

State Health Department
Organizational Self-Assessment for Achieving Health
Equity

TOOLKIT AND GUIDE TO IMPLEMENTATION



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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](#) developed by the Bay Area Regional Health Inequity Initiative (BARHII). The *Self-Assessment* can be a key component in strengthening health department 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 the present 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 five instruments and guidelines to address the various elements of the **Matrix**. The instruments are:

1. **Staff Survey** – an online tool designed for health department staff as all levels within the organization. The survey addresses most of the elements in the Matrix.
2. **Collaborating Partner Survey** – an online tool gives other agencies, organizations and groups working with the health department to share feedback and insights regarding health equity work.
3. **Staff Focus Groups** – facilitated group discussion questions for in-depth discussion 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 get an in-depth sense of organizational strengths and areas for improvement related to addressing health inequities,
5. **Human Resources Data Worksheet** – a worksheet that can be used to summarize important data gathered during the Internal Document Review and Discussion phase of the self-assessment.

A **Matrix** of organizational and staff competencies needed to achieve health equity provides a framework for the *Self-Assessment*. The **Matrix** 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 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 five phases:
- Review the current toolkit and guidance to make preliminary changes. In 2012, NACDD assembled a team of volunteers from X states to assist.
 - Recruit and select pilot states to implement all tools, without making changes. Pilot states provided detailed feedback on their recommended changes to the tools themselves 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.
 - Recruit volunteer state staff to review the revisions and identify areas that need further clarification
 - Complete final revisions and disseminate to state health departments.

2. Introduction

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

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

While all organizational characteristic and workforce competencies are important indicators of organizational capacity, the data from various tools highlight some more than others. These are bolded.

The domains above are transferred to two matrices: one for staff skills and competencies and the second for organizational competencies. (See *Appendix 2*) These matrices are the basis for the instruments and protocols in the *Self-Assessment Toolkit*

- **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.

3. **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 wanting 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 project team should have in mind a clear goal for implementing the self assessment and project how results will be used. Senior leadership must commit sufficient resources for the *Self-Assessment*; is open to feedback, especially critical comments; and intends to translate findings into action. Carefully review pages 12-13 and 16 of the BARHII Toolkit and Guide 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 proposed standards and measures will include health equity in more depth than PHAB Version 1.0. PHAB staff members are in the process of analyzing comments and recommendations from the public health community on proposed revisions. The Accreditation Improvement Committee met in October 2013 to finalize the version that will be presented to the PHAB Board of Directors for discussion and final adoption in December 2013. Version 1.5 of the Accreditation Standards and Measures will be published on PHAB's website in January 2014 and will go into effect for health departments applying on or after July 1, 2014