Meyer, Davis and Mays (2012) incorporated organizational capacity constructs into a longstanding conceptual model for Public Health Systems and Services Research (PHSSR). The model places organizational capacity at the local, state and federal levels within the context of macro-content, decision-support and strategic decisions (e.g. policy or program implementation). The model suggests that Organizational Capacity influences Process & Performance, which in turn influences Population Health Outcomes. Their model, which was intended to guide future research, provides the framework for this qualitative interview tool, with a focus on the sub-headings within the Organizational Capacity and Process & Performance portions of the model. In addition, some questions focus on quality improvement activities, which reflect the decision-support needed to improve the Quality domain of Process & Performance.

This tool was first used to study organizational capacity of local public health departments in relation to implementing policy, systems and environmental (PSE) change intervention strategies within local jurisdictions. While the tool was designed to assess a particular intervention program, the questions themselves are applicable to a wide variety of programs and topic areas in which it is important to identify organizational capacities, and the process and performance of public health organizations. The model enhanced by Meyer et al. was published shortly after an original version of this tool was used in Minnesota. Investigators viewed this model as a useful tool during data analysis and interpretation, so the terminology used in the model has been retroactively incorporated into the headings of this instrument. Those wanting to use or build on this instrument are encouraged to review the Meyer model, and potentially include some additional constructs that are not reflected here (e.g., Physical Infrastructure and Informational Resources). This interview guide is designed to last approximately an hour, but interview length can vary based on whether respondents participated in cross-jurisdictional work and/or formal quality improvement activities within the program.

**Organizational Capacity: Fiscal and Economic Resources**

1. How did additional program funds increase the overall capacity of your local health department?

   Probes:
   - Were the additional program funds used only for increased staffing?
   - How much of the funding was used to actually implement the program (e.g. training, improve community relationships, fund actual activities)?
   - Is the increased capacity associated with this program sustainable should funding levels change?

**Organizational Capacity: Workforce & Human Resources**

2. How did staffing within the local health department help or hinder success?
Qualitative Interview Tool:  
Discussing Public Health Organizational Capacity, Process & Performance  
in the Context of the Meyer, Davis, Mays PHSSR Conceptual Model  
May 2013

Interpersonal staff relationships?  
Established vs. new staff?  
Ability to recruit and retain staff?  
Staff knowledge and expertise?  
Staff experience and willingness to learn new approaches?

3. How familiar was your staff with the new program when you started to implement it?

Organizational Capacity: Inter-Organizational Relationships

4. Were there factors related to your organization’s work with community partners or other agencies that helped or hindered your success?

Probes:  
Ability to effectively partner within the community?  
How effectively did the local health department work with other government agencies or entities prior to project implementation?

5. How much education did you need to do in the community to introduce the program and engage community partners?

Probes:  
Have there been similar programs implemented previously in your community?  
If yes, did that help in implementing this program?  
Did the level of community knowledge influence the ability to engage community partners?

Organizational Capacity: System Boundaries & Size

6. Please describe any cross-jurisdictional work you performed in relation to this project:

If respondent reports no cross-jurisdiction work, skip to Question 11:

7. What were the benefits of working collaboratively with other local health jurisdictions?

8. What were the limitations of working collaboratively with other local health jurisdictions?

   Probe:  
   Did the larger geographic size limit your ability to connect effectively across the participating jurisdictions?

9. How did implementation of the cross-jurisdictional project work? Did one local health department take the lead and overall responsibility? Was it more collaborative (e.g. shared
Qualitative Interview Tool: Discussing Public Health Organizational Capacity, Process & Performance in the Context of the Meyer, Davis, Mays PHSSR Conceptual Model
May 2013

leadership)?

Probes:
What did you like about the approach taken within the collaborative?
What would you improve about the approach taken?

10. How would you characterize the effectiveness of the cross-jurisdictional leadership team?

11. Did your program partner with other local health departments that weren’t technically part of your intervention (e.g. other jurisdictions that weren’t formally affiliated with the project)?

Probes:
For example, regional projects with neighboring local health departments that were implementing their own intervention strategies?
Shared training opportunities?
Informal support groups?
Informal information sharing?

Organizational Capacity: Governance and Decision-Making Structure

12. How did the structure of the local health department help or hinder success in implementing this program?

Probes:
Standalone agency vs. within larger organization?
Single county LHD vs. multi-county?

13. What was the decision-making process within your organization, specifically with regard to implementing this program?

Probes:
Did staff have freedom to act within agency?
How much authority did the top health official have?
How much autonomy did the project coordinator have?
Did governance matter (Board of Health vs. Human Services Board)?

14. What was the level of engagement of your county board members in relation to this program?

Probes:
Was the Board supportive? Not supportive?
Qualitative Interview Tool:
Discussing Public Health Organizational Capacity, Process & Performance
in the Context of the Meyer, Davis, Mays PHSSR Conceptual Model
May 2013

Did the level of engagement/support change over the course of the project? For example, were boards highly engaged throughout, “came on board, or never really “got it.”

Organizational Capacity: Organizational Culture

15. What was the leadership style for this particular program?

   Probes:
   Leadership team dynamics?
   Leadership style (top down, shared leadership, etc.)?

16. Could you describe your organization’s ability to adapt or innovate to new programs?

   Probes:
   How important do you think ability to innovate is to implementing programs successfully?

Decision-Support: Quality Improvement

17. Please describe any formal QI projects or activities that were performed in relation to implementing this program:

   *If respondent describes no QI activities, please skip to Question 21.*

18. How would you characterize your program’s level of participation in these activities?

   Probes:
   In what ways would you have been more engaged?
   Were there factors of your local health department that limited your engagement in the QI activities?

19. What were some of the benefits of participating in QI activities in relation to this program?

20. What were some of the limitations of participating in QI activities in relation to this program?

   Probe: Were there any barriers to your use of QI strategies with to the program?

   *Please skip to Question 23.*

   *If respondent indicates they did not use QI strategies or activities:*
Qualitative Interview Tool:
Discussing Public Health Organizational Capacity, Process & Performance
in the Context of the Meyer, Davis, Mays PHSSR Conceptual Model
May 2013

21. What were factors that prevented your program from incorporating QI strategies or activities into your work?

22. What types of resources might have made it easier for you to implement QI activities as part of your work on this program?

**Process & Performance: Effectiveness**

23. To what extent did you meet the objectives for the program?

24. Were there any factors or resources that weren’t available to your program that might have helped it be more successful?

   Probes:
   - State health department support/technical assistance?
   - Availability of tools?
   - Availability of training?

**Process & Performance: Community-based and Participatory**

25. Were there any community characteristics that you think might have influenced the implementation and success of the program?

   Probes:
   - Example of community characteristics?
   - Highly engaged community partners?
   - Political climate within local jurisdiction?

**Process & Performance: Evidence-Based Practice**

26. To what extent did the program implementation follow evidence-based practice?

**Final Wrap-Up Question**

27. Is there anything else you would like to tell us with regard to implementing the program in your community or how your local health department worked or functioned to implement it?