee and the External Equity Committee ***(See Figure 2)***.

Figure 2. Health Equity Committee Structure



BCHD Health Equity Committee Members

- The Internal Equity Committee focuses on issues of employees of BCHD
- The External Equity Committee focuses on the community that BCHD serves

A full list of members is listed below:

Internal Equity Committee Members

1. Komita Liggans (Co-Chair)
2. Niela Magwood-Phoenix (Co-chair)
3. Rochelle Purnell
4. Shonda Deshields
5. Keidra Rowe
6. Manhari Sapkota
7. Nicole Bradbury
8. Brittany Matthews
9. Ashley Price
10. Carita Carrington
11. Meredith Zoltick
12. Kamala Green
13. Holly Brown
14. Victoria Davis

External Equity Committee Members

1. Cassandra Stewart (Co-chair)
2. Genevieve Barrow (Co-chair)
3. Jose Jimenez
4. Karen Harper
5. Lori Fagan
6. Morgan Martin
7. Dr. Kendra McDow
8. Chloe Jackson
9. Ronoldo Appleton, RN
10. Toyah Reid
11. Donnica Fife-Stallworth
12. Erica Mitchell
13. Kathy Smith
14. Heang Tan
15. Alice Huang

Committee members represent the BCHD Division of Youth Wellness and Community Health, Division of Population Health and Disease Prevention, Division of Aging and CARE Services, and Division of Finance and Administration. There are members from the Office of Human Resources and Legal Counsel. In addition, BCHD received in-kind support from a certified RBA facilitator and instructor with WCK Consulting, LLC.

BCHD Equity Statement

The Equity Committee created a guiding equity statement: *Health Equity ensures that every person has the opportunity to attain their full health potential*

Results Based Accountability: Health Equity Committee Turn the Curve Thinking Timeline

The HEC developed an RBA planning timeline to work through each step of the Turn the Curve process.

Table 1

Health Equity External Committee Timeline

Session Date	Focus	Description
Tuesday, March 22, 2022	Turn the Curve Process: identify partners	Review responses from Partners Survey and add additional partners who have a role to play in addressing the root causes in the "Story Behind the Curve" for each Performance Measure
Tuesday, April 26, 2022	Turn the Curve Process: begin identifying strategies to address root causes (Story Behind the Curve)	Identify and prioritize strategies that work to address the root causes or Story Behind the Curve. Strategies include 3 areas: 1) evidence-informed/based 2) low-cost/no-cost 3) innovative

Table 1

Health Equity Internal Committee Timeline

Session	Focus	Date
Thursday, March 24, 2022	Turn the Curve Process: Finalize R3-P3 Power Analysis & Begin Root Causes (Story Behind the Curve) for Performance Measures	Complete the Power Analysis for Result 3 – Performance Measure 3 (% of x employees hired (how much) & Begin identifying and prioritizing Root Causes (Story Behind the Curve) for All 9 Performance Measures
Thursday, April 28, 2022	Turn the Curve Process: continue root causes (Story Behind the Curve) for performance measures	Continue identifying and prioritizing root causes (Story Behind the Curve) for all 9 performance measures
Thursday, May 26, 2022	Turn the Curve Process: continue root causes (Story Behind the Curve) for performance measures	Continue identifying and prioritizing root causes (Story Behind the Curve) for all 9 performance measures

Trainings

A top-down and bottom-up approach has been taken regarding the training of the Senior Advisory Team and the General Equity Committee. The major goal of the training was to establish baseline knowledge of equity concepts and have participants begin to speak authentically, as well as provide a lens on how to review inequities within the organization and in the community.

Both groups have been trained in the following topics:

- Embracing Diversity, Equity, and Inclusion (Jun. 2021)
- Intersectionality (Nov. 2021)
- Beyond Cultural Competency (Nov. 2021)
- Social Determinants of Health (Jan. 2022)
- Systems of Disadvantage (Jan. 2022)
- Implicit Association on Race (Feb. 2022)
- Equity in Action (May 2022)

Summary of Selected Results and Performance Measures

The starting point in the HEC's work was to determine results and performance measures.

Results
Both the External and Internal Committees selected results that focus on how well BCHD, its policies, programs, and services are performing as they relate to health equity. Results began with a process of: 1) identifying the agency, 2) identifying a population (i.e., all employees, all residents, etc.), and 3) identifying a quality of life or condition of well-being for the selected population(s) (**see Appendix C**).

Performance Measures
Performance measures are a way to achieve results. The HEC selected eleven headline performance measures ***(see Table 3 and 4)*** that met four criteria: 1) communication power, 2) proxy power, 3) data power, and 4) equity power.

1. Communication power asks a range of questions including, "Does the performance measure communicate and connect to a broad range of audiences? Would those who pay attention to your work (e.g., voters, legislators, agency program officers, community) understand what this measure means?" (Clear Impact, 2016).

2. Proxy power asks a different set of questions including, "Does this performance measure say something of central importance about the result? Is this performance measure a good proxy for other performance measures?" (Clear Impact, 2016). Data tends to run in a "herd" or in the same direction. For example, if one chooses a leading performance measure such as 'high school graduation rates,' then lagging or alternative performance measures such as school attendance and grades may reflect similarities in a decrease or increase in trends over a course of time (e.g., monthly, yearly, etc.)

3. Data power asks, "Is there quality data for this performance measure on a timely basis? Is the data *available* on a timely basis?" (Clear Impact, 2016). For instance, Census data would not represent "data power" because it is collected every ten years. Waiting for ten years for available data could present a challenge in improving the effectiveness of programs. Data that is collected annually or more frequently and data that is publicly available is generally preferred.

4. Equity power is a measure of how well the performance measure and results truly lead towards Health Equity. *Note: The HEC added a fourth Power, equity power, which is not originally a part of RBA.*

Results and performance measures are listed below along with rationales on how results and performance measures link.

External Health Equity Committee
The BCHD External Health Equity Committee selected one result: health equity in all policies.

Result 1: Health equity in all policies

Rationale: All stakeholders, including grantees, partners, residents, and particularly residents who are under-resourced should benefit from policies that support their overall health, well-being, and should be positively impacted by the social determinants of health.

Performance Measure 1: % diversity ratio of boards/tasks forces that resemble the community that we serve (how well)

Rationale: Boards, taskforces, and other decision-making and advisory groups play a central role in providing feedback, support, and recommendations for creating, reviewing, and expanding policies for health equity. Diversity in these task forces ensures that stakeholder voices are representative of how health equity plays a role in all policies.

Performance Measure 2: #/% of grants awarded to communities that are marginalized (under-resourced) (better off)

Rationale: BCHD is funded primarily through grants and often act as a pass-through *(i.e., receives funds from federal, state, local agencies and redistributes to community-based organizations)* agency. Many grassroots community-based organizations face barriers to accessing these funds for multiple reasons, including capacity and other challenges. These organizations are often serving residents in communities that are marginalized, under-resourced, and under-represented in receiving funding. Tracking and assessing grant funding can work to level the playing field so that organizations have a fair and equitable chance throughout the process or responding to requests for proposals.

Performance Measure 3: #/% of health-related services in communities that are marginalized (under-resourced) (difference made)

Rationale: Policies play an integral role in what health-related services are available in communities. Tracking and assessing these services can support expanded access and the level of quality and care communities receive.

Internal Health Equity Committee
The BCHD Internal Health Equity Committee selected three results: 1) BCHD employees have equitable pay, 2) BCHD employees are culturally competent, and 3) BCHD staff reflect the community we serve.

Result 1: BCHD employees have equitable pay

Rationale: Pay equity was defined as a means of eliminating sex and race discrimination in the wage-setting system. Two laws protect workers against wage

discrimination. The Equal Pay Act of 1963 prohibits unequal pay for equal or "substantially equal" work performed by men and women. Title VII of the Civil Rights Act of 1964 prohibits wage discrimination on the basis of race, color, sex, religion or national origin. Intentionally understanding the root causes of inequitable and equitable pay may foster effective strategies in order to systematically address challenges toward pay equity for current and future employees and contractors.

Performance Measure 1: % of internal promotions (how well)

Rationale: Preventing, identifying, and removing barriers to discrimination based on race, color, sex, religion, national origin, and age in internal promotions is an important measure in ensuring employees have equitable pay. This performance measure will be tracked through internal tracking processes, including employee satisfaction surveys.

Performance Measure 2: Retention rate (how well)

Rationale: Tracking the retention rate and the reasons for staff turnover can elicit key data, information, and analysis for improved systems and interaction among employees.

Result 2: BCHD employees are culturally competent

Rationale: Baltimore City is a diverse community reflecting diverse cultures. Policies, programs, and services should reflect responsiveness to diverse beliefs, practices, and cultural needs that span the population of residents of Baltimore City and beyond.

Performance Measure 1: # of employees trained on Cultural Competency (how much)

Rationale: Tracking the number of employees trained on cultural competency ensures that there is a higher chance that employees may be exposed to and using practices that support a healthy working relationship with other employees and residents.

Performance Measure 2: Satisfaction survey on Cultural Competency (how well)

Rationale: Through a satisfaction survey, BCHD will not only capture data on how many employees have been trained on cultural competency,but also provide data and an analysis on how well the agency is doing overall to build knowledge, skills, and attitudes in the delivery of culturally competent services and practices.

Performance Measure 3: # / % of employees who increased knowledge, skills (better off)

Rationale: Tracking employees' knowledge, skills, attitudes, circumstances, and behavior is important in understanding if there has been improvement in service delivery, morale, and in other ways. Are employees, residents, partners, and others

better off and how are they better off?

Result 3: BCHD staff are a reflection of the community we serve

Rationale: Reflecting the community in retaining, promoting, and hiring employees helps to advance health equity by building trust and connection with employees, communities, and residents. Diversity in education, knowledge, skills, racial and ethnic backgrounds, gender, lived experience, and Baltimore City neighborhood representation, are examples of how BCHD can advance toward reflecting the community it serves.

Performance Measure 1: # / % of internal promotions (better off)

Rationale: Historical and institutional knowledge is an asset to building and maintaining effective systems and strong relationships with employees, partners, residents, and neighborhoods, as well as improved employee morale. Tracking internal promotions are an important measure in determining if BCHD is a reflection of the community we serve.

Performance Measure 2: retention rate (how well)

Rationale: Retaining employees can directly affect whether BCHD is a reflection of the community we serve. Employees make up a diverse cross-section of Baltimore City and its surrounding jurisdictions. Tracking these data can provide an analysis on how well BCHD is doing in advancing equity in this area.

Performance Measure 3: % of x employees hired (how much)

Rationale: Recruitment is a key factor in whether BCHD isreflecting the community we serve. Key data and analysis can provide a snapshot of how well the health department is doing in hiring a diverse staff.

Table 3

External Health Equity Subcommittee Results and Performance Measures

Result	Performance Measures
Health equity in all policies	• % diversity ratio of boards/task forces that resemble the community that we serve (how well) • #/% of grants awarded to communities that are marginalized (under-resourced) (better off) • #/% of health-related services in communities that are marginalized (under-resourced) (difference made)

Table 4

Internal Health Equity Committee Results and Performance Measures

Result	Performance Measures
BCHD employees have equitable pay	• % of internal promotions (how well) • Retention rate (how well)
BCHD employees are culturally competent	• # of employees trained on Cultural Competency (how much) • Satisfaction survey on Cultural Competency (how well) • # / % of employees who increased knowledge, skills (better off)
BCHD staff are a reflection of the community we serve	• # / % of internal promotions (better off) • retention rate (how well) • % of x employees hired (how much)

The HEC will work with staff throughout BCHD to begin collecting data on performance measures once a plan is drafted and approved.

Next Steps

Results-Based Accountability

The next steps for the BCHD Health Equity Committee include:

Table 5

Health Equity External Committee Timeline

Tuesday, May 24, 2022	Turn the Curve Process: continue identifying strategies to address root causes (Story Behind the Curve)	Continue to identify and prioritize strategies that work to address the root causes or Story Behind the Curve. Strategies include 3 areas: 1) evidence-informed/based 2) low-cost/no-cost 3) innovative
Tuesday, June 28, 2022	Turn the Curve Process: Action Planning	Create an action plan focused on implementing strategies that includes 2) determine action item 2) identifying the responsible party(ies) to complete an action item 3) determine a due date for the action item
Tuesday, July 26, 2022	Turn the Curve Process: continue action planning	Continue to create an action plan focused on implementing strategies
Tuesday, August 23, 2022	Turn the Curve Process: finalize action plan	Finalize action plan
Tuesday, September 27, 2022	Discuss action items	Meet to discuss progress of action items
Tuesday, October 25, 2022	Discuss action items	Meet to discuss progress of action items

Health Equity Internal Committee Timeline

Table 6

Thursday, June 23, 2022	Turn the Curve Process: continue root causes (Story Behind the Curve) for performance	Continue identifying and root causes (Story Behind the Curve) for All 9 performance measures

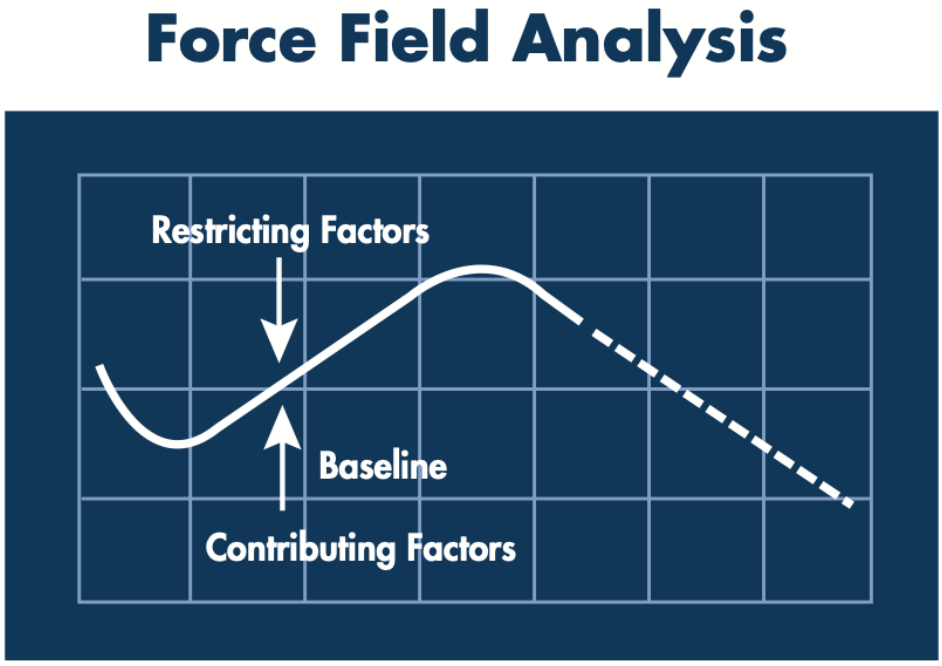
	measures	
Thursday, July 28, 2022	Turn the Curve Process: Identify partners	Review responses from partners survey and add additional partners who have a role to play in addressing the root causes in the "Story Behind the Curve" for each performance measure
Thursday, August 25, 2022	Turn the Curve Process: begin identifying strategies to address root causes (Story Behind the Curve)	Identify and prioritize strategies that work to address the root causes or Story Behind the Curve. Strategies include 3 areas: 1) evidence-informed/based 2) low-cost/no-cost 3) innovative
Thursday, September 22, 2022	Turn the Curve Process: Action planning	Create an action plan focused on implementing strategies that includes 2) determining action item; 2) identifying the responsible party(ies) to complete an action item; 3) determine a due date for the action item
Thursday, October 27, 2022	Turn the Curve Process: Continue Action Planning	Continue to create an action plan focused on implementing strategies
Thursday, November 15, 2022	Turn the Curve Process: continue action planning	Continue to create an action plan focused on implementing strategies
Thursday, December 22, 2022	Turn the Curve Process: finalize action plan	Finalize action plan
Thursday, January 26, 2023	discuss action items	Meet to discuss progress of action items

What is the story behind the curve?

In this section, committee members will identify the key factors underlying the historic baseline and forecast for the performance measure. In identifying key factors or root causes committee members focused on contributing factors that are supporting progress and restricting factors that are hindering progress. Progress is defined as turning the curve of the baseline (or accelerating the curve if it is already headed in the right direction). The "force field analysis," ***(See Figure 1)*** illustrates how factors may be viewed according to their contributing and restricting influences

on the curve of the baseline. It is important to identify not just the most immediate and easily observed factors impacting the baseline (i.e., the "proximate causes"), but to engage in the kind of rigorous analysis that will identify the underlying or more systemic factors (e.g., the root causes). It is also important to conduct additional research where necessary and feasible. Once the root causes have been identified, prioritization of those root causes according to which have the greatest influence on progress and therefore are the most critical to address to improve progress was key. The best format is a "bullet" for each root cause with a brief header that is underlined and a brief description of the root cause.

Figure 1. Force Field Analysis



What are partners who have a role to play in turning the curve?

BCHD identified potential partners who may have a role to play in improving progress. The identification of root causes impacting progress will often point the way to the types of partners who should be engaged.

What works to turn the curve?

Before selecting a strategy to undertake to turn the curve of the baseline, it was necessary to determine whether what would work to turn the curve is known. Further, it was important to explore the full range of options for strategies. A strategy may involve the discontinuation of existing activities in addition to the implementation of new ones. And, a strategy should be multi-year and integrated. The following are criteria for consideration in developing options:

- *Does the option address one or more of the root causes you have identified?*
    - The alignment of a proposed option with a root cause provides the rationale for selecting that particular option: it is the link between the "end" (as measured by the performance measure or performance measure and the "means" (the strategy).

- *Is the proposed option evidence-based?*
    - What research or other evidence is available to demonstrate that the strategy has a reasonable chance of turning the curve of the baseline? At times that data are limited one must move forward with the best

judgment of experienced professionals; however, in most cases a strategy should be supported by research or evidence.

- *Have "no-cost/low-cost" options been developed?*
    - Funding is often a critical need and thought must be given to ways to increase funding. However, it is equally important to explore "no-cost/low-cost" options (*i.e.,* options that may be pursued with existing resources). This line of inquiry, in turn, can help to surface outdated assumptions that stand in the way of innovation.

- Is additional research necessary to determine what would work or to identify other options?

Self- Assessment Next Steps

The self-assessment outlines specific next steps as a guide on how to move forward. The current assessment recommendation is to *focus on building staff/organizational capacity by identifying opportunities for staff to better understand embedded inequities––how they are produced and maintained, and how they can be eliminated*. Also, it is important to identify policies and procedures that should be improved to promote equitable results. In 2023 the *Equity Assessment and Agency Wrap Up* will be reported to the Office of Civil Rights and Equity.

Items from the Assessment:

- Equity training for senior-level, mid-level, non-management staff
- Reviewing equitable distribution of agency funds (i.e. reviewing minority and women owned businesses who are vendors, reviewing the percent of grantees who are marginalized/underserved
- Multicultural activities

Training Next Steps

In partnership with the United Way of Central Maryland (UWCM), BCHD senior leadership will receive ALICE (Asset Limited, Income Constrained, Employed) 30/30 Experience Training.

- UWCM states "The earnings of Maryland ALICE individuals and families are not enough to support a "survival budget" for life's essentials: food, housing, healthcare, childcare, transportation, taxes, and technology".

In February 2023 staff of BCHD will attend *Undoing Racism* Training.

- During this training, staffers:
    - Will learn to analyze class, power, and institutional/individual relationships to and within communities

- Explore how systems, institutions, and people maintain the current disparate racial outcomes

Equitable Funding

The Health Equity Director will begin to review how BCHD funding sources are used. In the review of funding sources, the director will work with leadership to co-create a plan to track, implement and analyze how BCHD funds are being used.

Multicultural Events/Programming/Highlights

An equity speakers-series will take place during designated health and heritage awareness months. The goal of this series is to have cross communication of different communities in Baltimore to talk to BCHD staff. One topic will be *Culturally Competent Outreach*.

References

American Public Health Association. (2018, November). *Violence is a public health issue: Public health is essential to understanding and treating violence in the u.s.* APHA. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/28/violence-is-a-public-health-issue

Equity Assessment Program. Baltimore City Code, Article 1. 39-1. (2020). Retrieved from https://civilrights.baltimorecity.gov/sites/default/files/Art.%201%2039-1.pdf

Results-Based Accountability. (2016). *Results-Based accountability resource library.* ClearImpact, LLC. Retrieved from https://clearimpact.com/solutions/results-based-accountability-resource-library/

APPENDICES

Appendix A Baltimore City Ordinance

SUBTITLE 39
EQUITY ASSESSMENT PROGRAM

$ 39-1. Definitions.

(a) In general.

In this subtitle, the following terms have the meanings indicated.

(b) Agency.

"Agency" means any department, authority, office, board, commission, council, committee, or other unit of the City government.

(c) Equity.

"Equity" means closing the gaps in policy, practice and allocation of City resources so that race, gender, religion, sexual orientations, and income do not predict one's success, while also improving outcomes for all.

(d) Equity assessment.

"Equity assessment" means a systematic process of identifying policies and practices that may be implemented to identify and redress disparate outcomes on the basis of race, gender, or income.

(e) Gender.

"Gender" means actual or perceived sex and includes a person's gender identity, self-image, appearance, behavior, or expression, whether or not that gender identity, self-image, appearance, behavior, or expression is different from that traditionally associated with the sex assigned to
that person at birth.
(Ord. 18-160.)

§§ 39-2 to 39-5. {Reserved}

$ 39-6. Program initiated.

(a) First year of program.

In the first year following enactment of this subtitle, agencies must participate in training and ongoing capacity building around equity and inclusion to produce a baseline analysis of the equity impacts of the agency's existing and proposed actions and policies, encompassing programs, operations, and capital projects.

(b) Second and subsequent years.

Starting in the second year following enactment of this subtitle, each City agency must develop, adopt, and oversee an Equity Assessment Program that requires it to:

(1) proactively develop policies, practices, and strategic investments to reverse disparity trends based on race, gender, sexual orientation, or income;

(2) act to eliminate structural and institutional racism and discrimination of all kinds based on immutable characteristics to ensure that outcomes and opportunities for all people are no longer predicable based on those characteristics;

(3) develop and implement an equity action plan to incorporate and embed equity principles and strategies into City operations, programs, services, and policies; and

(4) conduct equity assessments of existing and proposed City actions, policies, and both capital and operating budgets.
(Ord. 18-160.)

EDITOR'S NOTE: Ordinance 18-160 was "enacted" on August 10, 2018, "effect[ive] on the 30"
day after the date ... enacted" (i.e., on September 9, 2018).

$ 39-7. {Reserved}

§ 39-8. Agency implementation -- Equity coordinator.

Each agency must:

(1) identify an equity coordinator who shall report directly to the head of the agency and will be responsible for managing that agency's Equity Assessment Program;

(2) conduct equity assessments of the agency's existing and proposed practices and policies; and

(3) develop and implement a plan to address any disparate outcomes based on race, gender, sexual orientation, or income that have been identified by the agency's assessments.
(Ord. 18-160.)

$ 39-9. Agency implementation -- Bill reports.

Whenever an agency reports to the City Council on a proposed ordinance or resolution, the agency shall include in that report the results ofan equity assessment of the proposal's impact on its operations.
(Ord. 18-160.)

$ 39-10. Agency implementation -- Capital budget scoring.

The Director of Planning shall conduct an equity assessment on any proposed capital budget and score the proposed projects based on that assessment. The results of each proposed capital budget shall be published on the Department of Planning's Website.
(Ord. 18-160.)

§ 39-11. Annual Equity Report.

(a) In general.

(I) On or before June 30 of each year beginning I year after the effective date of this subtitle, each agency shall submit its equity report to the Mayor and City Council and the Department of Legislative Reference for public review.

EDITOR'S NOTE: Ordinance 18-160 was "enacted" on August 10, 2018, and became "effect[ive]
on the 30 day after the date ... enacted" (i.e., on September 9, 2018).

(2) The reports shall be made available online.

(3) The City Council may hold hearings to review annual equity reports as warranted.

(b) Contents.

Each Report shall include:

(1) an assessment of progress towards achievement of the goals of the Equity Assessment
Program;

(2) an assessment of the current scope of its compliance;

(3) a discussion of any disparate outcomes identified through equity assessments of its existing City policies or procedures;

(4) recommended steps to address the identified disparate outcomes; and

(5) an update on progress towards eliminating previously identified disparities and implementing actions recommended in past reports.
(Ord. 18-160.)

Appendix B
Racial Equity Score

Baltimore City Health Department
Score 13-18

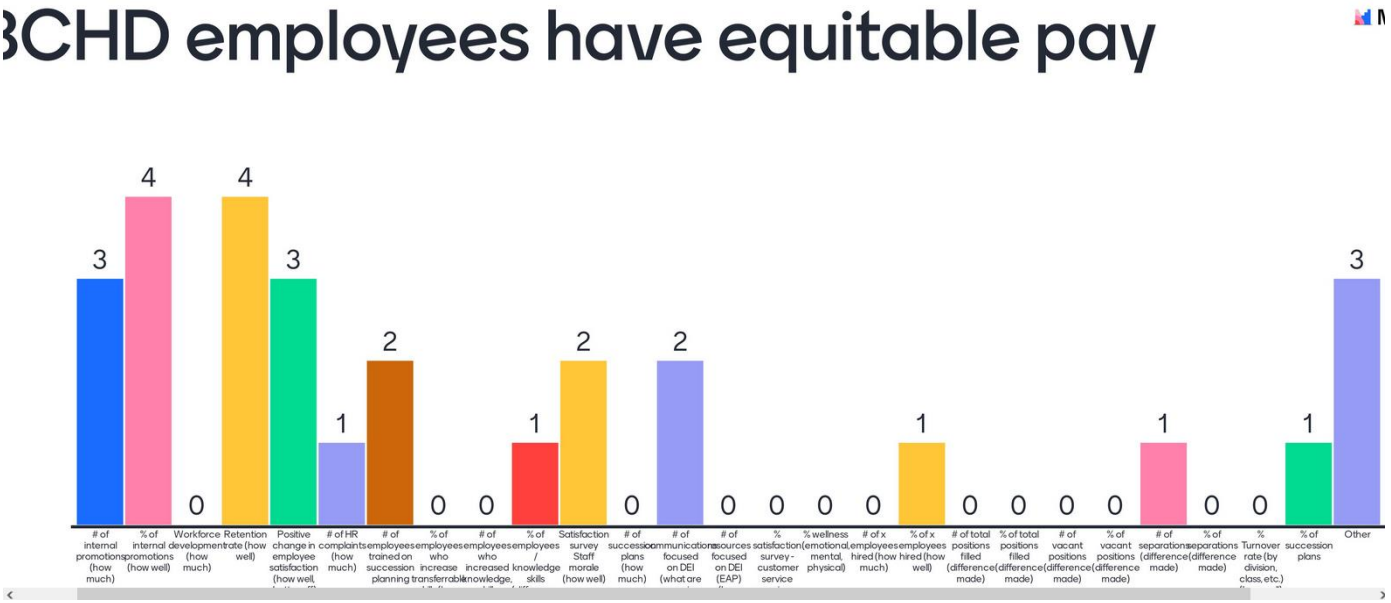
1. Staff are trained and knowledgeable at the basic level about the range of barriers to equal opportunity and equity in Baltimore City
   0 = None 1 = Some 2 = Almost All 3=All
2. Staff have a deep understanding about barriers to opportunity and inequities in their special area of focus
   0 = None 1 = Some 2 = Almost All 3=All
3. Staff disaggregate data by demographics used in all analyses
   0 = None 1 = Some 2 = Almost All 3=All
4. An equity lens/analysis is applied to policy issues/creation/implementation
   0 = None 1 = Some 2 = Almost All 3=All
5. Removing barriers to opportunity are explicit goals of the work and are articulated in a mission/vision statement
   0 = None 1 = Some 2 = Almost All 3=All
6. The department has an internal team trained to guide the ongoing work to remove barriers to opportunity and reduce disparities
   0 = None 1 = Some 2 = Almost All 3=All
7. The goal of reducing barriers to opportunity and reducing disparities is reflected in resource allocations (budget)
   0 = None 1 = Some 2 = Almost All 3=All
8. The department has a deliberate plan to develop and promote divers leadership.
   0 = None 1 = Some 2 = Almost All 3=All
9. The organization regularly assesses workforce composition by protected classes and develops/implements strategies for increasing diversity at all levels
   0 = None 1 = Some 2 = Almost All 3=All
10. The environment of the department (food, art, holiday activities, etc) is multicultural

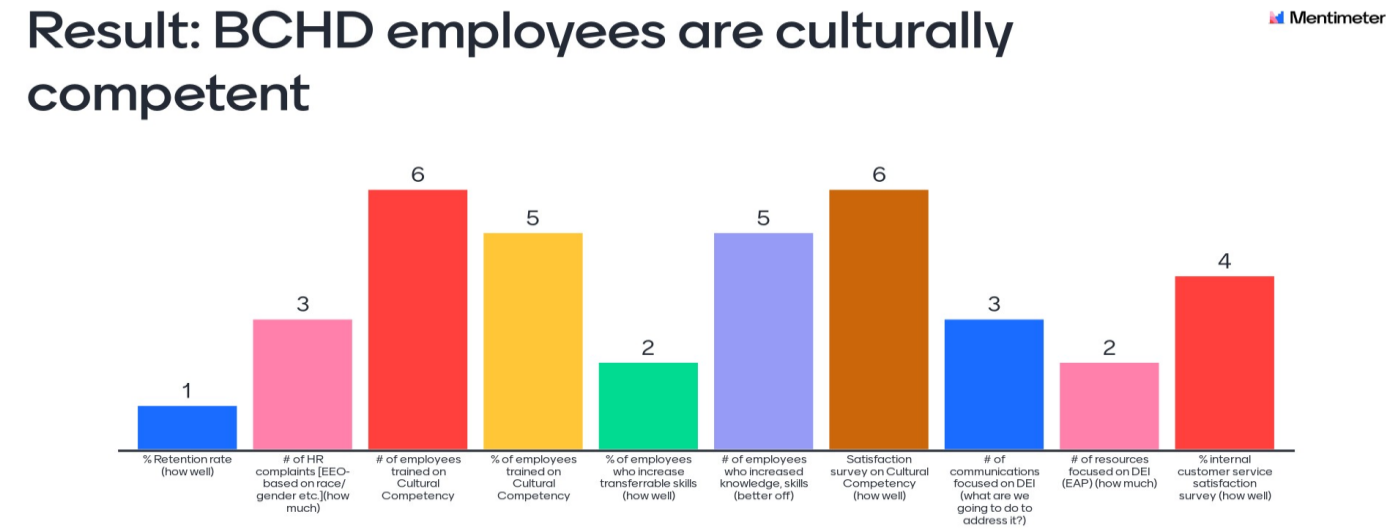
Use the chart below to find out what your Equity Matters Score means

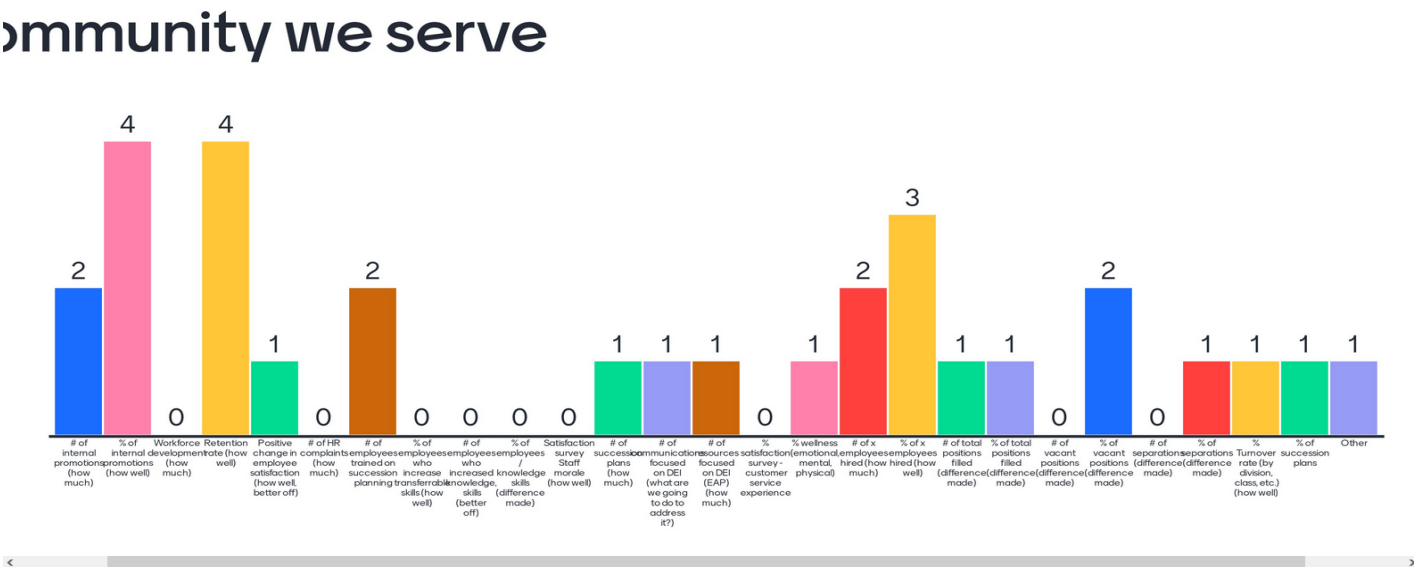
RACIAL EQUITY SCORE	NEXT STEPS
<12	**Become Intentional** Make an emphasis on analyzing your departments employees, programs, services, outreach, etc. through an equity lens. Evaluate performance with this emphasis as a criterion
13-18	**Build staff/organizational capacity** Identify opportunities for staff to better understand embedded inequities- how they are produced an maintained, and how they can be eliminated. Identify policies and procedures that should be improved to promote equitable results
19-24	**Modulate/streamline staff/organizational capacity** See which items are scored lowest, and work on them
25-30	**Mentor others!** One department's success in promoting opportunity for all and reducing disparities is likely to be tied to others' performance. Use what you have learned to help advance an equity approach for other City agencies

Appendix C
Results and Performance Measures Voting

Internal Equity Committee







External Equity Committee