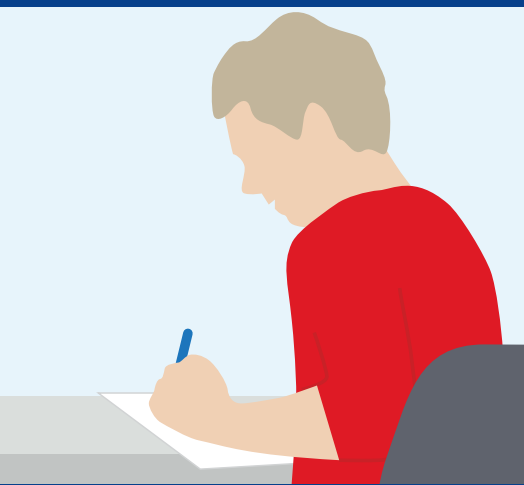


Health Department Assessment & Roadmap

*A tool to assess organizational readiness
to address equity through legal & policy approaches*



ASSESSMENT • ROADMAP

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Key Terms

Agency leadership: those involved in the management, administration, and decision-making process of government or organizational affairs

Community partnerships: sustained engagements in which community members influence the policies, processes, and practices that drive an initiative and how the resources of that initiative are allocated¹

Data disaggregation: collection, provision, and reporting of data by subcategories

Data infrastructure: a system that supports the timely and ongoing collection, study, and sharing of data related to public health – such as demographic information, vital statistics, or medical records²

Equitable enforcement: a process of ensuring compliance with law and policy that considers and minimizes harms to marginalized communities³

Health department (HD): any agency, department, subdivision, or program that is doing public health work

Health equity: the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and health care; and eliminate preventable health disparities.^{4,5}

Law: codification and institutionalization of a policy by a government in the form of an ordinance, statute, or regulation

Leadership: individuals tasked with leading strategic planning, decision making, funding allocations, and/or staffing for a health department, division, or program initiative

Legal epidemiology: the scientific study and deployment of law and policy as a factor in the cause, distribution, and prevention of disease and injury in a population. Legal epidemiology seeks to understand how laws (e.g., constitutions, statutes, regulations, executive orders, judicial opinions, government budgets) and policies (e.g., written statements that set forth public agencies' or organizations' positions, decisions, or courses of action) affect health.⁶

Participatory budgeting: a budgetary process that engages community members in deciding how to spend part of a public budget⁷

Policy: a written statement of a public agency's or organization's position, decision, or course of action

Readiness: HDs' organizational commitment, capacity, and ability to develop programs and solutions that use legal and policy tools to address SDOH and equity

Social determinants of health (SDOH): the environments or conditions in the places where people are born, grow, live, learn, play, work, and age^{8,9} – including factors such as income, wealth, employment, workplace conditions, education, housing, food security, community cohesion, neighborhood safety, transportation, health care, and air and water quality.^{10,11} In this document, the term *social determinants of health* is defined broadly, encompassing structural determinants such as governing processes and economic and social policies that determine how power, money, and other resources are distributed.^{12,13,14}

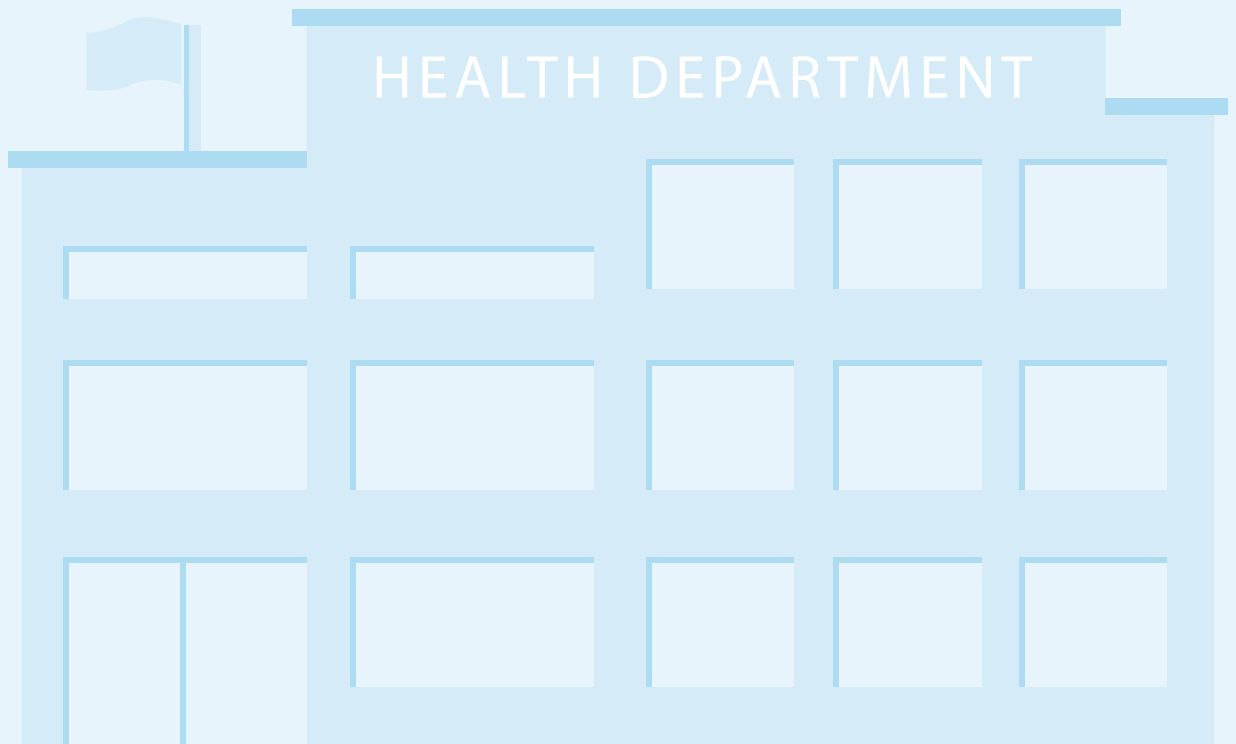
Social determinants of health data (SDOH data): data that encompass various domains of SDOH such as social context, economic context, education, physical infrastructure, geography, and health care.¹⁵ Many types of data can be defined as SDOH data; please refer to **CDC Social Determinants of Health and PLACES Data** for examples and further information.

Structural discrimination: a form of discrimination that operates through policies, cultural norms, and institutional practices, creating interlocking systems of oppression that shape individual experience across multiple dimensions of identity such as race, gender, sexual orientation, social class, and immigration status

Sustainable funding: funding sources that are continual because the programs or items they make possible are valued and therefore draw support and resources from leadership, funders, or state or local budgets

Executive Summary

The Health Department Assessment & Roadmap is designed to help state, tribal, local, and territorial health departments (HDs) advance their work to address social determinants of health (SDOH) and equity through law and policy change. HDs' ability to address SDOH and equity through law and policy depends on several factors, including their readiness, legal authority, and socio-political influences. Together, the assessment and roadmap are designed to benefit HDs at all levels of readiness and provide an effective approach to improving their organizational capacity and readiness to address SDOH and equity through legal and policy tools.



Introduction

This self-assessment tool is designed to be taken by all levels of HD staff and leadership as well as their community partners. Before completing this assessment, HD leadership should consider developing a clear goal for assessment results, maintaining openness to feedback, and providing any resources or time needed by staff to complete the assessment.¹⁶ This resource consists of an optional 15-question short readiness self-assessment for HD leadership, a 75-question full readiness assessment for all HD staff and leadership, and a comprehensive list of suggested activities that HDs can use to improve their readiness and ability to address SDOH through legal and policy tools. Each of the five assessment sections of the tool is estimated to take approximately 10–15 minutes to complete and score on the readiness scale, for a total of approximately 60 minutes. It is recommended that HD leadership and staff set aside time to debrief the assessment results.

The SDOH self-assessment sections evaluate HD readiness across five priority areas:

- ① **Institutional commitment**
- ② **Staff competence in SDOH**
- ③ **Partnerships and engagement**
- ④ **Data for action**
- ⑤ **Framing and communication**

The roadmap uses scored responses from the self-assessment to identify a HD's level of readiness in each of the five priority areas. HDs can use this information to determine areas for improvement, future strategies, and actionable next steps to increase their readiness. Levels of readiness are categorized as follows:

-  **Identifying and researching**
-  **Empowering and engaging**
-  **Formulating and developing**
-  **Implementing and disseminating**
-  **Evaluating and reflecting**
-  **Sustaining and adapting**

Figure 1 illustrates the process of using the *Health Department Assessment & Roadmap*.

Figure 1. Using the Assessment and Roadmap

The Health Department Assessment & Roadmap is an evaluative tool to inform health departments' (HDs') strategic decisions by helping them assess their organizational readiness to use legal and policy strategies to address SDOH.



STEP 1

Complete the Short Assessment (optional)

HD leadership can take a short readiness assessment to get a baseline understanding of where their organization lands on the readiness scale overall.



STEP 2

Prepare to Take the Full Assessment

HDs are encouraged to consider their organization's capacity to complete the assessment and how the results could be used to inform and implement strategic decision making within the organization. The full assessment consists of 75 questions across five priority areas and takes 45–60 minutes to complete. HDs should consider the following factors:

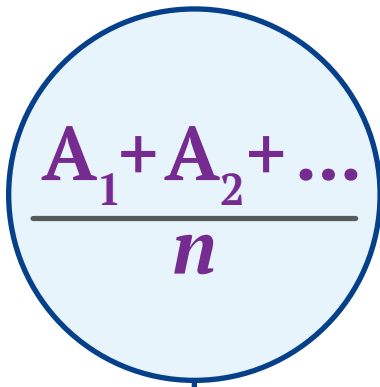
- Diverse staff or partner representation and perspectives in determining who will complete the assessment
- Staff capacity and time needed to complete the assessment
- Existing policies and procedures
- Areas of work they wish to assess
- Priority areas they wish to assess
- Survey platforms (e.g., SurveyMonkey, Google Forms) that can be used to easily collect and analyze data while mainlining anonymity among staff



STEP 3

Take the Full Assessment

- Although HDs are encouraged to assess readiness in each of the five priority areas, this assessment does not need to be completed in one sitting and should be adapted to meet the needs of each HD.
- Each staff member takes the assessment, generating an individual score for each priority area.
- Identify the point value of each response, using **Table 1. Response Scores**.
- Use **Table 2. Assessment Scoring Sheet for Individual** to record each individual's responses.



STEP 4

Score Your Results

- For each staff member, sum the point values for each priority area to arrive at a total individual participant score as shown in **Table 2. Assessment Scoring Sheet for Individual**.
- For each priority area, use **Table 3. Assessment Scoring Sheet for Health Department** to sum all the total individual participant scores and then divide by the number of staff members who took the assessment for that priority area, to arrive at the HD's average assessment score for each priority area.



STEP 5

Apply Your Results

For each priority area, use your HD's average assessment score from step 4 to identify your HD's stage of readiness in the section **Suggested Activities for Each Stage of Readiness**. Review the description and suggested activities for your HD's stage of readiness.



STEP 6

Reflect on Your Level of Readiness

HDs can use the results of this assessment to inform open and honest discussions about their existing strategies and future directions for strengthening internal capacity to address health equity and SDOH through law and policy.



ONGOING

Taking the full assessment is an iterative activity that can be performed at regular intervals or specific milestones to assess changes in readiness as a result of HD strategies or processes.

Background

This tool was informed by the work of the Bay Area Regional Health Inequities Initiative's **Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation** as well as the **Health Equity Roadmap** developed by the American Hospital Association's Institute for Diversity and Health Equity. Unlike previous toolkits and implementation guides* that focus on evaluating existing health equity efforts or infrastructure needed to advance health equity, this tool assesses HDs' organizational capacity and readiness to develop or strengthen health equity work through law and policy. Law and policy are powerful methods for advancing organizational health equity goals.¹⁷ This resource is designed to provide HDs with a comprehensive tool to determine their level of organizational preparedness, as well as their next steps in advancing SDOH and equity through legal and policy approaches. While this tool provides goals and sample activities, HDs would also benefit from understanding their legal authority to advance SDOH work, which can vary across HDs. For more information about public health authority, see **What Legal Powers Do Health Departments Have? Overview of Administrative Law: Part 1.**

The assessments and roadmap use the term *health department* (HD) to refer to any agency, subdivision, or program that may be able to apply this tool to their public health work in SDOH, equity, law, and policy, acknowledging that government agencies focused on health have a variety of organizational structures. As noted later in this document, this tool can be used to assess a particular division or subdivision of a HD such as an environmental health division or a communicable disease team, or it can be used to assess readiness to address SDOH in a specific area such as food security. This tool can also be used by community partners that work with the HD on specific topics.

Social Determinants of Health & Health Equity

Social determinants of health (SDOH) are the environments or conditions in the places where people are born, grow, live, learn, play, work, and age.^{18,19} They include factors such as income, wealth, employment, workplace conditions, education, housing, food security, community cohesion, neighborhood safety, transportation, health care, and air and water quality.^{20,21} This document defines *social determinants of health* broadly to include structural elements such as governing processes and economic and social policies that determine how power, money, and other resources are distributed.^{22,23,24} Laws and policies affecting the distribution of these resources affect community health outcomes and can create health inequities.^{25,26}

According to the Robert Wood Johnson Foundation, "Health equity means that everyone has a fair and just opportunity to be as healthy as possible."^{27,28} Law and policy shape the distribution of SDOH and have been central to enabling, creating, and sustaining existing health inequities, which are rooted in historical injustices and systemic inequities.²⁹ This perpetuation of inequities has resulted in scarcity of resources, unhealthy environments, disadvantageous distribution of power, significantly less wealth, and denial of meaningful opportunities for specific

* See **Appendix II: Resources**

communities, particularly communities of color and low-income communities.³⁰ Research shows that these social and economic factors have a more significant effect on health than clinical factors.³¹ To achieve optimal health for all, the laws and policies that shape these social and economic factors should be considered.^{32,33}

Communities around the country have worked to improve SDOH and achieve **Healthy People 2030** objectives through the use of legal and policy tools.^{34,35} For example, a community in Atlanta reduced violent crime by ensuring enforcement of liquor laws and by reducing the availability of alcohol in the community through different policies.³⁶ In New York, a policy was updated to create new mobile vendor permits to sell fresh fruits and vegetables in communities with limited access to fresh produce.³⁷ The policy change increased access to and availability of fruits and vegetables and increased their intake among residents.³⁸ Addressing SDOH is essential to reducing inequities and disparate health outcomes as well as improving the health status of all.³⁹

Readiness

In this document, *readiness* refers to HDs' organizational commitment, capacity, and ability to develop programs and solutions that use legal and policy tools to address SDOH and equity. Research has identified several priority areas that are crucial determinants of HDs' readiness to address SDOH and health inequities through legal and policy approaches:^{40,41,42,43}

- Institutional commitment
- Staff competence in SDOH
- Partnerships and engagement
- Data for action
- Framing and communication

These priority areas are defined in the next section. A HD may be at a different place on the readiness continuum for each priority area. While HDs may aspire to attain high levels of readiness across all priority areas, we expect that levels of readiness across priority areas will vary initially and at different points in time. As HDs move to higher levels of readiness, they will be able to implement more legal and policy approaches to improve SDOH and health equity, with strong community partnerships guiding the efforts.

Overview of How to Use the Assessment & Roadmap

State, tribal, local, and territorial HDs can use the *Health Department Assessment & Roadmap* to gain a baseline understanding of their organizational readiness to address SDOH and equity through law and policy change and to understand what activities can advance their work. The tool consists of three components: a baseline assessment, a full readiness assessment, and a readiness roadmap.

- **Baseline assessment.** HD leadership can take the 15-question short readiness assessment to get an initial sense of where they might land on the readiness scale overall.

- **Full readiness assessment.** HD staff and leadership can complete the 75-question full readiness assessment to assess their HD's level of readiness in the five priority areas: (1) institutional commitment; (2) staff competence in SDOH; (3) partnerships and engagement; (4) data for action; and (5) framing and communication. HDs will likely have different scores in each priority area, which will translate to varying levels of readiness in each of the five areas.
- **Readiness roadmap.** The roadmap contains a list of suggested activities at each readiness level. HDs can consider undertaking some of these activities to incorporate SDOH, equity, law, and policy into their work.

Prior to having HD staff complete the full assessment, it is recommended that HD leadership consider how they might use the results to inform and implement meaningful organizational change. HDs can use this tool in various ways. It can be used to assess an entire HD or a particular division or project within a HD. It could also be used by community partners that work with HDs. With input from staff at all levels, HDs can comprehensively assess their readiness across all five priority areas. However, the assessment is designed to allow HDs to assess each priority area individually if they wish.

HD leadership can prepare their organization to take the full assessment by identifying organizational priorities, capacity, and resources needed to support administration of the assessment. Leadership should provide staff members with ample time to complete the assessment, to ensure breadth and depth of responses. At a minimum, regardless of the area or project, HDs should consider having several staff members who have different roles, responsibilities, and levels of experience within the organization take the assessment, to ensure a variety of perspectives. HDs can make assessment responses anonymous to encourage staff candor.

HDs can retake the assessment at any time, to quantify changes in readiness after new activities or strategies. HDs are encouraged to take this assessment or parts of this assessment annually. However, given the varied structures, sizes, and capacity of HDs, each HD can determine how to use the tool to best meet their needs.

Moreover, due to the complexity and breadth of SDOH topics, it is unlikely that a HD will address law and policy changes on all possible SDOH topic areas at once. Changes can be incremental, and any improvements in SDOH may contribute to improving the health and well-being of communities. Moreover, SDOH are interconnected, and if a HD is working on one area, they are likely affecting others.⁴⁴

Priority Areas for Addressing SDOH & Health Equity Through Legal & Policy Work

As mentioned earlier, five priority areas are crucial determinants of HDs' organizational readiness to address SDOH and health inequities through law and policy.

Institutional Commitment

Institutional commitment to addressing SDOH and health inequities through legal and policy approaches is foundational to HDs' organizational readiness to advance health equity.^{45,46,47,48,49} *Institutional commitment* refers to the structures in place throughout an organization to support its work – for example, in operations; communications; programs; funding and budgeting; and staff capacity and development.^{50,51,52,53} Within operations, institutional commitment requires embedding health equity, SDOH principles, and language about policy and legal tools in guiding documents and work processes such as a HD's mission, vision, goals, strategic and communications plans, and work and program plans.^{54,55,56} Language about equity can focus on creating opportunities and conditions that will allow all populations to be healthy. Institutional commitment also means aligning funding and budgeting requirements, processes, and decisions to align with a HD's plans to work on SDOH.^{57,58,59} Example steps to consider in order to strengthen an organization's institutional commitment to supporting the work of addressing SDOH through legal and policy tools include reviewing, allocating, or implementing funding streams to support program needs and staff capacity for work on health equity; aligning organizational resources to focus on legal and policy efforts to address SDOH; using participatory budgeting to prioritize funding efforts to address SDOH areas identified by the community; and building staff capacity to work on health equity and SDOH through law and policy. HDs can build staff capacity through required and continual training programs, mentoring, coaching, employing diverse staff and leadership who reflect the community, and ensuring that job descriptions and qualifications prioritize health equity skills and working with underserved populations.^{60,61,62} Institutional commitment to addressing SDOH and health equity also centers on a commitment to diversity, equity, inclusion, and accessibility (DEIA) efforts throughout the HD to ensure that all staff are valued, treated equitably, and feel a sense of belonging.^{63,64,65} Long-term investment of capital and human resources by institutions and leadership can help ensure sustainability of current and future efforts.^{66,67} Institutional commitment is an element in a HD's organizational capacity and readiness to develop sustainable and impactful solutions that address SDOH through the application of legal and policy tools.^{68,69}

Staff Competence in SDOH

Another way that HDs can advance organizational readiness to work on SDOH through legal and policy approaches is by employing leadership and staff with a wealth of knowledge across the different domains that comprise SDOH – for example, economic stability, education access and quality, health care access and quality, neighborhoods and built environment, and social and community context.⁷⁰ Although it is unlikely that all HD staff will be experts across all of these areas, HDs may wish to implement core SDOH-related competencies to strengthen organizational capacity to develop equitable legal and policy solutions. For example, HD staff may often have varying definitions and understandings of health equity, health disparities, SDOH, and law and policy.⁷¹ Standardizing definitions of these terms across the organization is a helpful first step toward addressing health inequities through law and policy, providing all staff members with baseline knowledge of issue- and community-specific SDOH and a shared understanding of key concepts and terms to inform future legal and policy solutions.⁷²

While a HD staff's understanding of SDOH is often informed by data and literature on how social factors affect health outcomes, developing equitable solutions requires a deep understanding of how past laws and policies have directly caused or perpetuated health inequities, both nationally and within a HD's jurisdiction.^{73,74} Additionally, some knowledge about SDOH may be gained through empirical research but may change in the light of partnerships and community engagement (as discussed in the next section) and therefore will look different for different HDs. Seeking input from people with lived experience so that policies reflect the needs of those directly affected by upstream causes of poor health outcomes can lead to more effective policies, services, or programs.^{75,76,77} Strengthening competencies related to knowledge of SDOH across an organization helps to inform diverse yet focused legal and policy solutions to address SDOH.

Partnerships & Engagement

Developing and maintaining meaningful relationships with partners and communities are essential in strengthening organizational readiness and capacity to address SDOH through the tools of law and policy.^{78,79} According to long-standing research, intergenerational disinvestment, discrimination, and disenfranchisement, often as a result of government policies, have led to traumatic experiences and mistrust of government in many communities that public HDs serve.^{80,81,82,83,84} Numerous laws and policies have had significant negative effects on people's lives in areas such as housing, environmental quality, transportation, education, community investment, and wealth.^{85,86} To learn more about how laws and policies have created significant inequities in our communities, review ChangeLab Solutions' ***A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy***.

Building trust and partnerships with people who have been most affected by health inequities is foundational to HDs' ability to repair the harms of poverty, racism, and other forms of institutional discrimination.^{87,88,89,90,91} Community partnerships are "sustained engagements in which community members influence the policies, processes, and practices that drive an initiative, and how the resources of that

initiative are allocated.”⁹² To ensure that legal and policy solutions to address SDOH reflect the communities they serve, HDs can build trusting partnerships with those communities, to inform future strategic decisions. Partnering with those who are most affected by inequities recognizes that community members are the experts best equipped to drive solutions because of their knowledge of what they need and what will work in their community. This practice of partnering with those who are most affected by inequities can lead to more successful outcomes and healthier, more equitable communities.^{93,94} Having people guide what happens in their communities also “improves their ability to exercise self-determination, which has a positive impact on health.”^{95,96} Community leaders can also engage new partners and resources, as well as advocate for supportive laws and policies when institutions cannot. Developing trusting relationships is necessary, yet the process takes time, patience, communication, humility, and sensitivity, as well as interactions between members of the public and lawmakers.^{97,98} Clear and transparent decision-making processes and communication are critical to maintaining trust.^{99,100} HDs can also make sure to set up a two-way system that allows members of the public to engage during the decision-making process, contribute meaningful feedback,^{101,102} and receive follow-up communication at later points in the policy formulation, implementation, and evaluation cycle.

In addition to community partnerships, it is important for HDs to develop multi-sector partnerships to address complex issues and systems related to SDOH.^{103,104,105}

Health in All Policies (HiAP) is a collaborative approach to reducing health inequities and improving the health of a community by incorporating health, sustainability, and equity considerations into decision making across government agencies and policy areas.¹⁰⁶ This approach encourages collaboration across government agencies to identify shared goals, maximize resources, coordinate activities, and invest in solutions that produce multiple benefits.¹⁰⁷ Economic and social barriers affecting health can be reduced through cross-departmental collaboration, shared resource allocation, interdisciplinary policy development, and data sharing.^{108,109,110} Potential partnerships could include representatives from education, social services, business, transportation, philanthropy, tribal agencies, and housing. Efforts to align work across sectors have been shown to support sustainability and effectiveness in partnerships to advance health equity.^{111,112,113} For more information on how to develop community partnerships and multi-sector collaborations, you can review ChangeLab Solutions’ **Supporting Equitable Community Engagement: A Resource for State Health Departments and Engaging Partner Organizations** (part of *The Health & Housing Starter Kit*). Ensuring stable, supportive, and trusting partnerships can help HDs develop innovative and community-informed legal and policy solutions to address SDOH.

Data for Action

Data provide a measurable snapshot of what supports or impedes health and can help shape narratives about residents' health by identifying health inequities and structural factors within a community.¹¹⁴ Public health data are a critical component in targeted interventions, allocation of resources, and evaluation of the effects of health interventions.¹¹⁵ Different types and sources of data can be used to promote health within communities; some examples are demographic information, disease surveillance, and environmental factors.¹¹⁶ Additionally, finding, reading, and analyzing laws and policies can further contextualize health outcomes by shedding light on legal and policy structures that promote or inhibit health behaviors within a community. One way to understand the effects that laws and policies can have on health outcomes is through legal epidemiology – the scientific study and deployment of law as a factor in the cause, distribution, and prevention of disease and injury in a population.¹¹⁷ For more information, review ChangeLab Solutions and CDC's [Legal Epidemiology training series](#), available through the Public Health Law Academy.

Data constitute a powerful tool that can be used to identify problems, allocate resources, and inform HD interventions, but incorrect use of data can contribute to health inequities due to omission of context, poor understanding of structural inequities, misrepresentative sampling, or other issues.^{118,119} Additionally, limited data infrastructure, limited data availability across key partners, or lack of data disaggregation can make it difficult for HDs to identify, track, and evaluate health challenges, especially for specific demographic populations.¹²⁰ One way that HDs can navigate this challenge is to consider how they can collect, analyze, and share data in order to implement inclusive, equitable interventions and policy solutions that reflect the lived experiences of all individuals in their community.¹²¹ Promoting data integrity and shareability among diverse partners while balancing data privacy concerns can result in descriptive and robust data to inform equitable and sustainable law and policy initiatives.¹²² Tracking state and local policies as well as associated health outcomes can inform the development and revision of health and social policies.¹²³ Additionally, data can be used to reveal new evidence and research questions as they emerge within communities.¹²⁴ Collecting and translating legal, policy, and SDOH data are foundational to promoting health equity by developing actionable program and policy decisions that capture the unique stories of communities.

Framing & Communication

How a particular legal or policy change addressing SDOH is framed can affect the outcome of a proposed change as much as the content of the policy itself. Framing refers to the way information is shaped and presented in order to influence the meaning people derive from it.^{125,126} Framing and communication methods used by HDs are an important component of their organizational readiness to address SDOH through law and policy. Negative framing and communication materials can affect the success and uptake of law and policy efforts aimed at addressing SDOH. Research reveals that negative imagery, messaging, or communication about people from racial and ethnic minority groups can contribute to community members'

distrust of government and health systems; community stigmatization; and further exacerbation of health inequities.¹²⁷ With this in mind, HDs can consider potential positive and negative effects of their organization's framing and communication of issues in order to avoid increasing bias; stigmatization; and misconceptions about health, law, and policy.¹²⁸ Through strategic communication and messaging materials aimed toward communities, HDs can help counteract dominant deficit- and scarcity-driven narratives by framing discussions of health equity in terms of a community's assets and aspirations before diving into challenges and disparities.¹²⁹ Even well-intentioned and seemingly innocuous messages can cause further harm. For example, although messages like "opportunity for all" may seem compelling, this framing may be counterproductive because it can lead people to conceptualize needs as something that must be earned rather than fundamental rights.¹³⁰

Additionally, public health efforts are more likely to succeed when they consider the varying levels of health literacy, legal knowledge, diversity, and intersectionality within an intended audience and ensure that messaging reflects and resonates with the community, agency, or other partner group that a HD is trying to reach.¹³¹ Tailored messages can clearly communicate what a win will look like for different groups. With clear and equity-focused messaging on SDOH,¹³² decision makers and members of the public are better equipped to understand when a finalized law or policy does – or does not – solve the problem that it seeks to address.¹³³ Clear messaging also helps prevent the audience from filling in the blanks with conventional messages, misinformation,¹³⁴ and biases. To learn more about misinformation and HDs' role in counteracting its spread, please review ChangeLab Solutions' resource on this topic, **Confronting Misinformation: Opportunities for Law and Policy Innovation**. Establishing that communication materials created by HDs consider all the aforementioned elements can help ensure that HDs' legal and policy solutions to address SDOH are well-received by communities.

Health Department Assessment

Optional Short Assessment to Determine General Readiness

Before a HD takes the full assessment, leadership of the HD or the specific HD division that will be evaluated can take this optional short assessment to get an initial sense of where the HD might land on the readiness scale, as well as to learn a little more about the elements of readiness. For the purposes of this tool, *leadership* is defined as individuals tasked with leading strategic planning, decision making, funding allocations, and/or staffing for the health department, division, or program initiative. HDs that answer “Yes” on 5 or fewer questions will generally score toward the low end of the readiness scale; those HDs are encouraged to prioritize the Institutional Commitment section of the assessment before assessing other priority areas, given that institutional commitment affects the other areas of readiness. HDs that answer “Yes” on 11 or more questions will generally score toward the high end of the readiness scale; those HDs might have a high level of organizational readiness to address SDOH through law and policy change. On the full assessment, a HD might score very high in a particular priority area within the assessment even if it didn’t score as high on the short assessment. This short assessment is optional and is meant only to provide leadership with a general idea of where their HD might fall on the readiness scale and to provide some high-level information about the elements of readiness.

SHORT ASSESSMENT

Date of assessment: _____

Staff name(s): _____

Staff role(s): _____

- | | |
|--|--|
| <p>1. Our HD's leadership understands the importance of framing communications to focus on SDOH.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>2. Our HD's leadership supports efforts (policy assessments, environmental scans, coalition engagement, etc.) that focus on the role that law, policy, and government play in determining health.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>3. Staff at our HD understand how to tailor health equity materials that are publicly disseminated according to the specific demographics of the community we are attempting to reach.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>4. Our HD understands the importance of working with policymakers and regulatory agencies to address health inequities.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>5. Our HD's leadership believes that policy should be informed by the lived experiences of the people who will be most affected by the proposed policy.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>6. Our HD's leadership has the support of our agency leadership and other intragovernmental agencies in addressing SDOH.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>7. Our HD has staff with the expertise to collect and analyze SDOH data.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>8. Our HD has staff with the expertise and capacity to analyze laws and policies.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>9. Our HD trains its staff in the concepts of SDOH in relation to law and policy.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>10. Our HD considers candidates' knowledge of SDOH in relation to law and policy when hiring new staff.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>11. Our HD is committed to diversity, equity, inclusion, and accessibility (DEIA) efforts.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>12. Our HD prioritizes the needs of the people most affected by health inequities.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>13. Our HD is seen as a trusted resource in the community.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>14. Our HD researches past harms that its policies or those of other institutions have caused to its communities.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>15. Our HD has dedicated funds for working on SDOH.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|--|--|

Taking the Full Assessment

This assessment is intended to provide an in-depth look at a HD's existing readiness to assess what future strategies could be used to improve its SDOH and health equity work.

The full assessment consists of 75 questions across the five priority areas and is estimated to take approximately 45–60 minutes to complete. This tool can be used to assess an entire HD, a particular division or subdivision of a HD such as an environmental health division or a communicable disease team, or a specific HD project or area of work such as food security. HDs vary widely in their structure and size; while an assessment of an entire HD might be relatively feasible for a small HD of 15 employees, administering this assessment at a HD with hundreds or thousands of employees would entail much more work. Additionally, this assessment could be used by community partners that work with a HD on specific topic areas or specific priority areas of readiness. For example, if a HD is working on violence prevention, the HD could ask a community partner to fill out certain questions related to partnerships and engagement or about framing and communication. HDs are encouraged to use this assessment however best meets their needs.

Regardless of whether the HD that is taking the assessment is an entire agency or a subdivision or program area of an agency, it is encouraged to assess all priority areas to provide a holistic perspective on the HD's level of readiness to address SDOH topics through laws and policies. Nevertheless, this assessment can be tailored to meet a HD's specific needs, and all sections of the assessment do not need to be completed at one time. For example, a HD might use this tool to first assess their level of readiness in institutional commitment and data for action for their transportation work and might need to assess the remaining priority areas later due to limited staff capacity, grant cycles, or another organizational limitation.

To get the most accurate portrayal of a HD's current readiness to address health equity, it is important to obtain feedback from all levels of staff engaged in the work. Ideally, perspectives will come from leadership, management, senior-level staff, and junior-level staff. HDs are encouraged to have at least four staff members – with varying responsibilities, expertise, and experiences – take the full assessment. If possible, anonymous responses are preferable.

Before taking the assessment, HDs are strongly encouraged to develop an implementation plan for acquiring, disseminating, and analyzing assessment results.¹³⁵ Factors to consider include time constraints, staff capacity, diverse staff representation, communication, and how responses will be collected. Additionally, when completing the survey, respondents should consider existing work initiatives as well as any upcoming initiatives that have been fully scoped. For instance, HDs might consider existing policies and protocols, trainings available, or existing guidelines related to SDOH work.

The **Scoring the Assessment** section of this document contains assessment scoring sheets that HDs can use to log their results. HDs are also free to input assessment questions into their own survey tool (e.g., SurveyMonkey, Google Forms), if that would allow them to collect and analyze participant responses more efficiently and

effectively. Additionally, HDs can alter the response choices to reflect their preference or their needs, as long as the responses align with a five-point Likert scale used throughout the assessment. **Appendix I** provides a questionnaire codebook to allow participants to locate specific themes within the assessment questions.

Finally, this assessment is intended to be re-administered on an annual basis or at intervals that closely align with milestones, goals, grant cycles, or other points of evaluation. It is important for HDs to allow ample time to design, implement, and collect necessary data points from any new strategies, programs, or policies before re-evaluating levels of readiness in a priority area. And HDs are not required to re-evaluate all priority areas at once; HDs may choose to reassess different assessment priority areas and/or different areas of their work at different intervals to align with the key strategies in that work area. For example, if a HD has identified community partnerships as the top strategy to advance strategic goals for its communicable disease work, then that HD may wish to assess that division for its readiness in partnerships and engagement at more frequent intervals than assessments in the remaining areas.



Date of assessment: _____

Staff name (or anonymous number): _____

Staff role (or leave blank for anonymity): _____

ASSESSING INSTITUTIONAL COMMITMENT

- 1. Our HD's mission, vision, and value statements incorporate language about health equity and SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 2. Our HD's strategic plan includes using legal and policy tools to address health inequities and SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 3. Our HD's programs are routinely evaluated on their efforts to use policy and/or legal tools to address health inequities and SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 4. Our HD has access to legal counsel with public health expertise (e.g., internal government legal counsel, external legal counsel).**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 5. Our HD has a training plan to ensure that staff are trained in the concepts of health equity and SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 6. Our HD has a training plan to ensure that staff are trained in how to use the tools of law and policy to address SDOH and health equity.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 7. Our HD has a training plan in place to promote diversity, equity, inclusion, and accessibility (DEIA).**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 8. Our HD's job descriptions prioritize efforts to address health equity.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable

- 9. Specific staff members within our HD are dedicated to organizing how we promote health equity within our organization (e.g., how we talk about equity in our organization and in our materials, development of internal trainings on health equity).**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 10. Specific staff members within our HD are assigned to develop our policy and/or legal efforts.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 11. Our HD has a strategic plan in place to intentionally recruit and retain diverse members of our community.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 12. Our HD has tools in place to ensure equitable enforcement of public health laws within our community.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 13. Our HD provides sustainable funding for internal equity work such as staff training and for staff positions devoted to health equity.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 14. Our HD provides sustainable funding to support legal and policy work to address SDOH.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 15. Our HD applies for funding that focuses on addressing SDOH and health equity.**
- ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable

ASSESSING STAFF COMPETENCE IN SDOH

1. **Our HD offers resources or trainings to all staff to help them gain a stronger understanding of SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
2. **Our HD has a standardized definition of *health equity* that is used consistently among staff across the organization.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
3. **Our HD has a standardized definition of *social determinants of health* that is used consistently among staff across the organization.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
4. **Our HD leadership values our department's efforts to address SDOH by developing or supporting legislation that affects people's health and well-being – for example, in areas such as access to housing, transportation, clean water, and paid leave.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
5. **Our HD staff understands that structural discrimination within our jurisdiction is a root cause of health inequity.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
6. **Our HD staff uses our understanding and research on the history of structural discrimination within our jurisdiction to inform strategic decisions.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
7. **Our HD leadership understands how laws and policies governing our jurisdiction affect current health inequities within our communities.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
8. **Our HD staff understands how social and community context – including, for example, facing discrimination, experiencing school bullying, or being separated from an incarcerated parent – affects health outcomes in the communities we serve.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree

9. **Our HD staff understands how economic stability – including, for example, availability of steady employment that pays enough for families to purchase nutrient-dense groceries and make monthly savings contributions – affects health outcomes in the communities we serve.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
10. **Our HD staff understands how health care access and quality – including, for example, distance from a primary care provider, insurance coverage for medication, and Medicaid eligibility – affect health outcomes in the communities we serve.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
11. **Our HD staff understands how neighborhoods and built environments – including, for example, neighborhood violence, sidewalks, bicycle infrastructure, and public transit – affect health outcomes in the communities we serve.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
12. **Our HD staff understands how education quality and access – including, for example, availability of high-quality, affordable preschools – affect health outcomes in the communities we serve.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
13. **Our HD hosts internal meetings to discuss our expertise, understanding, and knowledge related to SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
14. **Our HD considers communities' self-identified assets and challenges when assessing how key laws and policies affect health outcomes in those communities.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
15. **Our HD works within our organization to deepen our HD's internal understanding of SDOH.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable

ASSESSING PARTNERSHIPS & ENGAGEMENT

1. Our HD has a community engagement plan in place.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

2. Our HD regularly engages with communities most affected by health inequities, in order to understand issues affecting them.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

3. Input from communities most affected by health inequities is used to inform the laws and policies our HD focuses on (as outlined, for example, in our strategic plan, program plans, or policy agenda).

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

4. Communities most affected by health inequities trust our HD as an institution.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

5. Our HD works with other government entities on laws and policies that address health inequities and SDOH affecting the community.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

6. Our HD is involved in multi-sector collaborations aimed at addressing health inequities and SDOH through legal and policy tools.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

7. Our HD's partnerships and multi-sector collaborations use transparent decision-making processes.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

8. Our HD has strong working relationships with policymakers at local and/or state levels.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

9. Our HD conducts equity impact assessments in order to understand the effects of existing programs, policies, and processes on communities.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

10. Our HD publicly acknowledges how past and current government laws, policies, and systems have harmed communities and contributed to health inequities.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

11. Our HD ensures that community members we partner with are compensated for their time and expertise.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

12. Our HD has formal organizational structures set up to receive and respond to community input on its health equity and SDOH work.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

13. Our HD has formal accountability structures in place to ensure that it is responsive to community input, feedback, and needs.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

14. Our HD provides our partners with training on SDOH and health equity.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

15. Our HD provides our partners with training on the policymaking process and how they can engage with the process.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

ASSESSING DATA FOR ACTION

- 1. Our HD understands the importance of collecting diverse SDOH data in a continual and timely manner.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 2. Our HD has a data infrastructure that can be used to inform and evaluate SDOH initiatives.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 3. Our HD has sustainable funding to maintain data infrastructure.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 4. Our HD has the workforce capacity to hire and retain data specialists (e.g., epidemiologists, data analysts, statisticians).**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 5. Our HD engages community members when identifying and collecting SDOH data.**
 - ☐ Always
 - ☐ Frequently
 - ☐ Occasionally
 - ☐ Rarely
 - ☐ Never
- 6. Community-driven data inform our HD's strategic planning, decision making, and policymaking, as well as our resource allocations.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 7. Our HD collects quantitative or qualitative data that capture the lived experiences of the community members we serve.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
- 8. Our HD collects SDOH data that can be disaggregated to accurately reflect the health outcomes of specific sub-communities.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable

9. When reporting or communicating about our data, our HD provides context by noting historical, racial, economic, or social factors.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

10. Our HD has the capacity to share SDOH data across government sectors in a timely manner.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

11. Our HD promotes SDOH data sharing and collaboration across partners.

- ☐ Always
- ☐ Frequently
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

Legal Data

12. Our HD has the capacity (resources, funding, and expertise) to track and evaluate laws and policies that affect the health of community members.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

13. Our HD collaborates with other partners to effectively analyze data related to laws and policies implemented in our jurisdiction.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

14. Our HD understands the importance of using legal epidemiology concepts to inform strategic decisions.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

15. Legal epidemiology is incorporated into our HD's existing and planned public health activities.

- ☐ Always
- ☐ Frequently
- ☐ Occasionally
- ☐ Rarely
- ☐ Never

ASSESSING FRAMING & COMMUNICATION

1. **In public-facing communications, our HD consistently identifies and uplifts the assets of a community before defining disparities, challenges, or deficits affecting that community.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
2. **Our HD makes publicly disseminated materials accessible to a wide range of audiences (e.g., translates materials into languages spoken in our jurisdiction, offers closed-captioned and braille versions).**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
3. **Our HD staff includes one or more communications professionals with experience in messaging on health equity and structural discrimination.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
4. **Our HD has engaged in formal message testing on issues related to SDOH (e.g., through focus groups or surveys).**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
5. **Our HD's public-facing messaging is informed by community input and feedback.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
6. **Our HD has a strategic communications plan that includes messaging guidance on SDOH and/or health equity in health department communications.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable
7. **Our HD encourages staff to use messaging that focuses on how SDOH (as opposed to individual behaviors) affect health outcomes.**
 - ☐ Strongly agree
 - ☐ Agree
 - ☐ Neither agree nor disagree
 - ☐ Disagree
 - ☐ Strongly disagree
8. **Our HD has information about SDOH on our website.**
 - ☐ Yes: fully implemented
 - ☐ In progress: implementation ongoing or partially implemented
 - ☐ No
 - ☐ Don't know
 - ☐ Not applicable

9. Our HD has an established method for communicating across multiple government sectors within our jurisdiction.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

10. Our HD avoids using negative imagery and messaging related to priority populations (e.g., avoids imagery and messaging that relies on stereotypes based on race, sexual orientation, or income level).

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

11. When our HD includes information about health disparities in our internal and external messaging, we frame these disparities in the context of structural discrimination.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

12. Our HD is flexible and willing to adjust our messaging or method of communication based on community response.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

13. Our HD holds recurring trainings for our staff on how to frame information related to health disparities and SDOH.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

14. Our HD has a process for reviewing our communications in order to eliminate potential negative ramifications of our messaging for the communities that we serve.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

15. Our HD uses its public-facing communications to combat misinformation on issues relating to SDOH.

- ☐ Yes: fully implemented
- ☐ In progress: implementation ongoing or partially implemented
- ☐ No
- ☐ Don't know
- ☐ Not applicable

Scoring the Assessment

Each priority area will be scored separately, based on an individual's responses to the assessment questions; see Table 1 to determine the point value for each response. Table 2 provides a basic scoring sheet that can be used for each individual who completes the assessment. To determine an individual's assessment of your HD's stage on the readiness roadmap for each priority area, calculate that individual's total score for all questions in each priority area ($A = Q_1 + Q_2 \dots Q_{15}$). This total is the individual participant score. Again, it is recommended that several staff members with varying levels of responsibility take this assessment, to accurately capture the experiences of different personnel within the HD. In Table 3, staff members' individual scores (**A**) for each priority area can then be summed and divided by the total number of group members to get the HD's average score for each priority area (**B**). For example, if four people took the entire assessment, total the four individual scores for each priority area ($A_1 + A_2 + A_3 + A_4$) and divide that number by 4.

HDs can also input assessment questions into their own survey tool (e.g., SurveyMonkey, Google Forms) if that would allow them to collect and analyze participant responses more efficiently and effectively to meet their needs.

Table 1. Response Scores

Response	Value
<ul style="list-style-type: none">Strongly agreeYes: fully implementedAlways	5
<ul style="list-style-type: none">AgreeIn progress: implementation ongoing or partially implementedFrequently	4
<ul style="list-style-type: none">Neither agree nor disagreeNoOccasionally	3
<ul style="list-style-type: none">DisagreeDon't knowRarely	2
<ul style="list-style-type: none">Strongly disagreeNot applicableNever	1

Table 2. Assessment Scoring Sheet for Individual

Individual's name (or anonymous number): _____

	Institutional Commitment	Staff Competence in SDOH	Partnerships & Engagement	Data for Action	Framing & Communication
Question 1					
Question 2					
Question 3					
Question 4					
Question 5					
Question 6					
Question 7					
Question 8					
Question 9					
Question 10					
Question 11					
Question 12					
Question 13					
Question 14					
Question 15					
Total: Individual Participant Score A ($Q_1 + Q_2 \dots Q_{15}$)					

Table 3. Assessment Scoring Sheet for Health Department







	Individual Scores (A) for Each Individual (from bottom row of Table 2)				
	Institutional Commitment	Staff Competence in SDOH	Partnerships & Engagement	Data for Action	Framing & Communication
Individual 1					
Individual 2					
Individual 3					
Individual 4					
Individual 5					
Individual 6					
Individual 7					
Individual 8					
Individual 9					
Individual 10					
Individual 11					
Individual 12					
Individual 13					
Individual 14					
Individual 15					
Individual 16					
Individual 17					
Individual 18					
Individual 19					
Individual 20					
Individual 21					
Individual 22					
Individual 23					
Individual 24					
Individual 25					
Individual 26					
Individual 27					
Individual n					
Sum of Individual Scores ($A_1 + A_2 + \dots A_n$)					
HD Score B : ($A_1 + A_2 + \dots A_n$) \div (Number of respondents n)					

Health Department Readiness Roadmap

Overview of Roadmap Stages

HDs' level of readiness across priority areas is based on their assessment scores. The stages of readiness are grounded in the transtheoretical model of behavioral change,¹³⁶ which acknowledges that change does not occur quickly or statically but is a continual and gradual process. This readiness roadmap shows how HDs can fall along the continuum of change and what might be needed to strengthen internal work at each level. It should be noted, however, that HDs in earlier stages of readiness may already be doing some of the suggested activities for HDs in later stages of readiness, and HDs in later stages of readiness might not yet be doing or might benefit from doing some of the suggested activities for HDs in earlier stages of readiness. HDs are not required to implement all of the activities listed for each stage of readiness; rather, HDs are encouraged to focus on the activities that best suit their current capacity and priorities. Table 4 describes the six stages of readiness, which apply to each of the priority areas. Later in this section, the readiness roadmap provides a description of each stage of readiness and suggested activities in each priority area.







Table 4. Readiness Roadmap: Stages of Readiness

Stage of Readiness	Description
 Identifying & Researching	HD is not in a position to take any immediate action but is aware of the need for change. HD can focus on identifying, researching, and building a knowledge base on this topic within the scientific and local community, to determine the resources, expertise, and capacity needed.
 Empowering & Engaging	After conducting extensive research on the topic, HD is now in a position to raise awareness among staff, leadership, and community members. HD is well positioned to engage in meaningful conversations with key partners, community members, and potential partner organizations to discover shared experience and knowledge that can inform possible solutions.
 Formulating & Developing	HD is formulating community- and research-informed solutions and strategies, moving toward actionable steps. HD can develop a strategic plan, incorporating information gathered during the Identifying & Researching phase and using considerations learned from the Empowering & Engaging phase to inform future decisions. Additionally, HD can include ways to evaluate and provide feedback on the solutions it wishes to implement.
 Implementing & Disseminating	HD is implementing and disseminating strategic plans and initiatives throughout its organization now – or will in the near future. For successful and timely implementation, HD can involve staff, leadership, community members, and partners in the rollout of the new initiative, providing any necessary training.
 Evaluating & Reflecting	HD has successfully implemented strategic plans and initiatives and is now in a position to collect feedback and data on the efficiency and effectiveness of implemented changes. It is important to note that timeframes for measuring change may vary, depending on factors such as political climate, type of initiative, and policy processes. After implementing and disseminating a new activity, it is critical for a HD to allow ample time before evaluating and reflecting on its efforts (as outlined in its strategic plan) to determine successes, challenges, and possible areas for improvement. The evaluation process can include both quantitative and qualitative data as well as feedback from staff, community members, partners, and leadership.
 Sustaining & Adapting	HD has successfully implemented, disseminated, and evaluated its efforts and now is focused on sustaining this new activity. HD is well situated to adapt and modify aspects of its activities as needed, given that population demographics, infrastructure, social climates, and resources are constantly evolving.

Applying Your Results





Table 5 details the score ranges that align with each stage of readiness on the roadmap. Each priority area score can range from 15 to 75. The higher the score, the further the HD is along the continuum of readiness. Use the scores from Table 3 to assess your HD’s level of readiness. Again, it is recommended that individuals with varying levels of responsibility take the assessment, to provide the most accurate representation of an HD’s organizational capacity to address SDOH through law and policy change. After identifying your HD’s stage of readiness for each priority area, use that information to refer to the Suggested Activities for Each Stage of Readiness. While not exhaustive, the lists of activities can guide your HD’s reflection on its own activities that align with that readiness phase, as well as future activities to help your HD move further along the continuum.

Table 5. Score Ranges for Each Stage of Readiness

Stage of Readiness	Score Range
 Identifying & Researching	15–25
 Empowering & Engaging	26–35
 Formulating & Developing	36–45
 Implementing & Disseminating	46–55
 Evaluating & Reflecting	56–65
 Sustaining & Adapting	66–75





Suggested Activities for Each Stage of Readiness



Institutional Commitment

Stage of Readiness	Description	Suggested Activities
 Identifying & Researching (15–25)	HD identifies the need to strengthen institutional commitment to SDOH and begins to research programmatic, legal, and policy strategies to build internal capacity and a culture that promotes health equity.	<ul style="list-style-type: none"> Research health equity principles and identify the root causes behind health inequities in the community Investigate policy and legal tools the HD can use to address SDOH Review legal authority to work on SDOH Identify grant and sustainable funding opportunities that focus on addressing SDOH, especially using policy and legal tools Identify diverse partners and leaders that can invest in strengthening institutional commitment
 Empowering & Engaging (26–35)	HD engages key partners, leadership, and community members to raise awareness about the resources, capacity, and financial investment needed to build stronger institutional commitment to health equity.	<ul style="list-style-type: none"> Hold internal trainings on health equity, structural discrimination, cultural humility, and SDOH for all levels of staff Engage consultants to help guide internal discussions about equity, SDOH, and policy work Engage staff throughout the department in discussions about the importance of a Health in All Policies approach to law and policy in order to address health equity and SDOH Establish relationships with trusted community organizations Establish relationships with legal counsel (e.g., city/county attorneys)
 Formulating & Developing (36–45)	HD incorporates research findings and engagement with partners when developing a strategic plan to strengthen institutional commitment to health equity initiatives and policies.	<ul style="list-style-type: none"> Engage staff in developing updated mission, vision, and value statements that integrate health equity and SDOH Establish goals and metrics related to health equity and SDOH within each program Establish a policy agenda that focuses on developing goals and metrics related to policy and community engagement within each program Create a communications checklist for all written and oral communications that ensures focus on health equity and SDOH Update all staff job descriptions to ensure that staff are required to be competent in health equity and SDOH Establish a strategic plan that includes legal and policy efforts to address health equity and SDOH
 Implementing & Disseminating (46–55)	HD educates staff, leadership, and partners on new internal policies, strategies, and resource allocations geared toward strengthening institutional commitment.	<ul style="list-style-type: none"> Disseminate a policy/advocacy agenda that focuses on health equity, SDOH, and addressing the root causes of health inequities Provide education and training to staff on all new equity-focused policies, programs, and initiatives Disseminate informative materials on policy work and other health equity efforts to community members Publish position statements detailing the research on specific SDOH and health outcomes affecting the community Advertise job postings to a diverse group of community members Offer a grant program to fund work in the community that uses legal and policy tools to address health inequities and SDOH







Stage of Readiness	Description	Suggested Activities
 Evaluating & Reflecting (56–65)	HD gathers feedback from the Implementing & Disseminating phase to reflect on successes, challenges, and barriers to strengthening institutional commitment.	<ul style="list-style-type: none"> ■ Create a mentoring and coaching program for staff to continually develop their skills in health equity, SDOH, and the policy process ■ Incorporate community feedback on HD work to address health equity and SDOH ■ Gather feedback from staff and leadership on efforts related to addressing health inequities and SDOH
 Sustaining & Adapting (66–75)	HD implements feedback in its strategic plan or new initiatives and allows space to continually adapt institutional commitment based on changing social, political, and economic landscapes.	<ul style="list-style-type: none"> ■ Incorporate community and staff feedback into a strategic plan that promotes legal and policy efforts to address health equity and SDOH ■ Implement sustainable measures to ensure that program goals and work reflect principles of health equity and the importance of law and policy ■ Create a program to coordinate policy work across the HD ■ Require a certain number of continuing education hours related to health equity, SDOH, and policy work annually ■ Develop a participatory budgeting process ■ Have sustainable and diverse funding for all work to address health inequities and SDOH ■ Receive regular and consistent feedback from community members through a structured process

Staff Competence in SDOH


Stage of Readiness	Description	Suggested Activities
 Identifying & Researching (15–25)	HD has identified the need to improve its internal staff's knowledge base related to SDOH, law, and policy.	<ul style="list-style-type: none"> Assess leadership's and staff's understanding of SDOH Research the history and impact of structural discrimination on community members Identify resources and materials to improve leadership's and staff's knowledge of SDOH, law, and policy Research laws and policies that affect SDOH
 Empowering & Engaging (26–35)	HD engages community members, leadership, and internal staff to assess existing understanding of SDOH, law, and policy in order to identify gaps in knowledge, find ways to improve knowledge, and increase representation of diverse perspectives in its knowledge base.	<ul style="list-style-type: none"> Engage leadership in conversations that uplift understanding related to SDOH Discuss with staff the history of structural discrimination and the importance of law and policy Incorporate discussions of SDOH and structural discrimination into internal meetings and discussions Host informal community town halls and meetings to inform the HD's understanding of SDOH Contract with a community-led organization to assist in creating a formal plan to integrate SDOH work and instill cultural competency/humility Engage cross-sector departments to collaboratively improve the knowledge base that underpins SDOH materials Engage community members and leaders in sharing their lived experiences, to help your HD gain a better understanding of SDOH that affect your community Retain legal consultants to build staff members' and leadership's understanding of legal principles and processes that affect health
 Formulating & Developing (36–45)	HD formulates a strategic plan to incorporate new knowledge into existing materials and build understanding of SDOH, law, and policy among leadership and staff.	<ul style="list-style-type: none"> Develop internal staff trainings on SDOH, law, and policy Incorporate knowledge learned from community members and additional research into training materials Incorporate discussions of structural discrimination into internal discussions Develop a strategic plan to update and review content related to SDOH in documents, materials, etc. Create shared definitions for <i>health equity</i> and <i>social determinants of health</i> for consistent use within the HD, with administration, and with other agencies Formulate a method of soliciting feedback on HD content from community-led groups and incorporating that feedback into the HD's SDOH plan Develop a SDOH, law, and policy curriculum as part of new staff onboarding Formulate a database of resources, updated information, and definitions related to SDOH Formulate a policy resource on policy, law, and government structure Consult with cross-sector partners to ensure proper understanding of content-specific areas of SDOH
 Implementing & Disseminating (46–55)	HD leadership and staff implement new strategies and methods to improve the HD's knowledge base on SDOH, law, and policy.	<ul style="list-style-type: none"> Host internal trainings on existing and new content related to SDOH for all new and existing staff Incorporate new knowledge on SDOH, law, and policy into strategic plans and frameworks Disseminate information on the policy process and on pending policies/legislation that affect SDOH to community members and partners Disseminate resources and materials to improve the knowledge base on SDOH, law, and policy to staff, partners, and community members

Stage of Readiness	Description	Suggested Activities
 Evaluating & Reflecting (56–65)	<p>HD continually audits the department for gaps in understanding and areas for knowledge improvement.</p>	<ul style="list-style-type: none"> ▪ Lend the HD's expertise to development of future policies and legislation addressing SDOH ▪ Audit internal and external department work products for gaps in understanding or inconsistencies related to SDOH ▪ Gather staff and community feedback on updated content related to SDOH, law, and policy ▪ Ensure that updated content in staff materials accurately reflects community demographics ▪ Host leadership and staff meetings to reflect on new shared understanding of SDOH, law, and policy
 Sustaining & Adapting (66–75)	<p>HD develops systems to continue educating their leadership and staff and pursues partnerships with key decision makers and other departments to build interagency understanding of SDOH, law, and policy.</p>	<ul style="list-style-type: none"> ▪ Share content and knowledge on SDOH among broad partnerships across departments ▪ Continually audit trainings and other materials for up-to-date understanding of SDOH and periodically enlist outside experts/consultants to assist with this task ▪ Identify new ways to solicit and incorporate community feedback on the HD's understanding of SDOH or its materials dealing with SDOH ▪ Adapt trainings on SDOH in light of the constantly changing social and political environment






Partnerships & Engagement


Stage of Readiness	Description	Suggested Activities
 Identifying & Researching (15–25)	<p>HD recognizes the need to expand partnerships and community engagement and identify potential partnerships that could assist in addressing SDOH through law and policy solutions.</p>	<ul style="list-style-type: none"> Research laws and policies that have affected health equity and SDOH in the community Identify local groups that represent communities most affected by health inequities Identify groups in the community that can collaborate to address SDOH Identify internal government partners that address – or could potentially address – SDOH Research strategies for effective community engagement and collaboration Research models of decision making that focus on equity and inclusion of diverse perspectives
 Empowering & Engaging (26–35)	<p>HD engages and builds diverse partnerships among leadership, community members, nonprofit organizations, other government sectors, and mission-aligned organizations geared toward using law and policy to address SDOH.</p>	<ul style="list-style-type: none"> Regularly attend community meetings of groups most affected by health inequities Set up consistent and regular meetings with trusted community leaders Establish cross-departmental relationships within the government to discuss health equity and SDOH work and opportunities for collaboration, especially on policy and legal work Establish relationships with partners in various sectors
 Formulating & Developing (36–45)	<p>HD formulates a partnership and engagement plan to develop collaborative efforts to address SDOH through law and policy.</p>	<ul style="list-style-type: none"> Establish a steering committee for community coalitions/partnerships to address SDOH Develop shared goals and actions to address SDOH and health equity through law and policy tools Develop a decision-making model in which the community is an equal partner in all collaborations Develop a set of decision-making criteria for the HD that gives significant weight to health equity, SDOH, and community input
 Implementing & Disseminating (46–55)	<p>HD implements and reports on collaborative efforts, ensuring that all staff involved are adequately trained and are able to continually share feedback.</p>	<ul style="list-style-type: none"> Regularly provide training opportunities for partners to learn about the policymaking process, health equity, and SDOH Establish and implement an internal Health in All Policies approach Launch a community coalition that focuses on specific SDOH Publish and speak on the effects of law and policies on SDOH and communities
 Evaluating & Reflecting (56–65)	<p>HD hosts consistent meetings with partners to obtain feedback on existing partnerships, share data, discuss barriers or challenges, and adapt to any changes in shared resources or capacity.</p>	<ul style="list-style-type: none"> Participate in or disseminate partners' surveys, to further collaborative efforts Implement agreements to share data among relevant partners that are working in collaboration Track the effects of collaborative efforts on SDOH Evaluate the implementation and effects of policy and legal work, and update policies and laws as needed
 Sustaining & Adapting (66–75)	<p>HD discusses strategies for strengthening existing partnerships, as well as new opportunities for partnerships and collaborations to meet the evolving needs of its community.</p>	<ul style="list-style-type: none"> Have sustainable and diverse funding to compensate community members for their time and expertise Have sustainable and diverse funding to support community coalitions/partnerships' legal and policy work on SDOH Develop collaborative model policies for communities to address SDOH Develop methodology to identify, engage, and collaborate with new partners as community challenges arise, demographics shift, and the sociopolitical environment changes

Data for Action

Stage of Readiness	Description	Suggested Activities
 Identifying & Researching (15–25)	HD recognizes the importance of data in addressing SDOH and begins to research and identify the resources necessary to support strong data infrastructure related to SDOH data, law, and policy.	<ul style="list-style-type: none"> Identify needed areas in which to build out data infrastructure and legal/policy data Research and identify key SDOH data categories that can provide valuable information to communities Identify diverse partners to engage who might collect valuable data on SDOH
 Empowering & Engaging (26–35)	HD begins to engage key partners to advocate for changes to data infrastructure.	<ul style="list-style-type: none"> Emphasize to key partners and leadership the importance of legal data and legal epidemiology concepts in addressing systems-level change and health inequities Engage leaders to advocate for prioritizing the modernization of data infrastructure capacity and resources Build cross-sector partnerships to facilitate the exchange of ideas, priorities, and resources related to SDOH and legal data
 Formulating & Developing (36–45)	HD begins to develop a strategic framework for building out SDOH and/or legal data infrastructure.	<ul style="list-style-type: none"> Develop a data framework or work plan that aims to work across diverse quantitative and qualitative datasets Receive input from community members on the data collection process, data analysis, and overall decisions related to data Involve diverse sectors in collecting necessary legal data to evaluate laws and policies that affect health Formulate a plan for legal evaluation and mapping to study existing health inequities
 Implementing & Disseminating (46–55)	HD implements and disseminates new data activities to improve data collection and analysis, to ensure equitable data strategies.	<ul style="list-style-type: none"> Train staff, community members, and partners on data methodology and database before implementation Ensure that data sharing, internally and externally, aligns with local and state privacy policies Consider innovative methods of collaboration with internal and external partners to improve data shareability in a timely and efficient manner
 Evaluating & Reflecting (56–65)	HD performs data analysis and evaluation, reflecting on how to interpret and share data findings to more accurately portray the effects of laws and policies that directly influence SDOH.	<ul style="list-style-type: none"> Disaggregate data by key demographic variables to accurately capture specific community health outcomes and structural barriers Contextualize data findings by including historical, social, economic, and social factors Share data findings with community members, partners, and leadership
 Sustaining & Adapting (66–75)	HD shifts to thinking about how to sustain and further develop new data infrastructure activities.	<ul style="list-style-type: none"> Incorporate SDOH data benchmarks into strategic planning for public health initiatives and programs Explore different funding strategies to sustain and modernize data infrastructure Allocate funding and resources to recruit, hire, and train data specialists (e.g., legal epidemiologists, data specialists, statisticians, health economists)

Framing & Communication

Stage of Readiness	Description	Suggested Activities
 Identifying & Researching (15–25)	<p>HD has begun to identify and research resources on best framing and communication practices in relation to SDOH.</p>	<ul style="list-style-type: none"> Identify existing messaging on SDOH within the HD and from other departments Research best practices in framing and communication about SDOH Research best practices on framing and messaging of policy and law concepts to partners and the community
 Empowering & Engaging (26–35)	<p>HD engages leadership, partners, and community members to gain a better understanding of how to tailor and frame messaging for different partner audiences.</p>	<ul style="list-style-type: none"> Engage an outside consultant to conduct internal training on asset-based framing, especially in relation to communities served by the HD Audit existing HD communications for messaging that emphasizes communities' challenges before identifying and uplifting the community's assets and aspirations Review internal and external messaging on the effect of law and policy on health outcomes Engage a consultant or a community-led group to assist in crafting strategic communication materials Host informal community gatherings and listening sessions to get feedback on the HD's proposed messaging on SDOH. To the extent possible, compensate and credit community groups for any contributions to the HD's strategic communications plan. Build a foundation for SDOH messaging by incorporating discussions of asset-based framing in internal meetings
 Formulating & Developing (36–45)	<p>HD formulates an internal and external strategic communication plan to promote legal/policy tools and frame health equity principles.</p>	<ul style="list-style-type: none"> Develop a strategic SDOH communications plan for staff and leaders Formulate a collaborative communications strategy for cross-sector and community partners Develop a strategy to foster a culture of feedback in which staff are encouraged to reflect on the HD's past messaging and suggest ways to incorporate more effective framing of disparities in health outcomes Incorporate community feedback into a strategic communication plan that addresses framing, language, and cultural humility in relation to SDOH Formulate a messaging strategy for policymakers that eliminates outdated or harmful messaging about affected communities
 Implementing & Disseminating (46–55)	<p>HD begins to disseminate its strategic communication plan to staff, leadership, and partners.</p>	<ul style="list-style-type: none"> Disseminate your HD's strategic communications plan through a series of internal and/or cross-departmental trainings, discussions, and events, to encourage discourse on messaging for SDOH Educate and train staff on new communication strategies related to SDOH, law, and policy Hire professionals to translate publicly disseminated documents into languages spoken in the communities served by the HD Provide closed captioning for any new audiovisual material, and revise or re-record past materials to include closed captioning Promote new framing strategies among lawmaking bodies and policymakers
 Evaluating & Reflecting (56–65)	<p>HD collects feedback from staff, community, and partners after implementing its strategic communications plan. Additionally, HD develops strategies to incorporate feedback into any revisions to the plan.</p>	<ul style="list-style-type: none"> Solicit feedback from partners on your HD's strategic SDOH communications plan Gather feedback from community partners related to messaging on SDOH, law, and policy Foster relationships with policymakers that thrive on two-way feedback on messaging related to SDOH Create a system to measure the efficacy of the HD's messaging on SDOH Adjust and rework the strategic communications plan to incorporate community feedback

Stage of Readiness	Description	Suggested Activities
 Sustaining & Adapting (66–75)	<p>HD develops systems to continually train leadership and staff on framing SDOH and to solicit and integrate community feedback into its communications. Additionally, all materials are routinely reviewed and, if necessary, revised in accordance with the strategic SDOH communications plan.</p>	<ul style="list-style-type: none"> ■ Regularly update training materials and both internal and external communications related to SDOH to reflect the latest best practices and understanding of SDOH ■ Periodically review SDOH-related communications for harmful or counterproductive messaging, and have a system in place for continued revision ■ Continually review and revise your HD’s strategic SDOH communications plan ■ Host informational briefings with lawmaking bodies, and invite health equity communications experts to speak on the importance of accurate and effective framing of SDOH ■ Empower leadership and staff to correct policymakers who use outdated, harmful, or incorrect framing related to health equity ■ Adapt communication materials based on evolving community demographics, community assets, challenges, and socio-political environments

Next Steps & Resources

This assessment is intended to serve as a starting point for HDs seeking a better understanding of their existing capacity and areas for improvement in addressing SDOH through law and policy. HDs are encouraged to use the results of this assessment to have open and honest discussions about their future directions for strengthening internal capacity to address health equity and SDOH through law and policy. Listed below are some reflection questions that HDs can consider as they determine how to move along the readiness continuum and improve organizational capacity to address SDOH and health equity through legal and policy tools. For additional resources related to each of the five priority areas, see [**Appendix II**](#).

Reflection Questions

- What questions are coming up for you after taking this assessment?
- What resources or support would help your HD move along the readiness continuum in the different priority areas?
- What existing structures, practices, or partnerships do you want to maintain or build on in order to advance work on SDOH, law, and policy?
- What are some immediate next steps, partners to connect with, or questions to explore to advance your HD's readiness to address health equity and SDOH through law and policy?

Appendix I: Full Assessment Questionnaire Codebook

Content Assessed	Question #
Institutional Commitment	
Operational documents and work processes	1, 2, 3, 5, 6, 7, 8, 11
Staff capacity and development on SDOH	5, 6, 7, 9
Staff capacity and development on legal and policy issues	4, 6, 10, 12
Funding and budgeting	13, 14, 15
Staff Competence in SDOH	
HD understanding of SDOH and equity concepts	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12, 13
Understanding of communities served/cultural competence	4, 5, 6, 7, 8, 9, 10, 11, 12, 14
Building capacity	1, 13, 15
Policy development	4, 7, 14, 15
Partnerships & Engagement	
Building trust	1, 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15
Partnerships with affected communities	1, 2, 3, 8, 9, 10, 11, 12, 13, 15
Multi-sector partnerships	5, 6, 7, 8, 14
Decision making	3, 7, 12, 13
Data for Action	
Data capacity	1, 2, 3, 4, 10, 12
Data shareability and multi-sector data	5, 10, 11, 13
Data methodology and analysis	4, 5, 7, 8, 9, 12, 13, 14
Data-informed decisions and strategic planning	6, 8, 11, 14, 15
Framing & Communication	
Asset framing	1, 2, 4, 7, 10, 13, 14
Staff capacity	3, 4, 9, 13
Internal communications	6, 7, 10, 11, 12, 13, 14
Communicating with communities	1, 2, 4, 5, 6, 8, 10, 11, 13, 14, 15
Communicating with policymakers	3, 6, 7, 8, 10, 11, 15

Appendix II: Resources

This appendix lists additional resources that HDs can use to increase their knowledge related to efforts to improve health equity. HDs can also use these resources to help determine future activities across priority areas that will further strengthen their organizational capacity to address SDOH through tools of law and policy.

Institutional Commitment

- PolicyLink, **Building a Movement, Transforming Institutions: A Guide for Public Health Professionals**
- HealthEquityGuide.org, **Strategic Practices**
- Centers for Disease Control and Prevention, **A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**
- Bay Area Regional Health Inequities Initiative, **Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation**
- Scott Burris, Marice Ashe, Martha Katz, et al., **Better Health Faster: The 5 Essential Public Health Law Services**
- Centers for Disease Control and Prevention, **Public Health Professionals Gateway: Public Health Law**
- ChangeLab Solutions, **Equitable Enforcement to Achieve Health Equity: An Introductory Guide for Policymakers and Practitioners**
- Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, **In-Depth Equity Assessment Guide**

Staff Competence in SDOH

- PolicyLink, **Building a Movement, Transforming Institutions: A Guide for Public Health Professionals**
- Center for Innovation, Public Health Accreditation Board, **The Foundational Public Health Services**
- Centers for Disease Control and Prevention, **Social Determinants of Health**

Partnerships & Engagement

- National Academy of Medicine, **Assessing Meaningful Community Engagement**
- PolicyLink, **Building a Movement, Transforming Institutions: A Guide for Public Health Professionals**
- HealthEquityGuide.org, **Strategic Practices**
- Centers for Disease Control and Prevention, **A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease**
- Bay Area Regional Health Inequities Initiative, **Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation**
- Scott Burris, Marice Ashe, Martha Katz, et al., **Better Health Faster: The 5 Essential Public Health Law Services**
- Centers for Disease Control and Prevention, **Public Health Professionals Gateway: Public Health Law**
- National Academy of Medicine, **A Conceptual Model for Assessing Community Engagement**

Data for Action

- National Association of County and City Health Officials, [Collecting and Analyzing Data](#)
- Centers for Disease Control and Prevention, [Legal Epidemiology Competency Model](#)
- Centers for Disease Control and Prevention, [Data Modernization Initiative Basics](#)
- Robert Wood Johnson Foundation, [Charting a Course for an Equity-Centered Data System](#)
- Centers for Disease Control and Prevention & ChangeLab Solutions, [Legal Epidemiology training series](#)
- Bay Area Regional Health Inequities Initiative, [Applying Social Determinants of Health Indicator Data for Advancing Health Equity: A Guide for Local Health Department Epidemiologists and Public Health Professionals](#)

Framing & Communication

- FrameWorks Institute, [Framing Health Equity: Communication Strategies That Work](#)
- California Health Care Foundation, [Understanding Asset-Framing: Guidelines for CHCF Authors](#)
- BMe Community, [Asset-Framing](#)
- National Association of County and City Health Officials, [Framing Health Equity: Communication Strategies That Work](#)
- Center for Innovation, Public Health Accreditation Board, [The Foundational Public Health Services](#)

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