

**American Public Health Association  
Committee on Health Equity  
Diversity and Inclusion Assessment Report**

**May 17, 2018**

**Introduction**

The Committee on Health Equity, or CHEQ, is charged with assuring APHA meets its diversity, inclusion, and social justice goals by: monitoring the diversity of its Sections, Committees, Councils, and Boards; encouraging APHA to maximize inclusion in decision-making at all levels; and recognizing and promoting best practices by APHA units, Affiliates, and Caucuses. The Committee developed and implemented a Diversity and Inclusion Assessment, with the goal of understanding APHA Affiliates' and components' (Sections, and Caucuses) current activities regarding diversity and inclusion, identifying possible best practices, and sharing this information to inform future initiatives and programs.

The survey was sent to all Affiliates, Caucuses, Forums, Sections, SPIGs, and the Student Assembly in Fall 2017. The survey was promoted by CHEQ at the 2017 APHA Annual Meeting, and after the meeting, CHEQ members did outreach to increase participation. The survey was sent to 104 member and affiliate groups. When the survey closed in mid-January 2018, there were 48 responses. Participation came from most APHA components (Affiliates: 37.5 percent, Sections: 37.5 percent, Caucuses: 18.8 percent, SPIGs: 4.2 percent, and the Student Assembly). When asked which sources they used to complete the survey, most chose conversations with current or former members (84.2 percent), conference materials (65.8 percent), and meeting minutes (55.3 percent). Other sources included website content (44.8 percent) and community resources (10.5 percent). Almost a fifth of respondents (18.4 percent) selected other resources, which included historical knowledge, personal knowledge, past practices, nominations process, an annual report, and a procedures manual.

**Activities that focus on improving diversity within and external to APHA**

The committee reviewed the completed responses from 47 of the members groups that responded to the survey. The categories to which they responded are listed above. The honesty displayed by respondents was enlightening. Respondents highlighted their focus on key areas, but also were open about areas in need of improvement. There were 47 respondents for each topic unless otherwise mentioned. Overall, most respondents reported that the activities they have significantly focused on regarding improving diversity within and external to APHA were related to age, followed by race/ethnicity and geographic location.

With respect to **age**, about 28 percent of respondents noted that the topic is either not being addressed or some focus or effort are being applied. A little over 38 percent noted significant effort is being applied to the topic. Respondents noted that their members are of varying ages but efforts/activities are being made to be more inclusive of those of younger age and a focus on students. The majority of respondents reported on increasing and actively recruiting more student and early-career professionals into membership. This included marketing, having students and

early-career professionals being more involved and having more meaningful roles and leadership in committees, connecting them to mentors, creating student scholarships, etc. One group commented on involving middle school and high school students in their programs. Other groups noted hosting a program related to aging.

Regarding **race and ethnicity**, about 32 percent of respondents noted that the topic is not being addressed, while 38 percent noted that some effort was being made. About 28 percent said significant efforts are being made. The majority of responses focused on active recruitment of racial/ethnic minority populations to their membership as well as maintaining ethnically diverse memberships and board members, creating health equity subgroups, and dissemination efforts, such as presentations and publications focused on race/ethnicity or health equity. One group has a focus on Pacific Islanders in particular.

For **sex and gender identity**, 52 percent of respondents reported the topic is not being addressed. Thirty-three percent of respondents reported some focus on the topic, while 9 percent reported significant focus on the topic. It seems that the focus of most of the activities has been on scientific programmatic sessions for the APHA Annual Meeting. A few mentioned gender diversity in leadership positions and active recruitment for those positions and reiterated their commitment to gender diversity. As a whole, it does seem that groups are interested in the topic, but many have not prioritized this topic.

Regarding **sexual orientation**, about 68 percent of respondents reported the topic is not being addressed, while a little over 31 percent reported some focus. Only 4 percent reported significant effort on this topic. Programs being pursued include some members completing sexual orientation/gender identity training, being open to members from diverse backgrounds and orientations, creating a public health speaking series including speakers on the topic, and receiving grants related to the topic.

For **geographic location**, about 30 percent of respondents noted the topic is not being addressed. Slightly over 53 percent reported some effort on the topic, and about 13 percent reported significant effort on the topic. Some respondents noted that they attempt to increase participation from more rural parts of their region through partnerships, rotating the sites of meeting for increased inclusivity, and a focus on recruitment of members from geographically isolated areas. One respondent noted a focus on local zip codes and targeting related needs in these zip codes, such as food injustice.

Regarding **language**, about 72 percent of respondents noted the topic is not being addressed, about 13 percent reported that there is some focus on the topic, and 4 percent reported significant focus on the topic. Responses varied from noting that “business is conducted in English” to the fact that members speak different languages or are bilingual. One particularly interesting response involved a focus on programs for deaf people, which included American Sign Language among other interventions. Another member noted that they have a dial service for different languages. We feel that administering this survey is a good first step toward realizing the areas of needed improvement and help to target efforts in the future.

A total of 47 respondents provided answers for nationality, abilities, religion, and socioeconomic status; 40 responded to intersectionality, and 30 provided answers related to other topics. APHA components were most active on the issue of intersectionality, with 22.5 percent reporting significant efforts, 25 percent had some efforts, 37.5 percent had no efforts, and 6 percent rated intersectionality was not applicable to their Section efforts. Many examples of intersectionality efforts focused on conference sessions, often in collaboration with other Caucuses and Sections (e.g., PH social work, women's rights, women's caucus, epidemiology, and climate change committee).

APHA Sections were also active with socioeconomic status efforts, with 17 percent reporting significant efforts, 29.8 percent some, 42.6 percent none, and 10.6 percent not applicable. SES activities included foci of conference programs, conference scholarships, and reduced membership fees. Respondents were less active in nationality, with only 6.4 percent reporting significant focus and effort, 29.8 percent some effort, 57.4 percent no effort, and 6.4 percent not applicable.

Nationality efforts included advocacy statements related to travel bans and other policies, dissemination of health education projects for immigrants, highlighting collaborative international projects (e.g., in Africa, Israel, and Afghanistan), and membership (e.g., recruiting international members/students). Similarly, APHA Sections were also less active on issues of abilities, with only 6.4 percent reporting significant effort, 23.4 percent some effort, 59.6 percent no efforts, and 10.6 percent not applicable; examples include addressing abilities of members, prioritizing mental health and physical ability issues in conference programs, and including people with disabilities in leadership roles.

Religion had the lowest efforts, with 12.8 percent reporting some efforts, 74.5 percent no efforts, and 12.8 percent not applicable. Though the majority of the APHA Sections report no significant efforts in religious diversity, the respondents with efforts focused on being inclusive and/or not discriminating on the basis of religion and having faith-based keynote speakers. Lastly, 16.7 percent of respondents reported significant equity efforts in broader areas, including leadership development, student mentoring, advocating for Health and Equity in All Policies, and interdisciplinary collaboration.

### **Efforts described above that have been particularly effective**

When asked about best practices, 67 percent of the respondents mentioned one or more activities that they considered to be particularly effective. Hosting regional meetings, having a health equity committee, partnering with community agencies and promoting international student recruitment through scholarships are among the most valued efforts. A few participants reported targeted efforts to enhance diversity through focus groups or listening sessions. Several participants reported the importance of promoting diversity and inclusion at both the leadership and the student level, with multiple participants stressing the importance of encouraging student engagement and advancement.

## Discussions internal and external to APHA regarding diversity and inclusion

Respondents were asked how much they fostered discussions internal and external to APHA, including diversity efforts. Over 41 percent noted fostering discussions internal to APHA is not currently being addressed, and 38.3 percent noted there is some focus and effort externally. In their open-ended elaborations on these responses, survey participants noted that when there is internal discussion, it tends to be around conference/session programming. The Black Caucus was one of the groups most frequently mentioned for collaboration. In terms of external discussions, respondents noted collaborating and talking with state health departments and some local health centers. Overall, there was a focus on information exchange and joint programming. Notably, several noted that these external efforts were a result of individual member efforts and that these were not necessarily within the scope of their group.

Respondents were asked to score themselves in terms of how much they recruit individuals from diverse backgrounds and how actively they focus on retention of said diverse individuals. Slightly over 30 percent noted a significant effort on recruitment; however, 42.6 percent noted little effort on retention. The respondents noted they assess for diversity through conference registrations and membership renewals. Some respondents also noted that the very nature of their Section entails being about diversity. Furthermore, when asked about recruitment of diverse individuals, several noted that both their membership and overall community is diverse, and that is what they rely on. Others noted specifically sending out invitations that would increase diversity. In terms of retention, several respondents noted that they focus on retaining all their members. Overall, respondents felt there was room for improvement and being more intentional.

Specific analysis of quantitative findings (n=48) showed that respondents were most likely to report significant focus and effort in response to the question “How actively have you recruited members from diverse backgrounds and sectors?” (30.43 percent), and were most likely to report the following items as not being addressed:

- Do you have any formally designated member(s) to promote and champion diversity? (61.7 percent)
- How often have you conducted assessments of the diversity of your members and stakeholders? (58.33 percent)
- Please describe any assessments of diversity in the composition of your membership, along with their professional interests and experiences. (53.33 percent)

Sample qualitative responses from each question sub-topic included:

- Internal Discussions: Formulation of multiple collaborations leading to the potential formulation of policies and programs.
- External Discussions: Several sections and caucuses have established partnerships to enhance or increase information about practices of health equity. Training and technical assistance were among the most common activities. Meetings and conferences with the federal and local government offices.

- **Community Engagement:** Identified several community events where health equity and the value of diversity were demonstrated and new ideas were recognized. Opportunities to expand included new groups dedicated to defining diversity.
- **Conducting Membership Assessments of Diversity:** This is a less practiced activity across several sections with the exclusion of the Executive Council where the membership representation is periodically revised. Some minority-focused groups may claim that they represent a diverse group although they are homogeneous in their composition.
- **Assessment of Diversity in the composition of membership:** Included the utilization of data obtained through the membership registration process. Several Sections do not have the information available.
- **Diverse Membership Recruitment:** Some groups are “naturally” diverse (as Native Americans, Latinos, and people with disabilities) while others need to develop a strategy (e.g. announcements) to seek diverse membership interest.
- **Diverse Membership retention:** Some Sections offered coaching to new members, cultivating their specific focus of interest, encouraging conference participation or demonstrating the significance of their views.
- **Global Self Score:** More needs to be done recognizing the value of health equity and the contribution of a diverse membership.

### **Barriers to increasing diversity and inclusion activities in APHA**

Thirty-two APHA components responded to a question about barriers to increase diversity and inclusion activities. Of these responses, the most common reported barrier was limited resources (n= 16; 50 percent of responses) and limited membership (n= 7; 22 percent). Limited resources included “no paid staff”, “limited funds and resources”, “time and effort”, “limited skills of communication team” and the “high price of APHA membership.” Limited membership included lack of “people power” and responses about declining membership. In addition to these barriers, a few components described other organizational issues (n= 7; 22 percent) such as leadership issues and difficulties collaborating with other Sections. Three APHA components described not having representation on the APHA Governing Council or in regional communities, and three other APHA components stated that they had no barriers and were planning to focus more on diversity and inclusion activities in the near future.

### **Recommendations to APHA to increase strengths and activities in the areas of diversity and inclusion**

A total of 33 of 48 component representatives (68.8 percent) offered recommendations for APHA to increase the strengths and activities regarding diversity and inclusion. Based on the nature of qualitative responses, these recommendations were classified into the following broad categories: sharing best practices (n=11); training/resource (n=9); enhancing equity (n=9); sharing data (n=4); promoting outreach (n=3); and other (n=5). It is noted that a response could fit more than one category such that the sum of all six categories may not add up to the total number of respondents. The emergent categories of recommendations are explained below:

### *Sharing best practices on equity and inclusion*

One of the most frequently expressed recommendations was to share best practices on equity and inclusion across components. A respondent would like to learn how other components “build diversity and inclusion efforts into Section activities rather than building onto existing activities.” Another respondent would like to learn the ways in which other Sections achieve diverse attendance at their Annual Meeting events. Alternatively, a respondent envisioned shared access to existing tools of best practices, such as the referenced anti-racism initiatives of Dr. Camara Jones. As one respondent said, sharing best practices across Sections would “create a learning community in which we can learn from each other.”

### *Providing training and resources on equity and inclusion*

A substantial portion of participants articulated the need for additional training opportunities and webinars to support their diversity and inclusion efforts. One respondent conveyed that the components would like access to resources to promote equity and inclusion from APHA instead of developing the resources by themselves. Areas of training focus should include “strengthening membership and program activities within the context of diversity and inclusion” and “a guide of what APHA would like diversity to look like [within the] section.” Alternatively, respondents desired training efforts on leadership development pathways and on securing funding opportunities to support component activities. Several respondents would like direct technical assistance tailored to their specific components on how to address concerns identified from their assessments.

### *Actions to promote equity and inclusion*

A considerable number of participants also advocated for actionable efforts on APHA’s part to promote equity and inclusion involving three different areas. First, respondents recommend that APHA support equitable representation within leadership sections. APHA should ensure that individuals from diverse social and cultural backgrounds, such as Indigenous Peoples, are represented at leadership levels. One respondent also advocated for a “working group across components that is focused on diversity and inclusion,” as dedicated committees (i.e. EHOCC and COWR) were perceived to not address these issues in a holistic manner.

In addition, respondents would like to see enhanced site accommodations to meet the needs of its members, including people with disabilities. One respondent shared that conference hotels for previous Annual Meetings were not “disability friendly.” As such, efforts to promote access to APHA events and activities may be warranted.

Cost was commonly cited as a barrier against participation in APHA activities and events (i.e. Annual Meetings). A respondent disclosed that the cost of APHA membership and of meeting registration were much higher compared to other conferences. Respondents advocated for financial assistance, such as registration discounts or dedicated sponsorships, to ensure that those who have limited financial resources (e.g. students and community partners) or those facing higher attendance costs (e.g. members from developing countries) could attend APHA meetings. As stated by one respondent, “If diversity and inclusion are wanted, then strategies need to be worked out to

help individuals from less privileged areas have the opportunities to be involved with APHA in the first place.”

#### *Sharing equity and inclusion data*

Respondents asserted that APHA components could benefit from sharing data on characteristics of diversity across Sections and components so that they could work to address emergent issues effectively. One respondent stated that sharing such data would enable the components to “be better able to identify relevant avenues of outreach and collaboration.”

#### *Promoting outreach to enhance equity and inclusion*

Respondents suggested additional outreach efforts to increase participation by underserved groups, such as undergraduate public health students and developing country professionals. One respondent suggested that APHA could leverage its media (e.g. *The Nation’s Health*) to promote membership to professionals from developing countries. One respondent recommended that APHA market itself to undergraduate public health students to “ensure that the diversity of the workforce is maintained within the membership.” Another respondent suggested having APHA leadership (e.g. APHA President) speak at Affiliate conferences.

#### *Other equity and inclusion recommendations:*

Other comments included expressed appreciation for this self-assessment. One respondent expressed that the survey “helps us think of gaps on which we can work.” Alternatively, one respondent suggested a potential approach to diversity and inclusion efforts, saying, “As you consider diversity and inclusion, please don't forget to emphasize diverse sectors, as I think APHA has an important opportunity to bring together different professionals and interests to help contribute to public health.”

### **Study Implications**

Regarding the goal of identifying the range of current activities regarding diversity and inclusion, we found a wide range of internal efforts mainly focused on diversity-related programming at the Annual Meeting, particularly regarding age, race and ethnicity, socioeconomic status, and geography; more can be done on other issues such as gender identity, sexual orientation, nationality, abilities/disabilities, religion, and language. Greater external efforts to engage with organizational/agency stakeholders appears needed, although it is unclear what kinds of efforts would be most fruitful and how to overcome the obvious barriers of limited/no staff, financial and organizational resources, and time. One promising area should be assisting APHA components to increase the recruitment and retention of diverse members, for instance through increased mining of membership data to identify diverse organizations with which to partner. APHA could also identify members with expertise in diversity/inclusion to become resources for technical assistance and training, coaching, and/or needs assessment and evaluation. Lastly, APHA should assess the diversity of its own leaders and inclusiveness of its policies (e.g., membership costs and seats on the Governing Council) to better identify internal areas of improvement.

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## Survey Instrument

### APHA Diversity and Inclusion Self-Assessment

The purpose of this self-assessment is to identify the current status and activities regarding diversity and inclusion within APHA components and affiliates. This self-assessment rubric was designed to collect information in both quantitative (self-rated) and qualitative form from representatives who are either individuals or groups, depending upon who the component/affiliate feels is the most appropriate person(s) and process.

**Definition of Diversity and Inclusion.** The development of solutions to contemporary issues in public health requires the inclusion of individuals from diverse backgrounds represented within a community, practitioners with actionable expertise concerning the challenges faced, and community ownership.

We define diversity as being representative of different groups<sup>1</sup> of people, perspectives, and life experiences. We acknowledge that categories of difference are not always fixed but can be fluid and we seek to respect individual rights to self-identification and equity.

We define inclusion as an organizational culture that connects each member to the association to increase engagement, encourages collaboration, and leverages diversity throughout the association so that all individuals have equal opportunity to participate and contribute to their full potential.

**APHA's Strategies to Increase Diversity and Inclusion.** The main strategies of APHA to increase diversity and inclusion within the association are to:

- a) Build the capacity of the APHA to recruit, develop and retain members and stakeholders from diverse backgrounds (community affiliation, professional experience, etc.);
- b) Build strategic relationships that contribute to thought leadership around diversity and inclusion;
- c) Build the cultural competency of the APHA to develop strategies and resources that result in greater performance relating to leveraging diversity and inclusion to increase members, leaders, and community impact;
- d) Empower members of the APHA to pursue leadership opportunities within and outside of the APHA as a means of serving as a pipeline for diversity in leadership.

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<sup>1</sup> Including but not limited to age, race/ethnicity, gender identity, sexual orientation, health status, geographic location, language, nationality, physical/mental/developmental abilities, religion, and socioeconomic status.

## Guidance for Completion of the Self-Assessment Rubric

Please use the table below to describe your APHA component’s (section, caucus, SPIG, other) or Affiliate’s status and activities regarding diversity and inclusion. Your self-assessment will help APHA determine where APHA’s strengths are and where we might focus our efforts in the coming year. Although there are several options for areas of comment, we don’t expect an exhaustive list. Examples that illustrate general efforts are sufficient.

Please base your responses below on the past 2-3 years of collaborative discussions, meetings, or activities sponsored by your component or affiliate. Please also indicate which sources you referenced in gathering the information provided below.

**Component/Affiliate Name:**

**Name of Person(s) Completing the Rubric (in case of follow up questions):**

Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

**Sources Used to Complete Rubric (if any):**

Conference Materials

Meeting Minutes

Website Content

Community Resource

Conversations with Current or Former Members

Other – Please specify: \_\_\_\_\_

**Scale for Self-Assessment Rating of Efforts:**

1=Not currently being addressed

2=Some focus and effort

3=Significant focus and effort

QUESTION	RATING	EXAMPLE(S) OF EFFORTS
<p><b>1. Have your section’s activities/events/programs focused on improving diversity within non-APHA (external) communities? Or have any activities focused on improving diversity within the section/within APHA? If so, please specify which categories have been addressed by these activities. Please also feel free to use the last row of this section to provide mention of efforts that are at the intersection of categories.</b></p>		
a) Age		
b) Race and ethnicity		
c) Gender		

QUESTION	RATING	EXAMPLE(S) OF EFFORTS
d) Sexual orientation		
e) Geographic location		
f) Language		
g) Nationality		
h) Physical/mental/ developmental abilities		
i) Religion		
j) Socioeconomic status		
k) Other		
l) Intersectionality		
2. Have general discussions concerning diversity been fostered by your section? If so, have these discussions been tailored to internal or external audiences? Please note that Question #1 seeks to capture which categories have been covered and this question seeks to approximate how often diversity is discussed internally and externally.		
a) Internal to APHA		
b) External to APHA		
3. How well have you prepared communities for engagement and promote community ownership through community education and empowerment strategies? If so, which communities?		
Response:		
4. How much have you conducted regular assessments of the diversity of the members and stakeholders?  Please describe whether diversity is in members' community affiliation or members' professional experience with diverse communities.		
Response:		

QUESTION	RATING	EXAMPLE(S) OF EFFORTS
5. How actively have you recruited or focused on retention of section members from diverse backgrounds and sectors?		
Response:		
6. Do you have formally designated member(s) to promote and champion diversity?		
Response:		

7. What are the barriers to increasing your efforts in some or all of the above areas?

8. What, if anything, would you recommend APHA do to increase your strengths and activities in the areas of diversity and inclusion?

Thank you for completing this self-assessment. We have a few additional questions that will assist us in improving the data collection process in the future.

9. How long did it take you and/or your colleagues to complete the rubric?

10. Did any concerns or confusion arise as you completed the rubric? If so, where is clarification needed?

11. What suggestions do you have for improving the rubric or this particular assessment process?