

State Health Department  
Organizational Self-Assessment  
for Achieving Health Equity



**Toolkit and Guide to Implementation**



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Team members include:

#### **Iowa**

Jill Myers Geadelman  
Gena Hodges  
Rory Thomes  
Janice Edmunds-Wells

Senior Leadership Teams and staff from the Implementation “Tech” team of the Iowa Department of Public Health - Chronic Disease Prevention and Management Bureau

#### **North Carolina**

Monique C. Bethell  
Sterling Fulton-Smith  
Leigh Hayden  
Brenda L. Linton  
Elaine Lo  
Christine W. Ogden  
Abigail Shapiro

Senior management of the North Carolina Chronic Disease and Injury Section and Office of Minority Health and Health Disparities

#### **Virginia**

Robert Dana Bradshaw  
Marissa Levine  
Joshua Nyirenda  
Cynthia C. Romero  
Karen Reed

Senior management of the Virginia Department of Health and the Office of Minority Health and Health Equity team, VDH staff and VDH Health Equity Ambassador

National Association of Chronic Disease Directors  
2200 Century Parkway, Suite 250 | Atlanta, GA 30345 | P (770) 458-7400 | [www.chronicdisease.org](http://www.chronicdisease.org)

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## Executive Summary

The *State Health Department Organizational Self-Assessment for Achieving Health Equity: (Self-Assessment)* provides public health leaders with tools and guidance to help identify the skills, organizational practices, and infrastructure necessary to achieve health equity. The *Self-Assessment* document supplements the [Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation](#) developed by the Bay Area Regional Health Inequity Initiative (BARHII). The *Self-Assessment* can be a key component in strengthening the health department's capacity to partner with communities, agencies and organizations to achieve health equity. The process requires commitment at all levels within the health department.

The *Self-Assessment* is intended to help state health departments in the following ways:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity focused activities.
- Inventory a set of research-based organizational and individual traits that support effective health equity focused work.
- Provide information to guide strategic planning.
- Serve as an ongoing set of tools to measure progress toward goals developed through the assessment process.

The *Self-Assessment* includes a compendium of six instruments and guidelines to support state health departments in addressing health inequities. The instruments are:

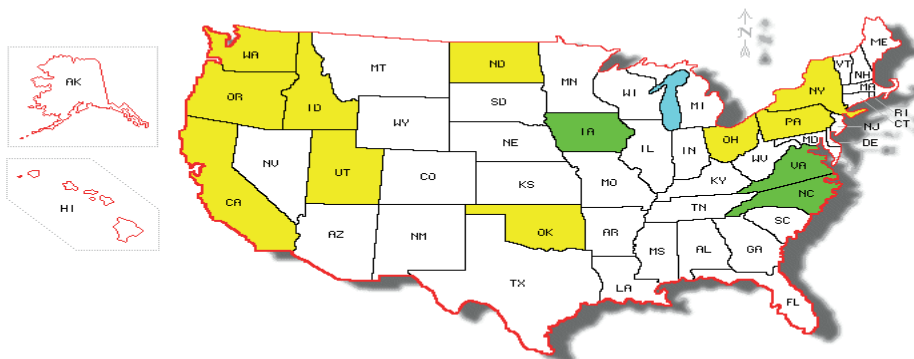
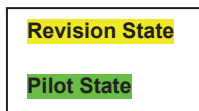
1. **Staff Survey** – An online tool designed for health department staff at all levels within the organization. The survey addresses most of the elements in the Matrix (see below).
2. **Collaborating Partner Survey** – An online tool to give other agencies, organizations, and groups working with the health department an opportunity to share feedback and insights regarding health equity work.
3. **Staff Focus Groups** – Facilitated group questions for in-depth discussions of the Matrix elements. The questions are meant to gather further information on specific issues from the staff survey.
4. **Management Staff Interviews** – Individual interviews with senior management allowing the department to get an in-depth sense of organizational strengths and areas for improvement related to addressing health inequities.
5. **Internal Document Review Worksheet** – A worksheet that can be used to summarize important data gathered during the Internal Document Review and Discussion phase of the self-assessment.
6. **Management Focus Groups** – Designed as an alternative to managers participating in both a focus group and a management interview. It combines questions from each instrument.

A **Matrix** of competencies needed to achieve health equity provides a framework for the *Self-Assessment*. It identifies skills and capacities at the organization and individual levels to support the health department's ability to achieve health equity. In addition to the instruments, the *Self-Assessment* contains guidelines and key considerations for implementing each of the tools.

## 1. Background

In 2011, the National Association of Chronic Disease Directors (NACDD) partnered with the Bay Area Regional Health Inequity Initiative (BARHII). The purpose of the partnership was to revise components of the *Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation (Toolkit)* for use by state health departments. NACDD received funding from the Centers for Disease Control and Prevention to support the work. The revision process had four phases:

- Review the current toolkit and guidance to make preliminary changes. In 2012, NACDD assembled a team of volunteers from 10 state health departments to assist.
- Recruit and select pilot states to implement all revised tools. Pilot states provided detailed feedback on their recommended changes to both the tools and implementation processes. Three states (Iowa, North Carolina, and Virginia) completed the pilot in 2013.
- Revise the tools and guidance based on feedback from the pilot states.
- Complete final revisions and disseminate to state health departments.





## Introduction

Because the revised *Self-Assessment* is intended to be a supplement, use the original BARHII *Toolkit* as an important reference document. Throughout this *Self-Assessment* supplement, the reader is directed to the pages in the BARHII *Toolkit* for relevant information.

- Matrix: Organizational Characteristics and Workforce Competencies for Addressing Health Inequities** – The table below identifies the skills and capacities at both the organizational and individual levels that support the health department’s ability to achieve health equity. The indicators are grouped into nine domains of organizational characteristics and nine domains of workforce competencies.

Organizational Characteristics	Workforce Competencies
<ul style="list-style-type: none"> <li>▪ Institutional commitment to addressing health inequities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal attributes such as passion, self-reflection, and listening skills</li> </ul>
<ul style="list-style-type: none"> <li>▪ Hiring to address health inequities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Knowledge of public health framework (e.g., Ten Essential Services, public policy development, advocacy, data)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Structure that support true community partnerships</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understanding the social, environmental, and structural determinants of health</li> </ul>
<ul style="list-style-type: none"> <li>▪ Supporting staff to address health inequities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Knowledge of affected communities</li> </ul>
<ul style="list-style-type: none"> <li>▪ Transparent and inclusive communications</li> </ul>	<ul style="list-style-type: none"> <li>▪ Leadership</li> </ul>
<ul style="list-style-type: none"> <li>▪ Institutional support for innovation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborative skills</li> </ul>
<ul style="list-style-type: none"> <li>▪ Stable and adequate funding</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community organizing skills</li> </ul>
<ul style="list-style-type: none"> <li>▪ Community-accessible data and planning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Problem solving ability</li> </ul>
<ul style="list-style-type: none"> <li>▪ Streamlined administrative processes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cultural competency and humility</li> </ul>

There are two domains: one for staff skills and competencies and the second for organizational competencies, (Refer to Appendix II) which serve as the basis for the instruments and protocols in the *Self-Assessment Toolkit and Guide*.

- **Purpose of the *Self-Assessment*** – The *Self-Assessment* is designed to provide information for reflection, discussion, planning, and organizational development. Specifically, the *Self-Assessment* will:
  - Disclose a comprehensive set of information from a variety of sources about the strengths and areas for improvement related to skills and capacities supporting institutional capacity to achieve health equity.
  - Based on results, stimulate internal dialog about ways the health department can build capacity to address health inequities and align function with goals to achieve health equity.
  - Guide strategic planning and other organizational development based on information derived from the *Self-Assessment*.
  - Provide ongoing measures to assess progress towards identified goals developed during the self-assessment process.

## **2. Getting Ready: Preparing your organization and staff for the *Self-Assessment***

The process of self assessment does not occur in isolation from the ongoing work of your department, nor is the self assessment an end in itself. Health departments that want to implement the instruments in the toolkit must prepare the organization and staff to allow the department to get the most out of the self-assessment. The two survey tools are designed to capture the depth and breadth of the health department's experience, capacity, and staff skills to achieve health equity. The senior leadership and implementation team should have a clear goal for implementing the self assessment and anticipate how results will be used. Senior leadership must commit sufficient resources for the *Self-Assessment*; be open to feedback, especially critical comments; and intend to translate findings into action. Carefully review pages 12-13 and 16 of the *BARHII Toolkit* for a readiness checklist and important implementation considerations.

### **A word about [PHAB](#)**

Health departments preparing for public health accreditation will find great value in completing an *Organizational Self-Assessment* in advance. New standards and measures will include health equity in more depth than PHAB Version 1.0. PHAB staff members analyzed comments and recommendations from the public health community on proposed revisions. Version 1.5 of the Accreditation Standards and Measures was published in January 2014 and will go into effect for health departments applying on or after July 1, 2014.

### 3. Implementing the Self-Assessment Toolkit

Each tool in this section contains the purpose statement, implementation guidance, key considerations, critical questions to keep (should the tools need to be shortened), followed by the tool itself. The **MS Word** version of the Staff Survey and External Partner Survey are available by visiting the NACDD website.



## 4. Implementation for Self-Assessment Toolkit

### a. Staff Survey (Refer to pages 17-21 of the BARHII Toolkit and Guide)

1) **Purpose** – The Staff Survey is administered to all staff members to determine their perspectives on the department capacity to address root causes of health inequities. The survey also gives staff an opportunity to reflect on personal experiences in addressing health inequities through their work in the department. **The staff survey is the backbone of the toolkit and should be administered first.** Survey findings can stand alone or inform decisions on which elements of the staff focus groups and management interviews to prioritize for further investigation.

### 2) *Implementation*

- Review **Section 4) Critical Questions**. They are considered essential. The survey offers many questions. If you need to shorten the survey convene your implementation team to prioritize questions, based on your needs and available resources to complete data analyses.
- **Recommendations for Specific Question revisions:**
  - **Q.1.** Revise categories to match those used in your organization.
  - **Q.2.** Give a drop down menu for your department. If programs or work units are small, combine into larger units. This helps preserve anonymity.
  - **Q. 3.** Consider giving a choice of years by range, for example: <1 year; 1-2 years; 3-5 years; etc.
  - **Q. 9.** One option is to keep the questions as written to establish a baseline of knowledge. The responses will provide valuable information on how well staff members understand the issues and terms. A second option is to include a drop down menu to avoid this question appearing like a “test” (especially for staff whose jobs do not directly relate to health equity work).
  - **Q. 10.** Keep this question as written to establish a baseline of knowledge. The responses will provide valuable information on how well staff members understand the issues and terms. Do not offer a drop down menu option as suggested with Q. 9.
  - **Q. 11-13.** Consider if you want to include a link to the department vision, mission, and values statements.
  - **Q. 19-20.** Consider if you want to include a link to the department and program strategic plans.

- **Timing of survey**  
Think about other surveys and activities going on at the health department. Do not overwhelm staff; however avoid large gaps in administering the various elements of the *Self- Assessment*. Make sure to complete the Staff Survey first.
- Carefully weigh the pros and cons of **unique** versus **generic links** for your survey. (Refer to page 20 of the BARHII *Toolkit*)
- Consider using **skip patterns** for some questions based on: (1) respondents job categories or duties and (2) how the participant answers the questions. For example, “If NO, skip to Q. X.” Or have the survey tool automatically skip to Q.X. However, do challenge your assumptions! It is better to include more staff responses to get all perspectives.
- For staff who have worked **<1year**, consider if there are sections or sets of questions you may want them to skip. New staff may not have enough information to answer accurately.
- Schedule a **practice session** with the implementation team to take the survey. Make sure skip patterns work. Where there are multiple responses to a question, the survey buttons should accept more than one choice. When the survey is finished, make sure the submit button accepts the survey and the respondent receives a confirmation. Record the time it takes team members to complete the survey. Put the estimated time in the introduction to the survey tool.
- Add a **progression meter** at the top of the survey.
- If you use the survey for a **section of the department** and NOT the entire department consider changing reference words to selected work units. For example, use the Division of Community Health instead of the Department of Health.
- Consider adding a **dialog box** for comments following each section of the survey (or more often). The comment box allows survey takers the chance to give useful information that goes beyond the questions.

### 3) **Key Considerations**

- **Definitions** - Review the glossary of key terms found in Appendix I. Reword if necessary to be consistent with the language your department uses and add other terms you think will be helpful for your staff. Keep definitions simple and include examples for core concepts. You may need to define or give examples for terms like "partners" or "policymakers". Be careful about using acronyms. While familiar to some, not everyone uses them. Spell out the acronym.

- Ensure that staff have access to the list of definitions of key terms either by placing at the beginning of the survey, inserting definitions as a "pop-up" where they appear in the survey, or providing staff with a copy of the key terms.
- **Incentives** – Offer incentives to promote a higher survey return rate. If unable to spend money on individuals, poll staff for incentives that are meaningful to them. Here are some examples: “casual Friday” for a department that requires business attire; lunch with a leader; competition among work units for the best return rates; paid speakers or trainers on a topic relevant to health equity.
- **Code Book** - Before analyzing the data, develop a **code book** for the Staff Survey to describe data files. A typical code book includes: definitions of different record types; response codes for each variable; codes for non-responses and missing data; exact questions and skip patterns; and other indicators of the content and characteristics, and frequency of responses for each variable.
- **Alignment** - Certain questions in the Staff Survey and External Partner Survey align. If you change the questions in one make sure the wording and response options are the same in the other so you can compare results. See Appendix IV for examples.
- **Communications Planning** – Develop communications products and a time line.
  1. **Before** - Have senior leadership send messages that emphasize the purpose of the survey, importance of participation, the need to schedule time to participate, and how results will be used. Name the champions who will promote participation within their work units.
  2. **During** – Share progress, e.g. return rates, comments from staff, and early findings.
  3. **Immediately After** – Send thank you notes to staff. Provide very preliminary results, e.g., return rates; plans for using survey results; comments from staff.
  4. **Ongoing** – Schedule regular updates on survey analyses and findings.
- Determine a goal **response rate** for the survey. The pilot states averaged 68% (range = 65% to 73%).
- Start with a small number of **data to analyze**. You will have a wealth of information from the survey. Have your implementation team determine what is most important to analyze first.

#### 4) Critical Questions

Sections						
A	B	C	D	E	F	
1	14	39	49	65	98	114
2	15	44	52	66	99	118
3	16	45	53	71	100	119
4	18		54	77	101	120
5	19		55	81	102	121
6	20		56	82	105	122
7	21		57		108	123
8	24		58		109	
9			59		110	
10					111	



## 5) Staff Survey

The Staff Survey will help our state health department assess the overall ability to achieve health equity. While some questions do not deal directly with health equity, all questions contain important information about our ability as an organization to impact the factors that influence community health and well being. These include: institutionalized racism and social, economic, and environmental conditions (access to healthy foods, safe neighborhoods, quality education, jobs, etc.). Please refer to the definitions of key terms and concepts included with the survey. While the terms may be familiar to you, use these definitions so that all staff has a common understanding of the major concepts used here. For convenience, print a hard copy of the definitions to reference as you complete the survey.

This survey is anonymous - your responses will never be linked to you individually. This is not a test, and no survey responses will be used against individuals or programs. Your honest responses on this survey are truly valuable. Thank you for your time!

There are six sections of the survey:

- A. Introductory Questions
- B. Health Department Planning and Policies
- C. Collaboration within the State Health Department
- D. Collaboration with External Partners & Policy-Makers to Address the Environmental, Social, and Economic Conditions that Impact Health
- E. Collaboration with Community Groups to Address the Environmental, Social, and Economic Conditions that Impact Health
- F. Supporting Staff to Address the Environmental, Social, and Economic Conditions that Impact Health

The questions in each section help build a picture of how our department is doing in these six key areas to effectively address the environmental, social, and economic conditions that impact health.

This Survey should take about 30 to 40 minutes to complete.

### **Section A. Introductory Questions**

---

First, please tell a little about yourself and where you are situated in the department organizational structure.

1. Which best describes your position in the department?
  - Administrative staff
  - Front line staff

- Supervisor (non-management)
- Senior Management level/Unit or Program Lead
- Leadership team
- Other (please describe): \_\_\_\_\_

2. In what program unit do you work? \_\_\_\_\_
3. How long have you been working in the public health field?  
\_\_\_\_ Years or \_\_\_\_ Months (if < 1 year)
4. How long have you been at the state health department?  
\_\_\_\_ Years or \_\_\_\_ Months (if < 1 year)
5. How long have you been in your current position?  
\_\_\_\_ Years or \_\_\_\_ Months (if < 1 years)
6. Do you work directly with community groups in your current position?  
 Yes       No
7. Do you supervise staff members who work directly with community groups?  
 Yes       No
8. Have you evey worked directly with community groups?  
 Yes       No
9. In the state what are the top 5 unfairly and unjustly distributed health issues?
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
10. Please list what you think are the most important root causes of health inequities among the populations in the state.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

## Section B. Health Department Planning and Policies

---

We would like to know whether the health department mission, vision, and values clearly communicate an organizational commitment to achieve health equity.

**Please answer the following questions based on your own impressions of the health department organizational principles, even if you don't know exactly what they say.**

### Mission, Vision, and Values

11. Does the state health department VISION statement demonstrate a commitment to addressing health inequities? (Check only one box)
- Yes
- No
- I am not familiar with the VISION statement
12. Does the state health department MISSION statement express a commitment to addressing health inequities? (Check only one box)
- Yes
- No
- I am not familiar with the MISSION statement
13. If the state health department has an organizational statement of VALUES or principles, does it contain a commitment to addressing health inequities? (Check only one box)
- Yes
- No
- I am not familiar with the statement of VALUES or principles.

**For each of the following statements, please indicate the response that best describes your state health department:**

14. I think the state health department, as an organization, demonstrates a commitment to addressing the environmental, social, and economic conditions that impact health.
- NA
- Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree
15. I think the state health department, as an organization, demonstrates a commitment to working with external partners, policy-makers, and community

members to address the environmental, social, and economic conditions that impact health inequities.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

16. There are state state health department program units with work plans that explicitly include strategies to address environmental, social and economic conditions that impact health inequities.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

17. I think we have strategies in place in the state health department to advocate for public policies that address environmental, social and economic conditions that impact health inequities.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

18. I think most staff members at the state health department demonstrate a commitment to addressing the environmental, social, and economic conditions that impact health.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

### Strategic Planning

19. Does the DEPARTMENT strategic plan include a stated commitment to address health inequities?

Yes

Not yet, but moving in that direction

No

I don't know whether the department's strategic plan addresses health inequities

I don't know whether there is a strategic plan for the whole health department

20. If your PROGRAM unit has its own strategic plan, does it specifically describe efforts to address health inequities?

No

Moving in that Direction

Yes

- I don't know whether my program's strategic plan addresses health inequities
- I don't know whether there is a strategic plan for my program

**Please indicate the degree of community and staff input into strategic planning at the health department.**

21. In your experience, what roles do **STATE** health department staff play in strategic planning? *(Check all that apply.)*

- Contribute input in the beginning of the strategic planning process
- Review strategic planning documents and give feedback
- Maintain active involvement throughout the strategic planning process
- Participate in the decision-making of the strategic planning process
- Collect feedback from larger groups of health department staff
- State health department staff have no input in the strategic plan
- I Don't Know
- Other (please describe)

22. In your experience, what roles do **LOCAL** health department staff, community leaders, community based organizations, and residents play in **STATE** health department strategic planning? *(Check all that apply.)*

- Contribute input in the beginning of the department strategic planning process
- Review strategic planning documents and give feedback
- Maintain active involvement throughout the strategic planning process
- Participate in the decision-making of the strategic planning process
- Collect feedback from larger groups of community members and communicate the feedback to the state health department
- Community (local health departments, community leaders, CBOs, and residents) has no input in the state health department strategic plan
- I Don't Know
- Other (please describe)

23. How important should community input be in the department strategic planning?

- Not important at all
- Somewhat important
- Very important
- I do not know

## Program Planning

The questions in this section are designed to help us understand to what extent health equity considerations are included in program planning, and whether program planning considers perspectives of community members and other partners.

24. How much does program design reflect a general understanding of the environmental, social, and economic conditions that impact health?
- None
  - Some
  - A lot
25. How are all levels of health department staff involved in program planning? (*Check all that apply.*)
- Contribute input in the beginning of the program planning process
  - Review program planning documents and give feedback
  - Maintain active involvement throughout the program planning process
  - Participate in the decision-making of the program planning process
  - Collect feedback from larger groups of state health department staff
  - State health department staff have no input in the program planning
  - I Don't Know
  - Other (please describe)
26. What groups outside of the health department are usually involved in program planning processes? (*Check all that apply.*)
- Community members/residents
  - Community-based organizations
  - Faith-based organizations
  - Academic (schools/colleges/universities) institutions
  - Other public agencies
  - Other private institutions
  - Other non-profit organizations
  - Businesses
  - Health Care institutions
  - Local Health Departments

- I Don't know
- Other (please specify):

27. In your experience, what roles do community leaders, community based organizations, and residents play in program planning and delivery? *(Check all that apply.)*

- Contribute input in the beginning of the planning process
- Review program planning documents and give feedback
- Maintain active involvement throughout the planning process
- Collect feedback from larger groups of community members and communicate the feedback to the health department
- Participate in the decision-making of the program planning process
- Community leaders are not involved in program planning and delivery
- I Don't Know
- Other (please describe):

The Ten Essential Services of Public Health provide a guiding framework for the responsibilities of state public health systems. The following set of questions focus on how each of the essential services can contribute to addressing health inequities experienced by residents of the state. For example, health status monitoring could be used to document health inequities and track progress in closing health gaps between different groups in the community.

Your response should indicate the extent to which you think your work in each area contributes to addressing health inequities. For activities that do not describe any part of your job, please choose "NA."

**Please indicate how much you agree or disagree with the following statements:**

28. My work has a role in monitoring health status and tracking the conditions that influence health inequities.

- NA
- Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

29. My work contributes to diagnosing, investigating and protecting people from health problems and health hazards that unfairly impact vulnerable populations.

- NA
- Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

30. My work has a role in informing, educating and empowering people from populations that unfairly experience poor health outcomes to act collectively in improving their health.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
31. My work has a role in mobilizing community partnerships and action to identify and address the conditions that influence health inequities.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
32. My work contributes to developing policies and plans that support population-based health efforts to address the conditions that affect health inequities.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
33. My work has a role in enforcing laws and regulations that protect health and ensure safety in order to reduce health inequities (e.g. environmental justice).
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
34. My work has a role in linking people from populations disproportionately experiencing poor health outcomes to needed personal health services and assuring the provision of health care when otherwise unavailable.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
35. My work has a role in assuring a competent, culturally sensitive and diverse public health workforce that can effectively address health inequities.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
36. My work has a role in evaluating the effectiveness, accessibility, and quality of health services provided to populations experiencing disproportionately poor health outcomes.
- NA
- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree



37. My work contributes to and applies new insights, innovative solutions, and the evidence base to address health inequities and community conditions that influence health.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

### **Section C. Collaboration within the State Health Department**

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The purpose of this section of the survey is to understand how the department makes internal collaboration possible and how different kinds of collaboration within the organization function.

**Please indicate how much you agree or disagree with the following statements:**

38. I know how the work of other parts of the health department contributes to addressing health inequities in our communities.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

39. I collaborate with staff in other department programs to address the environmental, social, and economic conditions that impact health.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

40. Department management supports collaborations among programs to address health inequities.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

41. Staff at all levels have the opportunity to become leaders in department work to address health inequities.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

42. What role do you have in making decisions that affect your program unit's efforts to address the health inequities? (*Check only one box.*)

I have no decision-making role.

I have opportunities to give input, but I don't have a role in seeing that my input is incorporated into the decision.

I have an active role in major decisions affecting my program's efforts to address health inequities.

I have primary decision-making power for the program.

My program does not address health inequities.

Other: \_\_\_\_\_

43. What role do you have in making decisions that affect department-wide efforts to address health inequities? (Check only one box.)
- I have no decision-making role.
  - I have opportunities to give input, but I don't have a role in seeing that my input is incorporated into the decision.
  - I have an active role in major decisions affecting the health department's efforts to address health inequities.
  - I have primary decision-making power for the department.
  - The department does not address health inequities.
  - Other: \_\_\_\_\_

**Please indicate the response that best describes your experience regarding transparent decision-making at the health department.**

44. When a PROGRAM level decision is made that affects you and your job tasks, do you know why it was made?
- Always       Usually       Sometimes       Rarely       Never
45. When a DEPARTMENT level decision is made that affects you and your job tasks, do you know why it was made?
- Always       Usually       Sometimes       Rarely       Never

The next set of questions is about the culture of in the department with respect to learning.

**In my experience...**

46. Staff are encouraged to learn from ONE ANOTHER about ways to address the environmental, social, and economic conditions that impact health.
- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree     Don't Know
47. Staff are encouraged to learn from EXTERNAL PARTNERS about ways to address the environmental, social, and economic conditions that impact health.
- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree     Don't Know
48. Staff are encouraged to be creative in addressing new challenges.
- Strongly Disagree     Disagree     Neutral     Agree     Strongly Agree     Don't Know

**Section D. Collaboration with External Partners, including Policy-makers, to Address the Environmental, Social, and Economic Conditions that Impact Health**

The questions in this section will help us learn about the extent to which the health department collaborates with others outside the state health department on the underlying conditions that impact health inequities.

**To what extent does the state health department collaborate with public agencies, community based organizations, local health department departments, statewide partner organizations, and policy makers on the following issues?**

49. Availability of quality affordable housing

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. Community safety and violence prevention

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Recreation opportunities, parks and open space

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Land-use planning

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Quality public education

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Community economic development (e.g. job creation, business development, etc.)

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. Racial justice

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Transportation planning and availability

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. Environmental justice

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Quality public education

	None	Some	A Lot	Don't Know
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59. Early childhood development and education

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Youth development and leadership

	None	Some	A Lot	Don't Know
Public Agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-Based Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statewide Partner Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section E. Working with Communities to Address the Environmental, Social, and Economic Conditions that Impact Health**

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This section focuses on the state health department collaboration with community members and groups. The department wants to learn how much staff feel they know about residents' health issues, concerns, and inequities experienced. In addition the department wants to know how well we collaborate with community groups to address the environmental, social, and economic conditions that impact health.

**Please indicate how much you agree or disagree with the following statements:**

61. The state health department has trusting relationships with external partners.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know

62. External partners really represent the interests and needs of local community residents.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know

I am familiar with:

63. Information sources that can help me learn about major concerns in our state.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know

64. Major health inequities affecting residents in our state.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
65. Strengths and resources of the communities served by our programs.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
66. Demographic composition of the state.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
67. Do you work with community groups (e.g. groups made up of community members rather than institutions or agencies within the community) as part of your job at the health department?  
 Yes  
 No (If no, skip to Q 72)

**Please indicate how much you agree or disagree with the following statements:**

68. Part of my job is to bring the community's voice into the department decision-making processes.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
69. Part of my job is to bring department messages to the community.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
70. I have influenced how the department provides resources to community residents and groups to address the environmental, social, and economic conditions that impact health.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know
71. When state health department priorities don't match the priorities of a community group we're working with, I know how to resolve such a conflict.  
 Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree    Don't Know

For each of the following questions, please answer **section b.** for each type of community group that you mark in **Section a.**

72. What types of community groups do you work with as part of your job at the health department?  
a. (Check all that apply.)                      b. Does your work with group address factors that address the environmental, social, economic conditions that impact health?

---

Groups that advocate for improved living conditions

No  
 Moving in that direction  
 Yes

---

Neighborhood groups  No  
 Moving in that direction  
 Yes

---

Faith-based groups  No  
 Moving in that direction  
 Yes

---

Youth development/  
leadership groups  No  
 Moving in that direction  
 Yes

---

Community members not  
affiliated with an organization  
or group  No  
 Moving in that direction  
 Yes

---

Other (please specify)  No  
\_\_\_\_\_  
\_\_\_\_\_  Moving in that direction  
 Yes

**Please indicate how much you agree or disagree with the following statements.**

The state health department:

73. Has funding strategies in place for grantees to mobilize community partners to address health inequities.

NA  
 Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

74. Has strategies in place for grantees to support the work of community groups advocating on issues affecting the environmental, social, and economic conditions that impact health.

NA  
 Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

75. Minimizes barriers to community participation (e.g., pay for child care, refreshments, and transportation to residents attending community meetings, etc.)

NA  
 Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

76. Is open and responsive to community stakeholders' feedback on our work.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

77. Works to build the leadership capacity of community members to advocate on issues affecting the environmental, social, and economic conditions that impact health.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

78. Sets standards and expectations for how we work with the community.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

79. Assesses its work against benchmarks that are set for how we work with the community.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

80. Plays an active role in developing, maintaining and supporting networks in the community.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

81. Creates and distributes oral and written information that is appropriate for the cultural, linguistic and literacy needs in the community.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

82. Collects and shares data in a manner that is appropriate for the cultural, linguistic, and literacy needs of the community.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

83. Is able to adapt to new communities and changes within the populations we serve.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree



84. Provides and supports trainings to build the capacity of community leaders to address the environmental, social, and economic conditions that impact health.

NA

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

## **Section F. Supporting Staff to Address the Environmental, Social, and Economic Conditions that Impact Health**

In this final section of the survey, the department wants to know how we currently support you OR could support your work to address health inequities.

### **Training and Professional Development Opportunities**

85. Since working at the department have you received training about the different ways public health can address the environmental, social, and economic conditions that impact health? (*Check only one box.*)

Yes

No

I don't remember

86. Since you have been working at the department have you received training, mentoring, or guidance on any of the following topics? (*Please check all that apply.*)

Ten Essential Services of Public Health

How to evaluate the work you do

How to understand and use data to further your work

Program planning

Media advocacy or use of media as a tool to deliver public health messages

How to conduct assessments of community needs and strengths

How to research, understand and develop policies that influence the social, economic, and physical conditions that impact health

How to advocate for and/or support external partners and community groups advocating for policies that address the social, economic, and physical conditions that impact health

How to organize communities to advocate on their own behalf to improve the social, economic and physical conditions of their neighborhoods

How to resolve conflicts between the state health department and community priorities

87. Is flexible and/or paid time available to allow staff to attend community meetings and otherwise engage with community residents outside normal business hours?

Yes

No

I don't know

**Indicate which of the following professional development opportunities you have taken advantage of so you can better understand health inequities.**

88. Receive mentoring/coaching

- Yes
- Not Available to Me
- Not provided by the department

89. Tuition reimbursement for a relevant class or certification

- Yes
- Not Available to Me
- Not provided by the department

90. A formal professional development or training program on the topic of the environmental, social, and economic conditions that impact health

- Yes
- Not Available to Me
- Not provided by the department

91. Membership in a professional organization or journal subscription

- Yes
- Not Available to Me
- Not provided by the department

92. Other (please specify) \_\_\_\_\_

93. Have you provided mentoring or coaching to other staff to support them in addressing health inequities? (*Check only one box.*)

- Yes, as part of my job
- Yes, informally
- No

### **Supporting Staff in Addressing Health Inequities through Time for Reflection**

Please indicate how much you agree or disagree with the following statements about the opportunities you have to reflect on addressing health inequities in your work:

94. I have opportunities to talk with my supervisor about the impact of our work on the environmental, social, and economic conditions that impact health.

- Not Applicable to My Job
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- Don't Know

95. Within my program unit we have engaged in group discussions about how our work could address one or more of the environmental, social, and economic conditions that impact health.

- Not Applicable to My Job  
 Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  
 Don't Know

96. I subscribe to a listserv, online discussion group, e-mail list, or other web-based source for learning about developments on the topic of health inequities on an ongoing basis.

- Not Applicable to My Job  
 Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  
 Don't Know

For the next set of questions the department wants to learn about your personal knowledge and experience related to the environmental, social, and economic conditions that impact health.

Please indicate how much you agree or disagree with the following statements:

97. I understand what are the environmental, social, and economic conditions that impact health.

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

98. I could explain the environmental, social, and economic conditions that impact health to my co-workers.

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

99. Being aware of my own beliefs, values and privilege helps me understand others' perspectives.

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

100. I believe it is important to understand the beliefs and values of the residents and community members served by the state health department.

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

101. I have taken steps to enhance my own cultural humility, cultural competence, and/or cultural understanding (for example through trainings, self-reflection, personal relationships, etc.).

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

102. I regularly have personally meaningful interactions and have learned from people of different cultures and backgrounds than my own.

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

103. I feel my work environment is supportive of many different cultural perspectives.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

104. In general, state health department programs are structured to address the environmental, social, and economic conditions that impact health.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

105. Staff I interact with at the department are comfortable talking about race and racism.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

106. Senior managers at the department are comfortable talking about race and racism.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

107. Staff I interact with at the department are comfortable talking about class and classism.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

108. Senior managers at the department are comfortable talking about class and classism.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

109. I work with a culturally diverse staff.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

For the set of questions below, the department is interested in knowing how you think we are doing with respect to hiring, retaining, and promoting a diverse staff at all levels of the organization.

Please indicate how much you agree or disagree with the following statements regarding the recruitment, hiring, and retention of diverse staff at your health department:

110. The state health department actively recruits culturally diverse management and leadership staff members.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

111. Culturally diverse management and leadership staff members remain long-term employees of the health department.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

112. The state health department actively recruits culturally diverse administrative staff members.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

113. Culturally diverse administrative staff members remain long-term employees of the health department.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

114. The state health department actively recruits culturally diverse staff to provide (direct) client services.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

115. Culturally diverse (direct) client service staff members remain long-term employees of the health department.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

116. When appropriate, minimum requirements for positions are flexible, allowing for relevant community experience in place of educational degrees.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

117. Individual staff members' efforts to address health inequities are considered in performance reviews/evaluations.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

118. The department forms diverse interview panels for hiring new staff.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

119. Interview questions are designed to gain insight into an applicant's capability to address health inequities in the performance of their program responsibilities.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

120. Staff of diverse ethnic, racial, and cultural backgrounds are equitably promoted throughout the health department.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

Please indicate how much you agree or disagree with the following statements about the cultural relevance of public health programming at the health department:

121. The health department plans and implements a range of culturally appropriate program delivery models.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

122. The department conducts assessments of the cultural and linguistic needs of communities we serve.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree  Don't Know

You're almost done!

This information is optional, but will help us understand more about the distribution of experiences and attitudes across the health department with respect to health inequities work. Your responses are anonymous and confidential.

123 . With what ethnicity and race do you primarily identify? (*Please check all that apply.*)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- African American/ Black
- Asian
- White
- American Indian/ Alaska Native
- Pacific Islander/ Native Hawaiian
- Other (please specify): \_\_\_\_\_

Thank you!

## 4. Implementation for Self-Assessment Toolkit

### b. External Partner Survey (Refer to pages 22-25 of the BARHII Toolkit and Guide)

1) **Purpose** – The External Partner Survey provides an opportunity for other agencies, organizations, and groups outside the health department to share feedback and insights about how the department supports public health approaches that can address health inequities.

#### 2) **Implementation**

- Review **Section 4) Critical Questions**. They are considered essential. The survey offers many questions. If you need to shorten the survey, convene your implementation team to prioritize questions, based on your needs and available resources to complete data analyses.
- Specific Question revisions:
  - **Q. 3.** Consider choice of years by category, for example: < 1 year; 1-2 years; 3-5 years; etc.
  - **Q. 6.** One option is to keep the question as written to establish a baseline of knowledge. The responses will provide valuable information on how well partners understand the issues and terms. A second option is to include a drop down menu to avoid this question appearing like a “test” for partners.
  - **Q.7.** Keep this question as written to establish a baseline of knowledge. The responses will provide valuable information on how well staff understands the issues and terms. Do not offer a drop down menu option as suggested with Q. 5.
- **Timing of survey** - Consider other surveys and activities going on in the community. Don’t overwhelm partners.
- Carefully weigh the pros and cons of **unique** versus **generic links** for your survey. Give partners the option of adding contact information at the end of the survey in case you want to follow up with them. (Refer to page 24 of the BARHII Toolkit and Guide)
- Consider using **skip patterns** for some questions based on how the participant answers the questions. For example, “If NO, skip to Q. X.” Or have the survey tool automatically skip to Q.X.
- Schedule a **practice session** with the implementation team to take the survey. Check to see if skip patterns work. Where there

are multiple responses to a question, the survey buttons should accept more than one choice. When the survey is finished make sure the submit button accepts the survey and the respondent receives a confirmation. Record the time it takes team members to complete the survey. Put the estimated time in the introduction to the survey tool.

- Add a **progression meter** at the top of the survey.
- Consider adding a **dialog box** for comments following each section of the survey (or more often). The comment box will allow survey takers the chance to give potentially useful information that goes beyond the questions.

### 3) **Key Considerations**

- **Definitions** - Review the glossary of key terms found in Appendix I. Reword if necessary to be consistent with the language your partners use and add other terms you think will be helpful for them. Keep definitions simple and include examples for core concepts. You may need to define or give examples for terms like "partners" or "policymakers". Provide the list of definitions of key terms at the beginning of the survey or insert definitions as a "pop-up" where they appear in the survey. If needed instruct partners to make a copy of the definitions of key terms for reference while taking the survey.
- Be careful about using **acronyms**. While familiar to health department staff, partners may not use them. Spell out the acronym.
- **Code Book** - Before analyzing the data, develop a **code book** for the External Partner Survey to describe data files. A typical code book includes: definitions of different record types; response codes for each variable; codes for non-responses and missing data; exact questions and skip patterns; and other indicators of the content and characteristics, and frequency of responses for each variable.
- **Alignment** - Certain questions in the External Partner Survey and Staff Survey align. See Appendix IV for examples. If you change the questions make sure the wording and response options for one are the same as the other so you can compare responses.
- **Partner Selection** – Work with the implementation team to identify current partners and those who have collaborated with



the health department within the last 1-2 years. This will help insure you are reaching partners who have relevant input on current department activities.

- **Group input** – Suggest that partner organizations include input from a team of their staff when completing the survey.
- **Incentives** – Are there incentives you can offer to promote a higher survey return rate? Consult with a sample of partners for ideas on incentives that are meaningful.
- **Communications Planning** – Develop communications products and a time line.
  1. **Before** - Have senior leadership send messages that emphasize the purpose of the survey, the importance of participation, and how results will be used. Encourage partners to discuss survey responses with a team of their staff to get comprehensive responses.
  2. **During** – Share progress, (e.g. return rates, comments from staff, early findings).
  3. **Immediately After** – Send thank you notes to partners, provide very preliminary results, e.g., return rates; plans for using survey results; general comments.
  4. **Ongoing** – Schedule regular updates on survey analyses and preliminary findings. Use a variety of methods for sharing results – webinars, town hall meetings, newspaper articles.

#### 4) Critical Questions

1	29	34	43	48
4	30	35	44	49
8	31	36	45	50
27	32	41	46	
28	33	42	47	

## **5) External Partner Survey**

The state health department is interested in getting your perspective about our capacity to address the underlying conditions that impact health inequities

This survey will help our state health department assess its overall capacity to address root causes of health inequities. Root causes are the systematic, avoidable, unfair and unjust differences in health status and death rates across population groups. While some questions do not deal directly with health, all questions contain important information about the state health department's capacity to impact factors that influence community health and well being. These include institutional racism and social, economic, and environmental conditions (access to healthy and affordable food, safe neighborhoods, quality education, and jobs). Please refer to the definitions of key terms and concepts included with the survey. While these terms may be familiar to you, we ask that you read the definitions provided so that all participants have a common understanding of the major concepts used here.

As a community organization/group or other public or private agency serving the community your opinion is very important to the health department. This survey is anonymous. Your responses will never be linked to you individually. NO survey response will be used against individuals, groups and organizations. Findings will not affect any contract, staff resources or other relationship you have with the state health department now or in the future. If you have concerns about the confidentiality of your responses, or questions about survey, please contact the person who sent the email to you.

The survey should take between 20 and 30 minutes.

Your honest responses to this survey are truly valuable.  
Thank you for your time!

First, please tell us a little about yourself as well as your work with the state health department and in the community.

1. Which of the following best describes your organization, group, or institution?
- Academic institution/school
  - Local Health Department
  - Community group/coalition (If you checked, please answer question 2, below)
  - Other public sector agency (Human Services, Transportation, Community Development, Housing, Education, etc.)
  - National or statewide non-public health agency
  - Faith-based organization
  - Private sector business
  - Other (please specify) \_\_\_\_\_

2. What is the primary work of your agency?  
(Check all that apply.)
- Health advocacy/policy
  - Other advocacy/policy
  - Planning
  - Research
  - Private business
  - Public sector business
  - Direct health care/social services
  - Other direct services
  - Other (please specify) \_\_\_\_\_

In a few sentences, briefly describe the kind of work your organizations does with the health department.

3. How long has your organization/group worked with the state health department?
- 1 year or less
  - 1-5 years
  - More than 5 years
  - Not currently working with the state health department
4. Our relationship with the state health department has been primarily:
- Networking or sharing information
  - Coordinating activities
  - Cooperating with/assisting the state health department
  - Other: Please describe: \_\_\_\_\_
  - Not currently working with the state health department
5. What position do you hold in the organization? \_\_\_\_\_

6. In the state, what are the top 5 unfairly and unjustly distributed health issues?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

7. Please list what you think are the most important root causes of health inequities among the populations of the state.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

*Remember: refer to the definitions of key terms and concepts included with the survey.*

Please indicate the response that most accurately describes your work. (*Check only one box per statement*)

	Yes	Moving in that Direction	No	Don't Know
8. My organization or group works with the state health department to address the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There is a general awareness of the environmental, social, and economic conditions that impact health among organizations or groups like mine in the state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Organizations or groups like mine in the state place a high priority on addressing the environmental, social, and economic conditions that impact health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether your organization/group collaborates with state health department to address any of the following issues.

	Yes	Moving in that Direction	No	Don't Know
11. Quality affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Community safety and violence prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Recreation opportunities, parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Land-use planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Quality public education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Community economic development (e.g. job creation, business development, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Racial justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Employment/workforce development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Transportation planning and availability of active transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Environmental justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Food security/access to healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Early childhood development and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Youth development and leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Other focus areas: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how much you agree or disagree with the following statements about the health department work to address the environmental, social, and economic conditions that impact health. (Check one box per statement.)

<b>The state health department:</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
25. Should play a significant role in addressing the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Demonstrates a commitment to addressing the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Staff I have interacted with demonstrates a commitment to addressing the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Staff I have interacted with understands residents' major concerns in our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Staff I have interacted with understands the major causes of health inequities in the state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Staff I have interacted with is familiar with the strengths and resources of residents and community institutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Staff I have interacted with influenced how resources have been made available to support community institutions in addressing concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Staff has trusting relationships with external partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>The state health department:</b>	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
33. Values input from organizations like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is responsive to the priorities of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Communicates openly and honestly with community members and partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Is clear about why decisions are made when such decisions do not reflect community input.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Holds community meetings that are welcoming, comfortable and familiar to community members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Provides food, childcare, transportation or other help for the community meetings it holds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Schedules community meetings at times convenient for community members (evening and weekends, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Involves organizations like mine in planning processes in a meaningful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Informs the people and groups it works with about the results of community planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. In your experience, what roles do **leaders from the community** play in state health department program planning and delivery? *(Check all that apply.)*

- Provide input in the beginning of the planning process
- Review program planning documents and give feedback
- Collect feedback from larger groups of community members and communicate the feedback to the state health department
- Maintain active involvement throughout the planning process as appropriate
- Participate in the decision-making of program planning and delivery
- Other: (please describe) \_\_\_\_\_

43. In your experience, what roles do **other state governmental/public agencies** play in the state health department program planning and delivery? *(Check all that apply.)*

- Provide input in the beginning of the planning process
- Review program planning documents and give feedback
- Collect feedback from larger groups of community members and communicate the feedback to the state health department
- Maintain active involvement throughout the planning process as appropriate
- Participate in the decision-making of program planning and delivery
- Other: (please describe) \_\_\_\_\_

<b>The state health department:</b>	Yes	Moving in that direction	No	Don't Know
44. <b>Creates and distributes audio, visual, electronic and print materials</b> that are appropriate for the cultural, linguistic, and literacy needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. <b>Collects and shares data</b> in a manner that is appropriate for the cultural, linguistic, and literacy needs of the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. <b>Provides training</b> to increase the knowledge and skills of community leaders to address the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Plays an active role in <b>developing, maintaining and supporting networks</b> in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. <b>Builds the leadership capacity</b> of community members to advocate on issues affecting the environmental, social, and economic conditions that impact health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Helps community members and community-based organizations <b>assume leadership roles</b> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. <b>Adapts to new communities</b> and changes in populations in our state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Works with <b>non-health-focused networks</b> in the community to address issues that can impact health.(e.g., housing, transportation, education, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You are almost done!

Because you may have worked with multiple areas of the state health department, please be as specific as possible in this section.

52. What has been most positive about the collaboration between the state health department and your organization/group?

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53. What has been most challenging about the collaboration between the state health department and your organization/group?

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54. What do you think should change about the way the state health department collaborates with your organization/group?

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55. Can we contact you if we need follow up information? If yes, please provide your name and the best way to reach you.

Thank you for your time and feedback!



## 4. Implementation for Self-Assessment Toolkit

c. **Staff Focus Groups** – (Refer to pages 26-29 of the BARHII Toolkit and Guide)

1) **Purpose** – The Staff Focus Group tool is designed to explore issues that are more suited for discussion and conversation than a survey. Such issues include organizational culture that supports skills and practices critical for achieving health equity. The focus groups can be used to get deeper information (in context) about elements of the **Matrix of Organizational Characteristics and Workforce Competencies** assessed in the Staff Survey. (Refer to Appendix II.)

### 2) **Implementation**

- Review **Section 4) Critical Questions**. They are considered essential. If you need to shorten the list, convene your implementation team to prioritize questions, based on your needs and available resources to complete data analyses.
- **Tailoring questions** – After completing the staff survey, consider additional questions or probes to add, based on survey responses.
- **Probes** – Probes appear in *italics*. Use the probes only to gather additional information that groups members do not spontaneously offer in response to the questions. It is not necessary to ask all of them.
- **Timing of focus groups** - Consider other surveys and activities going on in the department. Don't overwhelm staff. However, try to schedule the focus groups within a few weeks of completing the Staff Survey to keep the momentum going.
- Schedule a focus group **practice session** with the implementation team to run a focus group. Record the time it takes team members to complete the focus group. The focus group should take 60-90 minutes. Include estimated time in staff recruitment materials.

### 3) **Key Considerations**

- **Definitions** – Review the glossary of key terms in Appendix I. Add other terms that will be helpful for staff. Keep definitions simple and include examples for core concepts. You may need to define terms like “partners” or “policymakers”. Be careful about using acronyms. While familiar to some staff, not everyone uses them. Spell out the acronym. Provide each staff

with a copy of the definitions to reference during the focus group.

- **Facilitator selection** - Choose someone who is both skilled in facilitation and is a content expert in the root causes of health inequities. Ideally, the facilitator is someone outside the department to maximize staff confidentiality. The facilitator needs to listen carefully to responses making sure answers reflect an understanding of the environmental, social, and economic conditions that impact health. If the answers do not reflect an understanding of the conditions that impact health, the facilitator needs to occasionally remind participants that the questions focus on environmental, social, and economic conditions that impact health.
- **Recording** - DO NOT turn on the recording device until after the group has introduced members. If there are references to others in the group by name or description, redact these references from the transcript. Have a note taker in the group and compare notes with the transcript. The note taker should include non-verbal comments and observations from participants.
- **Code Book** – Create a code book of typical and interpretive themes to help with data analyses.
- **Participant Selection** – Decide how you will select participants. Do you want supervisors to select staff, or ask for volunteers from all staff? Do you want to limit participants to those who completed the survey? Take care not to mix staff and managers in the same group.
- **Communications Planning** – Develop communications products and a time line.
  1. **Before** - Have senior leadership send messages that emphasize the purpose of the focus groups, the importance of participation, and how results will be used.
  2. **During** – Share progress, e.g. comments from staff, early findings.
  3. **Immediately After** – Send thank you notes to staff; provide very preliminary results, e.g., number and size of groups; plans for using survey results; general comments.
  4. **Ongoing** – Schedule regular updates on survey analyses and preliminary findings.

#### 4) Critical Questions

<b>1</b>	<b>5</b>	<b>11</b>
<b>2</b>	<b>7</b>	<b>12</b>
<b>3</b>	<b>9</b>	
<b>4 a, b, d</b>	<b>10, 10b</b>	

## 5) Staff Focus Group Questions

### Introduction and Overview

Thank you for coming today to talk about work the health department is doing to achieve health equity. We really appreciate your willingness to give your time. My name is \_\_\_\_\_. I am with [organization and brief description of its work]. My note taker is \_\_\_\_\_. Before we start I will go over a few details. If you have any questions, feel free to ask them as they come up.

As you know the health department is undergoing an assessment to determine its ability to successfully achieve health equity in the state. Our main purpose today is to learn about elements of the organizational culture and structure that support or block the department's ability to achieve health equity. We are also interested in exploring the personal characteristics you think people at the department need to address the environmental, social, and economic conditions that impact health.

- **Role of facilitator and note taker** - I will be leading the conversation today and my colleague will take notes. We will review a few guidelines in a moment.
- **Confidentiality** - Everything you tell us today will be kept strictly confidential. Your answers will not be linked to your names when we provide information to health department leadership. In the focus group reports, some quotes will be used, but we will never link those quotes to individuals. Any references to staff names or descriptive characteristics during the focus group will be redacted from the transcript. Only the transcriptionist, who is external to the department, will hear the recording of this discussion. I will receive the original transcripts, and will remove (redact) any personally identifying information before sharing them with the project team. After transcription, the recordings will be destroyed, and after I remove identifying information, the original transcripts will also be destroyed.

### Guidelines for the Group

I'd like to outline a few guidelines for the conversation:

- Our discussion will last about 90 minutes. We respect your time and will do our best to use this time together well.
- Your answers are neither right nor wrong. We want to hear what each of you thinks and feels about your experience working here.
- Please speak one at a time. This will help the note taker capture everyone's thoughts and opinions.
- If you agree with something said, speak up, rather than nodding your head or gesturing in some way. This helps our recorder capture agreement in the notes.

- We would like to record this session so that your thoughts can be accurately captured. The purpose of the recording is to make sure we are accurate and complete with taking notes. If you have a concern about this, please say so now.

Take a minute to review the handout. You will see definitions of key terms related to health equity. We want to make sure we are using the same terms during our conversation today. We will quickly go over the differences between health disparities, health inequities, and the social determinants of health. I will ask several questions today that refer to “conditions” that impact health. Please remember that when I use the term “conditions” I am referring to the environmental, social, and economic conditions. I will use the longer phrase once, and then subsequently shorten the phrase to “conditions”.

Do you have any questions before we begin?

**1. Please give your name and what you do here at the department.**

*Transition:*

Now I am going to turn on the recorders to capture our conversation:

**Turn on recorder.**

**2. Today we’re meeting to discuss the department’s capacity to achieve health equity. Why do you believe that health inequity should be an area of focus for the health department?**

*Transition Statement:*

Let’s talk about how the department supports staff involvement in addressing health inequities.

**3. What has the department done to help staff at various levels learn about and develop skills to address the conditions that impact health?**

*Probes:*

- Can you describe formal orientation, training, workshops, or conferences you have participated in while employed by the health department?*
- Does the department have regular discussions or work groups that address health inequities?*
- What roles do staff members play in these discussions or workgroups?*

**4. How well-equipped are you to address the conditions that impact health? How well-equipped is other staff?**

*Probes:*

- What are some key skills and characteristics you think staff and the department need to address the conditions that impact health?*

*(If not mentioned) Some of the skills that have been identified relate to community organizing/planning, developing strategic partnerships, developing and advocating for public policies to address the environmental, social, and economic conditions that impact health, compiling and sharing data, evaluations, assessments, etc.*

*(If not mentioned) Some of the characteristics identified as important for addressing health inequities are listening, humility, creativity, the ability to be a team player and understanding power dynamics, etc.*

- b. Can you share how you've seen these skills in action?*
- c. Do you believe staff understands the conditions that impact health?*
- d. What other trainings and help do staff need to be more effective in addressing the conditions that impact health?*
- e. If you had the support of the health department, what more could you do in your work to address conditions that impact health?*
- f. How do health department trainings and discussions help you address the factors that impact health? How has your work been impacted as a result?*
- g. How do health department trainings and discussions help other staff address the factors that impact health? How has their work been impacted as a result?*

**5. How do you feel about the work both you and the department do to address the conditions that impact health?**

*Probes:*

- a. How important do you feel this work is - addressing the conditions that impact health? What priority does it take over other department work?*
- b. How do you think other staff feels about the importance of addressing conditions that impact health?*

**6. When you or other staff has an idea about improving the department's mission and work, what processes are in place to bring them to the attention of decision makers?**

*Probes:*

- a. Give an example of a time you were asked to provide input and feedback in department planning. How was the input used?*

**7. How welcoming and supportive is the department to new ideas and programs to address root causes of health inequities?**

*Probes:*

- a. Give an example of the department response to a new idea.*
- b. Can you describe the attitude that leadership has toward trying new things?*
- c. How do leadership and staff cope with projects that are not successful?*
- d. How does leadership handle differences of opinion?*

*Transition Statement:*

Let's talk about work the department is doing around health inequities:

**8. Can you describe any successful department work toward addressing the conditions that impact health?**

*Probes:*

- a. *What strengths and resources contributed to success?*

**9. Can you describe any department work toward addressing the conditions that impact health that did not succeed?**

*Probes:*

- a. *What challenges and barriers contributed to lack of success?*

*Transition Statement:*

Now let's talk about health department culture in relation to issues of diversity:

**10. Can you describe the diversity at the department? By diversity, we generally mean people of different genders, religious, national, cultural, ethnic, and racial backgrounds.**

*Probes:*

- a. *What other groups might we consider when addressing diversity within the health department?*
- b. *Do department staff and decision makers reflect the diversity of the people in our state?*
- c. *Describe how the department recruitment, hiring, and promotion practices either promote or discourage diversity.*

**11. Are there in-depth internal discussions about the impact of racism, classism, sexism, and other "isms" on health inequities at the department?**

*Probes:*

- a. *Describe the comfort level of staff with discussions on these issues.*
- b. *If these types of discussions have not occurred, why do you think they have not?*
- c. *Have you witnessed racism among colleagues at the department? How about classism? Sexism?*
- d. *Are there policies/practices within the department that either limit or support continued racist/classist/sexist behavior?*

*Transition Statement:*

Lastly, let's talk about the department's work with the communities within the state:

**12. Describe how the department works with community organizations and groups in addressing the factors that impact health.**

*Probes:*

- a. Describe the types of community organizations the department works with?*
- b. What is the nature of their work?*
- c. In what ways do you build on community strengths in your work with the community? (Asset –based approaches relying on strengths of individuals and groups in the community and adding resources where needed to bolster these strengths.)*

*Transition Statement:*

As we're wrapping up our discussion, consider any remaining ideas about the department's work to address health inequities:

**13. Given your knowledge of current and future program areas, do you have any suggestions for the department to improve and expand its work toward achieving health equity?**

**14. What more can the health department do to improve its ability to address the environmental, social, and economic conditions that impact health?**

**Thank you so much for your time today.**



#### 4. Implementation for Self-Assessment Toolkit

##### d. Management Interview Questions (Refer to pages 30-33 of the BARHII Toolkit and Guide)

1) **Purpose** – Interviews with those in leadership and decision making positions provide another opportunity to collect in-depth information about the health department's organizational strengths and areas for improvement in achieving health equity.

##### 2) **Implementation**

- Review **Section 4) Critical Questions** -They are considered essential. The Management Interview Protocol offers many questions. If you need to shorten the number of questions, convene your implementation team to prioritize, based on your needs and available resources to complete data analyses.
- **Tailoring questions** – If you decide to tailor some questions to reflect the specific nature of the work managers are doing make sure you can still compare responses with results from staff focus groups.
- **Probes** - Probes appear in *italics*. Use probes included in and following questions to draw out information that was not provided by participants. It is not necessary to use all probes.
- **Timing of management interviews** – Set a timeline for interview completion. Schedule interviews well ahead of time in anticipation of managers' busy schedules. You may want to wait until preliminary analysis of the staff surveys are completed to inform specific topics to focus on. However, do not allow too much time in between the staff survey and the management interviews.
- Schedule a **practice session** with the implementation team to participate in an interview. In general, be prepared for the management interviews to last 60-90 minutes.
- **Recording the interviews** – Decide if you want to record the interviews along with written notes during the meeting. Tailor the facilitation guide of the questionnaire accordingly. Let managers know in advance if you plan to record. Assure managers that any reference to their names or descriptive characteristics will be redacted from the written transcript. Once the data are gleaned from the interviews, the recording and notes should be destroyed.
- Prior to each scheduled interview, provide interviewees with the list of **key terms** as well as the **interview questions** in order to give them time to reflect. Prepare a version of the questions, without facilitator notes and probes, to distribute to interviewees. Your interviewees may welcome the opportunity to review the questions in advance. The extra time gives them a chance to prepare their answers and review documents referenced during the interview.

### 3) Key Considerations

- **Definitions** - Review the glossary of key terms found in Appendix I. Add other terms you think will be helpful for your managers. Keep definitions simple and include examples of core concepts. You may need to define or give examples for terms like "partners" or "policymakers" while responding to questions. Ensure that managers have access to the list of key terms during the interview.
- **Code Book** – Create an analytical codebook of typical and interpretive themes.
- **Manager Selection** – Work with the implementation team to determine how to select management interview participants – volunteer, randomly selected, or appointed by the director. Decide if you want a minimum tenure at the health department to consider a manager for an interview.
- **Interviewer Selection** – Choose someone who is both skilled in interviewing and is a content expert in the root causes of health inequities. The ideal interviewer is external to the health department so that managers are encouraged to provide honest opinions. If the answers do not reflect an understanding of the upstream conditions that impact health, the facilitator needs to occasionally remind participants that the questions focus on environmental, social and economic conditions that impact health.
- **Note Taker** – Decide whether to have a note taker in addition to recording the interviews. The note taker can capture important non-verbal feedback and free up the interviewer from writing during the interview. Revise the introduction, if a note taker will not be present.
- **Communications Planning** – Develop communications products and a time line.
  1. **Before** - Have senior leadership send messages that emphasize the purpose of the interviews, the importance of participation, and how results will be used.
  2. **During** – Share progress, e.g. participation rates, comments from managers, early findings.
  3. **Immediately After** – Send thank you notes to participants; provide very preliminary results, e.g., participation rates; plans for using focus group results; general comments.
  4. **Ongoing** – Schedule regular updates on focus group analyses and preliminary findings.

### 4) Critical Questions

1	7	15	24
2	8	16	25
3	9	17	26
4	10	20	27
5	12	21	28
6	14	23	29

## **5) Management Interview Questions and Protocol**

Thank you for coming today to talk about work the health department is doing to achieve health equity. We really appreciate your willingness to give your time. My name is \_\_\_\_\_. I am with [organization and brief description of its work]. My note taker is \_\_\_\_\_. Before we start I am first going to go over a few details. If you have any questions, feel free to ask them as they come up.

As you know, these interviews are part of an organizational self-assessment the department is undertaking to assess its capacity to address the environmental, social and economic conditions that impact health in the state. The interview will help us get a more complete, in-depth sense of the department's strengths and areas for improvement related to addressing health inequities. For some questions you may have a lot of information to give me. For others your responses may be very brief. Also, in some cases, questions appear similar. I just want to give you opportunities to add more detail to earlier responses.

Before we get started, I want to assure your confidentiality in this process. I will be reporting feedback only as overall themes and insights that emerged from all the interviews. Nothing you say in this interview will be attributed to you personally, and nothing you tell me will be used against any person or program. I hope you will feel free to be honest and candid in this conversation. The interview should take about 90 minutes. Do you have any questions for me before we begin?

### **First, please tell me about yourself:**

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

\_\_\_ Years and \_\_\_ Months

**2. How long have you been at the department?**

\_\_\_ Years and \_\_\_ Months

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

\_\_\_ Years and \_\_\_ Months

### **Start Questionnaire:**

**4. Can you tell me about some of the work the department has been doing to address health inequities? How do you feel about this work?**

*Probes:*

- a. *Should the health department be concerned about addressing the environmental, social, and economic conditions that impact health? Why or why not?*

### **Transition Statement:**

Let's move on now to how the department engages in planning and programming to address health inequities.

### **Organizational Commitment to Health Equity:**

5. **Do you think the department has a commitment to address health inequities? How is this commitment demonstrated? What priority does health equity take compared to other work the department does?**
6. **How are the values of the department consciously brought into the decision-making process? Can you give an example? When the values are intentionally applied to decision-making, what is the impact on work addressing health inequalities?**

### **Planning for Health Equity**

Now we are going to talk about strategic planning at the department and program levels.

7. **Does the health department conduct strategic planning to address health equity issues at the department level? At the program level?**
8. **What is the schedule at the department level? At the program level?**
9. **How does the strategic plan discuss health inequities explicitly at the department level? At the program level?**
10. **What specific strategies and objectives has the department undertaken to address the social, economic, and environmental conditions that influence health? Examples should include areas that public health hasn't been traditionally involved in such as public education, land-use, race and class issues, and economic development.**
  - a. What is the desired impact of this work on health inequities?
  - b. How is this addressed at the department level?
  - c. At the program level?
  - d. What alliances has the **department** established with community groups or other state departments that are working to improve these types of conditions?
11. **What types of assessments does the department conduct on the conditions that influence health (such as housing, education, economic opportunity, or parks and recreation opportunities)?**
  - a. How much of a priority in the health department is conducting assessments?
  - b. If you do assessments on the conditions that influence health, what is the schedule?
  - c. Who is involved in the process?

- d. Does the department link data on these social, economic, and environmental conditions to health outcomes or use these data to make the case for their importance in public health?
- e. Does the department collect specific data on health inequities in the populations it serves?
- f. How are these data shared with communities? How do you assure that the data-sharing is appropriate for the cultural, linguistic and literacy needs of the community?

**12. What work to address (*environmental, social, and economic*) conditions that impact health has succeeded?**

*Probe:*

- a. *What strengths and resources led to success? How has the work to address these conditions been enriched by the experience?*

**13. What work to address (*environmental, social and economic*) conditions that impact health did not succeed?**

*Probe:*

- a. *What challenges and barriers led to lack of success? How has the work to address there conditions been enriched by the experience?*

**14. How does the department regularly evaluate or reflect on its capacity and commitment to address health inequities? Is there a formal process for evaluation and reflection? Please describe the process.**

*Probe:*

- a. *Who is involved in the process?*

**15. What strategies and practices have been used to maximize available funds to conduct and support work to address health inequities?**

*Transition Statement:*

Now we're going to move on to questions about how the department works with communities to address health inequities.

**Working with Community Partners to Address Health Inequities:**

**16. How does the department involve community representatives in departmental strategic planning activities?**

*Probes:*

- a. *In what processes?*
- b. *What segments of the community are involved? (CBOs, LHDs, residents, etc.)*

- c. *How are they involved? Are there other ways they should be involved?*
- d. *At what point(s) in planning processes does the department seek community input?*
- e. *What impact does community input have on the final planning products and/or decisions?*
- f. *Do community leaders have opportunities to give feedback on, or influence changes to existing programs and planning?*
- g. *How does the department communicate back to the community how their input was used?*

**17. Given your funding restrictions, what can you do to encourage participation by community partners (e.g. stipends, child care, food, meeting time/locations that are convenient for community)?**

**18. What barriers make it difficult for community partners to participate in department decisions?**

- a. What can the department do to address these?
- b. Does the health department seek feedback from community partners about what hinders and helps community participation? Can you give an example?

**19. What strategies does the department use to help community partners, local health departments, and community-based organizations build their capacity to address health inequities?**

*Probes:*

- a. *What strategies help these community partners increase awareness, assume leadership roles, advocate for health and social determinant of health concerns, or influence the state health department?*
- b. *What does community leadership look like?*

**20. How do department staff members stay aware of community issues? How do they learn about and build on community strengths?**

*(Asset-based approaches include relying on the strengths of individuals and associations in the community, and adding resources and support where needed to bolster these strengths.)*

*Transition Statement:*

Now let's talk a bit more about how staff in the department participates in work to address health inequities.

**Staff Engagement:**

**21. What department opportunities exist for staff from different levels to provide input into efforts to address health inequities?**

- a. In what ways is staff input encouraged or supported?
- b. How is the feedback used?  
*Probes:*
  - i. *Can you give an example of what happened when a lower level staff member submitted an idea? (Ask as theoretical if it hasn't happened in the past).*
  - ii. *What happened to that idea?*
  - iii. *Who else was it communicated to?*
  - iv. *How was it considered?*
  - v. *What was the result?*
  - vi. *How was the result communicated back to the person who gave the input?*
- c. Can you share some ways involvement from different levels of staff has enhanced the department's ability to address health inequities?

**22. How does the department ensure that opinions from diverse staff are included in decision-making about work to address health inequities?**

**Transition Statement:**

I also have some questions about workforce development.

**Workforce development:**

**23. What are some key skills and characteristics needed by staff to address the (*environmental, social, and economic*) conditions that impact health?**

*Probes:*

- a. *How well-equipped are you and other staff to address these conditions?*
- b. *Do you think most staff really understands conditions that impact on health? Give more detail.*



**24. What has the health department done to help staff at various levels learn about and develop skills to address (*environmental, social, and economic*) conditions that impact health?**

*Probes:*

- a. *Can you describe formal orientation, training, workshops, or conferences offered by the health department or external agencies and associations?*
- b. *What are some of the topics covered?*
- c. *Does the department implement in-house trainings?*
- d. *Are these trainings required?*
- e. *What segments/levels of staff are involved?*
- f. *How does the department relay its commitment to addressing health inequities to new employees? Is this covered in a formal orientation?*

**25. What other resources are available for staff to learn about and continue developing skills around their role in addressing health inequities?**

*Probes:*

- a. *Does staff receive coaching and/or mentoring?*
- b. *Are there discussion or workgroups?*
- c. *What are some of the topics covered? (e.g. working with and building community capacity to address health inequities, social determinants of health, etc.)*
- d. *What segments/levels of staff are involved?*

**26. What other health department training and support do you think staff needs to be more effective in addressing the (*environmental, social, and economic*) conditions that impact health?**

**27. Does the department have a written succession plan for its leadership?**

- a. *If so, does succession planning include explicit commitments to addressing health inequities and cross-departmental collaboration?*
- b. *Does the succession plan include strategies and benchmarks for ensuring/promoting diversity in department leadership?*
- c. *How is the succession plan shared? How is it implemented?*



**28. The previous questions focused on efforts the department is taking to develop its CURRENT workforce. For FUTURE job openings, what steps has the department taken to cultivate and develop a public health workforce that is prepared to address health inequities?**

*Probes:*

*Has the health department:*

- a. Engaged in pipeline programs to increase diversity of future workforce?*
- b. Partnered with local universities and schools of public health?*
- c. Influenced curricula?*
- d. Hosted internships/field placements/student research related to health inequities?*
- e. Recruited from the community?*

**Value cultural and linguistic diversity:**

**29. Does the department intentionally recruit and support employees with class or racial/ethnic/linguistic backgrounds that reflect the communities it serves?**

- a. Do managers receive training in managing a diverse workforce?
- b. Do Human Resources staff members receive training in hiring diverse staff?
- c. How does the department help staff members who reflect the community advance when they may not have the required qualifications?
- d. Has the department changed promotional practices to increase its workforce diversity of at all levels?
- e. What has the department done to expand its language capacity?

**30. How are people from diverse cultural and class backgrounds included in program development and implementation? Can you describe some specific examples where this has happened?**

**31. Are there serious internal discussions of the impact of racism, classism, sexism and other “isms” on health inequities within the department?**

- a. Describe the comfort level of staff, including managers and leadership, with these discussions.
- b. If these types of discussions have not occurred, why not?

Transition Statement:

Now, I'd like to ask to discuss the organizational culture of the department.

**Cultivating Organizational Culture of Learning/Professional Development:**

**32. Would you say the department has a culture that encourages learning, growth, and change?**

*Probes:*

- a. *How is staff encouraged to challenge assumptions and status quo? How does the department promote feedback? What happens if a staff member makes a mistake?*
- b. *We've already discussed some risks such as hiring people without traditional qualifications or promoting public policies that address the determinants of health. Beyond these, what other ways does the department encourages risk-taking?*
- c. *Are there any other examples of how the department does or does not foster a learning culture?*

Transition Statement:

As we wrap up our interview, please share any remaining ideas you may have about the department's work to address health inequities.

**33. What are your suggestions for the health department to improve and expand work toward addressing the environmental, social, and economic factors that impact health?**

Those are all my questions. Thank you for your time and interest.

#### 4. Implementation for Self-Assessment Toolkit

##### e. Internal Documents Review – (Refer to pages 34-38 of the BARHII Toolkit and Guide)

1) **Purpose** – Most of the Self-Assessment is focused on generating new information from staff and partners. The internal document review allows the department to identify areas of strength and areas of focus to build capacity and provide benchmarks for future work.

##### 2) **Implementation**

- **Timing of review** – Begin early in the self-assessment process. The documents review may take a lot of time. Set a realistic stopping point.
- **Goal of the review** - Determine what you want to get out of the document review. This will help guide which documents to select. Check focus groups and management interview data. Participants may identify documents for review that the implementation team had not considered.
- **Choose a small team** of reviewers to complete all the documents rather than spreading the work over too many staff. Avoid a constant flux of staff working on the review. Information can be lost when documents get “handed-off” among staff.
- **Document Table** – Create a table to track the documents reviewed. Refer to **Section 4) Sample Document** Review Table.

##### 3) **Key Considerations**

- **Search Terms** – Select a list of terms to identify documents for review and then use these terms during the review. Sometimes sections within the department may not use health equity language or single out health equity as an issue even through their programs target health equity. Think broadly about terms you want to include in the search. Consider the following key terms and analyze content of documents related to these terms:

Advantage	EEO
Community-based	Equity
Communities of color	Health literacy
Cultural competency	Linguistically appropriately material
Cultural humility	Minority
Disadvantaged	People of color
Discrimination	Power
Disparities	Privilege
Disproportionately affected	Social determinants of health
Diversity	Socioeconomic status (SES)
Equality/inequality	Social justice
Equal/unequal	OTHER

- **Definitions** – Define different personnel classifications or positions for the health department. For example:
  - senior leadership – top 5% earners
  - management – supervisory responsibilities
  - line staff – non management with a professional degree
  - administrative/clerical
- **Documents to consider** –Some of the most common documents to find are: program plans and proposals; human resources policies and practices; and strategic plans. Other documents to consider are: organizational statements, educational material, project activities and events; orientation and training, program reports and memos; press releases and other external communication; and data reports.
- **Document access** – Record the effort it took to locate the documents. Consider the following questions for your own information:
  - Were the documents easy to locate by the team?
  - Where did you look?
  - Are documents available to the public on the department website?
  - Are the documents easy to find on the Internet?
  - Are the documents on the website written using language that a visitor can easily understand?
- **Document analysis** – When analyzing the content of documents, determine if any of the following are addressed:
  - Is equity included in the core values, mission, or vision statements?
  - Is the commitment to health equity reflected in program planning, reviewing and awarding contract deliverables; employment recruitment practices; staff performance reviews, etc?
  - Are ways for community input tailored to appeal to different population groups?
  - What types of communication methods does staff use to disseminate information related to health equity?
  - Are there resources dedicated to advocating for change?
  - Do topics or data demonstrate the link between health inequities and health status?

- What types of recruitment practices does Human Resources use to diversify the workforce?
- Are there transparent and fair mechanisms for moving to higher salary grades?
- What structure or activities support staff health equity work?
- **Communications Planning** – Develop communications products and a time line.
  - **Before** - Have senior leadership send messages that emphasize the purpose of the documents review. Make sure Human Resources staff members are very clear about the purpose of the review and the value of their assistance
  - **During** – Share progress, e.g. documents that have been reviewed, comments from staff, and early findings.
  - **Immediately After** – Send thank you notes to those who helped, provide very preliminary results, e.g., plans for using review results; general comments.
  - **Ongoing** – Schedule regular updates on document analyses and preliminary findings. Use a variety of methods for sharing results.

**4) Sample Document Review Table**

<b>Category</b>									
	<b>Strategic Planning</b>	<b>Human Resources</b>	<b>Workforce Development</b>	<b>Management</b>	<b>Program Design</b>	<b>Program Evaluation</b>	<b>Policies &amp; Procedures</b>	<b>Financial</b>	<b>Public Affairs</b>
<b>Department</b>	Organization statements, definitions, benchmarks plans	Recruitment materials, testing, job descriptions and applications	Employee manuals, succession plan, internships, employee orientation materials	Operations manuals, action plans,	RFPs, program descriptions		Polity & procedure manuals, minority recruitment guides, EEO statement, training materials	Budget practices and audits	Communication plans, press releases, briefings and reports, publications, website and social media products
<b>Division X</b>	Division statements, definitions, benchmarks plans		Employee manuals	Capacity building training		Reports, progress updates	Polity & procedure manuals	Budget practices and budgets	
<b>Section Y</b>	Section statements, definitions, benchmarks plans	Performance reviews	Operations manuals, performance review plans		Capacity building training	Reports, progress updates		Budget practices and budgets	
<b>Program Z</b>	Program statements, definitions, benchmarks plans			Community partner information	Community partner information	Reports, progress updates			

## 4. Implementation for Self-Assessment Toolkit

### f. Management Focus Groups

- 1) **Purpose** – The Management Focus Group tool is designed as an alternative to managers participating in both a Focus Group and a Management Interview. The Management Focus Group saves time by combining questions from the Focus Group and Management Interviews in the original BARHII Toolkit and Guide and becomes the sixth tool. However, consider the limitations. You will not get the in-depth responses provided through interviews. Participants may hesitate to provide honest feedback with their peers in the focus group. You also run the risk of “group think” rather than individual unique responses.

The Management Focus Groups provide another opportunity to explore issues that are more suited for discussion and conversation than a survey. Issues include organizational culture that supports skills and practices critical for achieving health equity. The focus groups can be used to get deeper information (in context) about elements of the Matrix of Organizational Characteristics and Workforce Competencies (Refer to Appendix II) assessed in the Staff Survey.

#### 2) **Implementation**

- Review **Section 4) Critical Questions**. All questions in this tool are considered essential. If you need to shorten the list, convene your implementation team to prioritize questions, based on your needs and available resources to complete data analyses.
- **Tailoring questions** – After completing the staff survey, consider additional questions or probes to add, based on survey responses.
- **Probes** – Probes appear in *italics*. Use the probes only to gather additional information that group members do not spontaneously offer in response to the questions. It is not necessary to use all of them.
- **Timing of focus groups** - Consider other surveys and activities going on in the department. Don't overwhelm managers. However, try to schedule the focus groups within a few weeks of staff completing the Staff Survey to keep the momentum going.
- Schedule a focus group **practice session** with the implementation team. Record the time it takes team members to complete the focus group. The focus group should take 60-90 minutes. Include estimated time in manager recruitment materials.

#### 3) **Key Considerations**

- **Definitions** - Review the glossary of key terms found in Appendix I. Add other terms you think will be helpful for your managers. Keep definitions simple and

include examples for core concepts. You may need to define or give examples for terms like "partners" or "policymakers" while responding to questions. Provide a list of definitions and key terms in advance of the focus group. Make sure focus group participants have access to the list of definitions of key terms during the focus group.

- **Code book** – Create a code book of typical and interpretive themes to help with data analyses.
- **Facilitator Selection** – Choose someone who is both skilled in facilitation and is a content expert in the root causes of health inequities. Ideally, the facilitator is someone outside the department to maximize staff confidentiality. The facilitator needs to listen carefully to responses, making sure answers reflect an understanding of the environmental, social and economic conditions that impact health. If the answers do not reflect an understanding of the conditions that impact health, the facilitator needs to occasionally remind participants that the questions focus on environmental, social and economic conditions that impact health.
- **Recording** - DO NOT turn on the recording device until after the group has introduced members. Let managers know in advance if you plan to record the focus group. Assure managers that any reference to their names or descriptive characteristics will be redacted from the written transcript. Once the data are gleaned from the interviews, the recording and notes should be destroyed. If there are references to others in the group by name or description redact from the transcript. Have a note taker in the group in order to compare notes with the transcript. The note taker should include non- verbal comments and observations from participants.
- **Participant Selection** – Decide how you will select your managers. Do you want senior leadership to make the selection; ask for volunteers from all managers; or randomly select managers?
- **Communications Planning** – develop communications products and a time line.
  1. **Before** - Have senior leadership send messages that emphasize the purpose of the focus groups, the importance of participation, and how results will be used.
  2. **During** – Share progress, e.g. comments from participants, early findings.
  3. **Immediately After** – Send thank you notes to participants; provide very preliminary results, e.g., number and size of groups; plans for using survey results; general comments.
  4. **Ongoing** – Schedule regular updates on survey analyses and preliminary findings.



#### 4) *Critical Questions*

1	4	7	10
2	5	8	11
3	6	9	12

## 5) Management Focus Group Protocol and Questions

### Introduction and Overview

Thank you for coming today to talk about work the health department is doing to achieve health equity. We really appreciate your willingness to give your time. My name is \_\_\_\_\_. I am with [organization and brief description of its work]. My note taker is \_\_\_\_\_. Before we start I am going to go over a few details. If you have any questions, feel free to ask them as they come up.

As you know the health department is undergoing an assessment to determine its ability to successfully achieve health equity in our state. Our main purpose today is to learn about elements of the organizational culture and structure that support or block the department's ability to achieve health equity. We are also interested in exploring the personal characteristics that you think people at the department need to address the environmental, social, and economic conditions that impact health.

- **Role of facilitator and note taker.** I will be leading the conversation today and my colleague [*name*] will be taking notes. We'll review a few guidelines in just a moment.
- **Confidentiality.** Everything you tell us today will be kept strictly confidential. Your answers will not be linked to your names when we provide information to health department leadership. In the focus group reports, some quotes will be used, but we will never link those quotes to individuals. Any references to staff names or descriptive characteristics during the focus group will be redacted from the transcript. Only the transcriptionist, who is external to the department, will hear the recording of this discussion. I will receive the original transcripts, and remove (redact) any personally identifying information before sharing them with the project team. After transcription, the recordings will be destroyed, and after I remove identifying information, the original transcripts will also be destroyed.

### Guidelines for the Group

I'd like to outline a few guidelines for the conversation:

- This conversation will last about 90 minutes. We respect your time, and we will do our best to use our limited time together well.
- Your answers are neither right nor wrong. We want to hear what you know, think, and feel about your experiences working in the department.
- Your participation is entirely voluntary; if there is any question that you do not wish to answer, you don't have to. You are also free to leave at any time.
- Please speak one at a time – this will help our note taker and transcriptionist capture all the conversation, and it allows us to represent your comments in your words.
- If you agree or disagree with what someone else says, please speak up rather than nodding or gesturing - this will also help the transcriptionist capture the agreement in the room.

- We will be recording this session. The purpose of the recording is to make sure we are accurate and complete with taking notes. If you have a concern about this, please say so now.

Please take a minute now to review your handout. You will see definitions of key terms related to health equity. We want to make sure we are using the same terms during our conversation today. We will quickly go over the differences between health disparities, health inequities, and the social determinants of health. I'll be asking several questions today that refer to the "conditions" that impact health. It's important to remember that when I use this term "conditions" I am referring to "environmental, social, and economic conditions". I will use the longer phrase once and subsequently shorten the phrase to "conditions".

Can everyone agree to these guidelines? (Look and listen for nods and affirmations from each person). Does anyone have any questions before we begin?

To start, please give your name and what you do here at the department.

*Transition:* Thank you for introducing yourselves. First, let's talk a bit about what we mean when we are talking about health equity. You have been provided a handout with a few brief definitions and examples. If you haven't looked at it yet, let's take a minute to review it together now. [Read out definition of health equity and give time for reading. When everyone looks done, continue.]

*Transition:* Now I am going to turn on the recorder to capture our conversation.

**Turn on recorder.**

**1. Having looked at this handout, what is your own understanding of health equity? Is there anything you would add to or change about these definitions?**

*Probes:*

- What might a community with full health equity look like?*
- How does this differ from what our state looks like?*
- Would you say there are health inequities that you see or hear about in our state? What are they?*

**2. What are some of the main causes of health inequities, here in our state or in general?**

- Where do these come from?
- Who is responsible for addressing these causes?
- [If not addressed earlier] What are the impacts of racism, sexism, classism, and other "isms" on health equity?

*Transition:* Now let's talk about some of the work the department does around health equity.

- 3. Given how you all have just defined health equity, how is the department working to advance health equity?**
  - a. What are some examples of department work towards promoting health equity, which have been successful? What were some of the strengths and resources that helped these efforts succeed?
  - b. What are some examples that were not successful? What were the barriers to success?
  - c. How do you promote health equity in your strategic plans or state plans?
  
- 4. What has the department done to help staff at various levels learn about and develop skills to address health equity across the state?**
  - a. Can you describe formal orientations, trainings, workshops, or conferences that you have received or attended as part of your work at the department?
  - b. Does the department have discussions about health equity?
    - i. Do you take part in these discussions? Tell me more about them.
  
- 5. How do you stay aware of community issues as well as community resources and strengths?**
  - a. How do you ensure that your staff stays aware of community issues as well as community resources and strengths?
  
- 6. How well equipped are you and other staff to address health equity?**

*Probes:*

  - a. *What are some of the key skills and characteristics needed among the staff and the department to address health equity?*
    - i. *(If not mentioned) Some skills that have been identified as important include: community organizing, developing strategic partnerships, developing and advocating for public policies to promote health equity, compiling and sharing data, evaluation, assessment, etc.*
    - ii. *(If not mentioned) Some characteristics that have been identified as important include: listening, humility, creativity, the ability to be a team player, understanding power dynamics, etc.*
  - b. *Can you share how you've seen these skills in action? Can you give examples of how you or a colleague has demonstrated these skills?*
  - c. *How well do you think most health department staff understand what health equity is? Tell me more about this.*

**7. Describe how the state health department works with local health departments, other state agencies, and partners to promote health equity across the state.**

- a. What types of partners does the department work with?

*Probes:*

- i. Describe what the partners do?*
  - ii. What roles do partners play in your work to promote health equity?*
- b. Has the department provided resources and training to build the capacity of partners to do this work?
- c. What is challenging about working with these partners?
- d. In what other ways should these partners be involved with your work?

**8. What roles do local health departments, other state agencies, and other partners play in your planning or decision-making processes?**

- a. How does the department obtain community input?

*Probes:*

- i. Who is asked for input?*
- ii. At what point(s) in the process does the department seek community input?*
- iii. Do community leaders have opportunities to give feedback on or influence changes to existing programs?*

**9. How are staff members from multiple levels of the department involved in making major decisions?**

- a. Please think about different types of decisions: strategic, programmatic, structural, etc.

*Transition:* Thank you for sharing your experiences. Now I'd like to talk about how the department might move forward and promote health equity.

**10. Given your knowledge of current and future program areas, what suggestions do you have for the department to improve and expand its work toward promoting health equity across the state? (Refer back to Q3. for existing examples.)**

**11. What staff development activities can the senior management implement to promote health equity across the state?**

- a. Examples may include: trainings, discussion groups, and working groups.

*Probes:*

- b. *What would you think about developing a "Community of Practice" around health equity?*
- i. What might this look like? Who might be a part of it?*
  - ii. What would this group do (for example, a group of staff with similar responsibilities and duties meeting monthly to share ideas, network, and coordinate efforts)*

**12. These are all of the questions I have today. Do you have any other questions for me, or additional thoughts about health equity that we did not cover?**

**Thank you so much for speaking with us today. We value your opinions and expertise.**

## Appendix I

### Glossary of Key Terms and Definitions

Many of these terms represent related ideas. The terms are often used interchangeably and it can be difficult to know when to use each one. To assist you in completing the survey, the Toolkit provides definitions below.<sup>1</sup> Some definitions are accompanied by examples (*in italics*) to highlight the subtle differences among terms. A brief version of each definition (for quick reference) is **bolded**.

#### Class

**Class refers to the level of wealth, position, and status of a person or group.** A root cause of health inequities is the persistent inequality between different classes. Some people do not have the same access as others to resources important for good health. These resources include a living wage job, health insurance, safe and healthy home and work environments, safe and affordable housing, healthy food, and educational opportunities.

*A state health department can intentionally recruit and retain staff from poorer class backgrounds. It can consider life experiences as well as education in the hiring practices and support these staff to develop the professional qualifications needed to advance within the organization.*

#### Cultural Competence

Culture is the blended patterns of human behavior that includes: language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. **Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations.**

*The state health department implements the enhanced CLAS Standards to insure its services are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse clients.*

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<sup>1</sup> Based on definitions developed by the Centers for Disease Control and Prevention, the World Health Organization, and the Department of Health and Human Services *Healthy People 2020* and the “Gloss of Key Terms” from BAHII’s *Local Health Department Organizational Self-Assessment for Addressing Health Inequities: Toolkit and Guide to Implementation*.

## Cultural Humility

**Cultural humility acknowledges that someone’s culture can only be appreciated by learning from that person.** Attributing traits or attitudes to members of a certain group may not be accurate or helpful in understanding them. Those who practice cultural humility work to increase self-awareness and engage in life-long self-reflection about how to put aside personal biases and perceptions and learn from others.<sup>2</sup>

*The state health department implements staff training on effective communication skills —open-ended questions and reflective listening—to explore community concerns, thoughts, and ideas and avoid providing advice or direction as though staff members were the experts in their lives.*

## Diversity

Diversity is the state or quality of being different or varied. In the context of health equity, **diversity is very broad and includes: race and ethnicity, income, education, gender, age, sexual orientation and gender identity, physical and mental abilities, physical appearance, cognitive style, religion, country of origin, political affiliation, marital status, immigration status, and veteran status.**

## Health Disparities

**Health disparities are the differences in health status and death rates across population groups.** The definition indicates that differences exist but does not consider their relationship to patterns of social inequalities. The term health disparities is often used in place of health inequities or the two terms may be used interchangeably. However, for purposes of the surveys, focus groups and interviews use the term health disparity only when referring to differences. Use the definition for **health inequities** when differences are systematic, avoidable, unfair, and unjust.

*A state health department that addresses health disparities focuses on specific diseases and populations. An example is high asthma rates among African Americans. Interventions would include clinical care, health education, and case management. This approach does not address the underlying causes of conditions that aggravate asthma like poor air quality, sub-standard housing conditions, and a history of housing segregation that forced people to live in lower income neighborhoods.*

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<sup>2</sup> Summary definition developed by Melanie Tervalon, MD, MPH



## Health Equity

**Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.**

*The state health department applies a “health equity lens” when reviewing proposed policies and program plans to make sure certain populations are not unintentionally negatively impacted by department decisions. This involves working with community partners to advocate for policies and practices that insure living wage employment, paid sick leave, fair and nondiscriminatory housing, strong public transportation systems, etc.*

## Health Inequities

**Health inequities are the differences in health status and death rates across population groups that are systematic, avoidable, unfair, and unjust.** These differences are sustained over time and generations and are beyond the control of individuals. These differences follow the larger patterns of inequality that exist in society. The term health inequities is different from **health disparities**, which indicate that differences exist but does not consider their relationship to patterns of social inequalities.

*The state health department addresses the health issues facing the communities served, and at the same time works to address inequities in the social and economic conditions that contribute to differences in health. For example, in addition to providing WIC vouchers, the department works with community partners to advocate for equal access to farmers’ markets and grocery stores in low-income neighborhoods.*

## Institutional or Structural Racism

A root of health inequities is institutional or structural racism. **This form of racism is a system of power that has created widespread historical and persistent barriers that keep people of color from having equal access to opportunities, information, resources and power.** This system is maintained and preserved by formal and informal practices and policies that benefit some groups of people while putting others at a disadvantage. Individual racism consists of overt acts by individuals that cause death, injury, destruction of property, or denial of services or opportunity. Institutional racism is more subtle but no less destructive. Institutional racism involves policies, practices, and procedures of institutions that have a disproportionately negative effect on racial minorities’ access to and quality of goods, services, and opportunities.

*An example is the long-term effects of racist institutional policies such as federal housing and bank-lending policies and practices that deny people of color homeownership, while expanding opportunities for low-income whites. The state health department can ensure that people of color have the opportunity to influence the department's planning and decision-making. They can also work to remove any existing boundaries that prevent equal opportunities for recruitment, employment, and promotion for staff from the ethnic and racial backgrounds that are served by the department.*

## **Root Causes of Health Inequities**

**The root causes of health inequities are the underlying social inequalities that create different living conditions. Discrimination based on gender, age, class, race and ethnicity, immigration status, sexual orientation, physical or mental disability influence the distribution of resources and power.** Past discrimination is reinforced in the policies and practices of institutions that define our daily lives. This in turn creates an unequal distribution of beneficial opportunities and negative exposures, resulting in health inequities.

*A state health department can address root causes of health inequities by working to identify and change policies and practices that contribute to inequitable social and environmental conditions. Examples include challenging funding practices in public education and public transportation that unfairly advantage residents living in higher income neighborhoods at the expense of those in lower income neighborhoods.*

## **Social Determinants of Health**

**The social determinants of health are the conditions in which people are born, grow, live, work and age.** These social structures and economic systems greatly contribute to health outcomes. **They include (but are not limited to) education, income, race and ethnicity, housing, social position, sexual orientation and gender identity. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.**

*The state health department can address the social determinants of health by working with community partners and other public agencies to influence decisions on governing land use, transportation, education, housing, employment, and other social factors that affect health.*

## Social Justice

**Social justice refers to social, economic, and democratic fairness and equality.** In a just society, all people are able to participate fully, have equal access to resources, public goods, and life opportunities. All people are free from discrimination on the basis of race, gender, class, sexual orientation, and other factors.

*A state health department can address its own policies and practices that contribute to unfair social and environmental conditions as well as challenge other institutions to do the same. Departments can prepare and share data that demonstrate unfairness in exposures and opportunities to build a case for needed changes. They can strengthen the ability of the affected communities to challenge unfair institutional policies and practices.*

## Socioeconomic Status

**Socioeconomic status is a measure that typically incorporates economic, social, and work status. Economic status is measured by income. Social status is measured by education, and work status is measured by occupation.** Each status is considered an indicator. These three indicators are related but do not overlap.



## Appendix II

### Matrix of Organizational Characteristics and Workforce Competencies

#### What are the characteristics of a state health department that can effectively address health inequities?

Institutional Commitment to Address Health Inequities	Hiring to Address Health Inequities	Structure that Supports True Partnerships	Support Staff to Address Health Inequities	Transparent & Inclusive Communication (community, staff, partners, etc.)
<ul style="list-style-type: none"> <li>• integrate public health and health equity into workforce and program development</li> <li>• decision making is inclusive</li> <li>• institutional commitment to primary prevention</li> <li>• institutional commitment to addressing health inequities</li> <li>• clear vision, goals and benchmarks</li> <li>• succession plan provides for continuity of vision and promotes new leadership</li> <li>• strategic plan and mission statement address health inequities</li> <li>• institutional practices reflect stated commitment to address health inequities</li> </ul>	<ul style="list-style-type: none"> <li>• Human Resources operations develop and promote job specifications and qualifications that reflect the skills and characteristics desired to address health equity</li> <li>• Human Resources operations' incorporate social justice principles, seek diversity, reflect the populations served, expand language capacity, build the workforce's capacity to address health inequities</li> <li>• Human Resources operations' provide living wages, schedule flexibility and continuing education</li> <li>• diversity at all levels of organization</li> </ul>	<ul style="list-style-type: none"> <li>• community partnerships are welcome and supported</li> <li>• structured to act</li> <li>• collaborates with other agencies and stakeholders</li> <li>• Applies a health in all policies (HiAP) lens</li> <li>• addresses the needs of community residents to promote their participation (child care, refreshments, travel reimbursement)</li> </ul>	<ul style="list-style-type: none"> <li>• mentors staff</li> <li>• strongly supports professional growth</li> <li>• consistent supervision to reinforce practice</li> <li>• required health equity orientation and training for all new permanent staff</li> </ul>	<ul style="list-style-type: none"> <li>• transparent communication</li> <li>• communication is multi-directional</li> <li>• solicits and uses partner organizations and community input</li> <li>• decision making is shared with partner organizations and community partners</li> </ul>
Institutional Support for Innovation	Creative Use of Categorical Funds	Community Accessible Data & Planning	Streamlined Administrative Process	
<ul style="list-style-type: none"> <li>• supports innovation (thinking outside box)</li> <li>• time for reflective thought</li> <li>• time to plan</li> </ul>	<ul style="list-style-type: none"> <li>• categorical and other funding sources are creatively braided or interwoven to provide a continuum and are sustained over time</li> <li>• non silo-ed ongoing/ stable funding</li> </ul>	<ul style="list-style-type: none"> <li>• data and needs assessments are accessible to community</li> <li>• integrated data are used for planning</li> </ul>	<ul style="list-style-type: none"> <li>• administrative processes are flexible and promote ease of use</li> </ul>	

**What are the skills and abilities needed by state health department staff to effectively address health inequities?**

<p><b>Personal Attributes</b></p> <ul style="list-style-type: none"> <li>• life-long learner</li> <li>• self-reflective</li> <li>• reflects the diversity of the population that is served</li> <li>• passionate</li> <li>• creative and innovative</li> <li>• perseverant</li> <li>• active listener</li> </ul>	<p><b>Knowledge of Public Health Framework</b></p> <ul style="list-style-type: none"> <li>• prepares program plans</li> <li>• understands / uses data in a systematic approach</li> <li>• takes a systems approach</li> <li>• understands PH core functions and services</li> <li>• conducts evaluation</li> <li>• conducts assessments</li> <li>• develops, analyzes and advocates for policies</li> <li>• organizes community</li> </ul>	<p><b>Understand the Social, Environmental and Structural Determinants of Health</b></p> <ul style="list-style-type: none"> <li>• understands and applies social justice principles</li> <li>• understands underlying causes of health inequities</li> <li>• understands connection between race, class, gender and health</li> </ul>	<p><b>Community Knowledge</b></p> <ul style="list-style-type: none"> <li>• builds on strengths and assets of self and the community</li> <li>• works well and is comfortable with diversity</li> <li>• comfortable working in communities</li> <li>• knowledgeable about community issues &amp; resources</li> <li>• understands current immigration patterns and issues</li> </ul>	<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• works well within the SHD and in the community and serves as liaison between the two</li> <li>• engages, mobilizes, coaches and mentors others</li> <li>• understands and navigates power dynamics</li> <li>• “politically astute”: is committed to understanding diverse interest groups and power bases including but not limited to City and County officials, State and Federal policy makers, leaders within organizations and the wider community, and the dynamic between them, so as to lead the organization more effectively.</li> </ul>
<p><b>Collaboration Skills</b></p> <ul style="list-style-type: none"> <li>• employs good interpersonal skills</li> <li>• “team” player</li> <li>• shares power</li> <li>• trusts partners</li> <li>• communicates well across disciplines</li> </ul>	<p><b>Community Support</b></p> <ul style="list-style-type: none"> <li>• inspires community involvement and ownership</li> <li>• inspires and builds trust</li> <li>• develops &amp; promotes community leadership</li> <li>• develops &amp; promotes community networks</li> <li>• values/elicits input and feedback from community and organizational partners</li> </ul>	<p><b>Problem Solving Ability</b></p> <ul style="list-style-type: none"> <li>• uses negotiation and conflict resolution</li> <li>• willing to take risks</li> <li>• learns from failure</li> </ul>	<p><b>Cultural Competency Humility</b></p> <ul style="list-style-type: none"> <li>• respects cultures and demonstrates cultural humility</li> <li>• appreciates that diverse perspectives and roles are necessary to promote public health issues</li> <li>• communicates effectively across cultures</li> <li>• interprets data effectively across cultures</li> </ul>	

## Appendix III

### Roadmap to the Self-Assessment Framework: Linking the Matrix of Workforce Competencies and Organizational Characteristics to the Self-Assessment

The following table provides a cross walk of domains, matrix elements and instruments. Use the table to determine instruments and questions to include in your health department assessment. Review the Domain and Element columns to prioritize those that your department wishes to assess. The table illustrates the question numbers from each of the instruments that correspond to a given element. Elements and questions considered to be the most critical are **bolded**. Consider including them in your assessment.

Major Domain	Matrix Element	Instrument	Question Number
<b>Institutional Commitment to Address Health Inequities</b>	<b>Integrate public health purpose and health equity into workforce and program development</b>	Staff Survey	<b>16, 24</b> , 28–37, 94
		Staff Focus Group Protocol	<b>3</b> , 5
		Management Interview Protocol	<b>6,29</b>
		Internal Document Review Guidelines	3
		Management Focus Group	<b>4</b>
	<b>Decision making is inclusive</b>	Staff Survey	<b>21</b> , 22, 23, 25, 42, 43
		Management Interview Protocol	5, 6, 7, 15, <b>17</b> , 18
	Institutional commitment to primary prevention	Staff Survey	<b>18</b>
		Management Interview Protocol	5, 6, 8
	<b>Institutional commitment and practices address health inequities</b>	Staff Survey	11 - 13, <b>14 - 16</b> ; 17, <b>18 - 20</b>
		Staff Focus Group Protocol	8, <b>9</b>
		External Partner Survey	<b>27-28</b>
		Management Interview Protocol	<b>4, 5, 6, f; 9, 10</b>
		Management Focus Group	<b>3</b>
	<b>Clear vision, goals and benchmarks</b>	Staff Survey	11, 76, <b>77</b>
		Management Interview Protocol	<b>4; 5; 6</b> ; 9,10
		Internal Document Review Guidelines	<b>1, 2</b>
		Management Focus Group	<b>3</b>
	Succession plan provides for continuity of vision and promotes new leadership	Management Interview Protocol	11
		Management Focus Group	<b>5</b>
<b>Strategic plan addresses health inequities</b>	Staff Survey	<b>19, 20</b>	
	Management Interview Protocol	<b>5, 6</b>	
	Internal Document Review Guidelines	<b>2</b>	
<b>Mission statement addresses health inequities</b>	Staff Survey	12	
	Management Interview Protocol	<b>4</b>	
	Internal Document Review Guidelines	<b>1</b>	
	Management Focus Group	<b>3</b>	
<b>Hiring to Address Health Inequities</b>	Staff Survey	115, 116, <b>118, 119</b>	
	Management Interview Protocol	<b>12</b>	
	Internal Document Review	<b>14, 16a</b>	

	<b>address health inequities</b>	Guidelines		
	<b>HR policies incorporate social justice principles, seek diversity, reflect the populations served, expand language capacity, build workforce's capacity to address health inequities</b>	Staff Survey	107, <b>108, 109</b> ; 110, 111, 115; <b>118, 119</b>	
		Management Interview Protocol	<b>14</b> ; 16; 17	
		Internal Document Review Guidelines	<b>14b, d, 15; 16c, d, f, h, 17a, b, c, d</b>	
		Management Focus Group	<b>7, 8</b>	
	<b>HR operations provide living wages, flexible scheduling and continuing education</b>	Staff Survey	85	
		Management Interview Protocol	28, 29	
		Internal Document Review Guidelines	13, <b>17b</b>	
	<b>Diversity at all levels of organization</b>	Staff Survey	<b>108 - 111</b> ; 113, <b>114; 119</b>	
		Staff Focus Group Protocol	<b>10</b>	
		Management Interview Protocol	13, <b>14</b>	
		Internal Document Review Guidelines	<b>17</b> ;	
<b>Structure that supports true community partnerships</b>	<b>Community partnerships are welcome and supported</b>	Staff Survey	23; 74, 75; 76, <b>77</b> ; 84	
		External Partner Survey	<b>41, 48</b>	
		Management Interview Protocol	20, <b>21, 23–25</b>	
		Management Focus Group	<b>11</b>	
	Structured to act	Staff Survey	73, 74	
		Staff Focus Group Protocol	8, <b>9</b>	
		Management Interview Protocol	<b>23–25</b>	
		Internal Document Review Guidelines	<b>3, 5</b>	
	Collaborates with other agencies and stakeholders to amplify health equity	Staff Survey	<b>49 – 52, 53</b> ; 54, 55; <b>56, 60</b> ; 72	
		Staff Focus Group Protocol	<b>4a, 12</b>	
		External Partner Survey	12–25, 52	
		Management Interview Protocol	21	
		Management Focus Group	<b>6, 7, 11</b>	
	Addresses the needs of community residents (child care, food, meeting space, refreshments, etc.) to promote their participation	Staff Survey	74	
		Collaborating Partner Survey	<b>33–35, 41</b>	
		Management Interview Protocol	<b>23</b>	
		Internal Document Review Guidelines	<b>13</b>	
	<b>Support Staff to Address Health Inequities</b>	Mentor staff	Staff Survey	88, 92
			Staff Focus Group Protocol	<b>4d</b>
Management Interview Protocol			28	
Management Focus Group			<b>6</b>	
Strong support for professional growth		Staff Survey	47, 85, 87, 88, 89, 92; 94	
		Staff Focus Group Protocol	<b>3</b>	
		Management Interview Protocol	14, 28, 29	
		Internal Document Review Guidelines	<b>3, 1,;</b> 17d	
		Management Focus Group	<b>4, 11</b>	
Consistent supervision to reinforce practice		Staff Survey	88, 93; 94	
		Management Interview Protocol	<b>27</b>	
<b>Required training for all permanent staff</b>		Staff Survey	85, 86	



		Staff Focus Group Protocol	3, 4d, f
		Management Interview Protocol	29
		Internal Document Review Guidelines	3, 10
		Management Focus Group	4,6,11
<b>Transparent &amp; Inclusive Communication (community, staff, partners, etc.)</b>	<b>Transparent communication</b>	Staff Survey	44, 45; 71; 76
		Management Interview Protocol	7; 15
	Communication is multi-directional	Staff Survey	22; 25, 26, 38, 39, 40, 42, 43; 46
		Staff Focus Group Protocol	6
		External Partner Survey	36, 40–42
		Management Interview Protocol	5, 7, 15; 17
		Management Focus Group	9
	<b>Solicits and uses community input</b>	Staff Survey	22, 23, 26,76
		Staff Focus Group Protocol	6, 12
		External Partner Survey	33, 34, 42–43, 44
		Management Interview Protocol	5, 6, 7, 23, 25
		Management Focus Group	7, 9
	<b>Decision making is shared with community partners</b>	Staff Survey	23, 68
		Staff Focus Group Protocol	12
		External Partner Survey	43, 45
Management Interview Protocol		7d	
Management Focus Group		7	
<b>Institutional support for innovation</b>	<b>Support for innovation (think outside the box)</b>	Staff Survey	48
		Staff Focus Group Protocol	7
		Management Interview Protocol	12
		Management Focus Group	9
	Time for reflective thought	Staff Survey	98, 99
		Management Interview Protocol	10
	Time to plan	Staff Survey	94, 95
<b>Creative use of categorical funds</b>	<b>Creative use of categorical funding</b>	Management Interview Protocol	24
		Internal Document Review Guidelines	6
	<b>Non-siloed ongoing/stable funding</b>	Management Interview Protocol	24
		Internal Document Review Guidelines	7
<b>Community Accessible Data &amp; Planning</b>	<b>Community Accessible Data</b>	Staff Survey	82
		External Partner Survey	46
		Management Interview Protocol	8f
		Internal Document Review Guidelines	11
<b>Streamlined Administrative Process</b>	Administrative processes are flexible and promote ease of use	Staff Survey	75
		Management Interview Protocol	23–29
<b>Personal Attributes</b>	Wants to continuously learn	Staff Survey	95, 100
		Management Interview Protocol	9–10
	Ability to self reflect	Staff Survey	98, 100
		Management Interview Protocol	10
	<b>Reflects the diversity of the population that</b>	Staff Focus Group Protocol	10b

	<b>is served</b>	Management Interview Protocol	<b>14</b>
		Internal Document Review Guidelines	<b>17, Human Resources Worksheet</b>
	Passionate	Staff Focus Group Protocol	<b>5</b>
	Humble, perseverant, listening skills	Staff Focus Group Protocol	<b>4a</b>
		Management Focus Group	<b>6</b>
	Creative and innovative	Staff Focus Group Protocol	<b>4a</b>
		Management Interview Protocol	12
		Management Focus Group	<b>6</b>
	<b>Knowledge of Public Health Framework</b>	Prepares program plans	Staff Survey
Management Interview Protocol			6
<b>Understands and uses data (Data for program planning)</b>		Staff Survey	8, 28, 86
		Management Interview Protocol	<b>8</b>
		Internal Document Review Guidelines	<b>12b</b>
<b>Takes a systems approach</b>		Staff Survey	38, <b>49</b> , 50, 52, <b>53</b> ; <b>54</b> , <b>55</b> ; <b>56</b> ; <b>57-61</b>
		Staff Focus Group Protocol	4a
		Management Focus Group	<b>6</b>
<b>Understands PH Core Functions and Essential Services and can adapt them to addressing health inequities</b> Evaluation skills Assessment Policy Advocacy Community Organizing		Staff Survey	<b>24</b> , 28-37
		Staff Focus Group Protocol	<b>4a</b>
		External Partner Survey	47–50, 52
		Internal Document Review Guidelines	<b>4</b>
		Management Focus Group	<b>6</b>
<b>Understand the social environmental and structural determinants of health</b>		<b>Understands and applies social justice principles</b>	Staff Survey
	Staff Focus Group Protocol		<b>2</b> , <b>11</b>
	<b>Understands underlying causes of health inequities</b>	Staff Survey	<b>9</b>
		Staff Focus Group Protocol	<b>2</b> , <b>11</b>
		External Partner Survey	<b>8</b>
		Internal Document Review Guidelines	<b>3</b>
	<b>Understands connection between race, class, gender and health</b>	Staff Survey	<b>105</b> , 106, 107, <b>119</b>
		Staff Focus Group Protocol	<b>2</b> , <b>11</b>
<b>Community Knowledge</b>	<b>Builds on strengths and assets of self and the community</b>	Staff Survey	65, 69
		Staff Focus Group Protocol	<b>12</b>
		External Partner Survey	31
		Management Interview Protocol	<b>16</b> , <b>27–28</b>
		Internal Document Review Guidelines	<b>12a</b>
		Management Focus Group	<b>7</b> , <b>8</b>
	Works well and is comfortable with diversity	Staff Survey	<b>102</b>
		Management Interview Protocol	14
		Internal Document Review Guidelines	<b>8</b> , 9, 10
	Comfortable working in communities	Staff Survey	61
		Staff Focus Group Protocol	<b>12</b>
		Management Focus Group	<b>7</b>
	<b>Knowledgeable about community issues</b>	Staff Survey	63 – 65, <b>66</b>

	<b>and resources</b>	Staff Focus Group Protocol	<b>12</b>
		External Partner Survey	<b>29–31</b>
		Management Interview Protocol	<b>26, 27</b>
		Internal Document Review Guidelines	<b>12</b>
		Management Focus Group	<b>7</b>
	<b>Understands current immigration patterns and issues</b>	Staff Survey	<b>66, 82</b>
		Internal Document Review Guidelines	<b>12</b>
<b>Leadership</b>	<b>Works well within the LHD and in the community and serves as liaison between the two</b>	Staff Survey	61, 67, 69, 70
		External Partner Survey	<b>32</b>
	<b>Can engage, mobilize, coach and mentor others</b>	Staff Survey	30, 31, 94
		Staff Focus Group Protocol	<b>4a, b</b>
		Management Focus Group	<b>6</b>
	Understands and navigates power dynamics	Staff Survey	<b>71</b>
		Staff Focus Group Protocol	<b>4a, b</b>
		Management Focus Group	<b>6</b>
	Politically astute	Staff Survey	<b>71</b>
		Staff Focus Group Protocol	<b>4a, b</b>
Management Focus Group		<b>6</b>	
<b>Collaboration Skills</b>	Good interpersonal skills	Staff Survey	<b>101</b>
		Staff Focus Group Protocol	<b>4a, b</b>
		Management Focus Group	<b>6</b>
	Team player	Staff Survey	39
		Staff Focus Group Protocol	<b>4a, b</b>
		External Partner Survey	32, 40-41
		Management Focus Group	<b>6</b>
	<b>Knows how to share power</b>	Staff Survey	69
		Staff Focus Group Protocol	<b>4a, b</b>
		External Partner Survey	41, 45
		Management Focus Group	<b>6</b>
	<b>Trusts in partners</b>	Staff Survey	61
	<b>Cross disciplinary communication skills</b>	Staff Survey	<b>39</b>
		External Partner Survey	36
		<b>Ability to inspire community involvement/ownership</b>	Staff Survey
Staff Focus Group Protocol			<b>4a, b; 12</b>
External Partner Survey			48, <b>49</b>
Management Interview Protocol			20
Management Focus Group			<b>6, 7</b>
<b>Ability to build trust</b>		Staff Survey	61
		Staff Focus Group Protocol	<b>4a, b</b>
		External Partner Survey	<b>32</b>
		Management Focus Group	<b>6</b>
<b>Ability to develop and promote leadership of community</b>		Staff Survey	84
		Staff Focus Group Protocol	<b>4a, b; 12</b>
		External Partner Survey	<b>47; 49, 50</b>
	Management Interview Protocol	<b>20</b>	

		Management Focus Group	<b>6, 7</b>
	<b>Ability to develop and promote community networks</b>	Staff Survey	<b>49, 50-52, 53 – 57. 58-60, 73, 74; 80</b>
		Staff Focus Group Protocol	<b>4a, b, 12</b>
		External Partner Survey	<b>48</b>
		Management Interview Protocol	<b>21</b>
		Management Focus Group	<b>6, 7, 11</b>
<b>Problem Solving Ability</b>	<b>Negotiation and conflict resolution skills</b>	Staff Survey	<b>71</b>
	Willing to take risks	Staff Focus Group Protocol	<b>7</b>
		Management Interview Protocol	<b>11</b>
		Management Focus Group	<b>5, 9</b>
	<b>Able to learn from failures</b>	Staff Focus Group Protocol	<b>9</b>
<b>Cultural Competency Humility</b>	<b>Cultural respect and humility</b>	Staff Survey	<b>99 –102, 105, 106</b>
		Management Interview Protocol	<b>16</b>
		Internal Document Review Guidelines	<b>8–10</b>
		Management Focus Group	<b>7, 8</b>
	<b>Appreciates that diverse perspectives and roles are necessary to promote public health</b>	Staff Survey	<b>101, 119</b>
		Staff Focus Group Protocol	<b>11</b>
		Management Interview Protocol	<b>14; 16; 17</b>
		Internal Document Review Guidelines	<b>8–10; 17</b>
		Management Focus Group	<b>7, 8</b>
	<b>Effective cross cultural communication</b>	Staff Survey	<b>81, 102</b>
		External Partner Survey	<b>45</b>
		Internal Document Review Guidelines	<b>8–11</b>
	<b>Interprets data to diverse audiences</b>	Staff Survey	<b>81</b>
		External Partner Survey	<b>45, 46</b>
		Internal Document Review Guidelines	<b>11</b>

## Appendix IV

### Cross-walk of Questions in the Staff Survey and External Partner Survey

The question wording and response options are similar enough to be compared when completing data analyses.

#	Staff Survey Question	#	External Partner Survey Question
9	In the state what are the top 5 unfairly and unjustly distributed health issues?	6	In the state what are the top 5 unfairly and unjustly distributed health issues?
10	Please list what you think are the most important root causes of health inequities among populations in the state.	7	Please list what you think are the most important root causes of health inequities among populations in the state.
14	I think the health department, as an organization, demonstrates a commitment to addressing the social and economic conditions that impact health.	26	I think the health department, as an organization, demonstrates a commitment to addressing the social and economic conditions that impact health.
18	I think most staff members demonstrate a commitment to addressing the conditions that impact health inequities.	27	The state health department staff I have interacted with demonstrate a commitment to addressing the conditions that impact health inequities.
27	In your experience, what roles do leaders from the community play in state health department planning and delivery?	42	In your experience, what roles do leaders from the community play in state health department planning and delivery?
65	I am familiar with the major health inequities affecting residents in our state.	29	The state health department staff I work with understand major causes of health inequities in the state.
66	I am familiar with the major strengths and resources of the communities served by our programs.	30	The state health department staff I have interacted with are familiar with the strengths and resources of residents and community institutions.

70	I have influenced how the state health department provides resources to community residents and groups to address the environmental, social and economic conditions that impact health	31	The state health department staff I have interacted with have influenced how resources have been made available to support community institutions in addressing concerns.
75	The state health department has strategies in place to minimize barriers to community participation (childcare, refreshments, and transportation)	38	The state health department provides food, child-care, transportation or other help for the community meetings it holds.
76	The state health department is open and responsive to community stakeholders' feedback on our work.	33	The health department values input from organizations like mine.
		34	The health department is responsive to communities like mine.
		35	The health department communicates openly and honestly with community members and partners.
80	The state health department plays an active role in developing, maintaining and supporting networks in the community.	49	The state health department plays an active role in developing, maintaining and supporting networks in the community.
81	The state health department creates and distributes oral and written information that is appropriate for the cultural, linguistic and literacy needs in the community.	44	The state health department creates and distributes oral and written information that is appropriate for the cultural, linguistic and literacy needs in the community.
82	The state health department collects and shares data in a manner that is appropriate for the cultural, linguistic, and literacy needs of the community.	45	The state health department collects and shares data in a manner that is appropriate for the cultural, linguistic, and literacy needs of the community.

83	The state health department is able to adapt to new communities and changes within populations	50	The state health department adapts to new communities and changes in populations in our state.

