1. BACKGROUND AND INTRODUCTION

- Background of BARHII's Organizational Self-Assessment
- Framework: Workforce Competencies and Organizational Characteristics for Addressing Health Inequities
- Purpose of the Self-Assessment
- Introduction to the Self-Assessment Tools
- Definitions of Key Terms and Concepts

Background of BARHII'S Organizational Assessment

In the mid-1990s, the public health directors and health officers of several San Francisco Bay Area health departments gathered to determine whether the disparities in health outcomes among residents in their communities would better be addressed with a regional approach. Issues such as transportation, housing, air and water quality were readily identified as ideal issues that call for a regional solution. In reviewing the health outcomes of communities throughout the Bay Area, it became clear that specific communities appear to consistently experience health inequities based on social determinants such as race, educational attainment, neighborhood conditions, and other characteristics. Because contemporary public health programs were not designed to address social determinants, the public health officials decided to form the Bay Area Regional Health Inequities Initiative (BARHII).

BARHII is a collaboration of eleven local health departments (LHDs): Alameda, Berkeley, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma and Solano. The mission of BARHII is to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities. Four committees (Internal Capacity, Community, Data, and Built Environment) were formed to begin to determine ways that individual health departments could work on a regional level to improve community health.

The Internal Capacity Committee (ICC), comprised of seasoned public health workers serving as administrators, managers and program coordinators/planners, was charged with identification of professional development and systems changes necessary to "transform" public health. The ICC's initial task in developing these strategies was to construct a matrix of organizational and staff competencies that LHDs need in order to adequately address health inequities (discussed in next section). Using this matrix, the ICC developed the **Organizational Self-Assessment for Addressing Health Inequities** (Self-Assessment). The Self-Assessment is a key initial step for health departments ready to engage in a critical review of their organizational ability to address health inequities.

The development of the Self-Assessment included the following phases:

1. Identification of skills and capacities at the organizational and individual levels that support an LHD's ability to address health inequities.
2. Verification and expansion of these skills and capacities through a review of available literature, as well as a review of existing organizational and cultural competency assessment tools.
3. Specification of each skill and capacity into a measurable indicator.
4. Development of a set of assessment tools to measure each indicator.
5. Pilot-testing and refining the tools at a member LHD.

Framework: Workforce Competencies and Organizational Characteristics for Addressing Health Inequities

BARHII's Internal Capacity Committee (ICC) identified the skills and capacities at both the organizational and individual levels that support an LHD's ability to address health inequities. These indicators were grouped into domains and two matrices were developed: one for staff skills and competencies and a second for organizational competencies. (See *Appendix II*)

An extensive vetting process was conducted to finalize the matrices. This included clarification of each item, review of public health and organizational development literature to validate the item, and the creation of a glossary of definitions highlighting those indicators essential to address health equity. A "Roadmap" illustrating this process is included in *Appendix III*. See *Appendix XI* for an annotated bibliography of sources reviewed.

The Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities describes the nine domains of organizational characteristics, as well as nine domains of skills and abilities that LHD staff should possess to effectively address health inequities *(see Exhibit 1)*. The matrix, included in *Appendix II*, became the basis for the instruments and protocols contained in the Self-Assessment Toolkit.

EXHIBIT 1

Organizational Characteristics	Workforce Competencies
• Institutional commitment to addressing health inequities • Hiring to address health inequities • Structure that supports true community partnerships • Supporting staff to address health inequities • Transparent and inclusive communication • Institutional support for innovation • Creative use of categorical funds • Community-accessible data and planning • Streamlined administrative process	• Personal attributes such as passion, self-reflection and listening skills • Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data) • Understanding of the social, environmental, and structural determinants of health • Knowledge of affected community • Leadership • Collaboration skills • Community organizing skills • Problem solving ability • Cultural competence and humility

Purpose of the Self-Assessment

The Self-Assessment is designed to:

- Provide LHDs with a comprehensive set of information from a variety of sources about strengths and areas for improvement with respect to skills and capacities that support institutional capacity to address health inequities;
- With results in hand, stimulate internal dialogue about how an LHD can build its capacity to address health inequities and optimally align its functioning with goals to reduce health inequities; and
- Guide strategic planning and other organizational development activities based on a broad set of information about current capacity to address health inequities.
- Provide ongoing measures to assess the LHD's progress towards identified goals developed during the assessment process.

The Self-Assessment is **not** designed to:

- Serve as a community needs assessment; or
- Evaluate cultural competency, quality of care or be used in a setting providing only clinical services with no community engagement component; or
- Plan or evaluate the effectiveness of health department programs (i.e. achievement of outcomes).

The Organizational Self-Assessment for Addressing Health Inequities is fundamentally designed *to provide information for reflection, discussion, planning, and organizational development.*

Introduction to the Self-Assessment Toolkit

The Toolkit includes a compendium of instruments that address various elements of the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities. Where appropriate, different instruments are used to assess multiple dimensions of a single indicator. These instruments can found in *Appendix I.*

The Toolkit was pilot tested in 2008 at the City of Berkeley Public Health Division (BPHD). The 100 staff of BPHD and approximately 50 collaborating partners were invited to participate in the Self-Assessment. Because the process as well as the instruments were being pilot tested, it is not possible to provide an accurate estimate for the elapsed time for the implementation of the Self-Assessment and the analysis of the data. Rather, time estimates for each step in the Self-Assessment are provided in staff hours. The tools and guidelines were further refined based on the pilot experience and feedback from staff at BPHD. The important Lessons Learned from the BPHD are included in *Appendix X.*

Each instrument is designed both to provide information for an assessment at an organizational level and to provide an opportunity for executives, staff, community agencies and other local partners to reflect upon their experiences in addressing health inequities as a partnership.

The following summarizes the purpose, key elements and audience for each instrument included in the Toolkit.

Staff Survey

The Staff Survey, designed for LHD staff at all levels of the agency to complete, is the most in-depth instrument in the Toolkit, addressing most of the elements included in the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities. This instrument is administered online to all staff of the LHD using a web-based survey, though it can be offered in hard copy to any staff without online access.

Collaborating Partner Survey

This survey provides an opportunity for other agencies, organizations and groups that work with the LHD to share feedback and insights regarding their partnership with the LHD and the extent to which it facilitates efforts to address health inequities and the social determinants of health. This instrument is administered online using a web-based survey, though it can be offered in hard copy to any partners without online access.

Staff Focus Groups

These focus groups are designed for in-depth exploration of elements of the Matrix that are informed by the Staff Survey and Collaborating Partner Survey results and are more suited to discussion and conversation, such as elements of the organizational culture that support skills and practices critical for addressing health inequities. To ensure inclusion of a breadth of perspectives, participants for the focus groups are randomly selected within various strata of the organization.

Management Interviews

Individual interviews with members of an LHD's senior management/leadership team allow an LHD to further develop an in-depth sense of its organizational strengths and areas for improvement related to addressing health inequities.

Internal Document Review and Discussion

This provides guidelines for extracting information from key internal documents, work products and data systems, and engaging in critical thinking about what those data sources indicate about existing capacity and action steps for improving capacity. Key data can be summarized using the Human Resources Data System Worksheet (see *Appendix I*).

Glossary: Definitions of Key Terms and Concepts

A glossary containing definitions of key terms and concepts relevant to health inequities is provided as a background reference for this assessment, and represents the shared understanding of these terms by those that developed the assessment. It can be provided to all staff and collaborating partners participating in the assessment to minimize confusion about what is meant by these terms. In the online versions of the survey tools, the glossary can be accessed on every page. This was written as plainly as possible to address varying levels of education of LHD and collaborating partners' staff. For each term a definition is provided followed by a tangible example of each concept. The example is *italicized* to highlight the subtle differences between these terms. These can be found in *Appendix I*.