

## Summary of Small Group Discussions

Sept. 10<sup>th</sup>, 2020 Implementing Racial Equity in County Health Web Forum #2

*On September 10<sup>th</sup>, 2020, the County Health Public Health, Policy, and Planning (PHPP), Behavioral Health and Recovery Services' Office of Diversity and Equity (ODE), and the County Health Government Alliance for Racial Equity cross-divisional team hosted "Sharing Challenges & Opportunities: Implementing Racial Equity in County Health Web Forum #2". The focus of the web forum was to provide opportunity for County Health staff, Boards and Commissions staff, and contracted partners to engage in small group discussions on identifying priority areas for action to advance racial equity and specific strategies and actions to implement this work. This document provides a summary of what was shared by participants during the 45-minute small group breakouts, in response to the following questions:*

- 1. What are your reflections on the findings from the survey and the July 15<sup>th</sup> event?*
- 2. What do you think needs to be prioritized for action to advance racial equity?*
- 3. What actions can be done with existing resources and capacity and could be moved more quickly? What actions require more capacity or resources but are critical for long-term implementation?*
- 4. What can leadership (i.e. the Health Executive Council) do to support racial equity?*
- 5. What are ways you feel or could feel supported to advance racial equity within your work? With appropriate support, what could you do within your work?*

*The specific actions listed in the sections below are organized based on what can be more readily accomplished in the short-term versus long-term, however it is acknowledged that to implement most of these actions will require additional capacity and the ability to shift adequate resources to these areas. It is also acknowledged that some actions may be beyond the scope of this group to implement or not immediately feasible; however, all feedback has been included transparently in this summary.*

### Reflections of Staff Feedback

During the forum staff learned about feedback shared previously at the July 15<sup>th</sup> racial equity web forum and via a post event 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. You can read a summary of that feedback [here](#).

Overall reflections of this data were that it was comprehensive and resonated strongly with staff, particularly in the following areas: 1) staff need more time and capacity to engage in racial equity work, 2) work needs to be done to create safe spaces and build trust; and 3) gaps include the lack of diversity among leadership and higher-level positions. Overall staff appreciated the acknowledgement of the major challenges and opportunities for strengthening racial equity in County Health and at this point, have a desire to see more action and follow through.

### Overarching Priority Areas for Action

#### **Support staff to advance and integrate racial equity (RE) in current workloads and create a shift in mindset and culture**

- Implement and require trainings and capacity building resources to engage a broader segment of staff who are equipped and empowered to advance racial equity (rather than solely the same staff who tend to participate more) to continue normalizing the conversation and increase safety (especially through open facilitated discussions and Supervisor check-in's) to discuss sensitive topics.
  - Topics for trainings and/or capacity building should address: 1) facilitating/participating in challenging conversations on RE in the workplace and create a culture of inclusion and belonging (for both Supervisors/Managers, their staff, line workers, etc.), 2) understanding the population they work with, how to serve them, and how to build trust, 3) conducting trauma-informed work, 4) understanding

personal bias/prejudice on culture, race, difference, belonging, etc. (including how this affects hiring), 5) systemic racism, and 6) how to operationalize existing RE policies, best practices, and track progress within individual work teams.

- Allocate staff time, capacity, and opportunities for engagement on racial equity in staff's day to day work and with Supervisors.
- Set up ways for staff to learn about these issues across divisions through shared infrastructure, and resources.
- Ensure Managers/Supervisors promote RE involvement with their staff

### **Increase Diversity in County Health Workforce and County Leadership**

- Diversify staff, especially at upper management level: expand recruitment process for all positions, address systemic barriers and biases in hiring, and increase access to mentorship and support for advancement.
- Diversify county elected leadership

### **Create a System of Accountability and Culture of Expectations**

- Address budget constraints, hiring freezes and lack of capacity that impacts all staff members and including the staff teams who have been tasked to lead on this work. Everyone should be able to participate but can't due to a lack of capacity.
- Create policies, structures, and plans for operationalizing RE action, accountability, and responsibility to this work.
- Incorporate a racial equity tool in all administrative, bureaucratic policies and procedures
- Strengthen Division Director leadership to engage in racial equity work within their Divisions and demonstrate RE values and leadership for all Health
- Integrate systemic barriers/social determinants of health frameworks into our work to amplify the intersection between housing, poverty, substance use/recovery, incarceration, environmental justice, education, income, etc. and health inequities.

### **Improve Services for Communities of Color**

- Engage community members to provide feedback on how County Health can improve its services to our highest need communities; and keep them informed on County Health RE work.
- Prioritize programs serving communities of color, allocate additional resources when/where needed, and implement more effective interventions; address the assumptions we hold about the people we serve.
- Address data gaps and infrastructure to better understand County health inequities, who we serve, where are our gaps, how to improve our services, and where additional outreach is needed.
- Build more trust and share power with our communities.

### **Address Power Dynamics**

- Break down systemic power hierarchy in order to have more open conversations, remove power dynamics, build stronger trust across the department, and demonstrate that everyone's voice has the same value.

## **Short-Term Actions (i.e. more feasible to advance within existing resources and capacity, however will likely require re-aligning or shifting resources to these areas)**

### **Provide more education, resources, and capacity to all staff to learn, engage, and shift their own mindset and biases**

- Establish LMS Racial Equity Educational portal/website with activities, forums, webinars, trainings, speaker series, personal story sharing, capacity building offerings, and other resources. Provide resources for staff of varying levels of comfort, education, experience and with varying levels of power and privilege, i.e. create separate tracks such as resources for white staff, people of color staff, Supervisors/Managers, front line workers,

leadership, clients, community members, etc. Provide credit for participation and staff a Coordinator position to manage portal/website.

- Disseminate racial equity resource newsletter to all staff, provide information on ODE and PHPP and other RE focused areas of County Health and how to get involved.
- Leverage LEAP resources
- Create a mandatory one-day focused time for staff to dedicate to doing racial equity work to advance County Health goals (similar to tech companies)
- Provide specific feedback for how white people can engage in this work; and strengthen the leadership of Division Directors to engage more fully.
- Share information, resources, infrastructure across divisions to ensure all benefit from collective knowledge

### **Integrate racial equity in staff's day to day work**

- Provide icebreaker activities/resources, check-in's, and support during staff meetings and/or weekly check-in meetings; incorporate RE questions and efforts through tiny pulse surveys and staff engagement challenges
- Identify racial equity "champions" coordinated between work unit and department – similar to "wellness champions" and "engagement champions"
- Address/acknowledge power dynamics that perpetuate white supremacy culture and can limit the voices of those with direct experience and expertise with racial equity at the front lines from being heard
- Conduct weekly check-in meetings on racial equity amongst staff, supervisors, teams, etc.
- Leverage the expertise of Supervisors/Managers who have been effective in supporting staff and having difficult conversations; model this behavior for other Supervisors/Managers to learn from. This could be part of the LMS trainings listed in the section above.

### **Integrate racial equity in our service delivery to clients/communities**

- Provide feedback forums and allow folks with lived experience to inform our work. Consider a Community Advisory Board (similar to Life Labs and SMMC Patient/Family Advisory Group) that reflect our clients racial/demographic makeup and lived experience).
- Share available community resources and services with clients and communities in particular that may have less access to information about our systems and available resources.
- Connect people to mental health services earlier not to wait until the mental health issue is exacerbated. Addressing racial bias in referrals will be important to address this.
- Create a campaign to support essential workers who tend to be more people of color.
- Provide RE trainings and capacity building opportunities to our CBO partners providing services and supports to our clients and community.

## **Long-Term Actions (i.e. require more capacity or resources but critical for long-term implementation)**

### **Implement structural and systems level changes**

- Address barriers in hiring and establish standardized hiring process that incorporates equity/diversity strategies:
  - Increase scoring/weight for lived experience in applications/interviews; reduce academic requirements (i.e. is a Masters degree always needed?), modify job classifications
  - Open up access for formerly incarcerated folks
  - Modify civil service process and address biases in hiring panels – "a good fit" is too subjective.
  - Create mentoring cohorts for POC advancement and groom folks for higher level positions; provide skill development resources for advancement for all staff; ensure all staff are aware of how to advance in the department.

- Expand recruitment process to include community colleges, HBCU’s and networks in communities of color; focus on recruiting folks who are most likely to be excluded.
- Expand current and create new career pathways within County Health. For example, support internship/training programs that are currently happening in our system and creating a pathway for hiring these individuals. Provide career pathways information and clarity on the steps and education needed to advance and the changes in pay as you advance.
- Support local community leadership, hire local community members, and compensate community leaders for their expertise/support.
- Create new positions and internship programs.
- Shift contracting process to preference contractors who reflect the diversity of our communities and provide benefits to low income communities/communities of color. Perhaps this could be tied to our Cultural Competence Plans process.
- Implement Accountability Measures
  - Apply a racial equity lens into every aspect of our work: decision-making, priority-setting, strategy-creation, and budget process.
  - Develop actionable goals/metrics for actions and ongoing monitoring process at every level
  - Track progress and update data quarterly. Create a racial equity library of systems interventions to track what has been done.
- Establish and integrate a systems wide trauma framework
- Mandate racial equity trainings for County Health staff and preferably Countywide
- Strengthen focus on addressing social determinants of health
- Hire a Diversity Officer at the County Level
- Create a program or team focused on Equity that reports to HEC directly and collaborates with all division equity efforts.

### **Improve Services for our Clients:**

- Conduct a community assessment to understand needs among most vulnerable folks
- Translate the website into multiple languages
- Provide community-led Health Equity Initiatives
- Create capacity-building opportunities for clients/community
- Hire more multilingual staff and create process to hire translators/interpreters from the community, who may lack credentials (addressing risk management issue with this).

### **Pursue funding for implementing racial equity in County Health:**

- Grow funding for this work from large corporations
- Create public/private partnerships with tech industry and other major donors.

### **Targeted, tailored, and ongoing capacity building:**

- Build the capacity of workgroups/units/teams with prioritizing where to begin this work, how to measure effectiveness and productivity on advancing RE, closing gaps, and reducing racial inequities through “scoreboards”

## **Actions that Leadership (i.e. Health Executive Council) Can Take to Advance Racial Equity**

### **Provide more support to staff to do this work:**

- Continue to demonstrate commitment to advancing RE
- Support and inform staff how funding is being allocated to support RE efforts.

- Address budget constraints and align funding/resources with: 1) increased time and capacity to allow staff to do RE work and hire more staff (staff performance evaluation should support their work on RE), 2) increase services to our communities (to address current gaps)
- Continue creating a culture of expectation around racial equity by requiring participation in trainings and forums and continue providing safe spaces to engage in these topics.
- Help staff navigate what is possible during budget restraints and staff reductions.
- Provide guidance to Supervisors/Managers to promote RE involvement among staff.

**Continue to provide open and transparent communication:**

- Discuss the internal processes and systems in SMC Health that exacerbate racial inequities (e.g. hiring practices) and acknowledge our limitations
- Implement forums that lift up community voices
- Increase engagement/communication from other HEC leaders
- Provide greater visibility of policies, value statements, and Board of Supervisors proclamations of support

**Advance/institutionalize systems-level changes:**

- Adjust salaries to make them more equitable
- Support all staff to be able to telecommute (ensure all staff have equipment, necessary wifi, desk, etc.)
- Health Executive Council (HEC) should apply racial equity lens into their work and decision-making processes and use it as a guide to question/shift Department policies
- Create actionable goals, plan and accountability system to track progress and guide all staff in contributing to RE
- Advance and support changes in hiring processes
- Standardize racial equity training/overview as part of new County Health employee onboarding and communications training.

**Increase racial equity coordination at the County Level:**

- Present to Board of Supervisors on this work.

**Change internal practices/work culture among leadership:**

- Share power with staff.
- Strengthen personal relationships with staff.
- Continue to model humility and vulnerability and a shift in work culture/mindset that fully embraces the advancement of racial equity in our work.