

Management Interview Protocol

(Interviewer: Prior to each scheduled interview, interviewees should be provided with the list of key terms [can be found on page 44] as well as the interview questions in order to give them time to reflect on questions and find answers.)

Thank you so much for taking the time to speak with me today. As you know, these interviews are part of an organizational Self-Assessment that [LHD] is undertaking to assess its capacity to address the environmental, social, and economic conditions that impact health in [locale]. The interviews will help us get a more complete, in-depth sense of [LHD]'s strengths and areas for improvement related to addressing health inequities.

Before we get started, I want to assure your confidentiality in this process. I will be reporting feedback only as overall themes and insights that emerged from all our interviews. Nothing you say in this interview will be attributed to you personally, and nothing you tell us would be used against any person or program. The purpose of the assessment is to help [LHD] define areas of particular strength, identify where to focus on building capacity and provide benchmarks for future assessments. So, I hope you will feel free to be honest and candid in this conversation. The interview should take about 60 minutes. Do you have any questions for me before we begin?

First, please tell me a little about yourself.

1. How long have you been in your current position?

_____ Years and _____ Months

2. How long have you been at [LHD name]?

_____ Years and _____ Months

3. How long have you been working in the public health field?

_____ Years and _____ Months

(Give a copy of the vision, mission, values and/or statement of principles to interviewee.)

Transition Statement:

We're going to begin by talking about the overarching guiding principles and planning processes for the department. This includes things like the mission, vision, and values statements, strategic planning, succession planning, and program planning.

Mission, Vision, and Values

(Read aloud the agency's mission statement, vision and values. If they already do include health inequities, then focus the questions/probes on how it was entered in discussion.)

4. Based on [LHD]'s vision, mission and values statements, do you think there is a commitment to address health inequities? How is this commitment demonstrated?

Goals, Strategies and Benchmarks / Strategic and Succession Plans / Accessible Data and Informed Planning

5. Does [LHD] engage in department-wide strategic planning?
 - a. If so, on what schedule?
 - b. Who is involved in the process?
 - c. *(If not mentioned in previous answer)* Are staff at all levels involved in the process?
 - d. *(If not mentioned in previous answer)* Are community representatives formally involved in planning? *(Probe: What segments of the community are involved? (CBOs, residents, etc.) How are they involved?)*
 - e. *(If a strategic plan is in place)* Does the strategic plan discuss health inequities explicitly? Are there specific strategies and objectives for addressing health inequities? What are those?
 - f. *(If not mentioned in previous answer)* Are there specific strategies and objectives for addressing the social, economic, and environmental conditions that influence health—areas that public health hasn't been traditionally involved in such as public education, land-use, and economic development? Can you describe those strategies?
6. Do individual programs or units do their own strategic planning? *(Interviewee may only be able to comment on her/his own program or unit. If so, rephrase questions to reflect this change)*
 - a. If so, on what schedule?
 - b. Who is involved in the process?
 - c. *(If not mentioned in previous answer)* Are staff at all levels in the program or unit involved in the process?
 - d. *(If not mentioned in previous answer)* Are community representatives formally involved in the program or unit planning? *(Probe: What segments of the community are involved? (CBOs, residents, etc.) How are they involved?)*
 - e. *(If a strategic plan is in place)* Does the strategic plan discuss health inequities explicitly? Are there specific strategies and objectives for addressing health inequities? What are those?
 - f. *(If not mentioned in previous answer)* Are there specific strategies and objectives for addressing the social, economic, and environmental conditions that influence health—areas that public health hasn't been traditionally involved in such as public education, land-use, and economic development? Can you describe those strategies?
7. How does [LHD] manage community input into planning processes?
 - a. How does the department get community input?
 - b. Who from the community is asked for input?
 - c. At what point(s) in planning processes does the department seek community input?
 - d. What impact on the final planning products does it have?
 - e. Do community leaders have opportunities to give feedback on, or influence changes to existing programs and planning?
 - f. How is community input communicated to [LHD] staff?
 - g. How does [LHD] communicate back to the community how their input was used?

8. Does [LHD] conduct assessments on the conditions that influence health (such as housing, education, economic opportunity, or parks and recreation opportunities)?
 - a. If so, on what schedule?
 - b. Who is involved in the process?
 - c. Is the assessment conducted internally or externally (through a third-party evaluator/consultant)?
(*Probe:* How do you decide which data you can use for planning purposes? How do you decide on the appropriate uses and limitations of data for planning purposes?)
 - d. Does [LHD] link data on these social, economic, and environmental conditions to health outcomes or use these data to make the case for their importance in public health?
 - e. Does [LHD] collect specific data on health inequities in the populations it serves?
 - f. How is this data shared with the community? How do you assure that the data-sharing is appropriate for the cultural, linguistic and literacy needs of the community?
9. Is there a process for regularly assessing [LHD]'s strengths and areas for improvement in its work to address health inequities (such as a SWOT [Strengths, Weaknesses, Opportunities & Threats] analysis, organizational assessment, or strategic planning process)?
 - a. If so, on what schedule?
 - b. Who is involved in the process?
 - c. Is the assessment conducted internally or externally, such as by a third-party evaluator or other consultant?
10. Does [LHD] regularly evaluate or reflect on its capacity, commitment and efforts to address health inequities? Is there a formal process for evaluation and reflection? Please describe the process.
11. Does [LHD] have a written succession plan for its leadership?
 - a. If so, are commitment to addressing health inequities and cross-departmental collaboration explicit parts of the succession plan?
 - b. Does the succession plan include strategies and benchmarks for ensuring/promoting diversity in [LHD] leadership?
 - c. How is the succession plan shared? How is it implemented?

Transition Statement:

Now, I'd like to ask you some questions about the organizational culture of [LHD].

Cultivating Organizational Culture of Learning/Professional Development

12. Would you say [LHD] has a culture that encourages learning, growth, and change?
 - a. (*Probe:* How are staff encouraged to challenge assumptions and the status quo? How does [LHD] give positive incentives for feedback? Are there repercussions if staff make a mistake, etc.?)
 - b. What types of risk-taking does [LHD] successfully encourage? (i.e. hiring people without traditional qualifications, advocating for public policies that address the determinants of health, etc.)
 - c. Are there any other examples of how it does/does not foster a learning culture?
13.
 - a. Would you say the attitudes and expectations within [LHD] encourage diversity (*Probe:* Consider multiple types of diversity such as class/class identity, gender, etc.). How is this evident?
 - b. What types of diversity does [LHD] successfully encourage?
 - c. What could [LHD] do to change the attitudes and expectations it conveys to encourage other types of diversity?

14.
 - a. Does [LHD] intentionally recruit employees with class or racial/ethnic backgrounds reflective of the communities it serves?
 - b. Do managers receive training in managing a diverse workforce?
 - c. Do human resources staff receive training relevant to hiring diverse staff?
 - d. How are staff members who reflect the community supported to gain the qualifications necessary to advance in [LHD]?
15. Does [LHD] provide opportunities for staff feedback about strategies and efforts to address health inequities? In what ways is staff input encouraged or supported?
 - a. *(Non-senior leadership)*
 - How is the feedback used?
 - Can you give an example of a time you have given feedback? What was the result of the feedback you gave? How were the results communicated back to you?
 - b. *(Senior leadership)*
 - How is the feedback used?
 - Can you give me an example of what happened when a lower level staff member submitted an idea in the past? *(Ask as a theoretical if it hasn't happened in the past.)* What happens to that idea? Who else is it communicated to? How is it considered? What was the result? How was that result communicated back to the person who gave that input?

Value cultural and linguistic diversity

16. How do you include the strengths and assets of people from diverse cultural and class backgrounds in the programs and initiatives undertaken by the department?
 - a. Can you describe some specific examples where this has happened?
 - *(Probe:)* In what ways do you validate or include these strengths? How are resources directed to build on those strengths?
 - *(If answer only refers to this in terms of program planning and service delivery, Probe:)* How is this integrated into department-wide strategic planning and initiatives?

Transition Statement:

These next few questions are about decision-making at [LHD].

Participatory and Transparent Decision-making Process

17. How are staff from multiple levels of the department involved in making major decisions? *(Probe: Please think about different types of decisions: strategic, programmatic, structural, etc. In what ways are staff involved in decision-making?)*
18. Can you share some ways that this multi-level involvement from staff has enhanced the department's ability to address health inequities?
19.
 - a. Do you think [LHD]'s values are consciously brought into decision-making processes? Can you give an example?
 - b. When this happens—when the [LHD]'s values are intentionally applied to decisions—what is the impact on work addressing health inequities?

Transition Statement:

Now we're going to move on to questions about how [LHD] works with communities to address health inequities.

Community Capacity Building

20. Does [LHD] have strategies to help community members and CBOs assume leadership roles, advocate for public health concerns, and influence the local health department? (*Probes:* What strategies does [LHD] use to build the capacity of community members and CBOs? What does community leadership look like? How has this led to community-driven advocacy? What has changed as a result?)
21. Has [LHD] established alliances with community groups that are working to improve conditions that influence health status such as housing, economic development, or living wages? (*Probe:* Please describe [LHD]'s alliances with formal and informal community groups. *Regarding whatever is mentioned:* What is the desired impact of this work on health inequities?)
22. What strategies does [LHD] have to increase community awareness about health inequities and their root causes in [locale]?

Streamlined Administrative Processes and Funding

23.
 - a. How does [LHD] provide administrative and logistical support for involving community members in decision-making and planning? This includes the arrangements for community meetings in terms of locations, hours, childcare, physical environment, etc.
 - b. What barriers make it difficult for community members to participate in [LHD] decisions? What can [LHD] do to address these?
 - c. How does [LHD] arrange meetings so they are welcoming and familiar to community members (i.e. providing food, ensuring that the times and venues of the meetings are community-friendly, etc.)?
24.
 - a. Does [LHD] have flexible processes for acquiring funds and services to work with community members (including stipends and sub-contracts)? Please give an example [of this flexibility *if "yes,"* or of when this would have been helpful *if "no."*] What are the challenges in using [LHD] funds in working with community members?
 - b. How does [LHD] use categorical, grant, and other funding to support work to address health inequities? (*Probe:* What strategies and practices have been used to maximize available funds to conduct and support this work?)
25. Does [LHD] seek feedback from community members about the barriers and facilitators of community participation? How? Can you give me an example of how [LHD] has responded to such feedback?

Staff knowledge of community issues and resources

26. How do you stay aware of community issues as well as community resources and strengths? *If interviewee supervises staff who work with community, also ask:* How do you ensure that your staff stays aware of community issues as well as community resources and strengths?
27. In what ways do you build on community strengths in your work with the community? (*For probes:* Keep in mind that asset-based approaches include considering the strengths of individuals, associations and institutions in the community, and adding resources and support where needed to bolster these strengths.) *If interviewee supervises staff who work with community, also ask:* How do you ensure that your staff build on community strengths in their work?

Finally, I have some questions about workforce development.

Workforce development

28. What steps has [LHD] taken to cultivate a public health workforce that is prepared to address health inequities?

Probes:

(Efforts to inform, train and educate all current staff on new skills needed to address underlying conditions of health inequities will be addressed in the following question.)

- Partnering with advocates to increase agency capacity to address the environmental, social, and economic conditions that impact health?
- Pipeline programs to increase diversity of potential [LHD] workforce?
- Partnering with local universities and schools of public health?
- Influencing curricula?
- Hosting internships/field placements/student research related to health inequities?
- Efforts to recruit from community?
- Efforts to provide mentorship and support professional development to give people with non-traditional qualification the knowledge and skills to be promoted at a management level (i.e. coaching, paid classes and training)?
- Efforts to change promotional practices to increase diversity of [LHD] workforce at all levels?
- Other?

29. Does [LHD] provide support such as training and/or coaching, continuing education/conferences for staff to learn about health inequities and addressing the social determinants of health?

- a. What are some of the topics covered?
- b. How does [LHD] relay its commitment to addressing health inequities to new employees?
(Probe:) Is this covered in a formal orientation?
- c. Does [LHD] implement in-house trainings?
- d. Are these trainings required?
- e. What segments/levels of staff are involved?

Those are all my questions. Do you have anything else to add about [LHD]'s capacity to address health inequities?

Thank you for your time.