

# An Overview of Learnings from the July 15<sup>th</sup> Racial Equity Web Forum + Post Survey

*On July 15, 2020, San Mateo County Health Government Alliance on Racial Equity (GARE) team, Public Health Policy and Planning (PHPP), and Behavioral Health and Recovery Services' Office of Diversity and Equity (ODE) hosted a web forum on Implementing Racial Equity in County Health to share information on County Health racial equity efforts, best practices, and lessons learned.*

*Staff and colleagues shared feedback via small group breakout sessions and a post event anonymous survey on the strengths and gaps for advancing racial equity in County Health, how to better support staff to engage in this work, and priority areas for advancing racial equity in our work.*

*Below are the major themes that emerged from their feedback and a summary of our learnings. This includes 211 respondents who completed the survey, 65 percent of whom did not attend the July 15<sup>th</sup> event. Survey respondents were anonymous, therefore information pertaining to demographics, job title, program area, etc. was not attributed to responses.*

*The qualitative data analysis reflects careful interpretation of the data to lift up key themes based on the recurrence of the theme within questions and across questions. Fully capturing all input that was shared, and further clarity of responses is not possible. We incorporate respondents' exact wording wherever possible where they were emblematic of key themes identified.*

*Following an overview of each theme, we include more detailed information on the data points that surfaced. Thank you to all who contributed their input!*

## Four Major Themes Identified

1. Normalize conversation on racial equity
2. Advance systems and policy changes
3. Improve safety and promote transparency and accountability
4. Integrate racial equity work in current workloads and work culture

## Summary of Each Theme

### 1. Normalize conversation on racial equity

#### A. What is working:

- County Health leadership's commitment to racial equity, willingness to understand how racism is impacting County Health's work with the community, and willingness to learn what needs to change systemically and structurally to advance racial equity
- County Health already provides a series of racial equity trainings through Government Alliance for Racial Equity (GARE) and Behavioral Health and Recovery Services (BHRS).
- There is an existing infrastructure within County Health to expand racial equity with Public Health Policy and Planning (PHPP); Office of Diversity and Equity (ODE) and

partners such as the Office of Consumer & Family Affairs and Health Plan of San Mateo.

**B. What needs to be done:**

- Continue to provide more resources, information, forums and training opportunities for all staff on advancing racial equity and develop shared language.
- Equip supervisors and managers with the tools to feel comfortable having and facilitating difficult discussions about racism and weave these discussions into the daily work.
- Create safe spaces for conversations to happen without fear of retaliation.
- Outline opportunities for white staff to advance racial equity.

**2. Advance systems and policy changes**

**A. What is working:**

- County Health has a diverse workforce that is mission driven, has lived experience, speaks multiple languages, and has skills serving marginalized and diverse communities.
- County Health has existing assets that can help create actionable plans such as LEAP institute, ODE and PHPP.

**B. What needs to be done:**

- Hire, retain, promote Black, Indigenous, People of Color (BIPOC) for leadership positions who want to transform the system.
- Apply racial equity lens and tools to current work and allocation of resources.
- Recruit and award more contracts to vendors and providers that represent the diversity of the community.
- Integrate social determinants of health in our work.
- Create actionable racial equity plans and tools with clear goals and metrics to track progress.
- Establish inclusive hiring, retention and promotion to diversify management.
- Promote diversity in decision makers.

**3. Improve safety and promote transparency and accountability**

**A. What is working:**

- County Health leadership's explicit commitment to racial equity.
- Initiatives like ODE already provide a model to include the voices of communities and clients to inform their work.

**B. What needs to be done:**

- Provide safe spaces where people can speak freely and not fear retaliation.
- Provide a whistleblower line to report racism in the institution.
- Create more opportunities for feedback on racial equity issues the County is working on.
- Bring the voices of our communities and clients to County Health's general work and racial equity work.

**4. Integrate racial equity work in current workloads and work culture**

**A. What is working:**

- GARE work provides opportunity for this work to advance.

**B. What needs to be done:**

- Enabling staff to allocate paid time for GARE and other racial equity efforts at work.

- Explicit encouragement from supervisors and managers to participate and advance racial equity work.
- Create a culture of expectations to actively work towards racial equity.

## Detailed Overview of Feedback Gathered

### Key strengths that County Health brings to the work already

- Has a diverse workforce that is mission driven and has lived experience, speaks multiple languages, and has skills serving marginalized and diverse communities
- County Health leadership's commitment to racial equity, willingness to understand how racism is impacting County Health's work with the community, and willingness to learn what needs to change systemically and structurally to advance racial equity
- Provides linguistic access and outreach materials and intake forms in multiple languages
- ODE is a leading model to advancing intersectional equity
- ODE, the Office of Consumer & Family Affairs and Health Plan of San Mateo rely on and/or have access to diverse pool of clients to inform work
- PHPP provides info to our community about health inequities
- Already provides a series of racial equity trainings through GARE and BHRS
- Vast network of contracted partners connected to diverse communities
- LEAP has the know how to improve practices through data-driven processes

### Pain points for staff, boards and commissions, and contractors, related to racial equity:

- Lack of **racial equity lens and tools** to analyze the work, implement solutions and prioritize allocation of resources
  - ODE is underfunded: because of ODE's too many contracted staff, last round of budget cuts, it lost staff and with it lost key relationships to communities, which exacerbates mistrust.
  - Difficult to retain providers and clinical staff due to high cost of living, which impacts our clients/communities
  - Higher up staff more supported during pandemic (don't have to come in to work in person); those who work remotely don't have access to ergonomic equipment
- Lack of African-American, Latinx, and Indigenous **representation** among higher level positions and Board of Supervisors and lack of African-American among staff in general and therapists and providers in particular
- **Inconsistency** across upper management and supervisors about commitment to racial equity and creating safe spaces to normalize racial equity conversations, and knowing what tools and resources they have available to advance this work
- **Lack of alignment** between existing racial equity efforts: there is a lack of systems to learn from each other and how to best change how we work; and how our clients have experienced these issues and how those experiences inform systems and processes in our daily work
- **Toxic work environments**: staff experience racism, microaggressions and disrespectful interactions
- **Racial equity work is not integrated** in current workloads making it difficult for staff to deeply engage

### What additional work needs to be done to support staff, boards and commissions, and contractors to advance racial equity in our collective work?

- **Normalize conversation on racial equity**: provide more resources, information, forums and trainings for all staff on advancing racial equity:

- Training topics could include personal/implicit bias, developing skills to call out microaggressions, know how for supervisors to address difficult issues on race and to support their staff
- Create Racial Equity committee
- Promote racial equity message from the top leadership, managers and supervisors
- **Create and standardize racial equity plans and tools:**
  - Create racial equity action plan to include the following components
    - Apply racial equity lens for every decision and policy change
    - Provide structural guidance on how to advance racial equity in our work (for example a structural vulnerability assessment of patient's issues)
    - Enable cross-divisional learning
    - Prioritize staffing clinical teams, peer support workers, and family partners to ensure programs are as responsive to community needs as possible; prioritize most vulnerable communities in the allocation of County Health's resources, linguistic access and social workers
  - Create racial equity hiring tools to increase diversity across the system:
    - Hire radical BIPOC for leadership positions who want to transform the system and provide meaningful support
    - Post job opportunities to be accessible to low-income folks without internet
    - Change civil service rules to ensure these do not inadvertently create unnecessary barriers to accessing employment.
    - Recruit and award more contracts to vendors who support BIPOC and work in diverse communities
- **Promote safer spaces and accountability:**
  - Provide safe spaces where people can speak freely and not fear retaliation
  - Provide a whistleblower line
- **Integrate racial equity work in current workloads and work culture**
  - Provide capacity and time for staff to advance this work
  - Create a culture of expectations to actively work towards racial equity

**What would help you feel empowered to share your needs and ideas for advancing racial equity in County Health?**

- **Normalize conversation on racial equity:**
  - Organize forums with leadership as listeners
  - Create spaces for employees to share their experiences anonymously
  - Organize affinity groups with interest in racial equity to share ideas, resources, and develop shared language
  - Leadership encourages the participation of all employees in forums and conversation around racial equity and willing to have uncomfortable conversations
  - Ongoing race relations trainings
  - Supervisors that are educated in racial inequities and understand how it impacts our clients
  - Create safe spaces for conversations to happen without fear of retaliation
  - Have Advancing Racial Equity in all staff meeting agendas
  - Explicitly outline how White staff can productively be involved in this work
- **Create and standardize racial equity plans and tools**
  - Create action plans and track progress.
  - Inclusive hiring, retention and promotion:
    - More representation of POC in leadership roles

- More equitable pay scale between lower-paid employees and higher paid employees
  - Hire doctors of diverse background
  - Knowing how to grow in one's job
- **Integrate racial equity work in current workloads**
  - Enabling staff to allocate paid time for GARE and racial equity efforts at work.
- **Accountability and transparency:**
  - More opportunities for feedback on racial equity issues the County is working on
  - Bring the voices of our communities and clients to this work

**If applicable, is there anything that makes you hesitant about engaging in this work? Please describe.**

- **Integrate racial equity work in current workloads**
  - This is unpaid extra work and existing workload is full even more now with COVID-19
  - A lot of work ahead of us feels overwhelming
- **Normalize conversations on racial equity**
  - Understanding ally work
  - Lack of safe spaces without supervisors and managers
  - Fear of reprisal and retaliation
  - Organizational culture favors status quo
  - Lack of skills from supervisors to hold the difficult conversations and help implement change or approvals from supervisors to engage in this work
  - Not having the lived experience; not understanding the jargon; my own uncurious biases; fear of unintentionally offending others and being judged
- **Create and standardize racial equity plans and tools**
  - Because of White leadership in this County (Board of Supervisors and County Managers Office specifically raised) it feels that our work is unlikely to lead to action
  - Lack of actionable items to show progress

**What are ways you want to stay engaged in this work?**

- **Normalize conversations on racial equity**
  - Trainings, forums, small groups, committee work,
  - Email and newsletter updates, chat rooms,
  - Continue inviting contractors to these discussions
  - Celebrate changes that came because of these discussions
  - Expand conversations beyond County Health
  - Provide anonymous input
  - Include racial equity topic in regular staff meetings
  - Educate myself about the history of racial inequities
- **Create and standardize racial equity plans and tools**
  - Keep conversation and planning and improvement charters going
  - Understanding how to engage with GARE work at different levels
  - Reviewing current work by all areas to ensure there is consistency in policies and procedures
  - Identify needs of clinicians and develop specific intervention to advance racial equity
  - Work with boards and commissions to bring the question of equity to their work

- **Integrate racial equity work in current workloads**
  - Integration of this work with daily work
  - Dedicated funding and time for GARE/racial equity work

**Are there things within your current role that you can imagine that you could do to advance racial equity – small or big?**

- **Normalize conversations on racial equity**
  - Keep asking questions and advancing conversation
  - Continue to learn and be aware of my own biases
  - Work with supervisees to normalize conversations
  - Not agreeing with microaggressions and injustices at meetings or with clients
  - Empathize with and respect others
  - Presentations, facilitation of meetings, and community outreach to other SMC employees and residents around issues of racial equity
  - Work with providers to advance racial equity
  - Align County Health work with other County agencies' work on racial equity
- **Create and standardize racial equity plans and tools**
  - Implement a racial equity tool to review GARE priorities before decisions are made
  - Data analysis skills to highlight equity issues impacting our population
  - Add intersectional lens in all the work I do
  - Add a diversity committee at San Mateo Medical Center
  - Continue to empower disadvantaged clients with access to resources
- Several people responded they "Don't know"
- Several people responded "No"

**What are the top three priorities you think is most valuable to focus on to advance racial equity?**

- **Normalize conversations on racial equity**
  - Racial equity trainings for all staff and contractors
    - Each staff should develop a personal action plan
    - Address implicit bias and how to support our clients
    - On the history of racial equity and current racial inequities in our community and health outcomes
    - Self-awareness tools to examine our own biases
    - Outline White ally work opportunities
  - Create safe spaces for frontline workers to provide feedback without fear of retaliation
  - Acknowledgement of systemic and pervasive institutional racism
- **Inclusive workforce development, hiring practices, and decision makers**
  - More inclusive leadership with representation from Black Indigenous People of Color (BIPOC)
  - More educated leadership on racial equity issues with the tools to apply their knowledge and resources to their daily work

- Health Administrative leadership should include racial equity tool in hiring, retention and promoting processes
- Invest in current staff: more mentorship opportunities for People of Color (POC) staff
- Hire staff based on lived experiences not just educational degrees
- Diversify decision makers in San Mateo County
  
- **Create and standardize racial equity plans and tools**
  - Develop racial equity plan countywide
  - Weave racial equity in all the work we do in County Health
    - Racial equity lens in resource allocation
    - Racial equity lens to set programs targets
    - Racial equity lens in the development of metrics
      - a. Track health disparities by race
      - b. Disaggregate SMC Health data by race and ethnicity
  - Develop advisory council with clients and community members to examine our system
  
- **Integrate racial equity work in current workloads**
  - Integrate and resource GARE work and trainings into current workloads
  
- **Advance the social determinants of health**
  - Advance economic equity
    - Provide economic opportunity for Black and Latinx residents
    - Build systems around children that support their families
    - Make access to capital for People of Color (POC)
  - Provide affordable housing and address displacement and gentrification
  - Address criminal justice and police reform
  - Work on right to vote and end voter suppression
  - Increase education opportunities
  
- **Accountability and Transparency**
  - Create a tool to monitor implicit bias in management
  - Reward example behavior