Appendices

APPENDIX X: Implementing the Organizational Self-Assessment for Addressing Health Inequities: Lessons Learned

Key Lessons Learned from Berkeley Pilot Experience

The pilot-testing process produced invaluable information for any LHD that is considering implementing the Self-Assessment (bold). The following are the key lessons learned:

Timing

The Self-Assessment is most appropriate when an LHD has already begun to have conversations about health equity and root causes of health inequities. It may be less useful if used too early in an organizational change process focused on health equity.

Leadership Commitment

Senior and middle leadership in the LHD must clearly communicate their commitment to long term engagement on health inequities. They must express their support for the assessment process, the time involved in implementing the assessment and to taking actions informed by the assessment to increase the department's capacity to effectively address health inequities.

Strong Implementation Team

The LHD needs a strong implementation team to coordinate with organization leadership and keep internal processes moving toward implementation of the Self-Assessment. This team should utilize motivational strategies to encourage staff participation.

Context

The Self-Assessment is one component of an LHD's broader plan and activities to address health inequities. This broader plan should lay the groundwork for staff to place the Self-Assessment in a larger context of the organization's work.

Analysis and Follow-Up

It is important that Self-Assessment lead to actions. The LHD must commit adequate resources to the analysis and summary of assessment findings, as well as committing to the formulation of a response, recommended actions, or action plan. The self-assessment yields a wealth of information which may be daunting if the LHD is not prepared for and committed to using it constructively. The Self-Assessment can serve as a tool to engage staff on health equity issues and inform future LHD activities that implement a broad health equity plan.

Prior to Self-Assessment

About three months prior to initiating the assessment, the leadership should form an "implementation team". They should designate a core group of staff (4-15 people, as appropriate for the size and structure of the organization) that will coordinate with organization leadership and keep internal processes moving. Ideally there should be representatives of most department sites and major classifications in this group so that they can promote the assessment throughout the organization and answer questions from staff as the assessment is implemented.

About two months prior to the assessment the leadership and the "implementation team" should revise the tools to make sure that the language and content makes sense for their department.

Beginning two months prior to launching the assessment, staff should be informed that the assessment is coming. This is best accomplished through regular department communication strategies. For example, if a department generally disseminates information about new projects first through meetings with upper management who then communicate the information to their staff and down through the front-lines, that is recommended for this assessment as well. If the department generally communicates such information through "special meetings", we recommend using that method for this process.

Survey Implementation

It is important for organization leadership to prepare those that will be participating in the assessment process (i.e., public health department staff, community partners):

- ☐ Communicate the purpose of Self-Assessment and why staff/partners are being asked for input. Ensure that this communication is clear and that it penetrates all levels of the organization.
- ☐ Make sure that the terms, definitions and activities referenced in the survey are familiar to the staff that will be completing the survey so that the meanings of the responses can be interpreted clearly.
- ☐ Give managers and supervisors the information, time and flexibility they need to answer staff's questions and to enable and encourage staff to participate.
- ☐ Ensure that all staff have the time and computer access to complete the survey.
- ☐ Give staff an incentive to participate while still protecting their confidentiality in the assessment process (i.e., all staff are eligible for raffle prizes if overall response rate reaches a certain level.)

Berkeley Case Example:

After communicating about the Self-Assessment to all staff through staff meetings and emails from leadership and supervisors, offering computer lab access to the survey at multiple designated times, offering an all-staff raffle for high completion rates, and sending only one reminder email about the Self-Assessment, Berkeley achieved a 65% response rate. Targeted, individualized follow-ups with non-responders and those who only partially completed their surveys boosted the response rate to 81%.

- ☐ Clear instructions are critical, especially those relevant to technological aspects of the survey.
- ☐ Consider the tradeoffs of various survey administration methods and be proactive about the potential drawbacks of the chosen method.

Berkeley Case Example:

Berkeley decided to use individual email links to staff so that the consultant could track the identities of respondents to enable targeted follow-up for a high response rate, and for staff to be able to start their surveys and finish them at a later time since the surveys were long. Berkeley did not anticipate that staff would forward survey links to each other, as a means of encouraging survey participation. This resulted in unforeseen consequences of incomplete surveys, surveys attributed to the wrong person, and potential breaches of confidentiality. Clarity about how to access the survey would have avoided this. It is important to be familiar with the technical aspects of the survey administration tools used.

Implementation of Focus Groups and Interviews

☐ Consider the balance of power being represented in the qualitative data.

> **Berkeley Case Example:**
>
> Because those in leadership positions in Bay Area health departments were heavily involved in the development of the tools and in otherwise designing the Self-Assessment, the voices of those with less power were already underrepresented. Berkeley realized that the qualitative components of the Self-Assessment provided an opportunity to bring more line staff voices into the process. Berkeley modified the focus groups to include more line staff and fewer senior management staff, because senior management staff was heavily involved in the design and development of the self-assessment tools. LHDs should consider what focus group composition will be most useful for their own self-assessment.

☐ Protect participants' identities and confidentiality as much as possible.

- If feasible, ask the internal implementation team to develop large pools of staff from which focus group participants can be randomly selected. The implementation team should generate a list of potential focus-group participants, and participants can be selected randomly from that pool. Important considerations include adequate representation of classifications, functions, and organizational units, and the impact of including supervisors and supervisees in the same groups.
- A similar process should follow for the senior staff interview participants.
- The focus groups should be held in a private space, and can even be held offsite, but nearby the workplace for convenience.
- The interviews can be held in person in private offices, meeting rooms, or other private space on or offsite. Phone interviews may better accommodate busy schedules that don't allow for travel time to and from a site outside the interviewees' own offices.
- Participants should be offered a choice of workday and after-hours times in which to participate, to accommodate individuals' preferences for balancing their time and privacy. In the Berkeley pilot, we found that all participants were comfortable participating during working hours.

Review of Existing Documents and Materials

As originally piloted, this step of the Self-Assessment was very time consuming and did not yield consistently fruitful findings. For that reason, the original tool developed for this process is not included in the Toolkit at this time. However, it may still be useful for an LHD to systematically examine certain institutional documents, especially budget documents, with respect to its commitment to addressing the root causes of health inequities. Therefore, guidelines for a selective review that reflects agency priorities are offered in the Toolkit. Any review of internal documents, educational/community materials, proposals, budgets, and other data sources should be done in the context of deliberate efforts by the LHD's leadership to reflect on the findings of such a review.

Frequently Asked Questions & Recommendations from the Berkeley Pilot

Question What steps should be taken to give people adequate notice/information/background about the project in order to maximize participation?

Answer We recommend that a LHD have some formal and informal basic training and discussion on issues of health inequities at least 6 months prior to initiating the emails, regular meetings, and training.

Question What are the duties of the "implementation team"?

Answer At Berkeley, this "Implementation Team" performed such tasks as:

- Reviewing, adapting and approving tools
- Communicating pilot process and purpose department-wide
- Promoting the self-assessment among staff. This included "cheerleading/motivation" activities, clarifying tool purpose, and being available to answer questions
- Communicating to staff and partners about the Self-Assessment
- Providing consultants with all-staff email distribution list for survey administration
- Identifying appropriate community partners to survey
- Providing focus group facilitator with names and contact information for potential focus group and interview participants, including information about position level and organizational location to ensure an appropriate mix of perspectives in the qualitative data
- Managing the internal document review process

Question Were there key individuals/motivators who made the project successful?

Answer The "Implementation Team" was critical to success. We recommend this group include a mix of organizational levels and reflect the diversity of the LHD. We also recommend staff from various department sites be represented.

Question Can the role of implementation be assigned to people whose jobs it is normally to collect things and encourage participation from others? Who makes the ideal "Implementation Team" member? How critical is it that they be already engaged in and understand health equity issues?

Answer The most important characteristic of the "Implementation Team" members was that they were effective in motivating their peers and other staff. They needed to have positive "can do" attitudes. It was less important that they be familiar with health equity or have "organizational power".

Question Was there a separate/different framing for people who are not familiar with "health equity" and the LHD efforts in this area?

Answer As we have noted, it is important that some basic training/discussion on health inequities has been completed prior to beginning the Self-Assessment. All staff should have a basic awareness of the issues.

Question How often should people be reminded to participate in the survey and focus groups?

Answer Staff received weekly email reminders to participate and numerous informal verbal reminders by implementation team members.

Question What mechanisms should be used in order to be clear that the process is confidential/anonymous?

Answer Completing the on-line survey without a link to individual emails increases trust. The trade-off is that you can't determine which staff have completed it, so reminders can't be given to specific staff. Having focus groups facilitated by outside facilitators rather than LHD staff increases trust as well. Repeated assurances from leadership that they can't access individual responses may help increase trust.

Question What incentives were used, at which stages? Were there other incentives that you heard would have worked better?

Answer For the all-staff on-line survey, Berkeley used the following incentives (since leadership staff would not know the names of staff who completed or didn't complete, individual incentives were not possible). The final completion rate was 81%. With a 90% completion rate, all staff would receive a chocolate thank you and be entered into a raffle for fifteen $10 Peet's coffee gift cards. With an 85% completion rate, all staff would receive a chocolate thank you and be entered into a raffle for ten $10 Peet's coffee gift cards. With an 80% completion rate, all staff would receive a chocolate thank you and be entered into a raffle for five $10 Peet's coffee gift cards.

We recommend that each LHD utilize incentives unique to their staff preferences. If you don't know what would incentivize your staff, you should find out!

Question What were the pitfalls of the project components/tools that we should be mindful of?

Answer A problem with the Collaborating Partner Surveys was that they were conducted electronically and thus some partners without computer access were left out. Berkeley recognized this problem early on, but due to resource limitations, we felt that it was better to get on-line survey feedback from partners than no data at all. We recommend interviews and focus groups with community partners where resources allow.

A problem with the focus group was having a facilitator unfamiliar with LHDs so follow up probe questions were often missing or off the mark. There were also too many focus group questions, resulting in less time to explore answers more deeply. We recommend only 3-4 major questions for an hour-long focus group. We also recommend that the focus group be taped and an experienced transcriptionist transcribe the notes where resources allow. If this is not feasible, we recommend that a second staff person type notes on a laptop during the discussion. Focus groups must be conducted and analyzed by individuals with skill and experience in using this qualitative assessment tool. In inexperienced hands the results can be misleading.

Question What are the advantages/disadvantages of having focus group facilitators who are familiar with the people/structure/environment at the individual LHD?

Answer We recommend that focus group facilitators have a good knowledge of LHDs, but it is not necessary to be familiar with the individual health department. They should have a basic orientation to the LHD organizational chart and mission/vision/goals. It is important that they have expertise in facilitating discussions about racism, poverty and other challenging subjects. If an LHD does not have access to an experienced facilitator, it is best to not do the focus groups at all. Summarizing the salient points from key informant interviews and focus groups is critical, time consuming, and must be done by adequately skilled and trained staff.

Question How much was trust an issue, and what advice do you have for creating an environment of trust with this project?

Answer Trust was a big issue among some staff and not for others. We recommend that LHDs ensure that the "Implementation Team" is representative of all staff and that communications are ongoing and clear. We recommend

that as many "safety features" as are possible are put in place (ex: anonymous surveys, external facilitators for focus groups, etc.)

Question Are there other ways that we could have gotten honest information from staff, management, community, etc?

Answer One idea that was discussed was to talk with staff who recently left the LHD and with community partners that we no longer sub-contracted with. This would remove some of the power differential, although it might include some people who were upset with the LHD.

Question Are there key recommendations from the pilot process?

Answer It is extremely important that LHDs plan for and commit to substantive analysis of findings and use the results to inform next steps. We would recommend a final report that includes interpretation of findings and recommendations for action. The report should include a clear and concise "executive summary" to be distributed internally and to community partners and others. Finally, the LHD should plan from the beginning how it will go about developing next steps or an action plan.

Question What was the biggest challenge for Berkeley in the piloting of the Self-Assessment?

Answer The biggest challenge has been interpreting the information to build on strengths and successes as well as identifying gaps and determining how to rectify them. We need to continue to identify mismatches between internal and external perceptions and develop an action plan to address all of the findings.