

Marion County Service Equity Assessment Management Interview Guide

(Interviewer: Prior to each scheduled interview, interviewees were provided the [pre-interview packet](#).)

Introduction and Overview

Thank you for taking the time to speak with me today. My name is XXX, and this is XXX. We work for the Rede Group, a company that does strategic planning, research, and evaluation for nonprofit and public sector organizations. These interviews are part of an organizational service equity assessment that MCHHS is undertaking to increase service equity with Marion County.

This interview is completely voluntary. We will be recording our discussion today and taking notes. What you say here today is confidential. The recording will not be made available to anyone outside of the Rede Group and that includes our client, MCHHS. The Rede Group will not use this recording for any other purpose than developing a report. We will be sharing feedback in the report only as overall themes and insights that emerge from all our interviews. Nothing you say in this interview will be attributed to you personally, and nothing you tell us will be used against any person or program.

The purpose of the assessment is to help MCHHS define areas of particular strength and opportunities for improvement related to addressing inequities, to identify where to focus on building capacity, and to provide benchmarks for future assessments. We are interested in hearing your experiences and opinions. There are a couple things I want to make sure we do. If you can, turn off your cell phone and place it away from you. Since this is a remote session, make sure that you are in a private place with no interruptions. The interview should take about 60 minutes. Do you have any questions for me before we begin?

Interview Questions

First, I'm going to ask a little about you.

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

____ Years and ____ Months

2. How long have you been at MCHHS?

____ Years and ____ Months

3. How long have you been working in the health and human services field (including time outside of MCHHS)?

____ Years and ____ Months

Transition Statement:

We're going to begin by talking about the overarching guiding principles and planning processes for the department. This includes things like the mission, vision, and values statements, strategic planning, succession planning, and program planning.

Mission, Vision, and Values

I'm going to take a moment to read these; MCHHS's mission is to "Create a safe and welcoming community where all people can access high-quality health and human services and are supported to achieve their highest level of health." MCHHS's Vision is that "Marion County is a vibrant community where all people have opportunities to live healthy, purposeful lives." And, MCHHS's Values are "Safe and welcoming, community-focused, teamwork, transparent, and continuous improvement."

4. Based on MCHHS's mission, vision, and values statements, do you think there is an explicit commitment to address inequities?
 - a. If yes, how is this commitment demonstrated or not demonstrated?
 - b. If no, how could this commitment be demonstrated?

Goals, Strategies and Benchmarks/ Strategic and Succession Plans /Accessible Data and Informed Planning

For the following questions, answer them to the best of your abilities. If you don't know the answer, that is completely OK and we can skip to the next questions.

5. Does MCHHS engage in department-wide strategic planning?
 - a. If so, how often does this occur?
 - b. Who is involved in the process? Would you say staff at all levels are involved in the process?
 - c. Does the strategic plan discuss inequities explicitly and if so, what are those?
6. Do individual programs or units do their own strategic planning?
 - a. If so, how often does this occur?
 - b. Who is involved in the process? Would you say staff at all levels are involved in the process? At what step are staff brought into the strategic planning process?
 - c. Does the strategic plan discuss inequities explicitly? Are there specific strategies and objectives for addressing inequities? What are those?
7. How does MCHHS manage community input into planning processes?
 - a. How does the department get community input?
 - b. Who from the community is asked for input? At what stage are they asked for input?
 - c. At what point(s) in planning processes does the department seek community input?
 - d. How does MCHHS communicate back to the community how their input was used?
8. Does MCHHS conduct assessments on the conditions that influence health?

Probe: conditions such as housing, education, economic opportunity, or parks and recreation opportunities within public health, human services, behavioral health, and administration as it relates to health inequities.

- a. If so, how often does this occur?
- b. Who is involved in the process?
- c. Does MCHHS collect specific data on inequities in the populations it serves?
- d. How is this data shared with the community and how do you assure that the data sharing is appropriate for the cultural, linguistic and literacy needs of the community?

9. Is there a process for regularly assessing MCHHS's strengths and areas for improvement in its work to address inequities (such as a SWOT [Strengths, Weaknesses, Opportunities & Threats] analysis, organizational assessment, or strategic planning process)?

Probe: Does MCHHS regularly evaluate or reflect on its capacity, commitment and efforts to address inequities? Is there a formal process for evaluation and reflection? Please describe the process.

- a. If so, how often does this occur?
- b. Who is involved in the process?

Transition Statement:

I'm now going to ask you a few questions about succession planning within the department.

(Succession planning is preparing staff for new roles, it's not preselection, but preparing talent and skills in existing staff.)

Succession Planning

10. Does MCHHS have a written succession plan for its leadership?
 - a. If so, are commitments to addressing inequities and cross-departmental collaboration explicit parts of the succession plan?
 - b. Does the succession plan include strategies and benchmarks for ensuring/promoting diversity in MCHHS leadership?
 - c. Are these benchmarks used to improve future succession plans?
 - d. How is the succession plan shared? How is it implemented?

Transition Statement:

Now, I'd like to ask you some questions about the organizational culture of MCHHS.

Cultivating Organizational Culture of Learning/Professional Development

11. Would you say MCHHS has a culture that encourages learning, growth, and change?

Probe: How are staff encouraged to challenge assumptions and the status quo? How does MCHHS give positive incentives for feedback? Are there repercussions if staff make a mistake, etc.?

12. Would you say the attitudes and expectations within MCHHS encourage diversity (considering multiple types of diversity such as class/class identity, gender, etc.). How is this evident?
 - a. What types of diversity does MCHHS successfully encourage?
 - b. What could MCHHS do to change the attitudes and expectations it conveys to encourage other types of diversity?

13. Does MCHHS intentionally recruit employees with class or racial/ethnic backgrounds, sexual orientation, ability, gender identity, veteran status, etc reflective of the communities it serves?
 - a. Do managers receive training in managing a diverse workforce?
 - b. How are staff members who reflect the community supported to gain the qualifications necessary to advance in MCHHS?
 - c. What does MCHHS do to retain a diverse workforce?
14. Does MCHHS provide opportunities for staff feedback about strategies and efforts to address inequities? In what ways is staff input encouraged or supported?

Transition Statement:

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

Participatory and Transparent Decision-making Process

15. How are staff from multiple levels of the department involved in making major decisions?
Probe: Please think about different types of decisions: strategic, programmatic, structural, etc. In what ways are staff involved in decision-making?
 - a. Can you share some ways that this multi-level involvement from staff has enhanced the department's ability to address inequities?
16. Do you think MCHHS's values are consciously brought into decision-making processes? Can you give an example?

Transition Statement:

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

Community Capacity Building

17. Does MCHHS have strategies to help community members and CBOs assume leadership roles, advocate for public health concerns and influence the local health and human services department?
Probes: What strategies does MCHHS use to build the capacity of community members and CBOs? What does community leadership look like? How has this led to community-driven advocacy? What has changed as a result?
18. What strategies does MCHHS have to increase community awareness about inequities and their root causes in Marion county?
 - a. How has this led to community-driven advocacy?
 - b. What has changed as a result of this process?

Streamlined Administrative Processes and Funding

19. How does MCHHS provide administrative and logistical support for involving community members in decision-making and planning? This includes the arrangements for community meetings in terms of locations, hours, childcare, physical environment, etc.
 - a. What barriers make it difficult for community members to participate in MCHHS decisions? What can MCHHS do to address these?
20. Does MCHHS have flexible processes for acquiring funds and services to work with community members (including stipends and sub-contracts)? Please give an example [of this flexibility *if "yes,"* or of when this would have been helpful *if "no."*] What are the challenges in using MCHHS funds in working with community

members?

Staff knowledge of community issues and resources

21. How do you stay aware of community issues as well as community resources and strengths? (such as what is happening in Woodburn, Stayton, Donald, Jefferson, Idanha, etc.)
 - a. How do you ensure that your staff stays aware of community issues as well as community resources and strengths?
22. In what ways do you build on community strengths in your work with the community? How do you ensure that your staff build on community strengths in their work?

Finally, I have some questions about workforce development.

Workforce development

23. What steps has MCHHS taken to cultivate a health and human services workforce that is prepared to address inequities?
 - a. Partnering with advocates to increase agency capacity to address the environmental, social, and economic conditions that impact inequities?
 - b. Pipeline programs to increase diversity of potential MCHHS workforce?
 - c. Hosting internships/ field placements/ student research related to inequities? Efforts to recruit from the community?
 - d. Efforts to provide mentorship and support professional development to give people with non-traditional qualifications the knowledge and skills to be promoted at a management level (i.e. coaching, paid classes, and training)?
24. Does MCHHS provide support such as training and/or coaching, continuing education/conferences for staff to learn about inequities and addressing the social determinants of health in and outside of the Division?
 - a. What are some of the topics covered?
 - b. How does MCHHS relay its commitment to addressing inequities to new employees?
(*Probe.*) Is this covered in a formal orientation?

Those are all my questions. Do you have anything else to add about MCHHS's capacity to address inequities?

Thank you for your time