

Center *for*  
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# Executive Summary

The collaboration between the Center for Public Service (CPS) and the Oregon Health Authority's Acute Communicable Disease Prevention (ACDP) and HIV, STD, and TB (HST) sections began in July 2023. The goals were to capture employee knowledge, behavior, and understanding of the health equity goals set forth by the Health Equity Working Group (HEWG) as well as identify any gaps in health equity practices.

Data collection efforts involved the completion of a document review of ACDP & HST workforce equity efforts and processes in conjunction with a literature review of best practices related to promoting workforce equity. Development and implementation of a workforce equity survey for all ACDP & HST staff.

In addition to the literature review, a survey was developed to assess ACDP and HST staff's knowledge, behaviors, and understanding of health equity practices. The survey covered 1) employee recruitment and hiring; 2) professional development; and 3) health equity practices (attitudes, personal knowledge, and sense of belonging). Survey question responses were based on a Likert-style scale to rate statements based on how much they agreed or disagreed with each. The survey also included open-ended questions where participants were provided an opportunity to include additional thoughts on the survey topics as well as asked to define health equity. A copy of the survey questions can be found in Appendix C

The CPS team also created a set of questions that were asked in an interview setting. A copy of these questions can be found in Appendix D. Interview recruitment included survey participant volunteers and interview and hiring manager staff nominated by members from HST and ACDP.

Data from the surveys and interviews were compiled and analyzed by the CPS team. Survey data was analyzed using descriptive statistics to illustrate participant demographics, while survey questions were analyzed with inferential statistics to test the relationship between participant demographics and survey question agreement levels. Interview data was analyzed using thematic and narrative analysis.

The findings below are based on the Workforce Equity Needs Assessment survey responses, and interview narratives. The findings will begin with a review of results for all survey participants, followed by results for ACDP and HST individually. Interview data will be discussed followed by recommendations.

## **All Survey Data**

There were 91 survey participants with over half identifying as White. The most prominent REALD category was “Western European”. Regarding gender identity and sexual orientation, most participants identified primarily as female and heterosexual/straight. Similarly, most participants did not identify having a disability or chronic condition. Of those that identified with either a disability or chronic condition, the most commonly reported conditions were attention deficit disorder, health, mental-health, and mobility related conditions.

There were 13 survey participants across both sections that reported having supervision responsibilities. In addition, over half of survey participants reported having either interview panelist experience or serving as a hiring manager. (see Appendix B)

**Recruitment and hiring** survey findings suggest that most survey participants agreed that OHA was actively trying to promote workforce equity through hiring practices. However, almost three-quarters of survey participants agreed that OHA’s application process was a barrier to maintaining a diverse workforce. Females were significantly more likely to agree with this statement. While only 20% of participants agreed experiencing barriers during their application process, findings were significant for female participants and those with disabilities, particularly those reporting living with autism, attention deficit, and mobility related conditions. Similarly, survey participants with chronic conditions were more likely to disagree with feeling supported during the internal and external hiring processes.

Over half of respondents who participated as interview panelists agreed that they observed barriers in the application process. Females were significantly more likely to agree with this statement. (see Table 1)

**Professional Development** findings illustrated greater variance in agreement levels. Almost all survey participants agreed with having opportunities to learn more about how to promote equity within their own sections. Similarly, 86% agreed with completing implicit bias training. Despite this, only 60% of respondents agreed with having a clear understanding of what professional development opportunities were available to them. Of those, males were significantly more likely to agree with this statement. All participants with supervision responsibilities agreed that they supported their staff in professional development engagement and actively encouraged their engagement. While most participants with supervision responsibilities tried to ensure their staff had the resources needed to engage in professional development, only 61% reported having the resources needed to ensure their staff were able to engage with these opportunities. (see Table 2)

There were differences by demographics for the type of professional development opportunities participants reported accessing. Participants who identified with a disability were significantly less likely to have received time off for professional development and access to organizational resources. Survey participants who reported a mental health condition were significantly less likely to have received time off for professional development and financial resources.

**Attitudes toward health equity** findings also illustrated greater variance in agreement levels. Those questions that explicitly addressed equality received higher levels of agreement. However, statements where equity was more implicit resulted in moderate levels of agreement. It is unclear if the variance was due to a lack of clarity of the question or a reflection of workforce equity gray areas where participants were unsure whether the statement was promoting equity or not. (see Table 3)

**Personal knowledge of health equity** findings indicate high levels of agreement across health equity practices. Those questions regarding trauma-informed practices resulted in moderate levels of agreement. Participants with chronic conditions were significantly more likely to disagree with having working knowledge of health equity practices. (see Table 4)

**Sense of belonging** was high across both ACDP and HST. Results for all survey respondents indicated that participants who identified as LGBTQ were significantly more likely to agree with feeling pressured to conceal aspects of their identity in the workplace. (see Table 6.)

## **ACDP**

There were 50 survey participants for ACDP. Findings mirrored the results previously discussed for all survey participants across demographics, and the three survey domains. The demographic landscape was similar to the overall survey participant findings where participants identified as primarily White or Western European, female, and heterosexual/straight. Most participants did not identify with a disability or chronic condition. There were seven survey participants with supervision responsibilities and 24 who served as either interview panelists or hiring managers. (see Appendix B)

**Recruitment and hiring** results were also similar to the overall findings with high levels of agreement regarding OHA's equity efforts and applicant support. However, agreement levels were slightly lower for ACDP participants than for all participants regarding feeling supported during the internal application process and slightly higher for those reporting experiencing barriers to the application process. (see Table 5)

Significant differences were also similar, where females, LGBTQ participants and those that identify with a disability were more likely to agree that OHA's application process was a barrier to maintaining a diverse workforce. Similarly, participants that identified with a disability and/or chronic condition were more likely to have experienced barriers during the application process.

Participants that identified with having a disability were significantly more likely to disagree that OHA prioritized workforce equity in hiring practices, to feeling supported during the internal and external hiring processes, and to having received the needed accommodations during the application process. Moreover, participants who served as interview panelsists and identified as LGBTQ were significantly more likely to have observed barriers during the application process.

Some of the barriers listed in the open-ended questions were process constraints, position descriptions, the lengthy application/interview process, lack of communication during the application process, and the lack of standardization regarding when candidates were given interview question access.

**Professional development** results also mirrored those findings for all survey participants with slightly higher levels of agreement for those with supervision responsibilities. All participants with supervision responsibilities agreed that they supported their staff in professional development engagement, actively encouraged their engagement, and ensured their engagement. ACDP staff with supervision responsibilities also yielded higher levels of agreement regarding having the resources needed to ensure their staff could engage with professional development opportunities. (see Table 6)

There were differences by demographics for the type of professional development opportunities participants reported accessing or engaging. Participants who identified as male were significantly more likely to have received time off for professional development, financial resources for professional development, and access to organizational resources. In addition, participants that identified as heterosexual/straight were more likely to have received time off for professional development. Alternatively, participants that identified with a mental health condition were significantly less likely to have received time off for professional development.

Open-ended survey responses for this section highlighted the need for more resources specifically designated for professional development in the form of more funding and professional development time incorporated into FTE. In addition, manager support posed a barrier for some participants who wanted to engage in professional development opportunities. Another barrier was a lack of information and access to equity training.

**Attitudes toward health equity** findings also illustrated greater variance in agreement levels. Similar to the findings for all survey responses, those questions that explicitly addressed equity had higher levels of agreement than those with more implicit messages. (see Table 8) Participants with disabilities or chronic conditions were more likely to disagree with treating people differently based on their cultural needs and with finding it easier to work with people when they have shared interests.

**Personal knowledge of health equity** findings also reflected those of all survey participants where ACDP participants indicated high levels of agreement across health equity practices and moderate levels of agreement regarding trauma-informed practices. (see Table 9) Participants with disabilities and/or chronic conditions were significantly more likely to disagree with having working knowledge of health equity practices and knowing where to find resources related to providing trauma-informed care to their clients/partners. Females were more likely to have working knowledge of trauma-informed practices, and participants that identify as LGBTQ were more likely to disagree with incorporating trauma-informed practices into their daily work

**Sense of belonging** was high for ACDP survey participants. However, similar to the results for all survey respondents, those that identified with a disability were significantly more likely to disagree with feeling free to express their identity in the workplace. Furthermore, LGBTQ participants were more likely to agree with feeling pressured to conceal aspects of their identity in the workplace. (see Table 10)

## **HST**

There were 22 survey participants for HST. The demographic landscape of HST was similar to ACDP where most identified as White or Western European and female. Slightly over half identified as heterosexual/straight. Most respondents did not have supervision responsibilities and most had interview panelist experience or served as a hiring manager. (see Appendix B)

**Recruitment and hiring** results suggest that survey participants in HST perceived hiring and recruitment efforts to be less equitable than the interview practices. For instance, participant agreement levels were moderate for statements regarding hiring committees making an effort to recruit a diverse pool of applicants and high for those statements that addressed barriers in the application process. Yet, participants also had high levels of agreement regarding feeling supported during the internal and external hiring processes and moderate to high for receiving the necessary accommodations during the application process. (see Table 11)



Participants who served as interview panelists and identified with a chronic condition were significantly more likely to agree with observing barriers during the application process.

**Professional development** findings indicate that participant agreement levels were generally high for this section, with the exception of those with supervision responsibilities who reported moderate levels of agreement with having the resources needed to ensure staff were able to engage in professional development opportunities. (see Table 12)

Findings indicate that participants who identified with a disability were significantly more likely to report not receiving “Time off to attend professional development” opportunities than their colleagues who do not identify with a disability, >90% and 22% respectively  $p=.026$ .

**Attitudes toward health equity** findings suggest that HST participants had a stronger grasp of implicit and explicit equity statements indicating higher levels of disagreement for statements that appeared suggestive of equality, but that are actual examples of inequality, “I treat everyone I work with exactly the same” and higher levels of agreement for statements that address targeted universalism such as, “I adjust the way I interact with a colleague or client based on their cultural needs”. (see table 13) Participants who identified as being blind or visually impaired were significantly less likely to agree with finding it important to promote pronoun use in the workplace compared to their colleagues who did not identify with being blind or visually impaired, <5% and >90% respectively  $p=.048$ .

**Personal knowledge of health equity** findings indicate high levels of agreement for knowledge of health equity practices and moderate levels of agreement regarding knowledge of trauma-informed practices. (see Table 14) Participants that identified as LGBTQ were significantly more likely to agree with having a working knowledge of trauma informed care principles than their peers who identified as heterosexual/straight, >90% and 58% respectively  $p=.055$ .

**Sense of belonging** was high for HST survey participants. (see Table 15) Participants who identified as employees of color were significantly more likely to disagree with feeling free to express aspects of their identity in the workplace and with receiving proper accommodations to do their job well. Furthermore, participants with a chronic condition were significantly more likely to disagree with communicating openly and honestly with their supervisor and to receive proper accommodations to do their job well.

# Project Overview

In July 2023, a team from the Center for Public Service (CPS) began efforts to provide a needs assessment to the Acute Communicable Disease Prevention (ACDP) and HIV, STD, and Viral Hepatitis (HST) sections within the Oregon Health Authority. The primary goals of this assessment were to understand employee knowledge, behavior, and understanding of the health equity goals set forth by the Health Equity Working Group (HEWG):

- supporting an efficient and equitable hiring process;
- promoting a welcoming environment during onboarding;
- supporting staff in developing skills and setting goals related to health equity;
- providing continued learning and engagement opportunities for all staff related to health equity, cultural responsiveness, implicit bias, and trauma informed care;
- and retaining a diverse and qualified public health workforce, by creating a culture of belonging where staff feel welcome and supported.

The CPS team began the project by completing a [Workforce Needs Assessment](#) literature review of best practices related to promoting workforce equity in addition to reviewing documents provided by HST and ACDP staff. These documents included practices and procedures. In addition, previously collected data related to workforce equity was reviewed.

Upon completion of the literature review, the CPS team created a workforce equity survey based on the initial findings. The survey sought to assess ACDP and HST study participants on the following topics: 1) employee recruitment and hiring; 2) professional development; and 3) health equity practices (attitudes, personal knowledge, and sense of belonging). Respondents were asked to use a Likert-style scale to rate statements based on how much they agreed or disagreed with each. The survey included open-ended questions where participants were asked to define health equity as well as given the opportunity to provide any additional information at the end of each survey section. A copy of the survey can be found in Appendix C

In addition to the survey, the CPS team created a set of questions that were asked in an interview setting. A copy of these questions can be found in Appendix D. These questions were based on the literature and document review. Interviews were conducted for 30-60 minutes. Interview recruitment was two pronged. The first recruitment strategy allowed survey respondents to volunteer to meet with a member of the CPS team for an interview related to their experience with the recruitment and hiring process. Survey participants were provided a link to a sign-up form requesting their email to be contacted by someone on the CPS team. The second recruitment strategy

involved staff members from HST and ACDP who provided a list of names of individuals they wanted the CPS team to interview.

Data from the surveys and interviews were compiled by the CPS team. The team evaluated the open-ended survey question and interview responses by analyzing the themes that emerged. The survey Likert-style statements were analyzed by determining the percent of agreement/disagreement across survey domains. Results were also analyzed for any relationships across agreement levels and demographic categories.

The findings below are based on the Workforce Equity Needs Assessment survey responses, and interview narratives. The recommendations that follow are based on these findings with special consideration given to a review of workforce equity best practices.

## Findings

### Survey Analysis - All Participants

This section discusses the findings of the Workforce Equity survey responses for both the Acute and Communicable Disease Prevention (ACDP) and HIV/STD/TB (HST) sections of OHA. There were 91 survey responses across both sections.

#### Methods

The analysis for the survey data is broken down into two sections. The first discusses the demographic characteristics of the survey participants in ACDP. Descriptive statistics were used to illustrate the demographic characteristics of the survey participants (e.g., frequencies, percents).

The second analysis tested the relationship between agreement levels of survey questions and demographic categories using inferential statistics, specifically Chi-square tests. In instances where more than 20% of the expected cell counts were less than five, Fisher's exact test values were used to determine significance.

Likert scaled agreement response options (Strongly agree, Agree, Slightly agree, Slightly disagree, Disagree, and Strongly Disagree) were collapsed into "Agree" & "Disagree" to simplify data analysis and make it easier to identify significant differences, as having fewer categories enhances interpretability.

## Demographics

The survey demographic section consisted of eight categories. (see Appendix A) The racial and ethnic categories section mirrored REALD categories. Participants were instructed to select all identities that applied to them. REALD categories were rolled up into subcategories of White and Employees of Color (EOC) in order to conduct inferential statistics. For a breakdown of demographic descriptive statistics see Appendix B.

The racial and ethnic breakdown of all respondents was predominantly White at 68%, while 31% identified as an EOC. The most prominent identity across REALD categories was “Western European” at 55%. Over 40% of participants identified with at least one of the following categories: African American, American or South American, American Indian, Asian Indian, Chinese, Filipino/a, Hispanic or Latino/a/x, Hmong, Japanese, Mexican, Middle Eastern, Slavic, or Other Asian.

Another survey demographic section was gender identity. The categories provided under gender identity were male, female, non-binary, and “Prefer not to state”. Participants were also provided an opportunity to type in another identity under the “I prefer to describe” option. Over three quarters of survey respondents identified as female (76%), 19% identified as male; no one typed in a response.

The third demographic category was sexual orientation. There were seven REALD identities provided under this category, including “Prefer not to share”, and an open-ended option . Of the 91 survey participants who responded to this question, 70% identified as heterosexual/straight, 11% bisexual, 7% queer, and 6% gay/lesbian. No one typed in a response.

The fourth and fifth demographic categories were disability and chronic condition status. Of the 91 participants, 18% identified as a person with a disability and 31% identified with having a chronic condition. Of those that identified with either a disability or chronic condition, the most commonly reported conditions were health related (n=15), attention deficit disorder (n=11), mental health (n=13), and mobility related (n=5).

The last two demographic categories asked participants whether they held supervisory roles and whether they held interview panelist or hiring manager roles. Most survey respondents did not report having supervision responsibilities (86%). Of the 13 who did report supervision responsibilities, 75% identified as White, 23% identified as female, and 67% identified as heterosexual/straight. None of those with supervision responsibilities identified as having a disability and less than five identified as a person with a chronic condition.

Of the 53 respondents that reported having served as an interview panelist or hiring manager, 77% identified as white, 73% as female, and 73% as heterosexual/straight. With regard to disability and chronic condition status, 9% identified as having a disability and 28% reported a chronic condition. Findings examining a relationship between

participant demographics and interview panelist/hiring manager role indicated that participants who identified as white were significantly more likely to have served as either an interview panelist or hiring manager than their colleagues who did not identify as white, 65% and 43% respectively  $p=.054$ . In addition, participants that identified with having a disability were significantly less likely to have served in either of those roles, 69% and 35% respectively  $p=.013$ . Similarly, employees who identified with having a mobility condition were significantly less likely to have served in either role, >90% and 38% respectively  $p=.011$ .

## Recruitment & Hiring Questions

This section of the survey inquired about various aspects of recruitment and hiring practices. There were 10 questions focused on the participant's experience with the different processes of applying, recruiting, and hiring for jobs. Respondents were asked to select "N/A" if any of the questions did not apply to them, hence the sample size for some questions will be less than  $n=91$ . For instance, some respondents had experience as interview panelists/hiring managers. In other instances, survey respondents did not have experience serving on an interview panel, but brought important perspectives as recent applicants for external and internal positions.

The analysis for the survey questions will provide an overview of the levels of agreement for Recruitment and Hiring questions. This will follow an analysis of the differences on agreement levels by demographics (e.g., race/ethnicity, gender identity, sexual orientation, disability and chronic condition status). The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 1. Recruitment & Hiring**

Question	n=	Agree (%)	Disagree (%)
Hiring committees make an effort to attract a diverse pool of applicants.	91	77%	23%
Promoting equity in hiring practices is a priority of the organization.	91	88%	12%
I felt supported during the internal hiring process.	68	85%	15%
I felt supported during the external hiring process.	91	79%	21%
I received needed accommodations during the application process.	26	81%	19%

The organization's application process is a barrier to maintaining a diverse workforce.

91 74% 26%

I experienced barriers during my application process.

91 22% 78%

During my involvement w/ hiring...it was clear that equity was an organizational priority.

52 81% 19%

As an interview panelist, I observed barriers in the application process.

52 54% 46%

As a hiring manager, I provided individuals with requested accommodations during the application process.

9 >90% <5%

Relationships between survey question agreement levels and demographic categories were identified. Participants who identified as female were significantly more likely to agree that **the organization's application process created barriers to maintaining a diverse workforce** than their male counterparts, 81% and 41% respectively  $p=.002$ .

In addition, female participants were significantly more likely to agree with having **experienced barriers during the application process** than their male counterparts, 25% and <5% respectively  $p=.019$ . Participants with a disability were also significantly more likely to agree with this statement than their colleagues without a disability, 44% and 16% respectively  $p=.037$ . More specifically, participants that identified with attention deficit (45% and 19% respectively  $p=.059$ ) and/or autism (>90% and 19% respectively  $p=.009$ ) were significantly more likely to agree having **experienced barriers during their application process** than their colleagues who did not. Regarding those with chronic health conditions, participants with mobility related conditions were significantly more likely to agree with **encountering barriers with the application process**, >90% and 17% respectively  $p=.001$ .

Participants with a chronic health condition were significantly more likely to disagree with **feeling supported during the internal hiring process**, 32% and 8% respectively  $p=.023$ . Conversely, participants with mental health conditions were significantly more likely to disagree **feeling supported during the external hiring process**, 46% and 17% respectively  $p=.026$ . Lastly, among those with interview panelist experience, females were significantly more likely to agree with having **observed barriers in the application process** than their male counterparts, 62% and 25% respectively  $p=.025$ .

## **Open-ended responses**

Respondents were asked to provide comments related to recruitment and hiring practices. The following were findings from these comments.

### ***Process constraints***

Respondents noted that they perceived little flexibility in the recruitment and hiring process. One reason was the fact that the process starts with human resources out of the hands of the people who will be working with the candidate. Further, the interview process is constrained by legal considerations. As such, panelists are not allowed to ask follow-up questions to candidates. Interviewees expressed equity concerns over this because a follow-up question may assist in understanding if a candidate with non-traditional work experience is qualified for the position.

### ***Position descriptions***

Respondents noted that position descriptions may be a barrier to attract diverse applicants. For instance, position titles may be too broad and do not accurately reflect the work being performed. Further, technical skill requirements may deter applicants who have transferable skills.

### ***Turnaround time and lack of communication***

An identified barrier to hiring applicants is the turnaround time involved with the recruitment and hiring process. Respondents reported that it takes months for the process to be completed. The long turnaround time also occurs with little to no updates. Respondents reported a lack of communication throughout the application process. Some reported that they assumed they were not given further consideration for a job due to how long it took to receive an interview invitation. This can favor applicants who have the resources to wait for the duration of an interview process. This impacts the diversity of the candidate pool as individuals may find other opportunities prior to being invited to interview.

### ***Interview question access***

Respondents reported that candidates are often given access to questions prior to their interview. The amount of time a candidate is given to review the interview questions varies, with some respondents reporting that they were sent questions an hour in advance. Individuals expressed concerns about whether or not this is a sufficient amount of time, particularly for candidates with disabilities.

## **Professional Development Questions**

This section of the survey included eight questions capturing employee perspectives on various aspects of professional growth, such as equity training, access to equity learning series and professional development opportunities.

Table 3 provides an overview of agreement levels and number of participant responses. This is followed by an analysis of the differences on agreement levels by demographics (e.g., race/ethnicity, gender identity, sexual orientation, disability and chronic condition status). The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 2. Professional Development**

Question	n=	Agree (%)	Disagree (%)
I have received professional training on how to promote equity in hiring decisions.	87	46%	54%
I have access to opportunities to learn more about how to promote equity w/in my department.	87	90%	10%
I have completed implicit bias training.	87	86%	14%
I have a clear understanding of the professional development opportunities that are available to me.	87	60%	40%
I support my staff when they make a decision to engage in professional development.	13	>90%	<5%
I actively encourage my staff to engage in professional development.	13	>90%	<5%
I ensure that my staff are granted the resources to engage in professional development.	13	85%	15%
I have the resources needed to ensure my staff are able to engage in professional development.	13	61%	39%



Relationships between survey question agreement levels and demographic categories yielded statistically significant differences by demographic categories for the following questions.

Participants with supervision responsibilities were significantly more likely to agree with having **received professional training on how to promote equity in hiring decisions** than participants without supervision responsibilities, 85% and 39% respectively  $p=.002$ . Furthermore, males were significantly more likely to agree with having **a clear understanding of the professional development opportunities that are available** than their female counterparts, 94% and 53% respectively  $p=.003$ .

Participants were also asked about professional development opportunities available to them. There were 86 survey responses to this question. The question explored the various types of professional development opportunities that participants could have received, such as: ***Health Equity Related Training, Time for Professional Development, Time Off for Professional Development, Financial Resources for Professional Development, Access to Online Resources, and Access to organizational resources.***

An analysis of the relationship between demographics and professional development types yielded statistically significant differences for gender identity, sexual orientation,

Findings by disability or chronic condition type resulted in distinct differences:

- Participants with a disability were significantly less likely to have received **time off for professional development** than their colleagues without a disability, 79% and 39% respectively  $p=.006$ .
- Participants with a disability were significantly more likely to not have received **access to organizational resources** than their colleagues without a disability, 64% and 35% respectively  $p=.042$ .
- Participants with mental health conditions were significantly more likely to have not received **financial resources for professional development** than their colleagues without a mental health condition, 92% and 59% respectively  $p=.049$ .
- Participants with mental health conditions were significantly more likely to not have received **time off for professional development** than their colleagues without a mental health condition, 83% and 40% respectively  $p=.005$ .

## Open-ended responses

Respondents were asked to provide comments related to professional development opportunities available to them. The following were comments provided in the open-ended question at the end of the professional development section.

Respondents noted that the resources for professional development are constrained in a variety of ways. In some cases, federal guidelines prohibit the use of funding for professional development. In others, employees are constrained in their ability to make

time for professional development based on their workload. Manager support was also a factor in whether or not employees were able to dedicate time to professional development initiatives.

Another barrier identified was a reported lack of information related to professional development opportunities. Respondents detailed not knowing what resources are available to them or how to access professional development resources, such as funding and/or information related to continuing education. Health equity-specific training was desired by respondents, but the availability of such training opportunities was not clear to them. Participants suggested that OHA consider offering health equity training that appeals to different skill sets and experiences (e.g. introductory trainings and advanced trainings)

## Attitudes on Health Equity Practices Questions

This set of questions explored survey participants' attitudes towards various health equity practices, particularly as it pertained to lived experiences. There were 12 questions in this section. The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 3. Attitudes of Health Equity Practices**

Question	n=	Agree (%)	Disagree (%)
I treat everyone I work w/exactly the same.	79	53%	47%
I adjust the way I interact w/a colleague or client based on their cultural needs.	79	>90%	<5%
People should be treated equally, regardless of their identity.	79	71%	29%
People should be treated differently based on their cultural needs.	79	90%	10%
People who are assertive and in control make better management decisions than those who are focused on communication and fostering relationships.	79	5%	95%
It is difficult to work w/individuals when I cannot relate to them.	79	25%	75%
It is difficult to work w/individuals when we do not have shared interests.	79	9%	91%
I work better w/people...I can relate to them.	79	68%	32%

Relationships between survey question agreement levels and demographic categories yielded statistically significant differences by demographic categories for the following questions.

Participants that identified as LGBTQ were significantly more likely to disagree with **treating everyone I work with exactly the same** than their heterosexual/straight colleagues, 67% and 39% respectively  $p=.032$ . Furthermore, participants that identified as EOC were significantly more likely to agree with this statement than their white counterparts, 74% and 45% respectively  $p=.022$ .

Participants with speech related conditions were significantly more likely to disagree with **adjusting the way I interact with others based on their cultural needs** than their colleagues without speech related conditions, >90% and <5% respectively  $p=.038$ . In addition, EOC were significantly more likely to agree that **people should be treated equally, regardless of their identity** than their white counterparts, 87% and 64% respectively  $p=.039$ . Conversely, participants that identify with a chronic condition were more likely to disagree that **people should be treated differently based on their cultural needs**, 23% and 5% respectively  $p=.034$ . Lastly, participants that identify as LGBTQ were significantly more likely to agree with **working better with people when I can relate to them**, 86% and 62% respectively  $p=.050$ .

## Open-ended responses

Respondents were asked to define health equity and to express any comments they had related to health equity. The following were findings from the open-ended question posed at the end of the health equity section of the survey.

### *Defining health equity*

Many respondents defined health equity in practice as the act of offering differentiated support to individuals based on their needs. There were also strong themes related to mutually respecting each other. Further, respondents noted that health equity involves providing access to opportunities. There was a mixture of internal-facing vs. external-facing definitions of health equity: some respondents focused on employee support, whereas others focused on client support.

### *Implementing health equity*

Respondents expressed concerns related to microaggressions in the workplace, such as incorrect usage of pronouns. Some individuals reported feeling a lack of safety in their workplace environment as it pertains to disclosing aspects of their identity.

## Personal Knowledge Questions

This set of questions explored survey participants' personal knowledge across various health equity practices, including trauma-informed care principles. There were six questions in this section with moderate to high levels of agreement. The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 4. Personal Knowledge of Health Equity Practices**

Question	n=	Agree (%)	Disagree (%)
I have working knowledge of health equity practices.	79	94%	6%
I incorporate health equity practices in my daily work.	79	92%	8%
I have working knowledge of trauma-informed care principles.	79	81%	19%
I know how to apply trauma-informed care principles in my duties.	79	70%	30%
I use trauma-informed care principles in my daily work.	79	66%	34%
I know where to find resources related to providing trauma-informed care to clients and/or partners.	79	58%	42%

Relationships between survey question agreement levels and demographic categories yielded statistically significant differences by demographic categories for the following questions.

Participants with health related conditions were significantly more likely to disagree with having working knowledge of HE practices, 23% and <5% respectively  $p=.029$ .

Similarly, participants that identify with a chronic condition were significantly more likely to disagree with having working knowledge of HE practices, 18% and <5% respectively  $p=.020$ .

## Sense of Belonging Questions

This section of the survey focused on questions that would capture participants' level of agreement on different aspects of their engagement in the workplace, which determined their sense of belonging. There were nine questions in this section where eight out of the nine had high levels of agreement.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 5. Sense of Belonging**

Question	n=	Agree (%)	Disagree (%)
I feel free to express aspects of my identity in the workplace.	79	80%	20%
I can communicate open and honestly with my supervisor.	79	90%	10%
I receive proper accommodations to do my job well.	79	95%	5%
My colleagues have preferred pronouns that I use regularly when addressing them.	79	98%	2%
I feel like I am trusted by my colleagues.	79	>90%	<5%
I can communicate openly and honestly with my colleagues.	79	>90%	%%
I feel pressured to conceal aspects of my identity in the workplace.	79	29%	71%
I feel like I am trusted by my clients and/or partners.	79	>90%	<5%
My colleagues promote equity in the workplace.	79	96%	<5%

Relationships between survey question agreement levels and demographic categories yielded statistically significant differences by demographic categories for the following questions.

Participants that identify as LGBTQ were significantly more likely to agree with **feeling pressured to conceal aspects of my identity in the workplace** than their heterosexual/straight counterparts, 48% and 23% respectively  $p=.051$ .

The next section will be reviewing the survey and interview findings for ACDP and HST sections. This will be followed by recommendations.

# ACDP Survey Analysis

This section discusses the findings of the Workforce Equity survey responses for the Acute and Communicable Disease Prevention (ACDP) section in OHA. There were 50 survey responses for this section.

## Demographics

The racial and ethnic breakdown of ACDP respondents was predominantly White at 62% (n=31), while there were 19 (38%) employees who identified as an EOC. The most prominent identity across REALD categories was “Western European” at 44% (n=22). Of the 19 participants who identified as an employee of color, eight identified as either African American, Asian Indian, Chinese, Filipino/a, Hmong, Japanese, Middle Eastern, or Other Asian and 11 selected two or more race/ethnicities.

There were seven REALD sexual orientation categories provided, including “Prefer not to share”, and an open-ended option. Of the 50 survey participants who responded to this question, 72% identified as heterosexual/straight and 12% bisexual. No one typed in a response.

Disability and chronic condition status data indicates that out of the 49 survey respondents, 20% identified as a person with a disability. Similarly, 26% identified with having a chronic condition. Of those that identified with either a disability or chronic condition, the most commonly reported conditions were health related (n=9), attention deficit disorder (n=8), mental health (n=8), and mobility related (n=5). (see Appendix B)

The last two demographic categories asked participants whether they held supervisory roles and whether they held interview panelist or hiring manager roles. Most survey respondents for ACDP did not report having supervision responsibilities (86%). Of the seven who did report supervision responsibilities, 57% identified as White and Female, and 71% identified as heterosexual/straight. Of the seven respondents who reported supervision responsibilities, none identified as having a disability and only one identified as a person with a chronic condition. Findings examining a relationship between participant demographics and supervision responsibilities did not yield any statistically significant differences.

Of the 25 respondents that reported having served as an interview panelist, 28% identified as an EOC, 68% identified as female, and 76% identified as heterosexual/straight. With regard to disability and chronic condition status, 8% identified as having a disability and 12% reported a chronic condition. Findings examining a relationship between participant demographics and interview panelist/hiring manager role indicated that participants who identified with having a disability were significantly less likely to have interview panelist experience, 80% and 41% respectively  $p=.028$ . Similarly, employees who identified with having a chronic condition were significantly less likely to have interview panelist experience, 77% and 41% respectively  $p=.024$ .

## Recruitment & Hiring Questions

This section of the survey inquired about various aspects of recruitment and hiring practices across ACDP. There were 10 questions focused on the participant's experience with the different processes of applying, recruiting, and hiring for jobs. Respondents were asked to select "N/A" if any of the questions did not apply to them, hence the sample size for some questions will be less than n=50. For instance, some respondents had experience as interview panelists, but had not served as a hiring manager. In other instances, survey respondents did not have either experience as interview panelists or hiring managers, but brought important perspectives as recent applicants for external and internal positions.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 6. Recruitment & Hiring ACDP**

Question	n=	Agree (%)	Disagree (%)
Hiring committees make an effort to attract a diverse pool of applicants.	50	80%	20%
Promoting equity in hiring practices is a priority of the organization.	50	90%	10%
I felt supported during the internal hiring process.	37	84%	16%
I felt supported during the external hiring process.	50	78%	22%
I received needed accommodations during the application process.	15	80%	20%
The organization's application process is a barrier to maintaining a diverse workforce.	50	68%	32%
I experienced barriers during my application process.	50	28%	72%
During my involvement w/ hiring...it was clear that equity was an organizational priority.	24	88%	12%

As an interview panelist, I observed barriers in the application process.	24	58%	42%
As a hiring manager, I provided individuals with requested accommodations during the application process.	5	>90%	<5%

Relationships between survey question agreement levels and demographic categories were identified for the following questions.

Females were significantly more likely to agree that the **organization's application process was a barrier to maintaining a diverse workforce** than their male counterparts; 76% and 33% respectively  $p=.015$ . Similarly, employees who identified as heterosexual/straight were significantly more likely to find barriers in the application process than their LGBTQ counterparts, 92% and 61% respectively  $p=.036$ .

Participants that identified with having a disability were significantly more likely to disagree that **promoting equity in hiring practices is a priority of the organization**, 30% and 5% respectively  $p=.051$ . In addition, participants that reported a health-related condition were also significantly more likely to disagree, compared to their colleagues who did not report a health-related condition, 33% and 5% respectively  $p=.010$ .

Participants who identified as having a disability were significantly more likely to agree that they **experienced barriers during their application process**, 70% and 15% respectively  $p=.002$ . Regarding disability type, survey participants that identified with being attention deficit were significantly more likely to agree with **experiencing barriers to the application process**, 63% and 21% respectively  $p=.018$ . In addition, survey respondents that identified with having autism were significantly more likely to agree with this statement than their colleagues who do not identify with having autism, >90% and 23% respectively  $p=.004$ .

Survey participants that identified with a chronic condition were also significantly more likely to agree with **experiencing barriers during their application process** than their colleagues without a chronic condition, 54% and 19% respectively  $p=.029$ . Specifically, participants with health-related conditions were significantly more likely to agree with this statement than their colleagues without health-related conditions, 56% and 22% respectively  $p=.042$ . Similarly, participants with mobility related conditions were significantly more likely to agree with this statement than their peers without mobility related conditions, >90% and 20% respectively  $p=.001$ .

Participants with attention deficit were significantly more likely to disagree with **feeling supported during the internal hiring process** than their colleagues who did not report experiencing attention deficit, 43% and 10% respectively  $p=.034$ . Similarly, participants who reported living with mental health conditions were significantly more likely to



disagree with feeling **supported during the external hiring process** than their colleagues without mental health conditions, 50% and 17% respectively  $p=.037$ . In addition, participants who identified with a disability were significantly more likely to disagree with feeling **accommodated during the application process** than their colleagues who did not identify with disability, 68% and <5%  $p = .033$ .

Lastly, participants who had interview panelist experience and identified as members of the LGBTQ community were significantly more likely to agree with **observing barriers in the application process**, >90% and 50% respectively  $p=.043$ .

## Professional Development Questions

This section of the survey included questions capturing employee perspectives on various aspects of professional growth, such as equity training, access to equity learning series and professional development opportunities.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 7. Professional Development ACDP**

Question	n=	Agree (%)	Disagree (%)
I have received professional training on how to promote equity in hiring decisions.	48	50%	50%
I have access to opportunities to learn more about how to promote equity w/in my department.	48	92%	8%
I have completed implicit bias training.	48	85%	15%
I have a clear understanding of the professional development opportunities that are available to me.	48	58%	42%
I support my staff when they make a decision to engage in professional development.	7	>90%	<5%
I actively encourage my staff to engage in professional development.	7	>90%	<5%

I ensure that my staff are granted the resources to engage in professional development.	7	>90%	<5%
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I have the resources needed to ensure my staff are able to engage in professional development.	6	83%	17%
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Relationships between survey question agreement levels and demographic categories yielded statistically significant differences by demographic categories for the following questions.

Participants with supervision responsibilities were significantly more likely to agree with **receiving professional training on how to promote equity in hiring decisions** than those without supervision responsibilities, 86% vs. 44%,  $p=.041$ . Moreover, males were significantly more likely to agree with having a **clear understanding of the professional development opportunities that were available to them** than their female counterparts, >90% and 49% respectively,  $p=.005$ .

An analysis of the types of professional development opportunities that participants could have engaged with by demographics yielded statistically significant differences for gender identity, sexual orientation, learning disability status and mental health condition status.

Findings by gender identity suggest that males were significantly more likely to have received the following professional development opportunities than their female counterparts:

- Time for Professional development – 89% and 51% respectively,  $p=.040$
- Financial Resources for Professional Development – 67% and 30% respectively,  $p=.040$
- Access to organizational resources – 89% and 43% respectively,  $p=.014$

Findings by sexual orientation categories suggests that heterosexual/straight participants were significantly more likely to have received the following professional development opportunities than their colleagues who identified as LGBTQ:

- Time off for professional development opportunities - 60% and 8% respectively,  $p=.002$ .

Findings by disability or chronic condition type resulted in distinct differences:

- Participants who identified with having a mental health condition were significantly more likely to respond “No” to receiving time off for professional development than their peers who do not identify with having a mental health condition - 88% and 45% respectively,  $p=.028$ .

## Attitudes on Health Equity Practices Questions

This set of questions explored survey participants' attitudes towards various health equity practices, particularly as it pertained to lived experiences. There were 12 questions in this section.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 8. Attitudes of Health Equity Practices ACDP**

Question	n=	Agree (%)	Disagree (%)
I treat everyone I work with exactly the same.	47	60%	40%
I adjust the way I interact w/a colleague or client based on their cultural needs.	47	>90%	<5%
People should be treated equally, regardless of their identity.	47	75%	25%
People should be treated differently based on their cultural needs.	47	94%	6%
People who are assertive and in control make better management decisions than those who are focused on communication and fostering relationships.	47	<5%	>90%
It is difficult to work w/individuals when I cannot relate to them.	47	30%	70%
It is difficult to work w/individuals when we do not have shared interests.	47	6%	94%
I work better w/people when I can relate to them.	47	70%	30%
It is easier to work w/people when we have shared interests.	47	53%	47%
<b>It is important to promote equity in the workplace...</b>			
...by using proper pronouns.	47	>90%	<5%
...by making spaces accessible to individuals w/disabilities.	47	>90%	<5%

... by making sure non-English speakers have access to materials.	47	>90%	<5%
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Relationships between survey question agreement levels and demographic categories indicate that participants that identified with a chronic condition were significantly more likely to disagree that **people should be treated differently based on their cultural needs**, 27% and <5% respectively p=.010.

## Personal Knowledge Questions

This set of questions explored survey participants' personal knowledge across various health equity practices, including trauma-informed care principles. There were six questions in this section with moderate to high levels of agreement. The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 9. Professional Development ACDP**

Question	n=	Agree (%)	Disagree (%)
<i>Professional Development Questions</i>			
I have received professional training on how to promote equity in hiring decisions.	48	50%	50%
I have access to opportunities to learn more about how to promote equity w/in my department.	48	92%	8%
I have completed implicit bias training.	48	85%	15%
I have a clear understanding of the professional development opportunities that are available to me.	48	58%	42%
I support my staff when they make a decision to engage in professional development.	7	>90%	<5%
I actively encourage my staff to engage in professional development.	7	>90%	<5%

I ensure that my staff are granted the resources to engage in professional development.	7	>90%	<5%
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I have the resources needed to ensure my staff are able to engage in professional development.	6	83%	17%
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Relationships between survey question agreement levels and demographic categories suggest that participants with the following identities were significantly more likely to disagree with having **working knowledge of health equity practices**:

- Disability - 22% and <5% respectively,  $p=.003$
- Chronic condition - 18% and <5% respectively,  $p=.009$
- Health-related condition- 25% and <5% respectively,  $p=.001$

Moreover, participants who identified as LGBTQ were significantly more likely to disagree with **incorporating health equity practices in my daily work** compared to their colleagues who identified as heterosexual/straight, 17% and <5% respectively  $p=.015$ . Conversely, females were significantly more likely to agree with having **working knowledge of trauma informed care principles** than their male counterparts, 86% and 56% respectively  $p=.040$ . Participants who reported a chronic condition were significantly less likely to agree with knowing where to find resources related to providing trauma-informed care to clients and/or partners than their peers who did not report a chronic condition, 27% and 67% respectively,  $p=.021$ .

## Sense of Belonging Questions

This section of the survey focused on questions that would capture participants' level of agreement on different aspects of their engagement in the workplace, which determined their sense of belonging. There were nine questions in this section where eight out of the nine had high levels of agreement.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 10. Sense of Belonging ACDP**

Question	n=	Agree (%)	Disagree (%)
<i>Sense of Belonging Questions</i>			
I feel free to express aspects of my identity in the workplace.	47	85%	15%
I can communicate open and honestly with my supervisor.	47	92%	8%
I receive proper accommodations to do my job well.	47	>90%	<5%
My colleagues have preferred pronouns that I use regularly when addressing them.	47	>90%	<5%
I feel like I am trusted by my colleagues.	47	>90%	<5%
I can communicate openly and honestly with my colleagues.	47	98%	20%
I feel pressured to conceal aspects of my identity in the workplace.	47	30%	70%
I feel like I am trusted by my clients and/or partners.	47	>90%	<5%
My colleagues promote equity in the workplace.	47	>90%	<5%

Relationships between survey question agreement levels and demographic categories suggest that participants with health-related conditions were significantly more likely to disagree with **feeling free to express aspects of their identity in the workplace** than their colleagues without a health-related condition, 38% and 10% respectively  $p=.049$ . Similarly, LGBTQ respondents were significantly more likely to agree with **feeling pressured to conceal aspects of their identity in the workplace** than those who identified as heterosexual/straight, 58% and 21% respectively  $p=.015$ .

# HIV/STD/TB Survey Analysis

This section of the report discusses the findings of the Workforce Equity survey participant responses for the HIV/STD/TB (HST) section. There were 22 survey responses for this section.

## Demographics

The racial and ethnic breakdown of HST respondents were predominantly White at 77% (n=17); 18% of employees identified as an Employee of Color (EOC). The most prominent identity across REALD categories was “Western European” at 36%. Among the 18% of employees who identified as employees of color the following identities were represented: American Indian, Chinese, Slavic, and Mexican. Gender identity data for HST resulted in over 80% identifying as female and 14% identified as male.

There were seven sexual orientation REALD categories, including “Prefer not to share”, and an open-ended option. Of the 22 survey respondents in this section, 54% identified as heterosexual/straight. Regarding disability and chronic condition status, 14% identified having a disability and 36% a chronic condition. Of those that identified with either a disability or chronic condition, the most reported conditions were health related and mental health conditions.

The last two categories asked participants whether they held supervisory roles and whether they held interview panelist or hiring manager roles. Most survey respondents for HST did not report having supervision responsibilities (86%). Of those that did report supervision responsibilities, they primarily identified as White, heterosexual/straight, able bodied, females. Findings examining a relationship between participant demographics and supervision responsibilities did not yield any statistically significant differences.

Of the 17 respondents that reported having served as an interview panelist or as a hiring manager, 81% identified as White and female, and 56% identified as heterosexual/straight. With regard to disability and chronic condition status, 88% did not identify with a disability and 59% did not identify with having a chronic condition.

## Recruitment & Hiring Questions<sup>1</sup>

This section of the survey inquired about various aspects of recruitment and hiring practices across HST. There were 10 questions focused on the participant’s experience with the different processes of applying, recruiting, and hiring for jobs in HST. The table

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<sup>1</sup> The statement, “As a hiring manager, I provided individuals with requested accommodations during the application process”, had less than five responses and therefore was not analyzed by demographics. All respondents were in agreement with this statement.

below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 11. Recruitment & Hiring HST**

Question	n=	Agree (%)	Disagree (%)
Hiring committees make an effort to attract a diverse pool of applicants.	22	64%	36%
The organization's application process is a barrier to maintaining a diverse workforce.	22	82%	18%
Promoting equity in hiring practices is a priority of the organization.	22	82%	18%
I experienced barriers during my application process.	22	82%	18%
I felt supported during the internal hiring process.	15	>90%	<5%
I felt supported during the external hiring process.	22	82%	18%
I received needed accommodations during the application process.	7	71%	29%
During my involvement w/ hiring...it was clear that equity was an organizational priority.	17	76%	24%
As an interview panelist, I observed barriers in the application process.	17	53%	47%

Relationships between survey question agreement levels and demographic categories indicate that participants who identified with a chronic condition were significantly more likely to agree with having **observed barriers in the application process** than their peers without chronic conditions, 86% and 30% respectively  $p=.050$ .



## Professional Development Questions

This section of the survey included questions capturing employee perspectives on various aspects of professional growth, such as equity training, access to equity learning series and professional development opportunities.

Relationships between survey question agreement levels and suggests that participants who identified as female were significantly more likely to agree that they **completed implicit bias training** than their male counterparts, 92% and <5% respectively  $p=.033$ .

The types of professional opportunities that participants reported engaging in are below:

- Health equity related training (81% “Yes”)
- Time for professional development (62% “Yes”)
- Time off to attend professional development (67% “Yes”)
- Financial resources for professional development (33% “Yes”)
- Access to online resources (91% “Yes”)
- Access to organizational resources (76% “Yes”)

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 12. Professional Development HST**

Question	n=	Agree (%)	Disagree (%)
<i>Professional Development Questions</i>			
I have received professional training on how to promote equity in hiring decisions.	15	20%	80%
I have access to opportunities to learn more about how to promote equity w/in my department.	15	87%	13%
I have completed implicit bias training.	14	92%	8%
I have a clear understanding of the professional development opportunities that are available to me.	15	60%	40%
I support my staff when they make a decision to engage in professional development.	<5	n/a	n/a

I actively encourage my staff to engage in professional development.	<5	n/a	n/a
I ensure that my staff are granted the resources to engage in professional development.	<5	n/a	n/a
I have the resources needed to ensure my staff are able to engage in professional development.	<5	n/a	n/a

An analysis of the relationship between demographics and professional development types yielded statistically significant differences for disability status. Findings indicate that participants who identified with a disability were significantly more likely to report not receiving **time off to attend professional development** than their colleagues who do not identify with a disability, >90% and 22% respectively  $p=.026$ .

## Attitudes of Health Equity Practices Questions

This set of questions explored survey participants' attitudes towards various health equity practices, particularly as it pertained to lived experiences. There were 12 questions in this section.

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 13. Attitudes of Health Equity Practices HST**

Question	n=	Agree (%)	Disagree (%)
<i>Attitudes of Health Equity Practices Questions</i>			
I treat everyone I work with exactly the same.	21	43%	57%
I adjust the way I interact w/a colleague or client based on their cultural needs.	21	91%	9%
People should be treated equally, regardless of their identity.	21	71%	29%
People should be treated differently based on their cultural needs.	21	81%	19%

People who are assertive and in control make better management decisions than those who are focused on communication and fostering relationships.	21	5%	95%
It is difficult to work w/individuals when I cannot relate to them.	21	14%	86%
It is difficult to work w/individuals when we do not have shared interests.	21	10%	90%
I work better w/people when I can relate to them.	21	62%	38%
It is easier to work w/people when we have shared interests.	21	57%	43%
<b>It is important to promote equity in the workplace...</b>			
...by using proper pronouns.	21	95%	5%
...by making spaces accessible to individuals w/disabilities.	21	>90%	<5%
... by making sure non-English speakers have access to materials.	21	>90%	<5%

## Personal Knowledge Questions

This set of questions explored survey participants' personal knowledge across various health equity practices, including trauma-informed care principles. There were six questions in this section with moderate to high levels of agreement.

The table on the following page illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 14. Personal Knowledge of Health Equity Practices HST**

Question	n=	Agree (%)	Disagree (%)
<b><i>Personal Knowledge of Health Equity Practices Questions</i></b>			
I have working knowledge of health equity practices.	21	91%	9%
I incorporate health equity practices in my daily work.	21	86%	14%

I have working knowledge of trauma-informed care principles.	21	76%	24%
I know how to apply trauma-informed care principles in my duties.	21	67%	33%
I use trauma-informed care principles in my daily work.	21	62%	38%
I know where to find resources related to providing trauma-informed care to clients and/or partners.	21	57%	43%

Relationships between survey question agreement levels and demographic categories indicate that LGBTQ participants were significantly more likely to agree with having a **working knowledge of trauma informed care principles** than their peers who identified as heterosexual/straight, >90% and 58% respectively  $p=.055$ .

## Sense of Belonging Questions

This section of the survey focused on questions that would capture participants' level of agreement on different aspects of their engagement in the workplace which determined their sense of belonging.

Participants who identified as employees of color were significantly more likely to disagree that they **felt free to express their identity in the workplace**, <90% and 24% respectively  $p=.031$ . Similarly, participants that identified with a mental health condition were significantly more likely to disagree with feeling they could **communicate openly and honestly with their supervisor**, >90% and 11% respectively  $p=.029$ .

Participants that identified as employees of color were significantly more likely to disagree that they **received proper accommodations to do their job well** than their peers that identified as white, 67% and 6% respectively  $p=.046$ . Furthermore, participants who identified with a chronic condition were significantly more likely to disagree with this statement than their colleagues who do not identify with a chronic condition, 43% and <5% respectively  $p=.029$ .

The table below illustrates the number of responses per question and the levels of agreement/disagreement.

**Table 15. Sense of Belonging HST**

Question	n=	Agree (%)	Disagree (%)
I feel free to express aspects of my identity in the workplace.	21	62%	38%

I can communicate open and honestly with my supervisor.	21	81%	19%
I receive proper accommodations to do my job well.	21	86%	14%
My colleagues have preferred pronouns that I use regularly when addressing them.	21	95%	5%
I feel like I am trusted by my colleagues.	21	>90%	<5%
I can communicate openly and honestly with my colleagues.	21	>90%	<5%
I feel pressured to conceal aspects of my identity in the workplace.	21	33%	67%
I feel like I am trusted by my clients and/or partners.	21	>90%	<5%
My colleagues promote equity in the workplace.	21	95%	5%

## Interview Analysis

There were a total of 19 interviews completed. Ten interviews for ACDP and 9 interviews for HST. Interviewees for both sections included interview panelists and hiring managers, with recent internal and external applicants for ACDP. During the interviews, individuals were asked questions that fall broadly under the following subject domains:

1) Understanding and interrupting unconscious bias; 2) fair assessment and objective evaluation; 3) inclusive interviewing; 4) feedback and consistency; and 5) accountability and growth. They were also asked to provide any additional feedback that they had regarding equity in the workplace.

### Unconscious bias

Unconscious bias is defined as “unintended, subtle, and subconscious associations learned through past experiences”. There are different forms of bias that occur in the workplace, such as preferring individuals we share an affinity with, attributing certain characteristics as “good” or “desirable”, and bias toward one’s own culture (e.g. Western culture). Interview respondents demonstrated a good understanding of what unconscious bias is and how it can show up in the interview process.

*“Who gets to do the interviews and then what questions are actually asked and then how are the responses to the question evaluated?”*

In particular, the following examples of how bias can make its way into the process were offered:

- Position descriptions can be written in a way that over-emphasizes technical expertise, previous experience, and education.
- Candidate screenings can be impacted by the bias of the person appraising them (e.g. favoring a candidate with direct experience in lieu of someone with comparable qualifications).
- Interview panels can consist of individuals who share the same biases.
- Questions can be designed with a biased interpretation of what the “correct” answer is.
- Evaluation criteria can be created in a way that favors candidates with “traditional” work backgrounds, or those who can “speak well” (e.g. English speakers).

Incidents of bias are currently addressed on a case-by-case basis when individuals on the interview panel point out potential biases.

*“The interview panel is not very flexible and adaptable. The hiring manager develops questions and we round-robin ask the question, get the answer from the candidate, and we take our notes. I’m gonna say it’s somewhat clear, but definitely not bias free; and the reason why is because we’re given the questions to ask the candidates.”*

Some respondents indicated that the use of a “search advocate” has been helpful in addressing bias. The search advocate’s role is to provide external assessment of position descriptions, interview questions, and evaluation criteria. The use of a search advocate is currently required for higher-level management positions and optional for lower-level positions.

## Fair Assessment and Objective Evaluation

*“There’s often a question similar to, ‘how do you think you would fit into our group?’”*

Respondents expressed concerns related to how fairly candidates are assessed in the initial screening process. It was reported that there is a reliance on appraising applications based on how well the skills and experience listed align with the desired qualifications in the position description. Respondents shared that applicants have to use the same words from the position description in order to be considered.

*“I think that they focus way too much on tasks like that might be related to doing the position already. So like, of course, you might not know about Oregon administrative rules if you've never worked for the state of Oregon. So you know, like unless you have worked with the state, you're gonna not score well on that question.”*

When it came to assessing a candidate prior to an interview, panelists reported individual strategies they used to ensure they were assessing candidates fairly. One example of a strategy used includes anonymizing the applications by blocking off personal information that can reveal characteristics such as gender and age. Others reported considering their own biases by allowing ample time to reconsider any “gut reactions” they may have to a person, such as favoring individuals they have affinity with.

The role of follow-up questions in promoting a fair assessment was a major theme. Panelists shared that they think asking a question a different way or prodding for more information would benefit individuals with nontraditional work backgrounds. In other cases, respondents reported that the use of follow-up questions was helpful in supporting a candidate.

One technique that has been used to evaluate candidates objectively is the use of matrices that ask panelists to rate candidates in predetermined categories. Respondents reported that these matrices help panelists have a shared understanding of what key knowledge, skills, and abilities are important to performing the job duties. It was reported that the use of a matrix has reduced bias in decision-making because panelists can redirect colleagues to the matrix when subjective statements are made.

## Inclusive Interviewing

In order to support a diverse pool of candidates, considerations related to how to make their experience inclusive are an important element. Since 2020, interviews occur primarily through online platforms. Respondents expressed concerns related to the ability of diverse candidates to have the equipment and access to do online interviews properly. Others viewed the use of online platforms in lieu of in-person interviews positively due to a candidate's ability to mute their video, which can reduce appearance-based bias. It was also viewed positively due to less physical barriers associated with attending an in-person interview in a government building such as navigating the location and going through security.

Many respondents did not have examples of instances where a candidate requested accommodations for an interview. Several individuals reported that candidates receive interview questions via email in advance before the interview. The goal of sharing the questions before is to ensure that candidates who need more time processing questions will have the opportunity to do so. The time when a candidate receives the questions varies between 30 minutes to 24 hours in advance.

The length of time for an interview has been reported as a potential barrier to promoting equity in the organization. Interviews typically last thirty minutes from start to finish, which makes panelists feel rushed and unable to delve deeper into understanding what a candidate is trying to express. This was identified as negatively impacting candidates who do not speak English as their first language.

*"It's also the time constraints that we have. That doesn't make it easy because if we don't understand what someone says. How are we working to clarify that? And do we have adequate time to clarify that?"*

A concern that respondents expressed had to do with the ratio of panelists to the candidate. The amount of panelists varies between 3-9. Individuals shared that a high amount of people asking questions can overwhelm a candidate and make them feel nervous. This can be especially uncomfortable if an interview panel is homogeneous (e.g. predominantly white).



## Feedback and Consistency

Respondents were asked questions related to feedback and consistency. Providing unsuccessful candidates with feedback related to their performance can retain their interest by empowering them with the knowledge on how to improve their interview performance. Respondents reported that receiving feedback after an unsuccessful application process was helpful to them in obtaining a job with the State of Oregon.

Hiring managers are primarily tasked with giving feedback if a candidate requests it. Due to capacity limitations, there is not currently a standardized practice of providing feedback to all candidates. Instead, it is handled on a case-by-case basis in the event that a candidate requests feedback. Interview panelists reported receiving requests for feedback from candidates and expressed a lack of clarity regarding how they should respond.

*‘You know, I really want to ensure people are feeling comfortable. So, giving a little bit of feedback, not it’s not just silent like thanking them for their answer, asking for clarification. We do allow that so if a person is nervous or maybe because the language may not be their first language, you know, I know that sometimes that results in maybe a shorter answer for some folks.’*

In addition to a lack of consistency in how many interview panelists are involved with a process (it can vary between 3-9), there is a reported lack of consistency regarding the rounds of interviews offered. Some candidates go through one round of interviews, whereas others experience two rounds of interviews. Concerns related to this were offered, as one respondent expressed that some candidates who are non-English speakers may benefit from two rounds of interacting with the interview panel.

## Accountability and Growth

Respondents were asked questions related to accountability and growth related to promoting health equity. Best practices related to equity continue to change, so it is important to remain up-to-date on the topic through training. The State of Oregon has a library of resources related to equity and trauma-informed care. Some respondents reported that a link to these resources are sent annually to staff.

*“The State of Oregon has a nice library of training materials. They actually have a nice presentation I’m about to watch about microaggressions. I find that it really does take [my initiative] to pursue the training available.”*

It was reported that training related to equity was not mandatory. Staff must be self-motivated to engage with equity training. Some reported that they seek out third-party resources related to equity, such as webinars and conferences. The level at which a person can engage in equity training is dependent on if the staff member has the time and capacity to do so.

Respondents noted that management has a role in determining whether or not staff can take time to attend equity training, especially if there is a financial cost involved with doing so.

## **Additional Feedback**

Respondents were asked to give any feedback they had regarding the recruitment and hiring process. They offered the following observations.

### **Recruitment**

Recently, there’s been efforts to incorporate equity into the recruitment process. In particular, some position descriptions are now written with “desired attributes” instead of specifying technical skills. This can garner a larger applicant pool because those with transferable skills are more likely to apply. Positions descriptions often include a message indicating that health equity is a priority to the organization, which signals to candidates that they should also be equity-minded.

There was concern surrounding the manner in which position openings are advertised. There was a reported lack of outreach that could reach diverse audiences, such as the use of social media and minority-specific job boards.

### **Onboarding**

Respondents provided information related to the support an individual receives once they are hired by the organization. Staff members reported waiting at least a week to

receive the necessary system access required to perform their job. In the event an individual works remotely, they often have to use personal equipment (e.g. computers) while awaiting delivery of supplies from the organization. Retrieval of such equipment can occur via pick-up or having it sent to them. It takes significantly longer to have equipment sent to an employee. In the event an employee needs specific accommodations related to the workplace (e.g. an ergonomic chair), it can take months to obtain that equipment. There are equity implications to this because employees without access to personal equipment may not be able to succeed in the position. Furthermore, individuals with disabilities may experience a delay in receiving needed supplies to do the job well.

## Recommendations

Public sector organizations should reflect the diversity of the communities they serve. Government institutions that advance equity in their workforce are more likely to have better communication with and understanding of underrepresented communities. Public sector is known for being the top source of employment for black individuals in the United States, which is a testament to the power of public service employment in promoting equity (Nelson & Tyrell, 2015). Emerging research also states that managers need to ensure the “psychological safety” of all individuals in the organization by enhancing practices that support individuals from diverse backgrounds. Ensuring psychological safety is the practice of reducing harm and stress in the workplace (Dietzmann, 2023). These recommendations are offered with promoting psychological safety for all employees as a goal.

## Human Resources Engagement

Concerns related to how the State of Oregon human resources department reviews and selects candidates were raised by respondents. It is important to maintain collaboration with this department to address concerns and advocate for process improvements; in addition to understanding what is legal when encountering situations concerning equity. One way to do this is by ensuring that human resources staff are engaged in the Health Equity Working Group.

The human resources department is also responsible for deploying exit interview surveys to those who leave their position, but it is unclear how this information is shared back to section managers and other personnel. It is important to ensure that there is a consistent and standardized process for encouraging employees to do exit interviews. Furthermore, section managers must ensure that there is a feedback loop to receiving pertinent information related to those findings. They should also develop a process for how to consider and implement the information provided to them.

## Standardization

A primary finding was that there is a lack of consistency across interview panels. This can result in inequitable outcomes as candidates experience different interview environments depending on who is interviewing them. One way to add consistency to the interview process is the development of standard protocol related to carrying out an interview process. Standardization of interview practices is a known tool for promoting equity (Carnahan, 2023).

Standardization of the interview process across sections can promote equity by leaving little room for unconscious bias to seep into the process (Carnahan, 2023). It can also make an interview panel more efficient if members are clear on the process each time they participate. Suggestions on what to standardize include developing and using the same objective evaluation criteria across panels.

Currently, the use of search advocates in the hiring process is not standardized. Although it is required for upper-level positions, it is still optional for other positions. The use of search advocates should be an established norm in the sections.

## Updating Existing Resources

The Oregon Health Authority Office of Equity and Inclusion published version 1.1 of the Equitable Hiring Strategies Guide that offers guidance related to promoting equity in recruitment, interviewing, and candidate evaluation. The document contains a note stating that it will be continuously updated to reflect new recommendations. The Health Equity Working Group (HEWG) has also developed a Hiring Guide that encompasses guidance on how to incorporate equity considerations in the interview process. Some guidance provided in both of these guides have been identified as barriers to growing a

diverse workforce. In particular, the guides suggest that hiring managers focus on the “duties” of the position and to design questions with a focus on a candidate’s previous experience. This does not give opportunity to those who may have nontraditional work backgrounds, such as caretakers who exited the workforce to parent children or care for elderly parents.

It is best practice to review and renew guidance related to equity regularly, as new developments continue in these spaces. Furthermore, the context of the workplace has changed in a post-2020 era, such as the proliferation of online interviews in lieu of in-person interviews. The equity hiring guide should be reviewed and edited with consideration of the findings in this report, with particular attention paid to the following:

- Expand guidance on interviewing individuals with disabilities, including those with “invisible” disabilities such as neurodivergence. Currently, the guide is centered on how to work with those who have physical disabilities (e.g. those who use mobility devices). An understanding of disabilities that can impact a candidate’s interview performance can help check biases, such as understanding that not every candidate will exhibit social skills.
- Incorporate trauma-informed principles of conducting online interviews. Trauma-informed approaches include communicating that a person has a choice in whether or not to turn their camera on (Trauma Informed Oregon, 2020). It is also best practice to allow for long pauses to ensure a person has ample space to process a question before they are expected to speak (SHRM, 2023).
- Offer templates for easy use and standardization. Sample templates such as evaluation rubrics that emphasize abilities over experience would help others incorporate equity into their process.
- Review guidance on position descriptions to ensure it doesn’t perpetuate emphasis on technical skills. It is best practice to post descriptions that list skills or attributes desired for a job in lieu of the duties performed (Harvard Human Resources, 2023).
- Review sample questions that promote equity, especially if they rely heavily on reporting past experiences. During the interview, questions should be scenario-based to understand how a candidate would handle a situation,

reducing the pressure to list a situation that they have already encountered (Carnahan, 2023).

- Offer guidance on when one round vs. two rounds of interviews is appropriate. Respondents expressed that a second round interview would benefit individuals from non-dominant cultures, such as those who come from cultures where they don't talk about themselves. There should be a standardized process on how to determine when a position should require one or two interviews.
- Include links to relevant offices in the event someone has follow-up questions. Relevant offices include the human resources office and the equity and inclusion division.
- Encouraging panel diversity beyond having several members. It was reported that the high ratio of panelists to the candidate can negatively impact a sense of belonging. Consider adding strategies of how to add diversity to the process with consideration of what types of diversity would benefit the interview panel.

## Enhancing communication

Communication is key to fostering a sense of belonging and inclusion in the workplace. The findings suggest that communication can be enhanced with candidates and current employees.

It was reported that the interview process can take up to three months from application submission to hiring. This can result in potential employees taking other jobs in the meantime. Furthermore, it favors those who already have jobs and internal candidates who are familiar with the duration of the process. Communicating the nuances behind the process to candidates early can help build rapport. The process timeline should be communicated within the position description, and if possible, regular updates on the process should be provided.

Candidates should also receive direct communication related to what accommodations are available to them during the interview process. It is illegal to ask a person what accommodations they would require for a job position. Providing a list of potential accommodations a candidate can select from fosters a welcoming environment and commitment to providing accommodations in the event they are hired. Potential

accommodations in the online space include the need to have closed captioning on in the meeting.

Panelists expressed a lack of clarity related to their role, especially what is within their scope. Preparing panelists ahead of time leads to a more efficient interview process (Lin, 2023). There should be a commitment to communicating how panelists can expect to interact with candidates during the process. Guidance should include how to handle requests for feedback, when it is appropriate to ask follow-up questions during the interview, and how to use the evaluation criteria rubric. Further, panelists should be given clear communication related to the expectations of approaching diverse candidates, such as where to find resources related to bias.

### Establishing equity and inclusion as cultural norms

The availability of training opportunities is only one element of promoting equity in the workplace. It has been found that diversity training is not effective if a culture that promotes equity is absent. Managers have a strong role in creating a culture of inclusivity in the workplace because they have the authority to encourage employees to engage in inclusive acts (Dietzmann, 2023). One way to create this culture happens through the establishment of clear organizational norms and goals related to equity.

One norm that can be established is the promotion of continuous improvement related to equity. Interview committee members should be strongly encouraged to dedicate time and capacity to attending training related to bias and trauma-informed principles. Furthermore, all employees should be given quarterly reminders of the resources available to them related to diversity, equity, and inclusion. They should also be made aware of what support is available to them should they want to engage more, such as FTE to join equity-related working groups or funding to attend conferences.

Another norm that should be promoted is the solicitation of feedback related to policies and processes. Employees with a diversity of perspectives, knowledge, and expertise should be able to offer feedback related to their experience and observations. Candidates should also be encouraged to provide feedback related to their interview experience.

## Process-related changes

The retention of diverse staff starts with the interview process. It is important to create a welcoming and inclusive environment. The following recommendations relate to adjustments that should be made to current practices.

Lengthen amount of interview time. Many respondents shared that thirty minutes is not enough time to get to know a candidate. This short amount of time can make candidates feel rushed and doesn't allow for opportunity to delve deeper into their qualifications. Thirty-minute interviews should occur only if it is meant to be an initial screening with a second-round of interviews. Hiring managers should consider allocating one-hour increments for interviews. This will allow for ample time for logistics related to technological issues, gives the candidate an opportunity to elaborate on answers, and gives space for follow-up questions to be asked by the candidate and interviewers (Das, 2020).

Offer questions at least 24 hours in advance of the interview. Leaving little room for surprise in an interview process is a practice known to benefit neurodivergent candidates (SHRM, 2023). Candidates who have received questions 24 hours in advance report less stress and anxiety related to the interview process (Hiring Librarians, 2022).

Another way to mitigate bias in the hiring process has to do with the way in which candidates are evaluated and discussed. One way to avoid groupthink in an interview setting is to allow ample time for panelists to process how they feel about candidates individually before having a group discussion. This will help panelists form their own opinions prior to a discussion with others. The passage of time also helps panelists work through initial gut reactions they may have about a candidate and allows them to reconsider their own biases (Harvard Human Resources, 2023).

Another process-related change that should be implemented has to do with the review of interview questions. In some instances, respondents reported that the way questions are written can be a hindrance to candidates, especially if they rely heavily on asking about past experiences. Being intentional about how questions are crafted is one way to reduce bias in the interview (Carnahan, 2023). It is recommended that multiple



individuals are given the opportunity to offer honest feedback on interview questions prior to the interviews beginning. This can avoid pitfalls such as figuring out that a question is unclear when it is too late to change it.

## Appendix A. Demographic Survey Questions

1. Which of the following best describes your racial or ethnic identity? Please check ALL that apply.

[Real D categories link].

2. Which of the following gender categories best describes how you self-identify?
  - Woman
  - Man
  - Non-Binary
  - Prefer not to state
  - Prefer to describe: (open ended)
3. Which of the following best describes you?
  - Heterosexual or Straight
  - Gay or Lesbian
  - Bisexual
  - Pansexual
  - Asexual
  - Queer
  - Prefer not to share
  - Prefer to describe: (open-ended)
4. Do you identify as a person with a disability or other chronic condition? Yes
  - No
  - Prefer not to answer
5. How would you describe your disability or chronic condition? Select all that apply.
  - Attention deficit
  - Autism
  - Blind or visually impaired
  - Deaf or hard of hearing
  - Health-related disability Learning disability
  - Mental health condition
  - Mobility-related disability
  - Speech-related disability
  - Other (please specify, optional)

## Appendix B. Participant Demographic Tables

All Participant Demographics		
Demographic Category	Number	Percent
<b><i>Race/Ethnicity*</i></b>		
African American	<5	n/a
American Indian	<5	n/a
American or South American	<5	n/a
Asian Indian	<5	n/a
Chinese	<5	n/a
Eastern European	18	20%
Filipino/a	<5	n/a
Hmong	<5	n/a
Japanese	<5	n/a
Middle Eastern	<5	n/a
Other Asian	<5	n/a
Hispanic or Latino/a/x	<5	n/a
Other White	22	24%
Other	<5	n/a
Slavic	6	7%
Western European	50	55%
Don't want to answer	<5	n/a
<b>Total</b>	<b>91</b>	
<b><i>Gender Identity</i></b>		
Male	17	19%
Female	69	76%
Non-binary	<5	n/a
Prefer not to share	<5	n/a
<b>Total</b>	<b>91</b>	
<b><i>Sexual Orientation</i></b>		
Asexual	<5	n/a
Bisexual	10	11%
Gay/Lesbian	5	6%

Heterosexual/straight	64	70%
Pansexual	<5	n/a
Queer	6	7%
Prefer not to share	<5	n/a
<b>Total</b>	<b>91</b>	
<b><i>Disability Status</i></b>		
Yes	16	81%
No	74	18%
Prefer not to share	1	1%
<b>Total</b>	<b>91</b>	<b>100%</b>
<b><i>Chronic Condition Status</i></b>		
Yes	28	69%
No	63	31%
<b>Total</b>	<b>91</b>	<b>100%</b>
<b><i>Disability/Chronic Condition Status*</i></b>		
Attention Deficit	11	12%
Autism	<5	n/a
Blind or visually impaired	<5	n/a
Learning disability	<5	n/a
Health related condition	15	17%
Mental health condition	13	14%
Mobility related disability	5	6%
Speech related	<5	n/a
Other	<5	n/a
<b><i>Supervision Responsibilities</i></b>		
Yes	13	14%
No	78	86%
<b>Total</b>	<b>91</b>	<b>100%</b>
<b><i>Interview Panelist or Hiring Manager Role</i></b>		
Yes	53	58%
No	38	42%
<b>Total</b>	<b>91</b>	<b>100%</b>

### ACDP Participant Demographics

Demographic Category	Number	Percent
<b><i>Race/Ethnicity*</i></b>		
African American	<5	n/a
American Indian	<5	n/a
American or South American	<5	n/a
Asian Indian	<5	n/a
Chinese	<5	n/a
Eastern European	5	10%
Filipino/a	<5	n/a
Hmong	<5	n/a
Japanese	<5	n/a
Middle Eastern	<5	n/a
Other Asian	<5	n/a
Hispanic or Latino/a/x	<5	n/a
Other White	8	16%
Other	<5	n/a
Slavic	<5	n/a
Western European	33	66%
<b>Total</b>	<b>50</b>	
<b><i>Gender Identity</i></b>		
Male	9	18%
Female	37	74%
Non-binary	<5	n/a
Prefer not to share	<5	n/a
<b>Total</b>	<b>50</b>	
<b><i>Sexual Orientation</i></b>		
Bisexual	6	12%
Gay/Lesbian	<5	n/a
Heterosexual/straight	36	72%
Pansexual	<5	n/a
Queer	<5	n/a
Prefer not to share	<5	n/a
<b>Total</b>	<b>50</b>	

<b><i>Disability Status</i></b>		
Yes	10	20%
No	39	78%
Prefer not to share	<5	n/a
<b>Total</b>	<b>50</b>	
<b><i>Chronic Condition Status</i></b>		
Yes	13	26%
No	37	74%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b><i>Disability/Chronic Condition Status*</i></b>		
Attention Deficit	8	53%
Autism	<5	n/a
Blind or visually impaired	<5	n/a
Learning disability	<5	n/a
Health related condition	9	60%
Mental health condition	8	53%
Mobility related disability	5	33%
Other	<5	n/a
<b><i>Supervision Responsibilities</i></b>		
Yes	7	14%
No	43	86%
<b>Total</b>	<b>50</b>	<b>100%</b>
<b><i>Interview Panelist or Hiring Manager Role</i></b>		
Yes	25	50%
No	25	50%
<b>Total</b>	<b>50</b>	<b>100%</b>

## HST Participant Demographics

Demographic Category	Number	Percent
<b><i>Race/Ethnicity*</i></b>		
American Indian	<5	n/a
Chinese	<5	n/a
Eastern European	5	22%
Mexican	<5	n/a
Other White	<5	14%
Slavic	<5	n/a
Western European	9	41%
Prefer not to share	<5	n/a
<b>Total</b>	<b>22</b>	
<b><i>Gender Identity</i></b>		
Male	<5	n/a
Female	18	82%
Non-binary	<5	n/a
<b>Total</b>	<b>22</b>	
<b><i>Sexual Orientation</i></b>		
Bisexual	<5	n/a
Gay/Lesbian	<5	n/a
Heterosexual/straight	12	55%
Pansexual	<5	n/a
Queer	<5	n/a
Prefer not to share	<5	n/a
<b>Total</b>	<b>22</b>	
<b><i>Disability Status</i></b>		
Yes	<5	n/a
No	19	86%
<b>Total</b>	<b>22</b>	
<b><i>Chronic Condition Status</i></b>		
Yes	8	36%
No	14	64%
<b>Total</b>	<b>22</b>	<b>100%</b>
<b><i>Disability/Chronic Condition Status*</i></b>		

Attention Deficit	<5	n/a
Blind or visually impaired	<5	n/a
Health related condition	<5	n/a
Mental health condition	<5	n/a
Speech related disability	<5	n/a
Other	<5	n/a
<b><i>Supervision Responsibilities</i></b>		
Yes	3	14%
No	19	86%
<b>Total</b>	<b>22</b>	<b>100%</b>
<b><i>Interview Panelist or Hiring Manager Role</i></b>		
Yes	17	77%
No	5	23%
<b>Total</b>	<b>22</b>	<b>100%</b>



# Appendix C. ACDP & HST Workforce Needs Assessment Survey Questions

## Recruitment and Hiring Questions

Likert scale response options: Strongly Disagree, Disagree, Slightly Disagree, Slightly Agree, Agree, Strongly Agree

1. Hiring committees make an effort to attract a diverse pool of applicants.
2. The organization's application process is a barrier to maintaining a diverse workforce.
3. Promoting equity in hiring practices is a priority of the organization.
4. I experienced barriers during my application process.
5. I felt supported during the internal hiring process. (N/A response option was added)
6. I felt supported during the external hiring process.
7. I received needed accommodations during the application process. (N/A response option was added)
8. During my involvement with hiring or making recommendations about hiring other staff, it was clear that equity was an organizational priority. (N/A response option was added)
9. As an interview panelist, I observed barriers in the application process. (N/A response option was added)
10. As a hiring manager, I provide individuals with requested accommodations during the application process. (N/A response option was added)
11. (Open-ended) Please describe additional details you would like to share regarding your experience with the hiring process.

## Professional Development

12. I have received professional training on how to promote equity in hiring decisions.
13. I have access to opportunities to learn more about how to promote equity within my department.
14. I have completed implicit bias training.
15. I have a clear understanding of the professional development opportunities that are available to me.
16. (Check all that apply) The following professional development opportunities are offered to me.

- I have received training related to health equity from the organization.

-Dedicated time to engage in professional development (i.e. time during the workday to engage in professional development)

- Time off to attend professional development opportunities (i.e. conferences, workshops)
- Financial resources to engage in professional development opportunities (i.e. compensation for registration fees, course fees, etc.)
- Access to online resources (i.e. online webinars, toolkits)
- Access to organizational resources (i.e. internal handbooks, guides)
- Other (please specify)

17. I support my staff when they make a decision to engage in professional development.
18. I actively encourage my staff to engage in professional development.
19. I ensure that my staff are granted the resources to engage in professional development.
20. I have the resources needed to ensure my staff are able to engage in professional development.
21. (Open-ended) Please describe additional details you would like to share regarding your experience with professional development in your organization.

#### Personal Knowledge/Attitudes of Equity Practices

22. I have a working knowledge of health equity practices.
23. I incorporate health equity practices in my daily work.
24. I treat everyone I work with exactly the same.
25. I adjust the way I interact with a colleague or client based on their cultural needs.
26. People should be treated equally, regardless of their identity.
27. People should be treated differently based on their cultural needs.
28. People who are assertive and in control make better management decisions than those who are focused on communication and fostering relationships.
29. It is difficult to work with individuals when I cannot relate to them.
30. It is difficult to work with individuals when we do not have shared interests.
31. I work better with people when I can relate to them.
32. It is easier to work with people when we have shared interests.
33. It is important to promote equity in the workplace by using proper pronouns.
34. It is important to promote equity in the workplace by making spaces accessible to individuals with disabilities.
35. It is important to promote equity in the workplace by making sure non-English speakers have access to materials.
36. (Open-ended) Please define what "equity" in the workplace means to you.
37. I have a working knowledge of trauma-informed care principles.
38. I know how to apply trauma-informed care principles in my duties.
39. I use trauma-informed care principles in my daily work.

40. I know where to find resources related to providing trauma-informed care to clients and/or partners.
41. I feel free to express aspects of my identity in the workplace.
42. I can communicate open and honestly with my supervisor.
43. I receive proper accommodations to do my job well.
44. My colleagues have preferred pronouns that I use regularly when addressing them.
45. I feel like I am trusted by my colleagues.
46. I can communicate openly and honestly with my colleagues.
47. I feel pressured to conceal aspects of my identity in the workplace.
48. I feel like I am trusted by my clients and/or partners.
49. My colleagues promote equity in the workplace.
50. (Open-ended) Please describe additional details you would like to share regarding your experience related to promoting health equity in your organization.

# Appendix D. Interview Questions

## **Hiring Manager Interview Questions**

### Diversity and Inclusion:

How do you approach building diverse and inclusive teams?

Can you share examples of strategies you've used to ensure a diverse candidate pool?

How do you ensure that all candidates, regardless of background, have an equal opportunity to succeed in the interview process?

### Unconscious Bias:

How do you mitigate unconscious bias in the hiring process, both in candidate evaluation and interviewer selection?

Can you share an experience where you recognized and addressed bias during the hiring process?

### Assessment Criteria:

What specific skills, qualifications, and experiences are truly necessary for the position you are seeking to fill? Are there any requirements that might unintentionally exclude certain groups?

How do you balance the importance of a candidate who may be a good fit for the position with the need for diverse perspectives?

### Accommodations:

How do you handle requests for accommodations during the interview process to ensure that candidates with disabilities are treated fairly?

What steps do you take to create an inclusive interview environment for neurodiverse candidates?

### Feedback and Transparency:

How do you provide constructive and specific feedback to candidates, particularly those who may be underrepresented?

How transparent are you with candidates about the interview process, timeline, and next steps?

### Data and Analysis:

How do you track and measure the success of your diversity and inclusion efforts in the hiring process?

### Outreach and Partnerships:

What strategies do you employ to attract a wide range of candidates from different backgrounds and experiences?

Equity in Evaluations:

How do you ensure that interview questions and assessments are unbiased and relevant to the job requirements?

Can you share how you address cases where candidates have unconventional career paths that don't fit traditional evaluation criteria?

Mentorship and Growth:

How do you support the growth and development of employees from diverse backgrounds once they are hired?

Are there mentorship or sponsorship programs in place to help underrepresented employees thrive?

Future Goals:

What initiatives or changes would you suggest implementing in the hiring process to further improve equity and inclusivity?

How do you see your role in promoting equity evolving in the coming years?

### **Hiring Panel Interview Questions**

Unconscious Bias Awareness:

How familiar are you with the concept of unconscious bias?

Can you share any strategies you use to recognize and address bias during the evaluation process?

Fair Assessment:

How do you ensure that you're evaluating candidates based on their skills, qualifications, and experiences, rather than personal preferences or assumptions?

What steps do you take to avoid penalizing candidates who have non-traditional backgrounds or career paths?

Objective Evaluation Criteria:

Are the evaluation criteria clear and relevant to the job requirements, and do they avoid unnecessary biases?

How do you handle situations where a candidate's experience is different from what you might have expected?

Inclusive Interviewing:

How do you contribute to creating an inclusive and welcoming interview environment for candidates from all backgrounds?

Can you share any examples of times when you've helped put a candidate at ease during an interview?

Feedback and Consistency:

How do you provide consistent and actionable feedback to candidates after interviews, regardless of their background?

Are there any guidelines or best practices you follow to ensure the feedback you provide is helpful and unbiased?

Interrupting Bias:

How comfortable are you with interrupting or challenging biased comments or assumptions during panel discussions?

Can you provide examples of times when you've successfully addressed bias in discussions?

Accountability and Growth:

What steps are you personally taking to learn more about equity, diversity, and inclusion, and to improve your own evaluation processes?

How do you hold yourself and your fellow panel members accountable for promoting fairness in hiring?

Listening and Learning:

How do/would you approach situations where a candidate challenges or brings up concerns about bias in the interview process?

What strategies do you use to actively listen to candidates and understand their unique perspectives?

Post-Interview Discussions:

How do you ensure that panel discussions after interviews are focused on the candidate's qualifications rather than personal biases or assumptions?

What guidelines or ground rules do you follow to keep discussions respectful and unbiased?

Continuous Improvement:

How do you see the hiring panel's role in contributing to the organization's broader equity and inclusion goals?

Can you suggest any ways the recruitment and hiring process itself could be adjusted to become more equitable and inclusive?

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