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.