4. IMPLEMENTING THE SELF-ASSESSMENT TOOLKIT

- Important Implementation Considerations
- Staff Survey
- Collaborating Partner Survey
- Staff Focus Groups
- Management Interviews
- Internal Document Review and Discussion

Important Implementation Considerations

The implementation of the self-assessment requires a committed effort of time and resources. A timeline and implementation plan need to be developed prior to the launching of the assessment. The plan should take into account all of the resources required to carry-out the necessary steps to successful completion of the assessment: review and refinement of the assessment tools, communication and promotion of the assessment process, implementation, and analysis of the assessment results. The following section outlines detailed implementation requirements and timelines for each assessment tool.

It is recommended that the LHD identify a project coordinator and organize one or more implementation teams to oversee and conduct the assessment exercise. The team should include staff members representing various functions and areas of the agency. The size of the team will vary with agency size, but 4–7 people should be large enough to share the workload and small enough to be nimble and responsive.

Suggested membership of the implementation team include:

- ☐ A member of the senior leadership team to expedite decision-making;
- ☐ Staff from different agency sites so that all areas of staff have a "personal ambassador" on the implementation team and have a familiar face to approach with questions;
- ☐ Someone whose position is integrally involved in other health equity activities and projects, providing continuity with related organizational efforts;
- ☐ Someone who is recognized agency-wide as a person who can help get things done, is persistent, and not easily ignored;
- ☐ A person with epidemiology or other analysis background who helps organize and guide the analysis of responses; and
- ☐ Someone with web/internet experience who can lead survey tool creation and manipulation.

The assessment tools are designed to capture the depth and breadth of the LHD's experience, capacities and staff skills addressing health equity. While the completion of all of the tools will provide your LHD with the most useful information for understanding and planning to build capacity to address health inequities, the unique circumstances of each LHD will dictate which instruments are most appropriate to implement. The *Staff Survey* will provide information with the most breadth about the organizational practices and culture. The *Collaborating Partners Survey* will provide your organization with the best information about your ability to work effectively with partners outside the organization to address health inequities. The remainder of the instruments deepen the understanding that the survey results can yield.

The implementation team may decide to eliminate, re-word or re-order questions to meet the LHD's situation. It is recommended that before selection of instruments and tailoring questions, the LHD project team identify the domains and indicators most relevant to the LHD's mission. The "Roadmap" in *Appendix III* can assist in selecting the instrument and editing the questions. Tailoring the self-assessment tools and questions may require additional time and resources, which should be added to the LHD's timeline and implementation plan.

Staff Survey

I. Purpose

The Staff Survey is administered to staff members to determine the LHD's capacity to address the root causes of health inequities from the perspectives of staff throughout the agency. In addition to providing information for an organizational assessment, the survey gives staff an opportunity to reflect on their own experiences in addressing health inequities through their work in the department. *The Staff Survey is the backbone of the Toolkit, and should be the first instrument administered.* The findings of the survey can stand alone to inform action planning, and can also be used to inform decisions on which elements of the Staff Focus Group and Management Interview protocols to prioritize for further investigation.

In order to streamline the survey distribution and data management processes, the instrument was designed using Survey Monkey, an online survey tool.

Advantages: The Staff Survey is inclusive of all staff levels and perspectives, is efficient to administer and monitor, and does not require data entry because the online survey responses can be automatically downloaded into a database. It is the best way to get a large amount of information from a large number of people. Responses can easily be tracked and reminders sent to participants who have not yet completed the survey. Another benefit of an online survey is that data are automatically collected and ready to be exported for data management and analysis without data entry.

Challenges and Limitations: As with any large survey, it is unable to capture contextual information for individual responses, and its one-size-fits-all approach may mean that across all agency sites and programs, not all staff will find all questions relevant or framed just right for the way they do their work. Additionally, the data management and analyses required for exploring the survey's findings require a skilled analyst and may be time consuming.

Use the staff survey to:

- Get an organization-wide picture of attitudes, practices, competencies and structures that indicate a capacity to address root causes of health inequities.
- Hear from all staff about what supports their ability to address health inequities and what makes it challenging to do so, including those staff that don't often have a voice in planning and organizational decision-making processes.
- Identify priority areas for developing staff capacity and improving organizational functioning to support health equity efforts.

The Staff Survey is the most in-depth instrument in the Toolkit and addresses most of the elements included in the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities. The specific domains addressed by the Staff Survey include:

Organizational Characteristics	Workforce Competencies
• Institutional commitment • Hiring to address health inequities • Structure that supports true community partnerships • Support staff to address health inequities • Transparent and inclusive communication • Institutional support for innovation • Community accessible data & planning • Streamlined administrative process	• Personal attributes • Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data) • Understand social determinants of health • Community knowledge • Leadership • Collaboration skills • Community organizing • Problem solving • Cultural competency/humility

II. Implementation

Staff Time and Resources

The table below shows the estimated investment required for implementing the Staff Survey. Note that it may take 2-3 weeks from the time the survey link is distributed to get all staff to complete the survey and multiple reminders will likely be necessary.

Survey Implementation Task	Who	Estimated Staff Time
Convening Implementation Team/Survey Preparation	Leadership and Selected Staff	5-10 hours per person
Communicating with Staff	Leadership, Implementation Team and Managers	5-10 hours per person
Managing Survey	Selected Implementation Team Member	8-12 hours
Completing the Survey	All Staff	20-45 minutes per person
Data Management and Analysis	Analyst	10-15 hours for data management; 15-40 hours for data analysis, including qualitative analysis of open-ended survey items; this may vary depending on size of LHD

Additional Resources Needed:

- Subscription to online survey tool
- Computer and Internet access for staff
- In-house expertise and resources or external consultant for survey administration and/or data analysis

Implementation Plan

The checklist below provides recommended steps for implementing the Staff Survey:

☐ **Review and Preparation of the Staff Survey**

The Implementation Team should review the Staff Survey to modify as needed. It is recommended that you administer the entire Staff Survey instrument. However, if the circumstances of your LHD do not warrant using all the questions, the Roadmap in *Appendix III* provides guidelines to help you determine which questions would be most appropriate to the needs of your LHD. It suggests a set of core questions to include in the Staff Survey and illustrates how survey questions correspond to the

Matrix of Workforce competencies and Organizational Characteristics elements. Once the survey questions have been selected, the survey must be prepared in the online survey tool of choice. BARHII will proved a copy of a ready-to-use tool on *SurveyMonkey* which can be copied and edited. One Implementation Team member should be in charge of coordinating the survey.

☐ **Set Goals and Develop Implementation Plan**

The Implementation Team should set a response rate goal and develop an implementation plan to reach that goal. The implementation plan should include steps to inform all staff members of the Staff Survey and incentives to help encourage more staff members to participate in the survey.

It is important for LHD leadership to convey that this is a priority effort and that staff have explicit permission to spend time on the survey.

Berkeley Pilot Experience: Ideas for Increasing Staff Survey Response Rates:

Staff Outreach Strategies: The Berkeley Public Health Department (BPHD) Implementation Team facilitated meetings to inform staff members of the Staff Survey's purpose and significance.

Incentives: The BPHD also provided incentives for completing the Staff Surveys. Incentives were determined based on completion rates:

- 90% completion rate – All staff would receive a chocolate thank you and be entered in a raffle for ten $10 *Peet's Coffee* gift cards and five $10 *Target* gift cards.
- 85% completion rate – All staff would receive a chocolate thank you and be entered in a raffle for ten $10 *Peet's Coffee* gift cards.
- 80% completion rate – All staff would receive a chocolate thank you and be entered in a raffle for five $10 *Peet's Coffee* gift cards.

Using these strategies Berkeley Public Health Department had an 81% completion rate

☐ **Administration of the Staff Survey**

(Coordinated by one Implementation Team Member)

Recommendation

If no external consultant will be contracted, choose one staff member that will administer and monitor all survey responses and keep responses confidential.

- Compile a list of all staff members and their email addresses.
- The lead executive or public health official sends an introductory email or letter before the online survey is administered to share the purpose of the assessment being undertaken and to convey the importance of staff participation. See *Appendix IV* for a sample introductory letter from a public health official inviting staff members to participate in the survey.
- External consultant or selected staff member administers the survey online. *SurveyMonkey* is one suggested current online survey provider that is easily accessible, user friendly, and inexpensive. *Appendix IX* provides an administration guide for *SurveyMonkey*.
- To maintain confidentiality if a unique link is used (see below for explanation), external consultant or selected staff member monitors the survey responses and sends reminders to staff members who have not completed the survey. LHD leadership and implementation teams should not be provided with the responses

or response status of any individual staff member. If a generic link is used, all responses are anonymous.

- After reaching the completion rate goal, external consultant or selected staff member begin the data analysis and management. *SurveyMonkey* analysis offers the ability to provide summary reports, trend analysis, and basic visual formats to present data in a customized format. Further analysis may be required using another program. Also, qualitative data will require a more in-depth analysis than *SurveyMonkey* can provide. It is recommended that the response data be exported into SPSS (or other data analysis software package) for data management and analysis.

See Appendix VII for technical guidelines on how to manage and analyze Staff Survey data.

III. Key Considerations

Survey Links

When administering online surveys, there are generally two types of survey links that can be used: a generic link or a unique link.

Generic Link: When a generic link is provided, staff members will all receive the same link. Every time the link is clicked, a blank survey uploads no matter what computer or email account is being used.

Advantage: Using a generic link will allow staff members to forward the link along to other colleagues. With a generic link it would be impossible to enter a survey that has already been started by someone else. Generic links allow staff to be entirely anonymous, even to the survey administrator, so staff may be more forthcoming.

Disadvantage: Since a blank survey uploads when a generic link is clicked, staff members would not be able to revisit a survey they have already started. They would have to complete the whole survey in one sitting. Also, the person monitoring the survey will not be able to follow-up with non-responders since all responses received from the generic link will not be tied to individual email addresses. Thus, it will not be known who has and has not responded. Another disadvantage is that it possible for a single individual to answer the survey more than once, which could skew the results.

Unique Link: A unique link is provided to each staff member.

Advantage: Using a unique link, the person monitoring survey responses can track who has not yet responded and follow-up with them individually if necessary. Staff members will also be able to save their unfinished surveys and revisit their link later to finish.

Disadvantage: The unique link cannot be forwarded, as it corresponds only to the staff member it is sent to. With a unique link, there's a risk that some staff members will still forward their link even if instructed not to, and staff members using the same link could view and

Red Flag

If your department decides to use unique links to administer the survey, make sure to continue stressing that the unique link CANNOT be forwarded from person to person, even for purposes of promoting the survey. Instead, the implementation team could provide sample emails for supervisors and managers to send to their staff as reminders to follow their own link or how to get it if lost. Be aware of the survey management risks using the unique link option.

overwrite each other's responses. Survey information is not entirely anonymous, since the administrator can track responses tied to staff names.

Berkeley Pilot Experience with Survey Links

The BPHD chose to use unique links during the pilot assessment. They felt that concerns about confidentiality would be reduced by using an external, non-health department survey administrator and the ability to track individuals would help with response rates.

Staff appreciated being able to save unfinished surveys to be completed at their convenience. However, Berkeley did encounter significant problems with supervisors forwarding links to encourage staff to complete the survey. In spite of clear directions asking that links not be forwarded, this happened numerous times and caused confusion as previously completed surveys were overwritten and data lost.

Staff Follow-up

After the survey is closed, staff should be notified of the final response rate, thanked for their time and participation, and informed about next steps in the Self-Assessment. If an incentive was offered, prizes should be awarded promptly. Timely follow-up is both respectful of staff input and encouraging of further dialogue and participation among staff.

Collaborating Partner Survey

I. Purpose

The Collaborating Partner 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 how it facilitates public health approaches, strategies and activities that help address health inequities and the social determinants of health.

Advantages: This survey allows the LHD self-assessment to benefit from the perspectives of outside agencies and organizations. As with the Staff Survey tool, an online survey tool, such as *SurveyMonkey*, is an efficient way to reach many partners, and eliminates the need for data entry. Additionally, this survey includes many open-ended questions to allow partners to contextualize their responses and provide detailed information about how the LHD does or can address the root causes of health inequities.

Challenges and Limitations: Because some collaborating partners may not have access to the online survey format, be prepared to offer a paper version that you can mail to those participants, if you have the capacity to manually enter and analyze the data. Because of the rich information solicited by the open-ended questions integrated into this survey, a moderate amount of qualitative analysis will be required, which is more time consuming than an exclusively quantitative questionnaire.Moreover, keep in mind that some collaborating partners may not be comfortable with survey-taking and that a more open-ended discussion might be more productive.

Questions in this survey included the following elements of the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities:

Organizational Characteristics	Workforce Competencies
• Institutional Commitment • Structure that supports True Community Partnerships • Transparent and Inclusive Communication • Community Accessible Data & Planning	• Community Knowledge • Community Organizing • Cultural Competency/Humility

II. Implementation

Staff and Community Partners' Time and Resources

The table below shows the estimated investment required for implementing the Collaborating Partner Survey.

Survey Implementation Task	Who	Estimated Staff Time
Convening Implementation Team/ Survey Preparation	Leadership and Selected Staff	2-5 hours per person
Identifying and Communicating with Partners	Leadership, Implementation Team and Managers	2-8 hours per person
Managing Survey	Selected Implementation Team Member	8-12 hours
Completing the Survey	Selected Partners	15-25 minutes per person
Data Management and Analysis	Analyst	6-8 hours for data management; 10-12 hours for data analysis, including qualitative analysis of open-ended survey items; this may vary depending on the number of participants

Additional Resources Needed:

- Subscription to online survey tool
- In-house expertise and resources or external consultant for survey administration and/or data analysis

Implementation Plan

The preceding table shows the estimated investment required for implementing the Collaborating Partner Survey:

☐ **Create an Implementation Team**

☐ **Review of the Collaborating Partner Survey**

The Implementation Team should review and tailor the Collaborating Partner Survey to modify any language that is not relevant or clear in the context of your community and your work with the partners receiving the survey. It may be useful for the team to consider the reading level of the potential respondents. While a glossary of key terms is available for survey participants, many of the questions are related to complex Public Health ideas and functions. BARHII will proved a copy of a ready-to-use tool on *SurveyMonkey* which can be copied and edited. See *Appendix IX* for guidelines on using *SurveyMonkey*.

☐ **Identifying Partners**

Management staff and the Implementation Team should select collaborating partners to participate in the survey. See Key Considerations below for identifying partners.

☐ **Administration of the Partner Survey**

- The public health official should send an introductory email or letter before the online survey is administered to share the purpose of the assessment and to convey the importance of the partner's participation. For a sample introductory letter from a public health official inviting collaborating partners to participate in the survey, see *Appendix IV*.
- An external consultant or selected staff member administers the online survey tool.
- To maintain confidentiality, an external consultant or selected staff member monitors the survey responses and sends weekly reminders to partner representatives who have not completed the survey.
- *SurveyMonkey* offers limited quantitative analysis. It is recommended that after reaching the completion rate goal, an external consultant or selected staff member exports all responses into SPSS for data management and analysis. Qualitative data will require additional analysis. See further discussion under Staff Survey section (page 20).
- After the survey is closed, community partners should be notified of the final response rate, thanked for their time and participation, and informed about next steps in the Self-Assessment.

Recommendation

If no external consultant will be contracted, choose one staff member that will administer and monitor all survey responses and keep responses confidential.

See Appendix VII for technical guidelines on how to manage and analyze partner survey data.

III. Key Considerations

Survey Modality

Online Survey: The survey can be created using an online survey provider such as *SurveyMonkey*. A link should be sent to each survey participant through an email distribution.

> **Recommendation**
>
> After sending an email invitation for an online survey, closely monitor the response rate. If there's a low response rate, contact a sample of survey participants to see if the email with the survey link is being automatically filed as junk mail.

Advantage: Online surveys are easier to administer and monitor. Responses can easily be tracked and reminders sent to participants who have not yet completed the survey. Another benefit of an online survey is that the data are automatically collected and ready to be exported for data management and analysis without data entry.

Disadvantages: The risk of sending an online survey with a large distribution list is that your email may be classified as junk mail and the recipient may never see the email. If you find that this is the case, try sending a generic link through a personal email or send a paper survey. Another disadvantage of the online method of survey administration is that those without regular, private access to a computer and the internet may not be able to respond to the survey and cannot have their perspectives heard. Based on your list of desired survey respondents, you may decide to make a paper survey available to mail to those who cannot participate online.

Identifying Community Partner Organizations to Participate in the Survey

The following criteria for selecting community-based organizations, community groups and other public agencies to invite to participate in the Collaborating Partner Survey aim to ensure that a variety of external perspectives are included and that the responses are as relevant and useful as possible to the LHD.

All community partners included in the Self-Assessment should:

- Work with communities most affected by health inequities;
- Provide critical services or advocacy efforts for the LHD and/or the communities served by the LHD;
- Have a basic understanding of public health functions; and
- Have a pre-existing relationship with the LHD.

In considering the particular individuals who will complete the survey, include a relevant cross section of staff from organizations, from line staff to senior management as well as a set of individuals carrying out varying roles within organizations and groups with less formal structures.

Additionally, selected organizations and groups should represent a variety of:

- Sizes (large, medium, small)
- Populations served (consider race/ethnicity, geography, age spectrum, and other community characteristics)
- Issues addressed:
  - Health focused vs. non- health focused
  - Specific service/issue areas such as communicable disease, mental health, transportation, environmental justice, health care access, substance abuse, violence and injury, housing, etc.
- Sectors and organization types:
  - Academic
  - Advocacy
  - Direct service
  - Community-based
  - Public
  - Private/business
  - Neighborhood associations
- Levels of partnership with the LHD
  - Former (not collaborating with the LHD but has in the past)
  - Minimal (networking/information sharing only)
  - Some (activity coordination/cooperative)
  - Extensive (collaborative partnership, or funded by the LHD)

Survey Links

When administering online surveys, there are generally two types of survey links that can be used: a generic link or a unique link. For more details, see discussion on page 20 in the Staff Survey section.

Staff Focus Group

I. Purpose

The Staff Focus Groups are designed to explore issues that are more suited to discussion and conversation than a survey, such as elements of organizational culture that support skills and practices critical for addressing health inequities. The focus groups also can be used to get deeper and more contextualized information about some of the same elements of the Matrix of Workforce Competencies and Organizational Characteristics for Addressing Health Inequities addressed or assessed in the Staff Survey.

Use staff focus groups to:

- Facilitate discussion about organizational culture and other matters difficult to capture in a survey.
- More deeply explore issues identified by the staff survey.
- Provide a safe space for staff to talk with each other about organizational factors affecting their ability to contribute to health equity work and elevate their feedback to the attention of LHD leadership.

Advantages: The focus groups offer a way to elicit in-depth information about staff perceptions, experiences, knowledge and ideas about the LHD's capacity to address the root causes of health inequities. The richness of this qualitative information adds depth, context and clarity to the Staff Survey findings and can be used to further explore issues raised in the survey.

Challenges and Limitations: Because focus groups are most effective with relatively small numbers of participants, some voices and perspectives may be missed. However, in combination with the Staff Survey, this is a minimal concern. The large amount of qualitative data generated by the focus groups is time-consuming to analyze and must be done by someone with experience and skill in synthesizing such content.

The specific elements addressed by the focus groups include:

Organizational Characteristics	Workforce Competencies
• Institutional commitment • Hiring to address health inequities • Structure that supports true community partnerships • Support staff to address health inequities • Transparent and inclusive communication • Institutional support for innovation	• Personal attributes • Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data) • Understand social determinants of health • Community knowledge • Leadership • Collaboration skills • Community organizing • Problem solving • Cultural competency/humility

II. Implementation

Staff Time and Resources

The table on the following page provides an estimate of the investment required for implementing the Staff Focus Groups.

Focus Group Implementation Task	Who	Estimated Staff Time
Reviewing focus group protocol and customizing to reflect survey findings and LHD priorities	Facilitator, with assistance from Implementation Team member	10 hours
Selecting and Scheduling Staff	Facilitator, with assistance from Implementation Team member	1 hour to manage and randomize staff lists, 2 hours to schedule
Preparing for and Facilitating Focus Groups	Facilitator	2 hours per focus group, plus travel time if necessary
Participating in the Focus Group	Selected Staff	90 minutes
Qualitative Data Analysis	Analyst/Consultant	15-20 hours; this will vary depending on the number of focus groups

Additional Resources Needed:

- Private meeting room, possibly off-site (but nearby), in which to conduct the focus groups.
- *Optional:* Digital recorder to record interviews and funds for a professional transcription service.
- If not trading facilitation services with a colleague organization/neighboring LHD, funds to secure a consultant to facilitate the focus groups and analyze the data.
- Refreshments for participants.

See below for additional discussion regarding third-party facilitation for staff focus groups and analysis of focus group data.

Implementation Plan

The checklist below provides recommended steps for convening Staff Focus Groups:

☐ **Determine an Appropriate Facilitator**

The facilitator chosen to implement this component of the Toolkit should have experience in leading focus groups, and should have knowledge of public health practice, social determinants of health and health inequities. To ensure a safe environment for staff participants, it is **strongly recommended** to have an individual external to the LHD facilitate the focus groups. If resources are not available to hire a consultant, one cost-saving solution is to partner with a neighboring LHD that would also like to engage in the Self-Assessment, and find an appropriate staff member in each LHD to facilitate the focus groups of the partnering LHD.

Another option for minimizing costs is to hire a consultant to facilitate the groups and provide transcripts of the focus groups with any identifying comments removed, so that the analysis of these qualitative data can be performed by internal LHD staff with the capacity and skills to do so.

☐ **Review and Customize the Focus Group Protocol**

The Implementation Team or a subset should review the protocol to ensure that the language and questions are relevant to the LHD, and to prioritize questions based on Staff Survey findings and other agency needs. Use the Roadmap in *Appendix III* to help guide the customization.

☐ **Determine the Number of Focus Groups to be Held**

The number can vary with the size of your LHD. If possible, more than one focus group should be held to provide a broad set of perspectives. In the pilot, the City of Berkeley Public Health Division conducted one focus group with management level staff and two with program-level staff.

☐ **Designate a Coordinator/Liaison**

Select a member from the Implementation Team to serve as a coordinator and liaison to work with the facilitator.

This coordinator/liaison will be responsible for:

- Compiling a contact list of all staff with their name, email and phone contact information, job title, and agency site or division, as applicable.
- Creating stratified "pools" of staff from which the facilitator can randomly select focus group participants; each pool should be constructed based on similar staff level and include staff from a mix of program areas, sites, and racial/ethnic backgrounds to provide as diverse a voice as possible in each group.
- Providing the facilitator/consultant with contact and other relevant information about the staff in each pool so that the facilitator can directly select focus group participants without sharing identities with the Implementation Team.
- Assisting the facilitator with securing a focus group site as needed.
- Providing the facilitator with the focus group protocol and any background information about the LHD and the Self-Assessment that would be relevant to their role as facilitator.

☐ **Communicate with Staff about the Focus Groups**

As with the survey, it is important that staff understand this to be both an agency priority and an approved use of their time. After the facilitator is selected and the agency is ready to implement the focus groups, the the public health official or lead executive should send a communication to all staff announcing the focus groups, discussing their purpose and why they are important, and making explicit that staff members have permission to use work time to participate in the group if they are contacted by the facilitator, and in fact are strongly encouraged to do so. See *Appendix IV* for sample staff communications about the focus groups.

☐ **Select the Focus Group Participants**

To maintain confidentiality and a safe space for focus group participants to be candid, management and program-level staff should participate in different focus groups. In addition, the facilitator should be the one to select the actual staff members that will participate in the focus groups. From the stratified pools of potential staff, the facilitator will randomly select 8-10 people to make up each group. One easy way to do this is to assign each person in each pool a consecutive number, and then use an online random number generator, such as http://www.randomizer.org to randomly select 8-10 numbers from each pool.

☐ **Schedule and Conduct the Focus Groups**

The facilitator finds times that work for the selected participants, works with the Implementation Team Liaison to secure a site for the confirmed group time, and conducts the groups. The groups should be scheduled for 90 minute sessions and refreshments should be provided.

☐ **Thank the Staff for their Participation**

The facilitator should follow up with participants to let them know their time and participation was appreciated. See *Appendix IV* for sample thank you letters to email the participants after the focus groups.

See Appendix VII for technical guidelines on managing and analyzing Staff Focus Group data.

III. Key Considerations

Selecting Staff

The Staff Focus Groups are important not only in their ability to capture rich, contextual qualitative data beyond the capabilities of a survey, but also it is an opportunity to give direct meaningful voice to those with the least power in the organization. Random selection of participants by a neutral facilitator helps protect against selection bias. It can also facilitate inclusion of a more diverse set of views from across the department that can help produce a more accurate assessment. Ensuring that the levels of staff that are least often involved in decision-making are most represented in the focus groups is a way to increase equity of participation in the Self-Assessment and elevate the insights and experiences of these staff in a way that might not otherwise happen.

Emphasize Confidentiality

Because the issues and experiences discussed by staff in the focus groups are often sensitive and personal, it is of utmost importance to establish clear confidentiality guidelines and communicate them clearly to the staff participating. Let them know all the ways that their identities will be protected, from the random selection by an external facilitator to the anonymous nature of the notes captured in the groups.

It is also important for staff to know who else is in the room with them. Especially in larger LHDs, staff may not all know each other and may assume that management level staff members are in the room with them. Start by asking people to introduce themselves and their positions so that a tone of equality can be established in the room and people can feel more comfortable sharing information that they may not normally share at work.

Management Interviews

I. Purpose

The interviews with senior management staff members provide another opportunity to collect in-depth information about an LHD's organizational strengths and areas for improvement related to addressing health inequities, this time from the perspective of those in leadership and decision-making positions.

Use management interviews to:

- Collect information about organizational culture, institutional commitment, and decision-making processes directly from the perspective of organizational leaders.
- Explore issues identified by the staff survey and focus groups with senior managers and leaders of the LHD.
- Provide a dedicated time and space for management staff to reflect individually on the LHD's work to address the root causes of health inequities.

Advantages: The interviews provide an opportunity to explore with management and leadership staff how the LHD's processes, structures, and culture influence its capacity to address the root causes of health inequities. As with the focus groups, this qualitative information adds depth, context and clarity to the Staff Survey findings and can be used to further explore issues raised in the survey.

Challenges and Limitations: Because the interviews will be conducted with a relatively small numbers of staff, some voices and perspectives may be missed. However, in combination with the Staff Survey and focus groups, this is of minimal concern. The large amount of qualitative data generated by the interviews is time-consuming to analyze and must be done by someone with experience and skill in synthesizing such content.

Questions in the interview protocol are intended to measure the following elements of the Matrix of Organizational Characteristics and Workforce Competencies for Addressing Health Inequities:

Organizational Characteristics	Workforce Competencies
• Institutional commitment • Hiring to address health inequities • Structure that supports true community partnerships • Transparent and inclusive communication • Institutional support for innovation • Community accessible data & planning • Streamlined administrative process	• Personal attributes • Knowledge of public health framework (e.g. Ten Essential Services, public policy development, advocacy, data) • Community knowledge • Collaboration skills • Cultural competency & humility

II. Implementation

Staff Time and Resources

The table on the following page shows the estimated investment required for implementing the Management Interviews.

Management Interviews Implementation Task	Who	Estimated Staff Time
Reviewing focus group protocol and customizing to reflect survey findings and LHD priorities	Leadership and Implementation Team	5 hours
Selecting and Scheduling Staff	Facilitator, with assistance from Implementation Team member	1 hour to manage and randomize staff lists, 2 hours to schedule
Preparing for and Conducting Interviews	Facilitator	1 hour per interview, plus travel time if interviews are in-person
Participating in the Interview	Selected Management Staff	1 hour
Qualitative Data Analysis	Analyst/Consultant	10-12 hours

Additional Resources Needed:

- Private meeting room/office, possibly off-site (but nearby), in which to conduct the interviews. Interviews can also be conducted over the phone.
- *Optional:* Digital recorder to record interviews and funds for a professional transcription service.
- If not trading interview services with a colleague organization/neighboring LHD, funds will be needed to secure a consultant to conduct the interviews and analyze the data.

See below for additional discussion regarding third-party interviewing and analysis of interview data.

Implementation Plan

The checklist below provides recommended steps for conducting the Management Interviews:

☐ **Determine an Appropriate Facilitator**

As with the Staff Focus Groups, the individual chosen to implement this component of the Toolkit should have experience conducting interviews, and should have knowledge of public health practice, social determinants of health and health inequities. It is strongly recommended to have an individual external to the LHD conduct the interviews, either in person or by phone. If resources are not available to hire a consultant, one cost-saving solution is to partner with a neighboring LHD that would also like to engage in the Self-Assessment, and find an appropriate staff member in each LHD to interview staff from the partnering LHD.

Another option for minimizing costs is to hire a consultant to conduct the interviews and provide transcripts of the focus groups with identifying information and comments removed so that the analysis of these qualitative data can be performed by internal LHD staff with the capacity and skills to do so.

☐ **Review and Customize the Interview Protocol**

The Implementation Team or a subset should review the protocol to ensure that the language and questions are relevant to the LHD, and to prioritize questions based on Staff Survey findings, focus group themes and concerns, and other agency needs. The Roadmap in *Appendix III* can assist in customization.

☐ **Determine the Number of Interviews to be Conducted**

The number can vary with the size of your LHD and leadership team. Staff members with the administrative and budgetary authority to make changes in your LHD should all be considered. In general, it is not necessary to conduct more than 10-12 interviews; if this number represents an overwhelming proportion of your LHD's senior management staff, then fewer may be selected. If your leadership team is extremely small, on the other hand, the Implementation Team may choose to add additional staff with management responsibilities to the list of potential interviewees.

☐ **Designate a Coordinator/Liaison**

Select a member from the Implementation Team to serve as a coordinator and liaison to work with the interviewer.

This coordinator/liaison will be responsible for:

- Compiling a contact list of all senior management staff with names, email and phone contact information, job titles, and division, as applicable, from which the interviewer can randomly select interview participants.
- Assisting the interviewer with securing interview locations as needed.
- Providing the interviewer with the interview protocol and any background information about the LHD and the Self-Assessment that would be relevant to their role as interviewer.

☐ **Communicate with Staff about the Interviews**

Although management staff members are likely to be highly aware of the ongoing Self-Assessment, it may still be helpful for the public health official or lead executive to communicate that their participation in the interviews should be prioritized. This communication can also alert staff of the individual that will be contacting them to schedule the interviews.

☐ **Select the Interview Participants**

To maintain confidentiality and a safe space for interviewees to be candid, the interviewer should be the one to select the actual staff members that will participate in the interviews. One easy way to randomly select interviewees is to assign each person from the pre-screened list of potential participants a consecutive number, and then use an online random number generator, such as http://www.randomizer.org to randomly select the appropriate number of participants from the list provided.

☐ **Schedule and Conduct the Interviews**

The interviewer finds times that work for the selected participants, decides with the interviewee if a phone or in-person meeting would be best, and conducts the interviews as arranged. Staff should allow one hour for the interview. The interviewer should record the interviews with a digital recorder, if possible, or take notes as close to verbatim as possible during the interview.

☐ **Transcribe the Interviews**

A professional transcription service is the easiest way to obtain a full transcript of each interview. If costs are prohibitive, then the external partner who conducted the interviews should transcribe the responses from the taped interviews.

See Appendix VII for technical guidelines on managing and analyzing the interview data.

III. Key Considerations

Strategic Selection of Questions

The interview protocol included in *Appendix I* contains more questions than can be discussed within the suggested interview length of one hour. Before conducting the interviews at your LHD, it is important to prioritize the questions that will add the most value to your Self-Assessment given your own needs and context, and communicate clearly to the consultant or partner who will conduct the interviews about your goals for the interviews.

Internal Document Review and Discussion

I. Purpose

Although much of the Self-Assessment is dedicated to generating new information from staff and partners about the LHD's capacity to address health inequities, the LHD's internal documents, work products, and data systems contain rich information about many aspects of the LHD's capacity. Compiling key data from a selective, strategic review of these materials can help the LHD further identify areas of particular strength, identify where to focus on building capacity and provide benchmarks for future assessments. *Some of the most salient data gathered during this phase can be summarized using the Human Resources Data System Worksheet included in Appendix I.*

Use document review and discussion to:

- Answer key questions about institutional commitment and capacity to address health inequities.
- Provide a venue for various staff from across the agency to engage in critical thinking about how organizational documents and work products might show evidence of addressing the root causes of health inequities.

Advantages: A systematic review of internal documents and data provides concrete evidence of an LHD's institutional commitment. Discussions of the data and observations yielded by this review offer an opportunity to invite critical thinking from a variety of staff about existing capacity and action steps for improving capacity.

Challenges and Limitations: Compiling all materials and information listed in this section is time-consuming and may not yield consistently relevant or useful information. This process is best completed with strategic modifications and selectivity to ensure that your LHD's priorities are served.

This tool addresses the following domains of the Matrix of Organizational Characteristics and Workforce Competencies for Addressing Health Inequities:

Organizational Characteristics	Workforce Competencies
• Institutional commitment to address health inequities • Hiring to address health inequities • Structure that supports true community partnerships • Support staff to address health inequities • Creative use of categorical funds • Community accessible data & planning	• Personal attributes (reflecting diversity of community) • Knowledge of public health framework • Understands the social, environmental and structural determinants of health • Community knowledge • Leadership • Cultural competency and humility

II. Implementation

Staff Time and Resources

Staff time required to review existing documents and data depends significantly on the items chosen and prioritized by the LHD, as well as on the number and groupings of staff convened to discuss the information compiled in such reviews.

Implementation Plan

Implementation of the Internal Document Review and Discussion can vary greatly based on LHD priorities and, therefore, has the most room for customization. The steps suggested here provide a broad framework for engaging in a review and discussion of existing internal materials and should be modified to fit the needs of your LHD.

☐ **Internal Document Review Guidelines**

The following questions are meant to identify priority areas of your inquiry into existing documents and materials at your LHD. Because time and staff resource constraints likely will not allow for full review of all possible materials, a deliberate prioritization of the following lines of inquiry will help narrow the review activities. The following questions explore the institutional commitment to addressing health inequities. Select the questions that are the most timely, relevant, and useful to your agency.

Guiding Principles Address Health Inequities

1. Do the mission, vision and values reflect an institutional commitment to addressing health inequities?
2. Do the LHD goals, strategies, plans and benchmarks support the concept of health equity as a goal of public health practice and a basic social right?
3. Does the LHD integrate addressing root causes of health inequities into the institution's employee orientation, workforce development, program development and performance monitoring activities?
4. Does the LHD integrate the public health framework (e.g. essential services, strategic partnership development, policy-development, policy advocacy and community organizing) into the institution's employee orientation, workforce development, program development and performance monitoring activities?

Budgetary practices reflect commitment to address health inequities

5. Do budget allocations reflect commitment to address health inequities?
6. Does the LHD make efforts to cross-fund and use categorical funding creatively to address health inequities?
7. Does the LHD have sources of stable funding that are not "siloed" or issue-area-specific?

Plans and procedures are in place to assure culturally competent service delivery

8. Does the LHD integrate cultural and linguistic competence-related measures into internal audits, performance improvement programs, client satisfaction assessments, and outcomes-based evaluations?
9. Are conflict and grievance resolution processes culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts?
10. Is an ongoing cultural competency training program established and promoted for the workforce at all levels to enhance self-awareness, cultural awareness, knowledge, and skills?

Program planning and service delivery prioritize needs of the community

11. Does LHD communicate health information and data effectively and respectfully to the public, combining technical accuracy with community accessibility, taking into consideration health literacy levels, language, and cultural norms of the community?
12. Do internal program plans and LHD-funded projects:
    a. Use approaches that focus on the strengths and assets of community residents rather than just on their needs and issues?
    b. Seem responsive to changing demographics and emerging community health issues?
13. Are flexible work hours options provided to allow employees to work with communities at times that are convenient for community members?

Human Resources policies and practices demonstrate that the LHD values a culturally and socio-economically diverse workforce and recruits, hires, and retains employees with the appropriate qualifications from a variety of disciplines for addressing the root causes of health inequities

14. Job Descriptions
    a. Are County Classifications written so that the educational requirements do not eliminate candidates with the experience, skills and qualities needed to do health equity work in a local health department?
    b. Is there a process in place to review job descriptions through a health equity lens? Is there language in all job descriptions that addresses experience working with people who are culturally different from the applicant?
    c. Do job specifications include individual skills and competencies for addressing health inequities?
    d. Do job requirements reflect experience working with communities most affected by health inequities and appropriate language capacity?
15. Testing Procedures
    a. Are multiple choice tests used? (If so, re-evaluate the use of multiple choice testing as it may disproportionately disadvantage certain groups from being hired. Work with Human Resources to collect data on the people who pass or do not pass multiple choice tests in the County by race/ethnicity and possibly income and educational level.)
    b. If multiple choice testing is used, who develops the questions? (Counties should look critically before purchasing questions from testing services. If there is bias built into the structure of the testing service and its writers, the questions will invariably be biased as well. This will result in the elimination of individuals who may actually be the right fit for health equity work.)
16. Do Recruitment Procedures reflect the following?
    a. Recruit for competencies appropriate to addressing the root causes of health inequities?
    b. Recruit for multi-disciplinary expertise?
    c. Have formal and open processes to recruit prospective employees?
    d. Have application procedures that are easy to understand and accessible to a broad range of people?
    e. Routinely advertise when their examinations are open? If so, are diverse and accessible forms of media used to notify the public?
    f. Are "informal" recruitment strategies used within LHDs to recruit prospective employees? (Are these informal channels likely to generate the broadest range of applicants or are they mirrors of the individuals who are doing the recruiting?)
    g. Are educational pipelines used for recruitment? (If so, do these pipelines produce the types of individuals who have the characteristics needed for health equity work?)
    h. Does LHD have formal practices established to "grow its own" workforce? Some of those practices might include:
        - Formal internship opportunities;
        - Partnerships with community-based youth development programs to establish mentoring opportunities; and
        - Recruiting and training people from within the client/community population.

17. Do Retention Practices reflect the need to achieve the following?
    a. Retain staff that reflects the diversity of the population served by the LHD.
    b. Ensure that all staff members are compensated in a fair and equitable fashion based on experience and responsibility, and that all staff earn a living wage.
    c. Leadership positions reflect the diversity of the population served by the LHD.
    d. Have procedures to help staff that reflect the diversity of the population served by the LHD gain the experience needed for promotional opportunities.

☐ **Identify Sources of Data**

Informed discussions of most of these questions will require an examination of existing hard copy documents such as reports, research findings, strategic plans, proposals, written polices and protocols as well as publications, and community planning and public education materials. Investigating some of these questions may require the extraction of data from financial systems, human resources/payroll systems, client indexes and other electronic applications. While some documents and data systems identified below may not deal explicitly with health inequities, all of them contain important information about the overall capacity of an LHD to address the underlying factors that influence community health and wellbeing.

In this step, identify which internal documents and data sources will contain the most relevant information for answering the questions you have prioritized. The documents and data sources that may be reviewed in the Internal Document Review and Discussion include, but are not limited to:

1. Strategic Plan/Organizational Statements
2. Budget Documents
3. Human Resource Policies/Practices
4. Job Specifications/Classification/Recruitment Materials
5. Research/Briefings
6. Public Information/Education Materials
7. Orientation and Training Materials
8. Performance Plans
9. Communication Plans
10. Proposals
11. Program Reports

☐ **Designate Reviewers**

After identifying the types of documents and data to prioritize for review, designate the person or group of people who are best positioned to investigate each. For example, Program Managers may be best positioned to evaluate the relationship of their budgets to activities that address root causes of health inequities, while Human Resources staff may be able to most easily extract data about workforce diversity.

☐ **Create Timeline for Review**

In order to keep the review activities aligned with the other instruments of the Toolkit and to preserve momentum and relevance, develop a timeline for reviewers to complete their assigned activities that is coordinated with other Toolkit activities and that will allow for timely discussions that can inform the processing of other Toolkit findings.

☐ **Conduct the Review**

As you review each data source, identify the ways in which the reviewed material answers the question at hand, as well as observations about the information for group discussion.

☐ **Convene Discussion Groups**

The information gained by the Internal Document Review and Discussion is meant to provide the basis for rich discussion. Form one or more groups of no more than 10 staff members to discuss and analyze the the results of the Internal Document Review. Including relevant staff from all levels of the organization in these discussions will provide an opportunity for a broad set of perspectives, including those not always heard in strategic discussions, to inform the interpretation of these findings. Use the findings along with the other information obtained through the Self-Assessment to develop priority areas for action.