Choice Point Thinking: A Guide to Applying Nevada's Health Equity Lens

Recommended by the

Nevada Office of Minority Health and Equity

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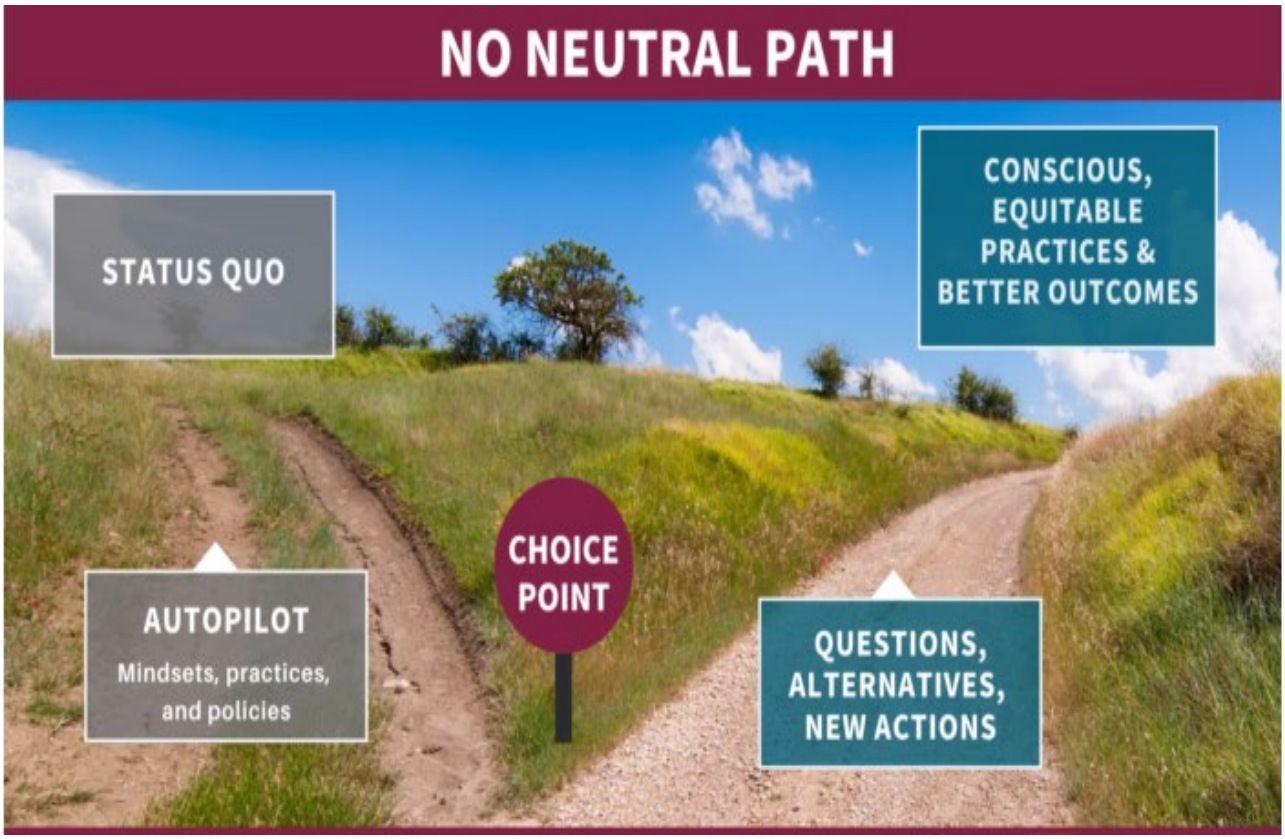

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PURPOSE

This document is a guide to Nevada's health equity lens. When applied, it allows its user to perform an equity assessment that factors for the experiences and potential impacts on the persons most likely to be disproportionately affected. It centers the user's earliest considerations across a variety of decision points impacting (for example) action planning, program design, policy development, and resource allocations. It has been developed using the Choice Point concept.

WHEN TO USE

This tool provides a series of questions, success indicators, and progress benchmarks that highlight the degree of impact to marginalized communities. Once completed, an equity conscious profile is derived, upon which decisions can be built.

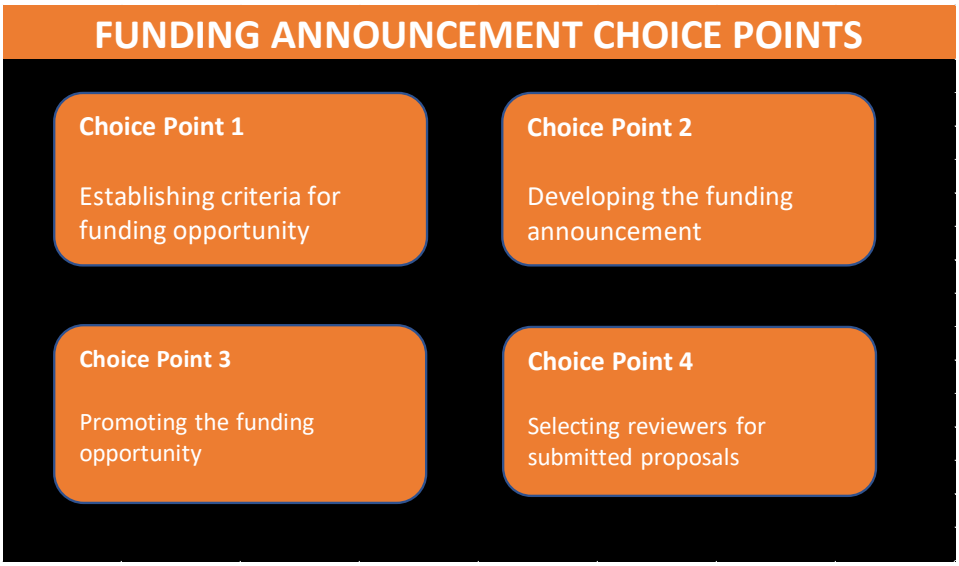
It can be used in strategic action planning, prioritizing decisions, funding development processes, and ranking needs. Some of the questions contained in this document may not be applicable to your evaluation. As with any equity lens, it is not meant to be exhaustive, but instead to establish a framework to systematically challenge your thinking, for example, about substance misuse and its prevention as well as treatment and how to equitably address each stage of this undertaking.

HELPFUL TERMS / EXAMPLES

1. **Equity Lens.** A collection of questions that highlight how equitable and inclusive a process or outcomes will be. An equity lens will not tell you what action to take. Rather, the lens helps its users to discuss and reflect on the equitableness of their actions and decision-making at the earliest stages possible.

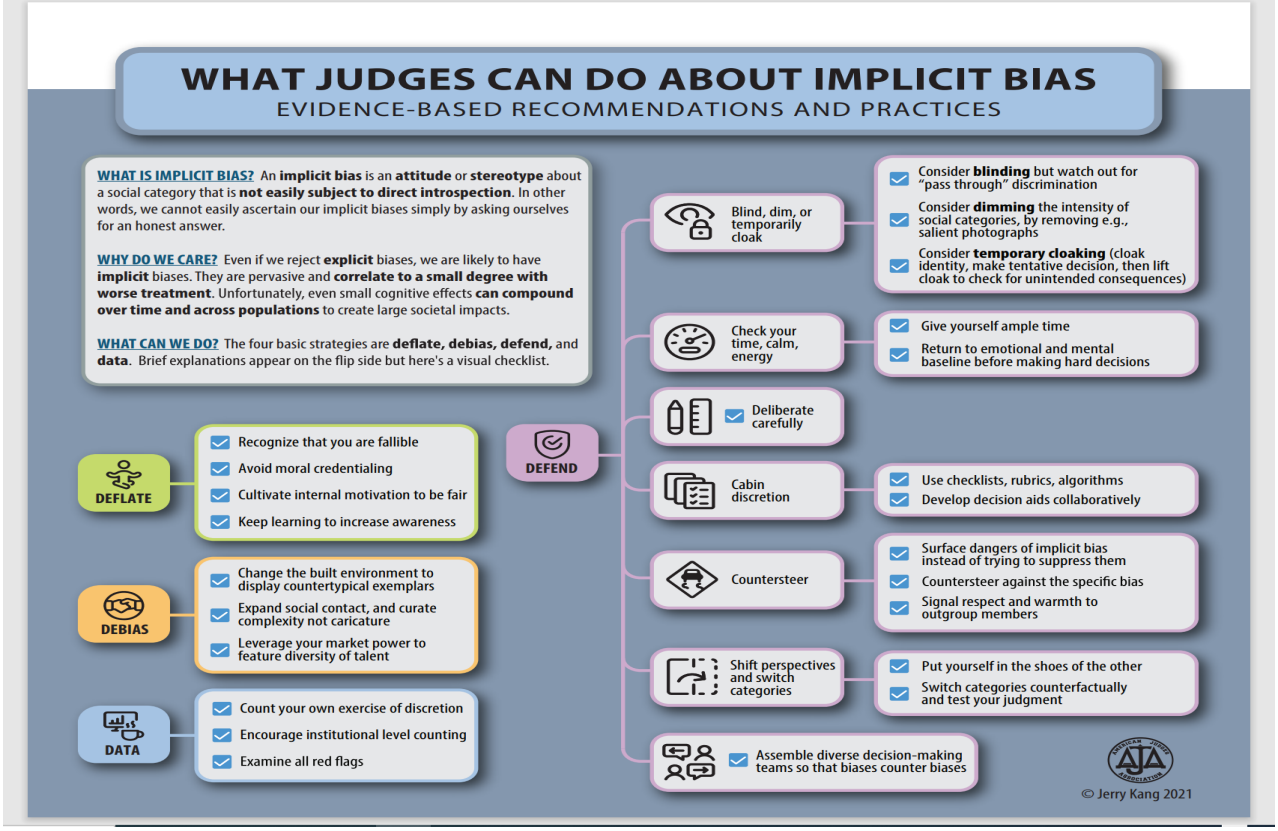
2. **Choice Points.** Decision-making opportunities that influence outcomes. This mindful approach decreases the chance of replicating implicit biases and creates opportunities to institute equitable change.

   The example below identifies where Choice Points associated with developing a funding opportunity could possibly be flagged.



3. **Choice Point Primes.** Specific equity prompts that serve as a reminder to be explicit within our work and to think through the impact various decisions can have on marginalized populations.

   The following is an example Judges use while deliberating a case, known as an "Implicit Bias Bench Card".



4. **Culturally and Linguistically Appropriate Services (CLAS).** A set of standards for healthcare organizations and related sectors to improve their delivery/quality of care, help eliminate healthcare disparities, and advance health equity.

5. **People-First Language (PFL).** Words matter and can heal or cause harm. PFL promotes the use of phrasing that emphasizes the individual over their condition, e.g., "woman with diabetes," rather than "diabetic woman."

6. **Social Determinants of Health (SDOH).** Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. **Here is a detailed description of the 5 SDOH categories.**

7. **Social Vulnerability Indexing**. A tool that identifies intersectoral needs, filtered by Social Determinants of Health (SDoH), and ranked by degree of impact upon a vulnerable population. Social Vulnerability Index | Data | Centers for Disease Control and Prevention (cdc.gov).

8. **Asset Building / Mapping**. Strategies and supports that broaden and stabilize an individual, family, or community. To achieve a sustainable, resilient response to community-level problems, proposals should consider the following:

Social Determinant of Health	Social Vulnerabilities	Anticipated and/or Desired Outcome(s)	Asset Mapping
Neighborhood and Built Environment			
Community and Social Context			
Economic Stability			
Health Care Access and Quality			
Education Access and Quality			

9. **Community Based Participatory Research (CBPR)**. Research strategies on topics of importance at the community level. Approach involves engaging community stakeholders as equal partners in all steps of the research process with the goals of educating, improving practices or delivery systems or bringing about equitable change.

HOW TO USE

This document has been created to guide its user through early stage, inclusive, and equitable decision-making processes.

- Begin by reviewing the “Helpful Terms / Examples” section of the guide (pages 3-5).

- There are seven (7) categories of Choice Point Primes. Each category provides questions (or Choice Points) that allow for equity-focused consideration.

- Selection of the most useful Choice Point category is determined by the decision-maker and their function (i.e., action planning, priority setting, resource allocations, etc.)

- Additional Choice Point Prime categories and/or Choice Point questions can be developed by the user.

A list of resources concludes this document to provide additional context, guidance, and examples.

CHOICE POINT PRIMES / QUESTIONS

Choice Point Prime Category #1:	**Which Decisions Can Be Influenced?**
Prime #1 Rationale:	To regularly identify all opportunities where critical decisions can be reached having considered the needs of and impacts on marginalized populations
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	**All**
Choice Point Questions:	• What decisions am I responsible for? And regularly make? • What are the costs for not taking equity into consideration? • Which decision points could create an access barrier? • What disparity could be exacerbated if access was not universal and equitable? • What negative consequences can I work to avoid or reverse? • Who benefits from status quo, auto-pilot choices? • Can I delegate some aspect of my role in reaching decisions to team members who identify with marginalized populations? • What can I do to make an outcome more equitable?

Additional Choice Point Questions:

Choice Point Prime Category #2:	**Who is impacted at each Choice Point?**
Prime #2 Rationale:	The more thoroughly you connect with and recognize the diversity of the community you serve, the more equitably decisions will be developed.
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	**All**
Choice Point Questions:	• Age (children, adults, older adults) • Sexual and Gender Minority Groups (cisgender, lesbian, gay, bisexual, transgender, queer, intersex, asexual, non-binary) • Geographic (urban / rural / suburban, local / regional / statewide) • Race/Ethnicity (Black, AAPI, AIAN, Hispanic/Latino, Non-Hispanic White) • Ability Status • Socio-economic Status (SES) • Education • Health insurance status • Housing Status • Criminal legal system involvement • Occupational and/or Employment Status • Neighborhood • Religious/Faith Communities • Immigration status

Additional Choice Point Questions:

Choice Point Prime Category #3:	**How are intersections with the Social Determinants of Health (SDoH) relayed and negative impacts addressed?**
Prime #3 Rationale:	Recognizing and integrating social factors that influence health-related behaviors and health status increase the effectiveness of treatment plans and related programming.
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	
Choice Point Questions:	• Are connections between health outcomes to (negative and/or positive) impacts on socialization, employment, education, and personal safety opportunities clearly defined? • Is information provided that demonstrates the excess costs borne due to inequitable determining conditions? • Is information provided that demonstrates making resources available overcomes negative conditions experienced by marginalized populations? • Is information about impacts on SDOH supported by data stratified across multiple demographics?

Additional Choice Point Questions:

Choice Point Prime Category #4:	**Were members from the identified community integrated into the process?**
Prime #4 Rationale:	Meaningful engagement with historically under-served or marginalized populations will promote maximum benefit and foster resiliency.
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	
Choice Point Questions:	• Has a needs assessment of all communities been conducted? • Is there history with the community that evokes trauma and if unaddressed would cause a barrier? • Through what CLAS approved formats has the community been involved in the decision-making process? Via Listening sessions? Surveys? • Were impacted communities provided with ample opportunities to participate in outreach activities? • Were other intersectoral organizations representing other determinants of health included in the creation of action plans? • Is there a sustainability plan in place to keep the community engaged throughout all phases of the process? • Are the cultural attitudes, biases and beliefs experienced by a population considered at the program design phase? • Were Community Based Participatory Research (CBPR) or similar principals used to engage marginalized communities?

Additional Choice Point Questions:

Choice Point Prime Category #5:	**Are Cultural and Linguistic Services (CLAS) standards reflected?**
Prime #5 Rationale:	To provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	
Choice Point Questions:	• Does program design reflect CLAS standards? • Are opportunities to engage made available using ADA compliant platforms, resources? • Does proposed outreach methods reflect CLAS standards? • Are proposed delivery systems presented at a comprehension level defined by CLAS Standards • Were cited evidenced-based practices modified to meet CLAS standard? • Is Person-First Language (PFL) consistently utilized across all forms of written and verbal communication?

Additional Choice Point Questions:

Choice Point Prime Category #6:	**Were there efforts to ensure accountability?**
Prime #6 Rationale:	In addition to ensuring efficiency, establishing a transparent system of accountability cultivates confidence and trust often lacking among historically underserved populations.
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	
Choice Point Questions:	• How do you determine a person's awareness/readiness to engage or embark on a course of care? • How do you ensure the most disproportionately impacted members of the community are engaged and ultimately serviced? • What methods were used to inform the community how their participation impacted decision-making? • Were relationships cultivated so that power imbalances were minimized or resolved? • Are you regularly reporting data, accomplishments and results back to the community including those most marginalized? (e.g., dashboards, indicators, etc.)

Additional Choice Point Questions:

Choice Point Prime Category #7:	**Was community-focused data provided?**
Prime #7 Rationale:	In addition to ensuring effectiveness, combining community based participatory research, equity-focused survey design / collection, and stratified data reporting supports successful outcomes.
To Be Used During the Following Functions: (i.e., Action Planning; Priority Setting; Resource Allocations; etc.)	
Choice Point Questions:	• What data was presented about the affected communities? • How diverse is the data? For example, is there geographic specific data broken down by state, city, county, and/or neighborhood? • Is there disaggregated demographic data that shows the impact on affected communities? • Were Social Vulnerability Indexes utilized? Were responses identified that address the SVI scores? • Were assets identified (i.e., Asset Mapping) capable of responding to needs identified by SVI? • Was participation in data collection incentivized where possible? • Were opportunities to volunteer provided across nontraditional platforms, appointments, etc?

Additional Choice Point Questions:

RESOURCES

1. Creating Cultures & Practices for Racial Equity
2. implicit-bias-bench-card.pdf (ncsc.org)
3. An Introduction to Racial Equity Assessment Tools
4. Ensuring Equity in COVID019 Planning, Response, and Recovery Decision Making: An Equity Lens Tool for Health Departments
5. A User's Guide to Legislative Notes
6. Racial Equity Tools, Evaluation Phase
7. Racial Equity & Social Justice (RESJ) Tool
8. We Did It Ourselves: An Evaluation Guidebook
9. CDC: Article on Indicators
10. The Rhode Island Health Equity Measures
11. CLAS Standards - Think Cultural Health (hhs.gov)https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf
12. https://www.samhsa.gov/kap