# Charting a Pathway Forward towards an Effective, Equitable, Diverse and Inclusive

## Contra Costa Health Services

## 09.28.22

THE JUSTICE COLLECTIVE

CONTRA COSTA HEALTH SERVICES

# Agenda

- Welcome
- Objectives & Outcomes
- Methodology
- Demographics
- Assessment Findings
- Recommendations
- Next Steps
- Q&A

Not everything that is faced can be changed, but nothing can be changed until it is faced.

~ James Baldwin

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# GROUND RULES

We advise and ask you to please:

1. ***Practice presence and self-awareness***
2. ***Remember that balancing moving at the speed of trust with making meaningful progress is yours to define.***
3. ***Use the Q & A function to submit questions to be answered at the end of the session.***

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# TJC'S GOAL

Our goal is to support you as a team by:

- Illuminate opportunities for equity across CCHS.
- Capture attitudes around racial equity and work culture dynamics related to DEI work.
- Assess staff understanding of the links among DEI, organizational culture, and Contra Costa Health Services mission and work.
- Understanding and uplifting perspectives of key internal stakeholders.
- Gain greater understanding of the demographics of staff.

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# INTRODUCTION TO OUR METHODOLOGY

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# What does using decolonized methodologies mean?

**It means understanding that historically, research has:**

- **valued quantitative data (the numbers) over qualitative data (the experiences)**
- **determined what is statistically significant**
- **determined whose knowledge and expertise is considered valuable**

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# Data Sources

All-Staff Equity Survey

Staff Interviews

Focus Groups and Listening Sessions

Cultural Artifacts

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# Understanding the Survey
# By the Numbers

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## The Basics:

- 29% Response Rate
  - 1307 of 4500 employees responded

- Our themes are representative of both the quantitative and qualitative data

***Please remember, the information presented is a snapshot in time of feelings & experiences at CCHS during the survey period.***

This photo was taken by Chona Kasinger for Disabled and Here

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## Limitations of the Assessment

- Overall engagement in all data collection methods was staggering including a 29% response rate on the quantitative survey.
- Response rate per question varies drastically.

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# Who Participated in the Survey by Role?

| | | | |
|---|---|---|---|
| 2% | Executive/ Senior Manager | Manager (Supervisorial) | 11% |
| 24% | Coordinator/ Technical Specialist | Clerical | 14.5% |
| 28.5% | Clinical Team Member (provider, nurse, ancillary) | Community Health Worker | 4% |
| 3% | Admin (Finance, Personnel) | Public Health | 8% |
| 1% | Facilities | Preferred not to respond | 17% |

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# Who Participated in the Survey by Division?*

| | | | |
|---|---|---|---|
| 32% | Regional Medical Center and Health Centers | Public Health | 17% |
| 15% | Behavioral Health | Health Plan | 5% |
| 4% | Office of Informatics & Information Technology | Health, Housing and Homelessness | 3% |
| 2.7% | Detention Health | Not Listed/Other | 8.9% |

Preferred not to Respond 18%

*312 survey respondents skipped this question.

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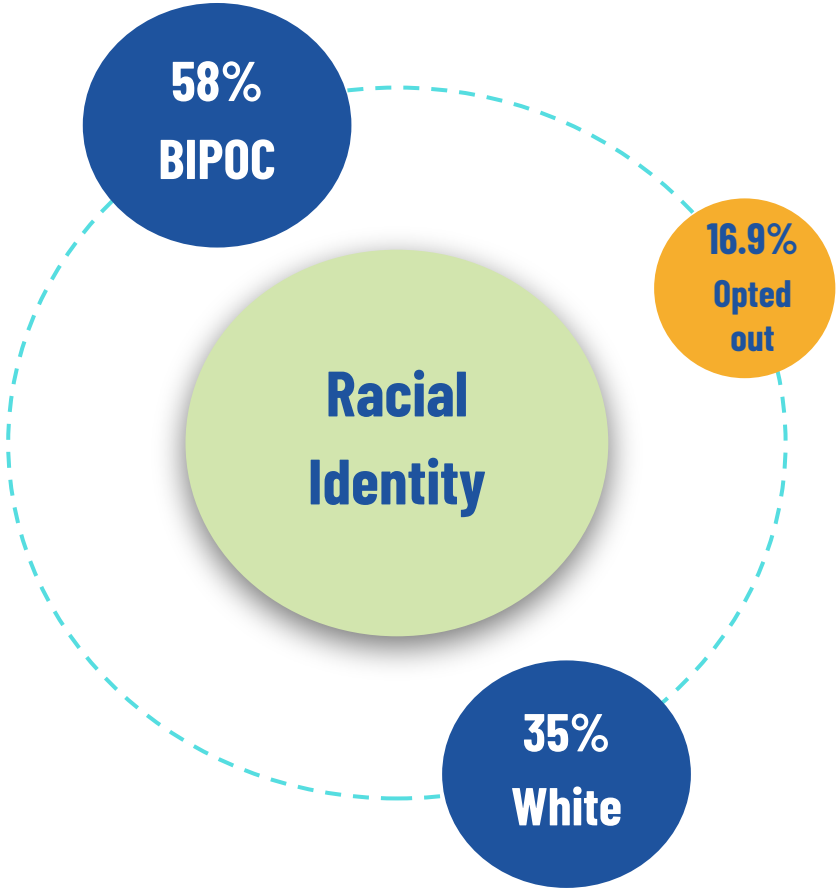
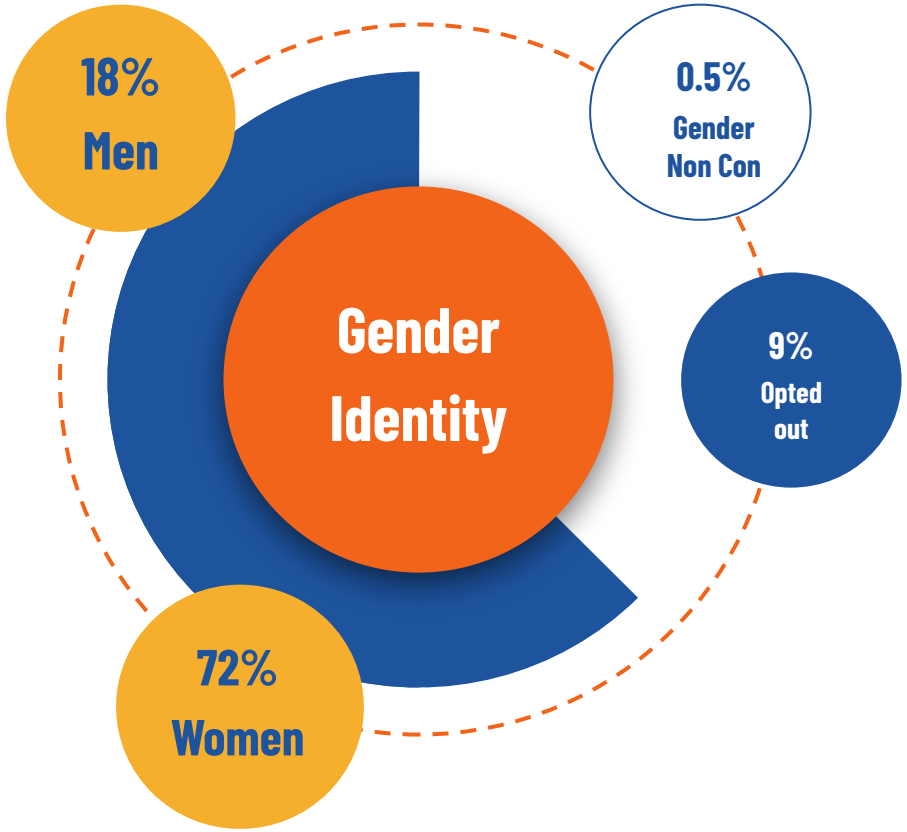
# ABOUT THE RESPONDENTS

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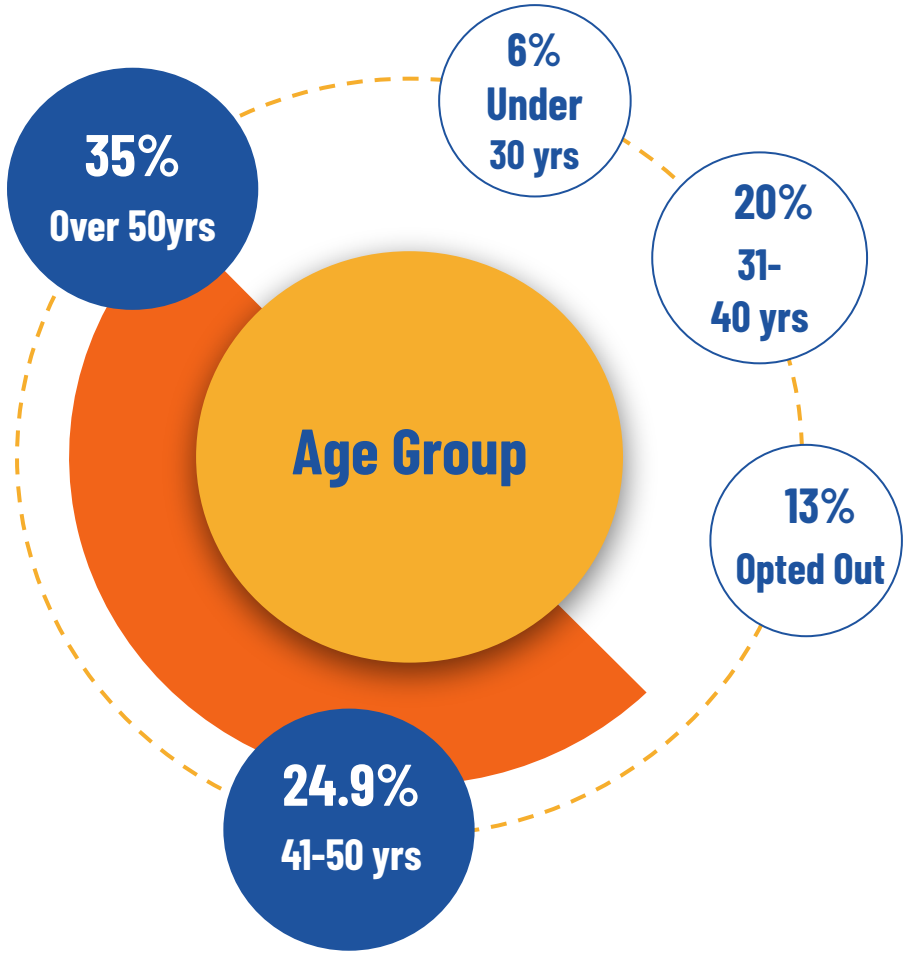


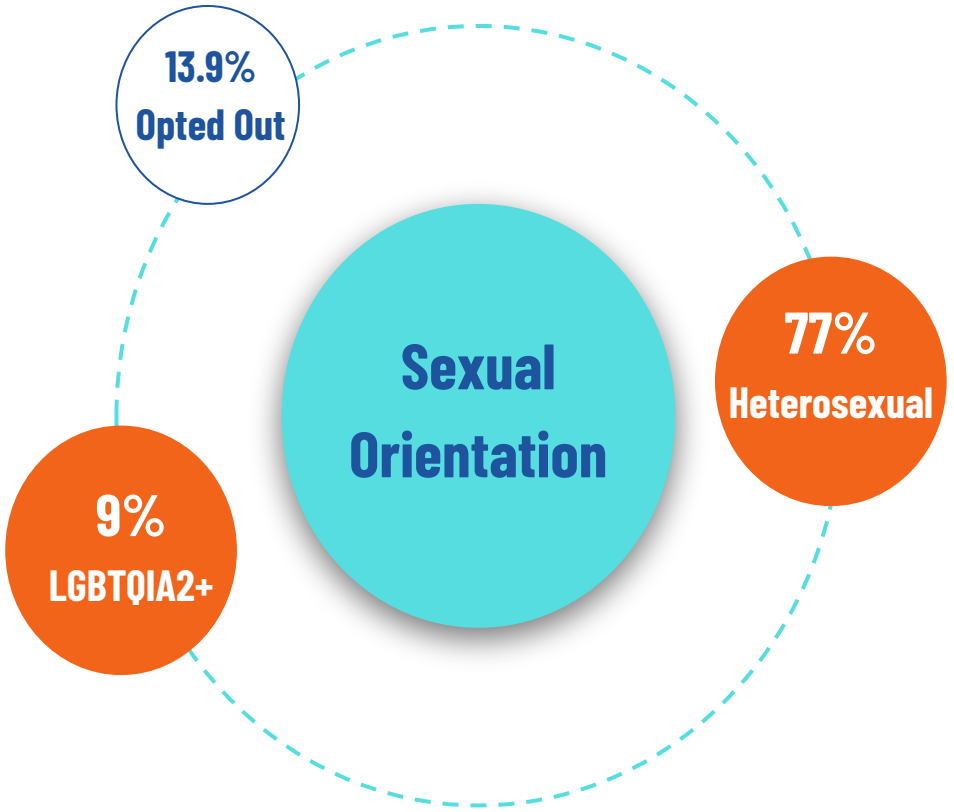


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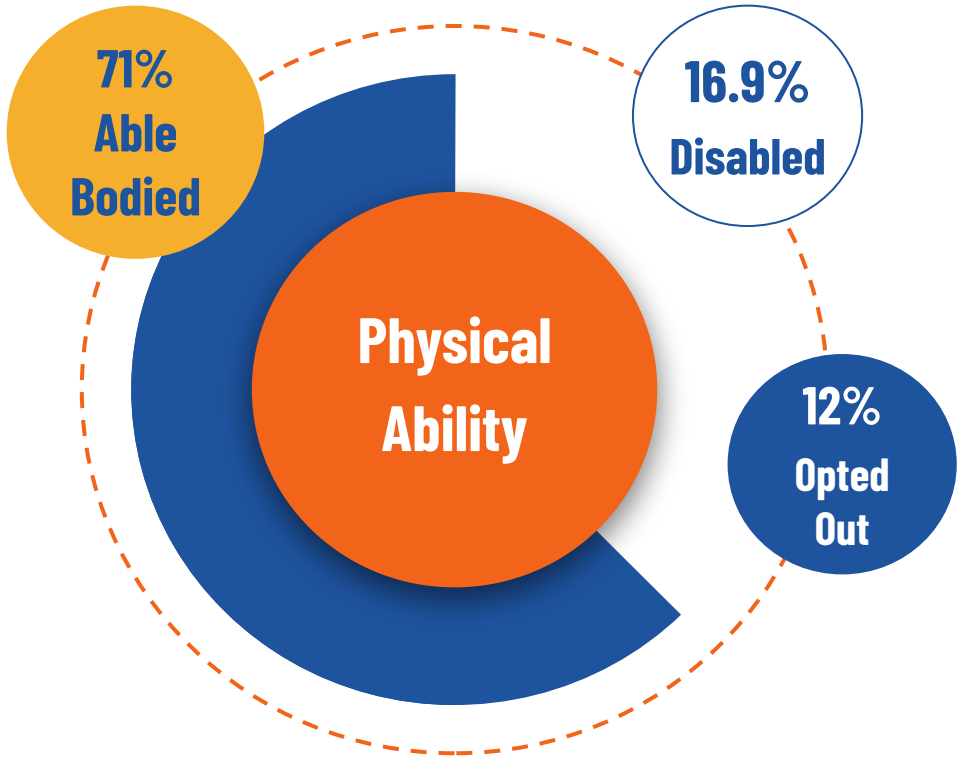


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# CCHS Equity Survey Respondents by the Numbers

| | | | |
|---|---|---|---|
| **26.9%** | Have been at Contra Costa for 5-10 years | Are over 50 years of age | **35%** |
| **29.9%** | Have a Bachelor's Degree | Current Salary is between $50,000 - $74,999 | **23%*** |

*16% of respondents preferred not to respond to the current salary question

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# FOCUS AREAS

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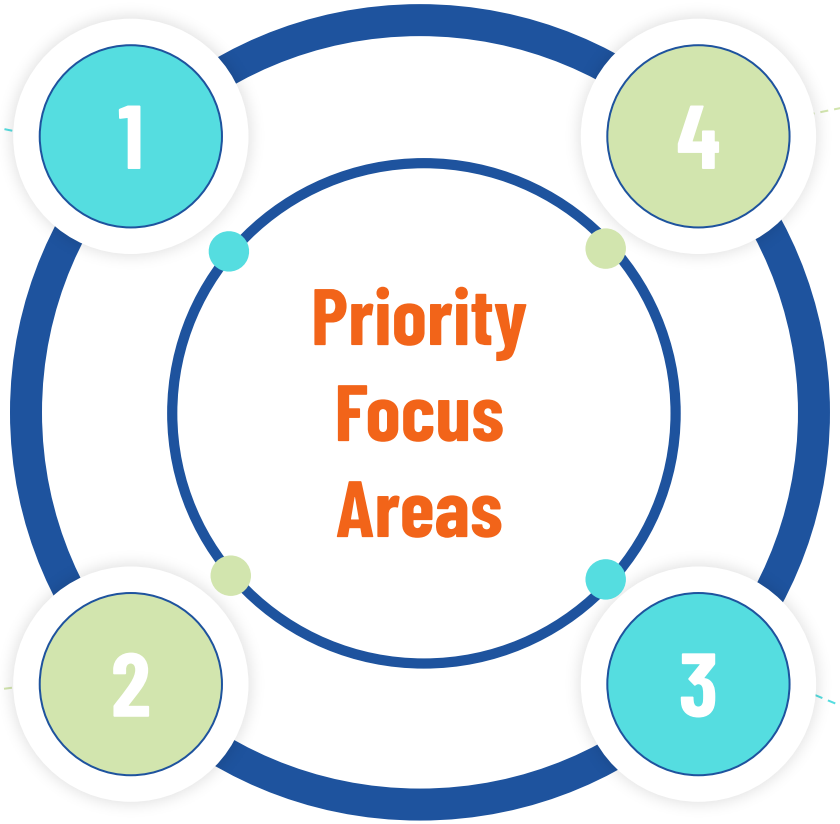
# Focus Areas

Diversity, Equity, and Inclusion Work

Supervision
- Feedback
- Favoritism




Role & Scope
- Hiring & Onboarding
- Compensation
- Opportunities for Growth

Welcomeness & Inclusion

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# FOCUS AREA 1 | Diversity, Equity, & Inclusion Work

## THEMES

1. There is a broadly shared perception across the organization that racial equity work is important.

2. Respondents feel they have racial equity knowledge and skills, but that staff around them lack knowledge and skills.

3. There are disparate experiences around inclusion centered on identity within the organization.

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# FOCUS AREA 1 | Diversity, Equity, & Inclusion Work

## Findings

- **84.87% agree and strongly agree** when asked: Racial equity work is important to the work and priorities of CCHS.
  - Respondents who identified as White noted **90.7% strongly agree or agree**

***"This has not happened during my time here, but if I observed a colleague treating client/ family or staff without a respectful/ inclusive/ pro-diversity approach, I would address this, as it is essential."***

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# FOCUS AREA 1 | Diversity, Equity, & Inclusion Work

## Findings

- **32% of respondents noted disagree or strongly disagree** when asked about the other members of CCHS have the ability to engage in difficult conversations about race, equity, and inclusion.
- **87.04% agree or strongly agree** when prompted: I am knowledgeable about issues related to race, equity, and inclusion.

***"I would speak up more, but I truly feel it will not contribute to any changes because I am the minority."***

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# FOCUS AREA 2 | Role & Scope

## THEMES

1. The hiring process is convoluted and often both hiring manager and candidates are left with more questions than answers. The onboarding process is similarly nebulous and unclear for new hires.

2. Compensation for roles is often lower than competing agencies. This is further complicated when workloads increase without additional compensation. Workload increase is often attributed to turnover and COVID response.

3. Career growth and advancement within the organization is complicated to navigate and often seen as inequitable.

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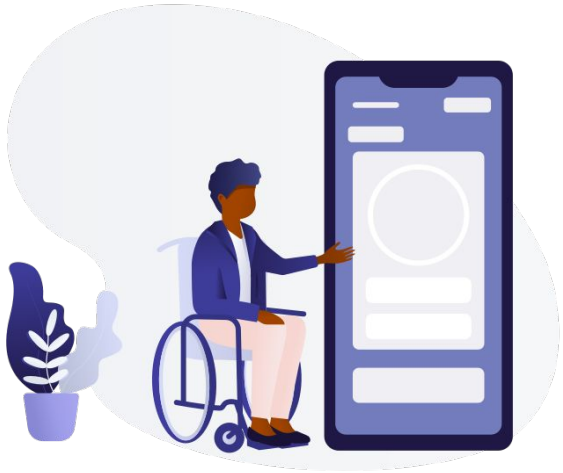
# FOCUS AREA 2 | Role & Scope

## Findings

- **84.6% noted agree or strongly agree to:** I have clarity about my job description and my job duties
- **86.26 % noted Agree (44.76%) or strongly Agree (41.47%)** when asked: I have clarity about what is expected of me as an employee

*"I recently transitioned from a temp to permanent position. [The] entire process was disturbing and left me unvalued. If what I experienced as a current temp employee transitioning to a permanent position is normal, then the process needs change."*



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# FOCUS AREA 2 | Role & Scope

## Findings

- When asked I am provided with professional development opportunities (training, education, networking opportunities) that support my success at my job respondents noted **35% disagree or strongly disagree**
  - Respondents who identified as Clerical noted **46% disagree or strongly disagree**
  - Respondents who identified as coordinator/ technical specialist noted **44% disagree or strongly** disagree

***"There are trainings available to employees, but often it is challenging to take the time to go or participate in a training, because of workload."***

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# FOCUS AREA 2 | Role & Scope

## Findings

- When asked: I am compensated fairly for the work I do **20.35% noted strongly disagree, 27.62% Disagree, 38.18% Agree, 13.85% Strongly Agree**
  - Respondents who identified as American Indian or Indeigenous noted **57% disagree or Strongly disagree**
  - Respondents who identify as Middle Eastern noted **88.3% disagree or Strongly Disagree**

*"The workload has drastically increased since I started here and at the same time, the growth opportunities have disappeared."*

*"Compensation is pretty terrible around here. The people who get all the benefits are the consultants not the regular employees. Many people in my unit have been stalled or not given raises over the years. The pay is not up to date or fair."*

*"I wish that I saw more opportunity for growth at CCHS, but the opportunities seem to be elusive for certain classifications. I also wish there was more opportunity for growth as far gaining new experiences that someone can use to improve their overall skill set."*

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# FOCUS AREA 3 | Feedback & Supervision

## THEMES

1. There is a perception of lack of psychological or organizational safety when providing feedback.

2. There is a perception that supervisors struggle with conflict management.

3. There is a perception that leadership has a lack of awareness of social issues.

4. There is strong perception that favoritism plays a role in managerial and employee relationships.

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# FOCUS AREA 3 | Feedback & Supervision

## Findings

- **44.15% strongly disagree or disagree** when asked I am actively encouraged to provide feedback on how to improve CCHS
  - Respondents who identified as Multi racial/ Mixed race noted **54.2% disagree or strongly disagree**

*"The dictatorial power structure of CCHS, with complete unaccountability of the leadership to patients and staff, effectively prevents change, including change aimed at reducing inequities"*

***"Yes, you can't voice differing opinions on anything here. There is no healthy debate about anything here. It is a monosyllabic conversation that takes place in an echo chamber, and if you disagree with anything you best be silent."***

*"Yes, the inability to vocalize issues without the fear or retaliation."*

***"Favoritism is rampant and clicks formed. What can you do if you don't have power or the ear of someone who has power?"***

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# FOCUS AREA 3 | Feedback & Supervision

## What you had to say:

*"More training for managers around white privilege would be helpful. We do plan to have Dr. Ken Hardy facilitate some trainings for BHS this year, so that should be helpful."*

*" Our department 100% deals with equity issues but they are not thought of as equity issues. I think there is opportunity to have a conversation around how what we do is related to these issues."*

*"My immediate supervisor doesn't deal well with issues or confrontations so she generally has us deal with it ourselves. Unless she 100% backs her favorite employees."*

*" I routinely witness implicit bias and age discrimination by [my] manager"*

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# FOCUS AREA 4 | Welcomeness

## (Internal vs. Patient Care/Clinical Setting)

### THEMES

1. Race is a predominant issue when considering welcomeness juxtaposed with sexual orientation.
   a. Some intersectionality in who feels welcomed.

2. Organization has figured out how to be welcoming even in high stress situations.

3. Gender related welcomeness in clinical space needs further attention.
   a. Pronoun use and misgendering of those with trans identities.

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# FOCUS AREA 4 | Welcomeness
## (Internal vs. Patient Care/Clinical Setting)

### Findings

- Strong welcomeness scores across the board
  - **88.37% Agree or strongly agree** when asked CCHS, as an organization, is welcoming and inclusive of people from different social and cultural identities.
  - **88.53% Agree or strongly agree** when asked: My team/department is welcoming and inclusive of people from different social and cultural identities.

*" I have not witnessed this. I feel my team is inclusive. But as someone that passes for the dominant culture, I may not be treated as others who are not, so I do not feel comfortable answering on their behalf."*

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# FOCUS AREA 4 | Welcomeness
## (Internal vs. Patient Care/Clinical Setting)

### Findings

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***"There are trainings available to employees, but often it is challenging to take the time to go or participate in a training, because of workload."***

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# FOCUS AREA 4 | Welcomeness
## (Internal vs. Patient Care/Clinical Setting)

### What you had to say:

*"I am still one of the only black [staff at my site]. I have reported my concerns of microaggressions and experiences, and gotten written support but no actual actionable changes following that."*

*"Everyone is equal in my office space regardless of what they look like or where they come from. No one get more or less work based on what they look like or where they come from. We shouldn't have to be taught that. We all know that. It's a waste of money and time to think you have to teach us that."*

*"I have seen white privilege and fragility protected and even rewarded at all costs, meanwhile people of color are seen as difficult to work with, argumentative and are excluded from strategy meetings to further [the] status quo."*

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# RECOMMENDATIONS

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# FOCUS AREA 1:

# DEI WORK

## RECOMMENDATIONS

1. Mobilize senior management to visibly engage with DEI efforts and communicate the importance of engaging to their respective departments. Demonstrate that ownership and execution of DEI work needs to be shared and extend beyond the Equity Team.

2. Dedicate adequate internal and external resources to develop a DEI Roadmap (or equity-centered strategic plan) including alignment with the organizational mission, vision, and values statements, as well as DEI goals, tactics for achieving them, metrics, and accountability measures memorializing plans for different roles and groups to be responsible for its implementation.

3. Engage staff in training around cultural competency, including the use of pronouns, across all employees with a deeper understanding for client/ patient facing employees. Build on the well-received “What’s Culture Got to Do With It” training.

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# FOCUS AREA 2:

# ROLE & SCOPE

## RECOMMENDATIONS

1. Develop a communications plan to openly address and acknowledge perceptions of limited growth opportunities. Clarify intentions for changes and be willing to be held accountable for them.
   a. This will help staff feel seen and heard, even if perceptions do not fully reflect the accuracy of all staff experiences. Be open about areas ripe for improvement, and any reasons why improvements or changes may be delayed.

2. Ensure that existing staff are aware of all promotional and employment opportunities through multiple channels. Consider creating a guide to help employees navigate communication channels and navigate the hiring and/or promotional processes.

3. Increase transparency about processes and procedures for performance reviews, skills, tuition reimbursement, and growth opportunities as they relate to opportunities to move up in the organization.

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# FOCUS AREA 2:

# ROLE & SCOPE

## RECOMMENDATIONS

4. Improve hiring process and mitigate for bias by training all hiring managers, panelists, and raters on skills and practices that result in more diverse, equitable, and inclusive hiring outcomes.
   a. Consider socializing any policy on the hiring of family members to address concerns of nepotism.
5. Consider a compensation analysis across all roles against surrounding counties, especially given changing economic conditions.
   a. Subsequent socialization of where CCHS funding for staff and programs originates.

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# FOCUS AREA 3:

# SUPERVISION & FEEDBACK

## RECOMMENDATIONS

1. Train supervisors on effectively giving and receiving feedback. Include assessment of this skill in performance evaluations to incentivise keeping these skills sharp and encourage ongoing learning and development.
   a. This is also a means to ensure that this practice is institutionalized, documented, and/or memorialized as a part of organizational culture.

2. Increase training and engagement for managers around bias response and mitigation.

3. Consider refining remote work policies to encourage hybrid remote work schedules to the maximum extent feasible to increase retention and job satisfaction.

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# FOCUS AREA 4:

# WELCOMENESS & INCLUSION

## RECOMMENDATIONS

1. Foster a culture of inclusion to drive greater organizational effectiveness, impact, and to achieve your organizations core mission of wellbeing for all staff. Regularly issue climate surveys to track culture change.

2. Address the fear of retribution and perceptions of favoritism that are pervasive in the organization.

3. Provide material support for employee groups such as Employee Resource Groups and/or Affinity Groups.

4. Ensure safe feedback is in fact safe, and that groups can share their concerns and suggestions without fear of retribution.

5. Ensure the process for reporting bias or an incident is clear, and that there is support for the person reporting.

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## What's Next?

# ROADMAPPING

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# Roadmapping for Racial Equity, Diversity, and Inclusion

This is where the rubber hits the road. In collaboration with TJC, this strategic planning process supports your team develop actionable and tangible goals and objectives to put equity and anti-racism into practice while aligning with CCHS' mission, goals, and values.

## What this includes:

1. Clearly defined expectations on what equity looks like at your organization, as well as clarifying the mission, vision, and values of the group
2. Established priorities and organizational goals
3. Co-created objectives, metrics, timelines, resource plans, accountability measures, and reporting standards.

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# The Plan: virtual sessions with in-person bookends

**Session 1, in-person,**
**3 hour kickoff**
(Phases 1 + 2 )
- Define Equity
- Set Equity Vision
- Establish Priority Areas

**Session 3,**
**90 min virtual**
(Phase 4)
- Develop Objectives

**Session 5, in-person,**
**3 hour round-up**
(Phases 6 +)
- Set accountability and Metrics,
- Resource planning
- Communication /reporting plan.

**Session 2,**
**90 min virtual**
(Phase 3)
- Identify Goals

**Session 4,**
**90 min virtual**
(Phase 5)
- Develop Action Plans

Finalize work by incorporating feedback from relevant stakeholders

***Assume refining work is happening asynchronously between sessions.***

# THANK YOU