

BEACON For Equity Coalition Assessment Section 2 Define Equity Goals and Use Data

Please answer these questions from your perspective as an organizational member of the collaboration. The questions all refer to the work you are doing internally within your organization--and how that might relate to your collaboration's overall goals.

Question		Not yet started	Starting: "We're early and still figuring things out."			Gaining skill: "We're getting the hang of this!"			Sustaining: "This is who we are and how we do our work."			Not applicable (NA) or I don't know (IDK)
2.1	People with lived experiences of inequities shape our goals from the beginning.	Our goals do not reflect diverse perspectives. People most harmed by inequities rarely are involved in shaping our goals from the beginning.	We are beginning to be inclusive in setting goals. Some goals reflect ideas and strategies from people most harmed by inequities. They are beginning to shape goals from the beginning in one or two initiatives.			Our goals represent diverse perspectives, ideas, and strategies from people most harmed by inequities about half the time. In these initiatives, they often shape goals from the beginning.			Our goals represent diverse perspectives. People most harmed by inequities shape these goals from the beginning all of the time.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.2	Community members with lived experiences of inequities are involved in the full range of our improvement activities.	People with lived experiences are not yet involved in choosing measures or using data to drive community improvement.	People with lived experience of inequity select, collect, make sense of, and report our data in one or two initiatives.			People with lived experience of inequity choose, collect, make sense of, and report our data about half of the time.			People with lived experience of inequity choose, collect, make sense of, and report our data routinely (all the time).			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.3	We have processes in place to avoid retraumatizing people who experience inequities as we try to make things better in our community.	We do not have guidelines or processes in place to avoid trauma for people with lived experience of inequities in our conversations. We do not have any processes for healing trauma.	We know to prevent re-traumatizing people with lived experiences of inequity. We occasionally put some trauma-informed strategies into action when talking about data and experiences. We put these strategies in place without regularity or planning.			We use strategies to avoid re-traumatizing people with lived experiences. We apply these strategies about half the time when talking about data that relates to our experiences.			We have trauma-informed strategies in place in our collaboration. We use these strategies to prevent re-traumatizing people with lived experiences. We do this any time the group discusses data that relates to their experience. This experience includes their neighborhood, family, or community.			
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2.4	We analyze our data to understand who might be at risk of inequities.	<p>We do not have a clear picture of all the groups in our community, who may be at risk of not thriving.</p> <p>We have not yet looked at national, state or local data collected by others to understand which groups might be experiencing inequities.</p> <p>We do not yet collect any data to understand how different groups might be doing.</p>	<p>We have begun to identify groups that might not be thriving in our community.</p> <p>We understand how some groups are using data collected by others at the county, state or national level.</p> <p>We are starting to discuss how to collect and analyze our own data to understand and address the specific concerns of subgroups in our community.</p>			<p>We disaggregate data. We separate out data for some community subgroups, but don't yet understand the inequities and special needs of all subgroups.</p> <p>We do not specifically collect data that might be specific to each subgroup (for example, perception of everyday discrimination while shopping, experience of mental health impact of immigration)</p>			<p>We have a clear picture of major groups who live in our community.</p> <p>We are able to see and understand our outcomes by these major subgroups.</p> <p>We are able to use this to understand the strengths and needs of these subgroups through data and community conversation.</p>			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.5	We develop strategies adapted for the needs and strengths of groups experiencing inequities.	<p>We have a broad vision for improving the health and well-being of everyone in our community. We have not yet begun to discuss or plan for how we can improve outcomes in groups who are most affected by inequities.</p>	<p>We have begun to talk about groups that are most affected by inequities when we look at one or two important outcomes. We don't have targeted strategies for different groups based on their specific needs.</p>			<p>We talk with people that are at risk of inequities. We do this when we look at about half of our important outcomes. We are beginning to adapt possible strategies for different groups experiencing inequities based on their needs and strengths. [1]</p>			<p>We routinely talk about the groups who are most affected by inequities. We do this when we look at all our important outcomes. We have adapted strategies for different groups who might experience inequities based on their specific needs and strengths.</p>			
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2.6	We set specific equity improvement goals based on where different groups are.	We do not discuss how to address goals differently for different population subgroups based on the specific inequities or conditions they face. We have not set goals for each group.	For 1 or 2 of our overall goals, we have specific goals for subsets of our populations or communities based on the specific inequities or conditions they face and where they currently are.			For about half our goals, we have specific goals for subsets of our populations or communities based on the specific inequities or conditions they face and where they currently are.			For nearly all our goals, we have specific goals for subsets of our populations or communities based on the specific inequities or conditions they face and where they currently are.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.7	We have specific goals to address inequities in our population or community.	We do not yet have any specific goals to reduce or eliminate inequities.	We can name at least one explicit goal we have created to address equity.			We can name a few explicit goals to address equity to improve the health of our population or community. This is present in about half our initiatives.			We can name many explicit goals to address equity in our community or or population outcomes. This is something we do in every initiative.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.8	We have specific goals to address how our coalition or collaborative operates to advance equity.	We do not yet have ways of assessing or setting goals about how our collaborative operates.	We can name at least one explicit goal that our coalition has created to address equity in the way we operate as a collaboration or team.			We can name several goals that we have created to address equity in the way we operate as a collaboration or team.			We can name many explicit goals that we have created to address equity in the way we operate. This is something we do across the board.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.9	We have set goals about how our collaboration partners advance equity.	Our collaboration partners do not yet have goals to address equity in the way they operate.	We can name one or two goals to address equity based on how partner organizations operate.			We can name a number of goals to address equity based on how partner organizations operate.			We can name many explicit goals that we have created to address equity regarding how partner organizations operate.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK

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2.10	We are disciplined in how we improve equity. Equity has the same level of improvement focus as the rest of our strategic work.	We don't spend close to the same level of time, effort and analysis toward equity as we do in the rest of our strategic work.	We address inequities with depth and discipline in one or two initiatives.			We address inequities with depth and discipline in about half of our initiatives.			We spend the same amount of time and dedication to address inequity, as we do any other strategic goal in all our initiatives.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.11	Our plans would have a substantial impact on reducing or eliminating identified inequities.	Our goals and initiatives are not set up to reduce inequities.	Our equity goals and initiatives would have a very small impact on addressing inequity for the groups that are affected. For example, it might help to close 1-10% of the equity gap that is present for that specific strategy.			Our equity goals and initiatives are designed to have a moderate level of impact. For example, they might close 11-40% of the equity gap that exists.			If we meet our goals related to equity, it would cut inequities significantly.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK
2.12	We scale what works to advance equity.	We are largely doing pilot projects to understand what might work. We do not yet have plans to scale anything.	Our equity strategies would improve equity on a smaller scale. For example, it might affect a few individuals, one organization, program, or part of a neighborhood.			Our equity strategies would improve equity at a moderate scale. For example, they might affect 30-60% of the people or places affected.			Our equity strategies would improve equity at scale across our whole population or community. They would support more than 60% of the people and places affected to close equity gaps.			
		1	2	3	4	5	6	7	8	9	10	NA or IDK

[1] NOTE - On the paper version this is not sized correctly