

Welcome!

Racial Equity Community of Practice – Session 6

July 20, 2022, 10am-3pm



[Recording Link](#)

Supported by:



Agenda

Time	Topic	Facilitator(s)
10:00am	Opening Moves <ul style="list-style-type: none">• <i>Connections/Community Builder Activity</i>• <i>Survey Feedback & What's Next?</i>	SNI & NEP
10:30am	Leaders Panel Discussion: Our Equity Journey Alameda Health System, San Mateo Medical Center, UCLA Health	SNI
11:30am	Break	
11:40am	Liberatory Design, Part 2 <ul style="list-style-type: none">• <i>Trying it on: Case study example</i>	NEP
12:15pm	Lunch	
1:00pm	Cross Organizational Problem of Practice <ul style="list-style-type: none">• <i>Peer Consultancy Breakouts</i>	NEP
2:00pm	Team Time: Identifying & Taking Action on Your Equity Challenge	NEP
2:45pm	Closing Moves	NEP



NATIONAL
EQUITY
PROJECT



SNI Racial Equity Community of Practice

Session #6

July 20, 2022

Welcome!





Good Day Community!

Greet one another and share something you are doing to rest, restore and care for yourself.





“

Systems do not maintain themselves; even our lack of intervention is an act of maintenance. Every structure in every society is upheld by the active or passive assistance of other human beings.

Sonya Renee Taylor

thebodyisnotanapology.com





The Heart of Our Work Today

- Opening Moves
- Equity Journey So Far
- Liberatory Design Part 2
- Consultancy: Problem of Practice
- Team Time: Taking Action on your Equity Challenge
- Closing Moves





Behaviors for Building Community

- We acknowledge one another as equals
- We stay curious about each other
- We slow down so we have time to think and reflect
- We commit to non-closure
- We seek intentional learning, not perfectionism
- We expect it to be messy at times
- We lean into discomfort



Making Connections

Find Someone Who ...



Prompt One:

Tell a story about your name

Prompt Two:

Discuss a hero/heroine,
someone you admire, a
mentor

Prompt Three:

Name something that has
inspired you lately



SNI Racial Equity Community of Practice

Survey Feedback & What's Next



informative
engaging
inspiring
thoughtful
excellent
enlightening
educational
positive
insightful
safe
building
touching
useful
deep
uncertain
unsure
difficult
grounding
humbling
long
validating
eye-opening
practical
dynamic
driven
new
needed
review
process
awareness
heart-felt
productive
inspiring
community
belonging
uplifting
overwhelming
moving
thought-provoking
connecting
growing
amazing
awakening
shared
inspirational
well-communicated
trust
helpful
connections
intentional
revealing
motivating
organized

Most useful so far

Connecting with and learning from other orgs (x16)

- Connections with other PHS leaders to learn about best practices and challenges
- Talking through what others are doing at their orgs.

Information and resources (x10)

- Historical information and introduction of new terms.
- Reading the articles
- Presentations by experts with examples of effective initiatives

Facilitation (x9)

- Facilitated discussions
- 1:1 and small group breakouts

What you'd like to see next

01

Go deeper on content with practical examples (x8)

- Practical examples, case histories
- Discuss real live cases. More sharing of experiences.
- Sharing about successful initiatives in safety net systems.

02

Support bringing racial equity work back to orgs (x7)

- Practical tips and solutions to bring back to orgs
- Tangible ideas about how to create an infrastructure that supports DEIB work.

03

Plan for next steps (x5)

- Next steps as result of Community of Practice
- Foster collaboration and support each other as a community
- Ultimate goal of the Community of Practice besides networking?

WHAT'S NEXT ?



WHAT'S NEXT ?

Community of Practice

- Peer-sharing, learning exchanges & collaboration through cross-org clusters
- Teams will apply a set of tools/framework and participate in “liberatory design” to design/test approaches that interrupt systems of inequity
- Address and take action on an equity challenge to influence and make progress in your system
- Exploring collective action



WHAT'S NEXT ?

Coaching

- Support from NEP to listen to the challenges you are facing and provide thought partnership & consultation to increase effectiveness
- Coaches act as mirrors for leaders, reflecting the gaps between intentions and actions
- Coaching plan tailored based on team's equity goals



WHAT'S NEXT ?

Team Leads Support

- Share ideas, practical examples, approaches and best practices from PHS
- Help reinforce topics and skills discussed in the CoP to bring back to org

Learning Opportunities

- Highlight and share bright spots and best practices from other safety net systems
- Affinity Groups



SNI Racial Equity Community of Practice

Panel Discussion: Our Equity Journey

Panelists:

Dr. Mini Swift, Alameda Health System

Dr. Yousef Turshani, San Mateo Medical Center

Mikel Whittier, UCLA Health

Moderator: Giovanna Giuliani, SNI



AHS Health Equity Journey

U. Mini B. Swift MD, MPH, FACP

AHS Team:

- Arleen Gomez
- Anna Torres
- Olivia Kriebel
- Mark Fratzke



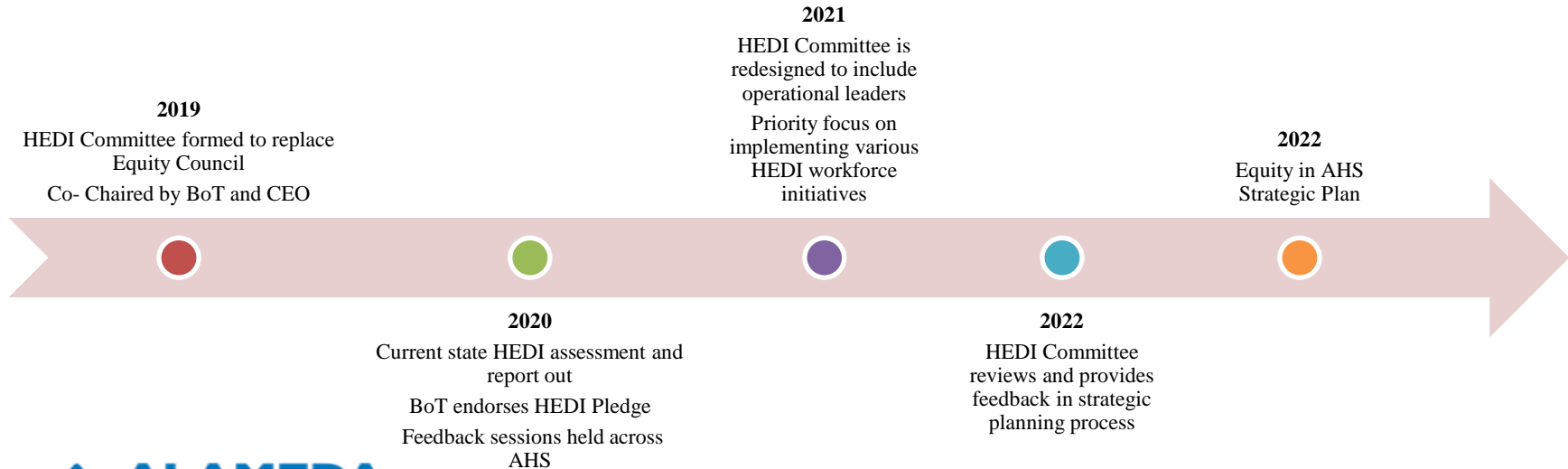
Alameda Health System

- Founded in 1864 as Alameda County Infirmary,
- 4 Wellness centers
- ~80K assigned lives
- 1000 providers
- Several residency training programs
- 3 Post Acute sites
- 5 hospitals-over 800 beds
- Level 1 Trauma Center



AHS System Level HEDI Timeline

- AHS system level coordination began in 2009 with establishment of the AHS Equity Council
 - collected detail ethnicity data
 - created of bilingual staff program
 - developed dashboards to stratify 64 quality metrics across race/ethnicity/language (PRIME)



HEDI Committee

Vision

Alameda Health System is a diverse, multi-cultural, anti-racist organization that advances equity, justice, well-being and belonging in our community.

Mission

The HEDI committee will embed racial justice, health equity, diversity, inclusion and belonging into AHS's operational structure.

Goals

- Embed racial and social justice throughout the AHS culture, systems, policies, and practices.
- Cultivate a workforce culture that embraces and advances inclusiveness and belonging
- Embed equity into the design of clinical services, research, and assessment of quality outcomes
- Strengthen cross-sector collaboration

HEDI Committee Membership

1. Board of Trustees -1 member
2. Chief Executive Officer
3. Chief Operations Officer
4. Chief Medical Officer
5. Chief Human Resources Officer
6. CAO, Post Acute Services
7. CAO, John George Psychiatric Hospital
8. CAO, AH & SLH
9. CAO, Population Health
10. Chief Nursing Officer
11. Vice President, Population Health
12. Director, Organizational Learning & Effectiveness
13. President, Alameda Health Foundation
14. Executive Director, EBMG
15. Vice President, Ambulatory Care Services
16. Director, PACE
17. Manager, Community Engagement
18. Manager Interpreter Services
19. Executive Director, Health PATH
20. Director, Business Intelligence
21. Vice President, Quality
22. Director Quality Analytics
23. Director, Care Experience
24. Medical Director, Homeless Health Center
25. Chair, Obstetrics, Gynecology & Midwifery
26. DIO, Chief of Graduate Medical Education and Chair of Pediatrics
27. Patient(s)-vacant
28. Co-Applicant Board Member-vacant

AHS Health Equity, Diversity and Inclusion Framework

Societal Level

- Advocate for policy and systems change at the local, state and federal levels to actively address underlying social and economic conditions that create health and racial inequity

Community Level

- Participate in community-led and directed efforts to address social inequities
- Maximize role as an anchor institution to positively and equitably impact surrounding community

Organizational Level

- Implement practice and policy changes to advance health and racial equity across the organization-
- Hire and train a workforce that reflects the cultural and social context of the patient population
- Redress or make restitutions to community where applicable

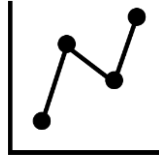
Patient Level

- Hard wire an equity approach into the design of clinical services, research and assessment of quality outcomes + accountability mechanisms to patients/community
- Share power with patients and enable them to shape AHS operations and quality improvement activities.

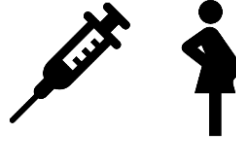
Current State: Patient Level



- Self identified demographic data:
 - Race
 - Ethnicity
 - Language (written and spoken)
 - Housing
 - SOGI



- Ambulatory Quality metrics stratified by race, ethnicity language,
- COVID-19 Dashboards
- No show rates for mammography



- BElovedBIRTH Black Centering
- Targeted outreach for COVID-19 Vaccination
- Complex Care Teams



- Homeless Health Center with Co-Applicant Board and mobile services



Examining AHS security processes



- Recipe 4 Health-food pharmacy

Current State: Organizational/Community Level



- Diverse Executive Team
- Diversity Dashboard



- Implicit Bias Training
- Racial Equity Training in Ambulatory
- Enterprise-wide Grand Rounds
- DEI committees for house staff and Medical Executive Committee



- Affinity Groups
- AHS staff
 - Graduate Medical Education Program



- HealthPATH-a pipeline development program
- Community Health Workers
- Began opportunities for contracts in 2019



- Community Cancer Collaborative
- Patient Councils in 4 Post Acute sites
- Community Vaccination Events

Successes

- Commitment to equity and increasing discussion at BOT and ELT levels
- Equity in the AHS strategic plan
- Experience- data collection and stratified clinical dashboards
- HR department is embedding equity into processes
- Clinical programs that center equity in their design
- Several equity champions at AHS
- Community partnerships

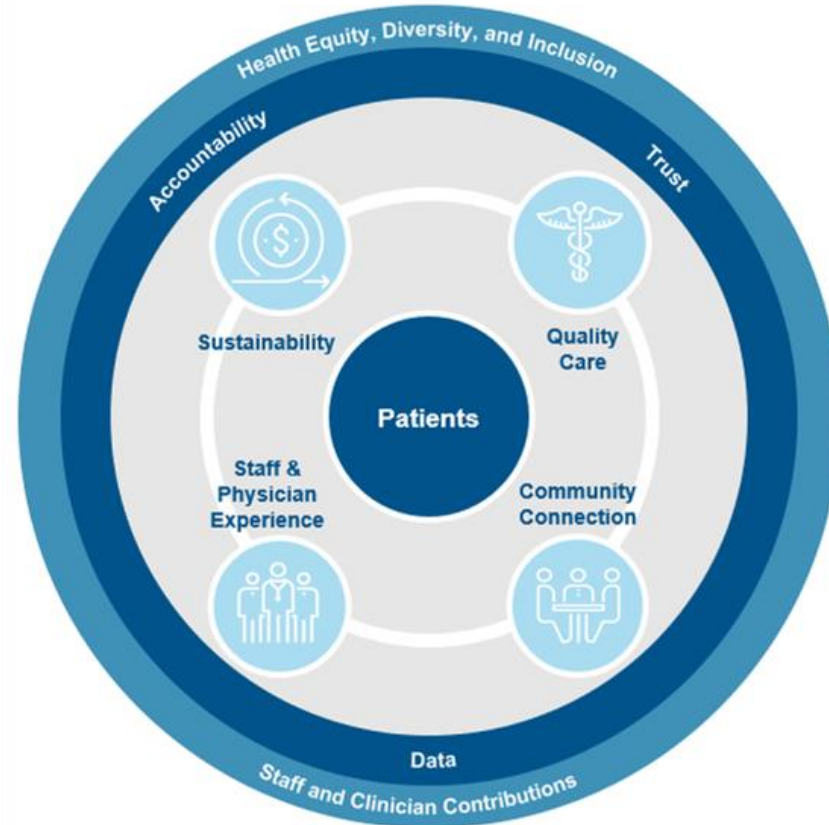


Opportunities

- COVID-19, bandwidth and staff burnout
- Standardization across AHS
 - What does it mean to center equity in operations and clinical programs?
 - Use of stratified data
 - Life course perspective in terms of the patient experience of care
- Including patient and community stakeholder participation
- More resources (Office of Health Equity)
- Including more staff and patients in HEDI activities/meetings



Successes: AHS 2022 Strategic Plan



Advice

- Develop consensus: equity & justice
- Leadership commitment and resources
- Create a framework that addresses multiple levels-patients, organization, community and society
- Integrate patient and community voices early
- Consider centering equity in with what you are already obligated to do and expand



Equity Challenge Possibilities for AHS

- Problem: Dedicated resources to center equity in operations.
 - Solution? Office of Equity to embed and center equity in operations
- Problem: AHS patients and community members do not have enough input into the delivery and experience of care
 - Solution?: Increase and standardize patient and community stakeholder participation in operational venues. Go beyond traditional patient councils.

Appendix

AHS HEDI Pledge

- Context: Committed to serve diverse communities based on understanding the intersectional nature of systemic and structural racism that impacts many of our providers and staff. We must focus targeted efforts on communities that have suffered the longest and deepest wounds from systemic racism.
- Alameda Health System pledges to eliminate bias and racism of all forms and build a truly inclusive culture that respects and values diversity in all forms.
- We will accomplish health equity through the leadership of our diverse providers, staff, and community partners with a focused commitment to:
 - Recognize that our country's history of anti-Blackness and injustice in organized American medicine, and centuries-long neglect of Black health concerns continue to this day
 - Recognize the socio-ecological and cultural contexts of first generation and immigrant Latinx who continue to have the least access to health care
 - Undo Indigenous/Native American invisibility and erasure
 - Identify and address the needs of limited English proficient patients, to provide culturally and linguistically congruent care
 - Acknowledge discrimination and refusals of service in physical and mental health for lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) members of our communities.
 - deconstruct barriers to equitable care that ability, age, religion, creed, national origin, lack of formal education, and geography may cause.
 - Connect those experiencing housing insecurity with coordinated care in partnership with key support services.

** Abbreviated version*

2022 HEDI Objectives



- Objectives are organized by “level” based on HEDI framework
- Key themes in HEDI 2022 Objectives:
 1. Equity as both a practice and an outcome
 2. Integrate equity in key system level initiatives
 3. Deeper understanding of racial equity
 4. Increase communication and involvement with patients, staff and community

AHS HEDI Committee 2022 Objectives

Patient Level

- 1.Integrate equity into our core reporting infrastructure by standardizing the practice of stratifying data by demographic measures
- 1.Identify patient care activities designed to reduce disparities in health care outcomes for specific groups (e.g., Black centering, African American Cancer collaborative, etc.).
- 1.Develop processes to incorporate patient feedback into our work

Organizational Level

- 1.Increase bidirectional communication between HEDI and local DEI committees & department initiatives
- 1.Expand staff trainings anti-bias, anti racist and trauma informed care training to more groups Embed an equity lens into Leadership Academy and key HR processes
- 1.Review all job descriptions to ensure appropriateness of educational requirements and acknowledgement of professional experiences
- 1.Coordinate all activities at AHS that address the health-related social through a single committee
- 1.Launch Employee-initiated Affinity Groups to promote a sense of belonging
- 1.Develop and invest in career advancement and progression initiatives for employees across all levels of the organization

Community Level

- 1.Develop plan to support indigenous communities; develop an AHS Land Acknowledgment statement
- 1.Engage ELT and BOT to develop anchor mission with clearly defined goals across key organizational pillars (hiring, procurement, investment, and addressing SDOH)
- 1.Participate in one community led initiative that is designed to improve the health of the community

San Mateo Medical Center

Racial Equity Journey

Dr Yousef Turshani, Chief Medical Officer, Executive Sponsor

Sujatha Ganesh, (Interim) Manager, Office of DEI, Team Lead

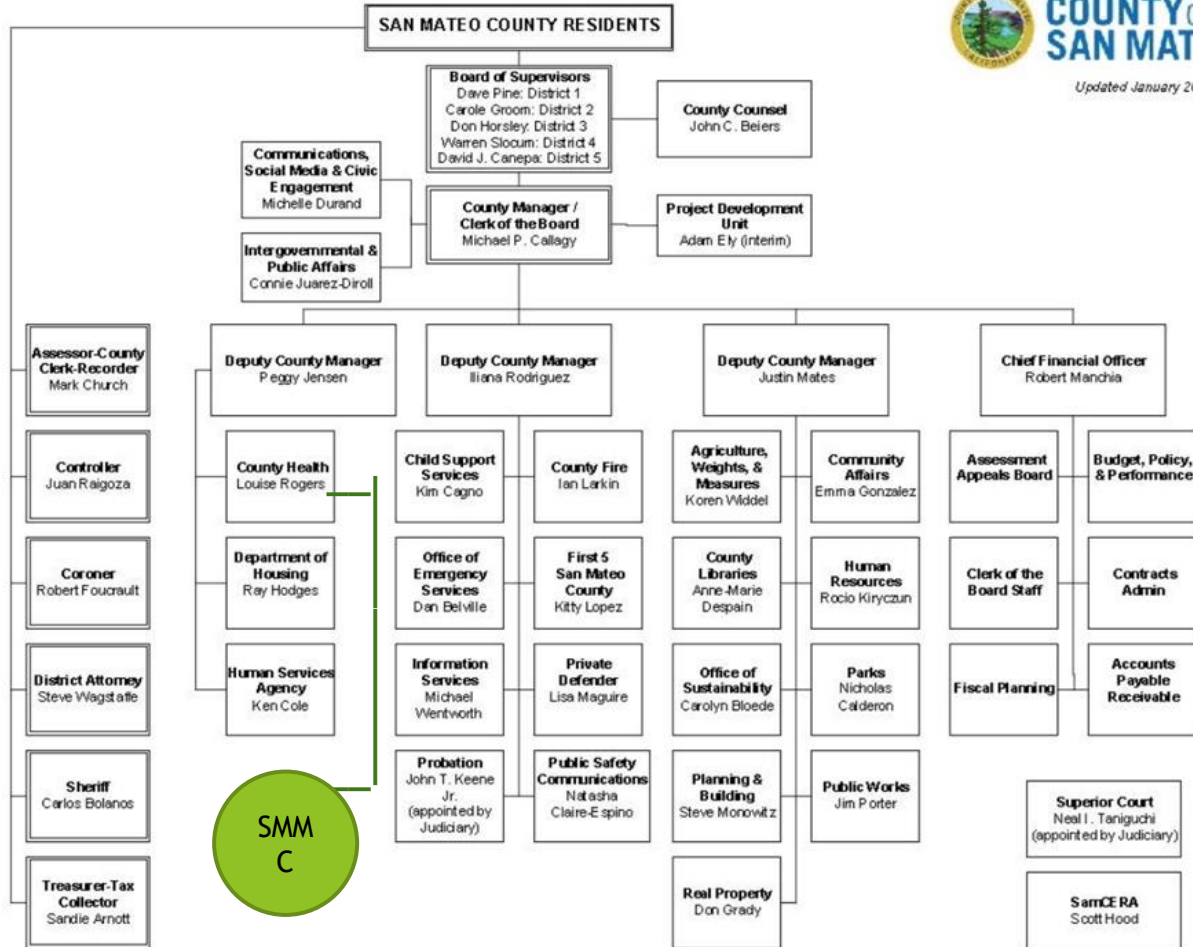
Priscilla Romero, Program Services Manager II, Meeting Coordinator

San Mateo County Organizational Chart



**COUNTY OF
SAN MATEO**

Updated January 2021



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

SMMC's place in San Mateo County

Citizens of San Mateo County

Board of Supervisors

County Manager

Deputy County Manager

County Health

San Mateo Medical Center

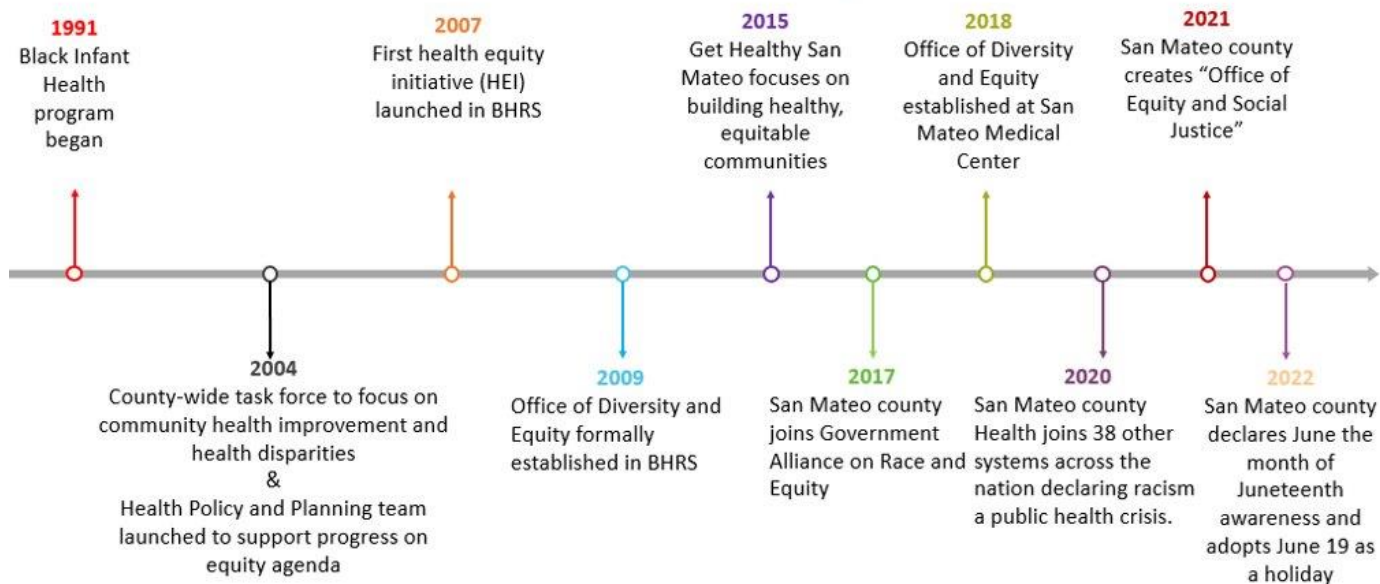


SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

San Mateo County's Timeline with addressing health disparities

A HIGH-LEVEL VIEW OF COUNTY/HEALTH'S HISTORICAL WORK ON HEALTH, RACE AND EQUITY



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Countywide Racial and Social Equity Plan: Interdepartmental projects

Staff capacity building	Equity tool for daily operations	Data for equity	Performance equity	Community engagement through equity lens	Staff wellbeing	Equity policy (Anchor Institution Framework)
<ul style="list-style-type: none">• Foundational equity training for staff• Exploring equity resource hub for continued learning	<ul style="list-style-type: none">• Equity advancement tool• Guidance on equity impact statement on Board memos• Glossary of terms	<ul style="list-style-type: none">• Inventory of equity-related data sources• Building a portal with equity-related data and maps	<ul style="list-style-type: none">• Anti-racist Results Based Accountability training and program development	<ul style="list-style-type: none">• Develop community engagement toolkit and guidance document	<ul style="list-style-type: none">• Creation of staff affinity groups or employee resource groups (Affinity examples: Black, Latinx, Asian, LGBTQ+, those with disabilities)	<ul style="list-style-type: none">• Expand inclusive staffing practices – recruitment, hiring, promotion• Expand inclusive procurement and investment practices – focus on small local businesses

As we present Health's Racial and Equity Plan, we will point the places of alignment with the countywide work

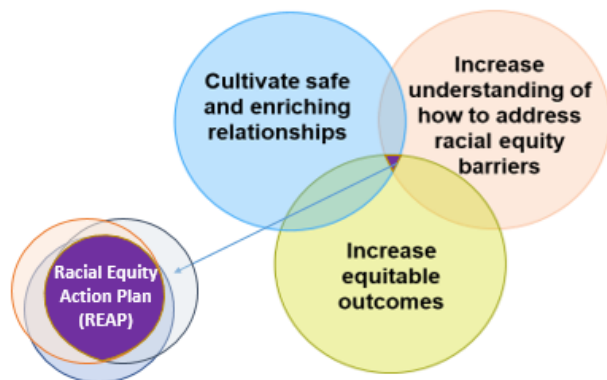


SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

WHAT COUNTY HEALTH IS DOING

Together, Health leadership determined it was essential to focus on the following areas:

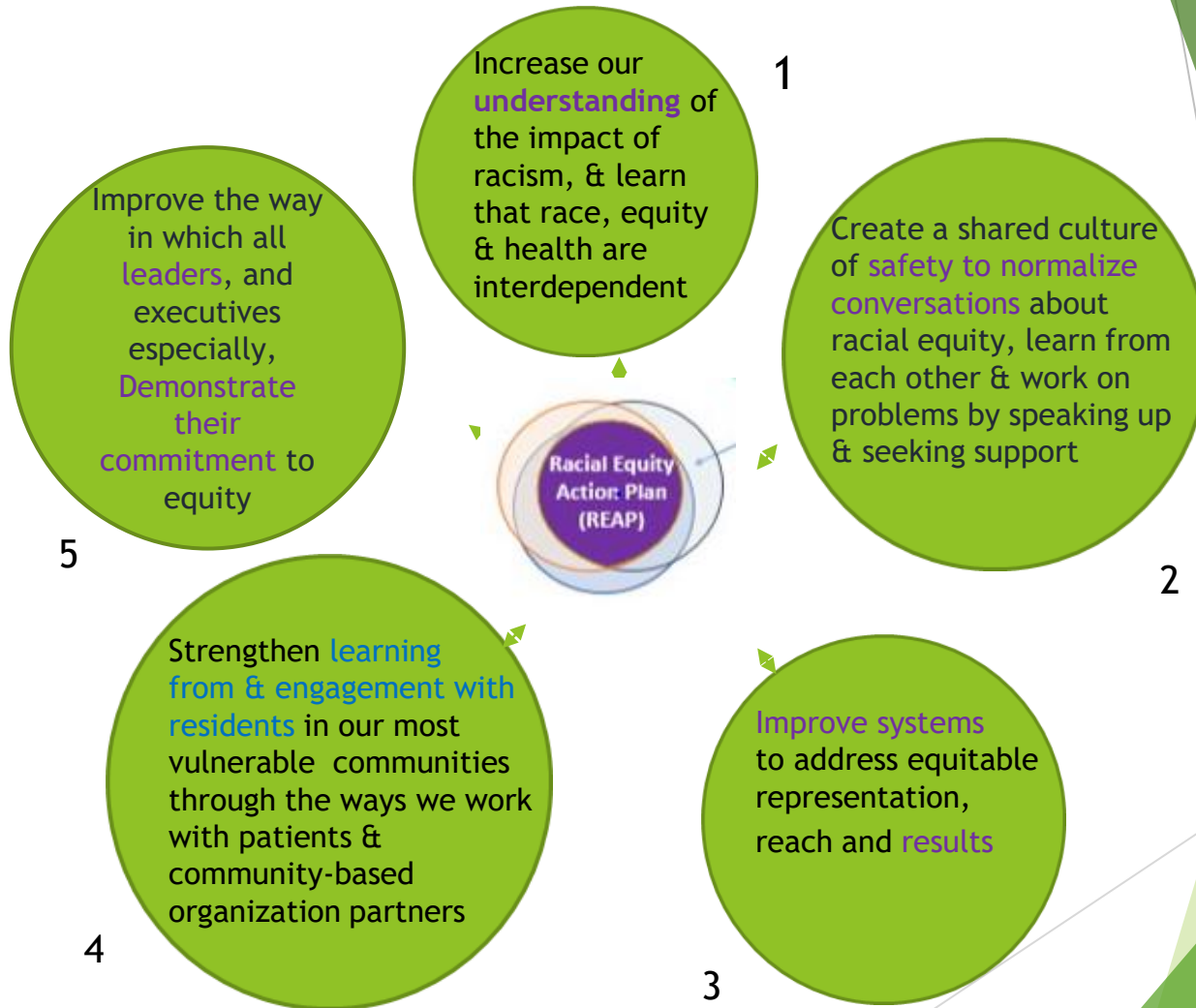


- understanding how race, equity and health intersect across our workforce
- creating safety to talk about racial equity and to keep improving our **inclusivity and belonging**; and
- achieving results in reducing gaps in who we reach and how well we serve our community through the systems that drive the way we work.



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

Increase understanding of Racism

- ▶ *Participation in the Government Alliance for Race and Equity*
 - ▶ *4 hour Race Equity and Health Foundational Training (about 600 staff have completed the training so far)*
 - ▶ *21 Day Racial Equity Challenge (4 teams of 6-10 individuals completed, 2 additional teams are waiting for the challenge)*
- ▶ *Institute for Healthcare Improvement 2021*
 - ▶ *Leadership Alliance Equity and Healthcare Workgroup*
 - ▶ *Safety Net Institutions (SNI) Community of Practice (CoP)*
- ▶ *Monthly discussions/presentations at Systemwide Managers Meetings*
- ▶ *Proposed:*
 - ▶ *IN-person conversations at team huddles*
 - ▶ *Lunch-time open sessions for sharing*
 - ▶ *Identify ways to collaborate across other Health divisions so we can support and further each other's work to eliminate racism as a County wide effort*



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

Shared culture of safety to normalize conversations

- ▶ *Essential Strategies for Managers and Supervisors on Managing a Diverse Workplace”*
- ▶ *“Sexual harassment and bullying prevention training for managers and supervisors*
- ▶ *21 Day Racial Equity Challenge* *Based on Dr Eddie Moore’s 21-Day Racial Equity Habit Building Challenge*
- ▶ *Recognizing significant events in history and the current day to respect and honor every human identity at daily leadership huddles and at Provider Educational Grand Rounds*
- ▶ *February - Black History Month*
 - ▶ *June - Pride Month*
 - ▶ *July - BIPOC Mental Health Month*
 - ▶ *Sept/October-Latino Heritage Month*
 - ▶ *November-Native American Heritage Month*



Strengthen learning from & engagement with residents in our most vulnerable communities

▶ **HR**

- ▶ *Hiring staff to represent/reflect the communities we serve*
 - ▶ *bilingual/bicultural*
 - ▶ *have experience working with vulnerable communities/clients*
- ▶ *De-identifying applicants by removing names from applications to give all candidates an equitable opportunity to be considered for employment, free of stereotyping (based on name) and unconscious bias*

▶ **Vaccine Communications Equity Work Group (VCEWG)**

Contracted with CBOs to do outreach for vaccine and testing efforts

- ▶ **Patient interviews with those identifying themselves as LGBTQ+**
 - ▶ *Documentation in Invision/Gold and eCW*



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

Improve systems for equitable representation, reach and results

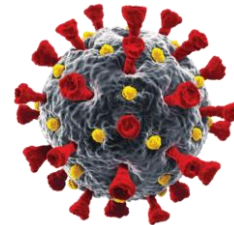
- ▶ *REAL data*
- ▶ *SOGI data*
- ▶ *HTN Disparity Elimination Work with African American (Black) Adult Patients*
- ▶ *Clinician Cultural Linguistic Assessment for providers*
- ▶ *Translation and Interpretation Services*
- ▶ *Use of the RE Tool (GARE provided) in the budget process*
- ▶ *COVID positivity and VACCINATIONS data – disaggregated by race/ethnicity – representation results*
- ▶ *Cultural competency training for staff at onboarding*



SAN MATEO COUNTY HEALTH

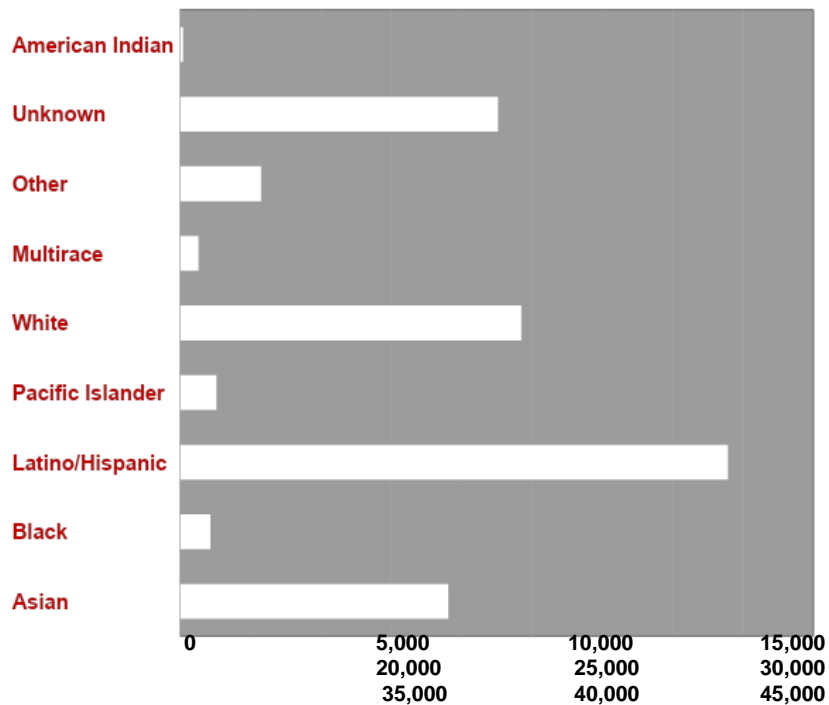
**SAN MATEO
MEDICAL CENTER**

WHAT OUR WORK TEACHES US

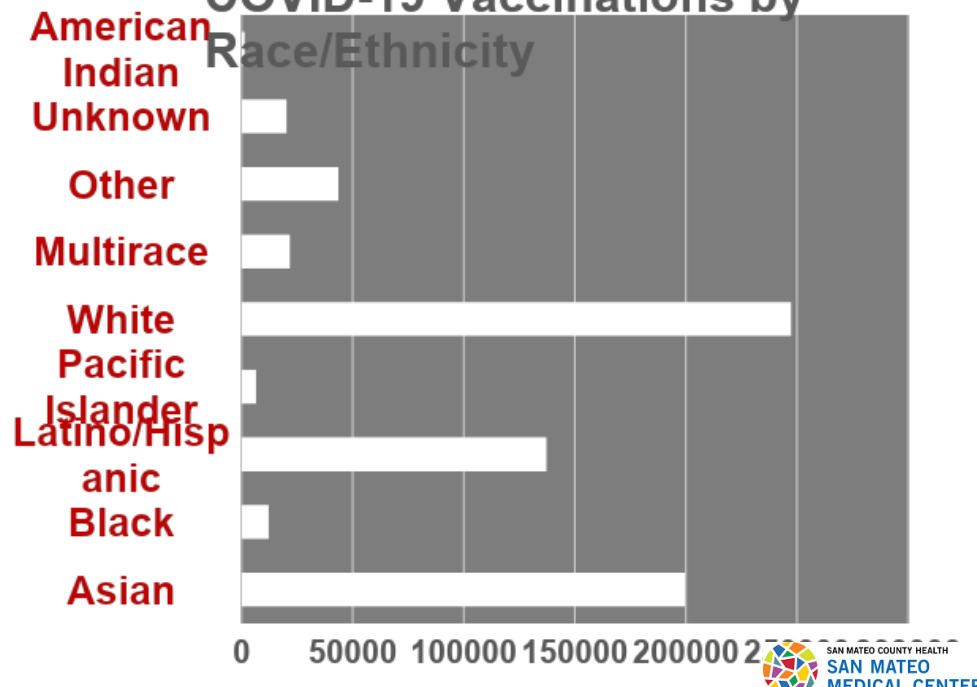


Disparate impact of the pandemic by race and ethnicity

COVID-19 Cases by Race/Ethnicity



COVID-19 Vaccinations by Race/Ethnicity



Demonstrated commitment from leaders

- ▶ *Senior Leadership Team participation in the 21 day RE challenge*
- ▶ *Managers' required attendance at the Race, Equity & Health Foundational Training*
- ▶ *Recognition and Acknowledgement of the Black Lives Matter resolution with an event at SMMC in 2020*
- ▶ *CEO's message regarding Juneteenth and other significant events at Leadership Huddles*
- ▶ *Senior Leaders (Dr. Yousef Turshani) executive sponsorship of SMMC for the SNI Community of Practice work. His monthly meetings with the County Equity Officer.*
- ▶ *Senior Leadership Team support with the HTN Disparities Elimination Work*



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

Thank you



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

HEDI Journey

Office of Health Equity, Diversity, and Inclusion

Mikel Whittier, DBA(c), MHA

Director, Health Equity, Diversity, and Inclusion

Team present:

Patricia Alberto, MPH, BSN, RN, CPHQ, Organizational Consultant

Jerome Crawford, Director Performance Excellence

Kyla Johnson, MD(c), MPH, HEDI Summer Intern

Beckett Maravelias, EDI Consulting Specialist

Kerline Ordeus, MHA, MHRM, Lean Specialist

OFFICE OF HEALTH EQUITY, DIVERSITY AND INCLUSION (HEDI)

The **Office of Health Equity, Diversity and Inclusion** was established in 2021 to build and execute system-wide strategies to strengthen to advance equity, diversity, and inclusion (EDI) among UCLA Health staff, patients, and community.

Mission

Our mission is to create and advance a healthcare system that achieves optimal health and wellbeing for our staff, patients and community.

Vision

Our vision is to be the premier leader of inclusivity, justice and equity in healthcare.

Values

Accountability ▪ Service ▪ Partnership ▪ Excellence ▪ Courage ▪ Transparency

HEDI Guiding Principles

BETTER CARE AND HEALTH

We believe a diverse and inclusive health care workforce and environment results in **better care, service and health outcomes** for our patients.

PROVIDE EQUITABLE HEALTH CARE

We are **committed to building stronger work relationships** with each other and **providing high-quality, equitable health care** to the diverse patient populations that we serve.

GREATER PRODUCTIVITY

We believe that our commitment to EDI will result in **greater productivity, innovation and engagement** of our staff and patients.

EMBRACE ANTI-RACISM

We are **committed to be intentional with our actions and embrace anti-racism and anti-bias principles** to advance equity and justice for our staff and patients.



5 A's of HEDI Performance



HEDI Year in Review & Lessons Learned



Our People



Our Patients



Our Community

Year in Review: Our People



Our People

Build new structures and practices to promote anti-racism, inclusive excellence and equity

Developed and implemented “Transforming Our Community” EDI and anti-racism/anti-bias e-learning for all staff, faculty, and trainees

Launched M&D Live town hall sessions

Established Affinity Network comprised of several new UCLA Health affinity groups to support culture of inclusivity and belonging

Established the Discrimination (Title VII) Incident Response Team

Created a new management training to create an inclusive workplace and manage bias/discrimination

Incorporated EDI best practices into recruitment of administrative interns and fellows

Redesigned search committee process to ensure diverse representation of committee members and centering of EDI principles in selection process

Year in Review: Our Patients



Improve the clinical experience of our patients through accessibility, cultural humility, and affirming care

Launched the UCLA Health Homeless Healthcare Collaborative

Created dynamic dashboards to compare clinical care, experience, and outcomes

Redesigned patient demographic data collection process to support accurate data for patient care and health equity analyses

Established the Equity Patient and Family Advisory Council (PFAC) structure

Created the Medi-Cal Ambulatory Task Force to assess for and mitigate access barriers for patients with Medi-Cal

Year in Review: Our Community



Our Community

Invest in our community through partnership, education, service, and advocacy

Joined the Healthcare Anchor Network to support racial equity and socioeconomic well-being

Sponsored community health and wellness programs

Invested in youth STEM and health professions pathway programs

Equity Challenge

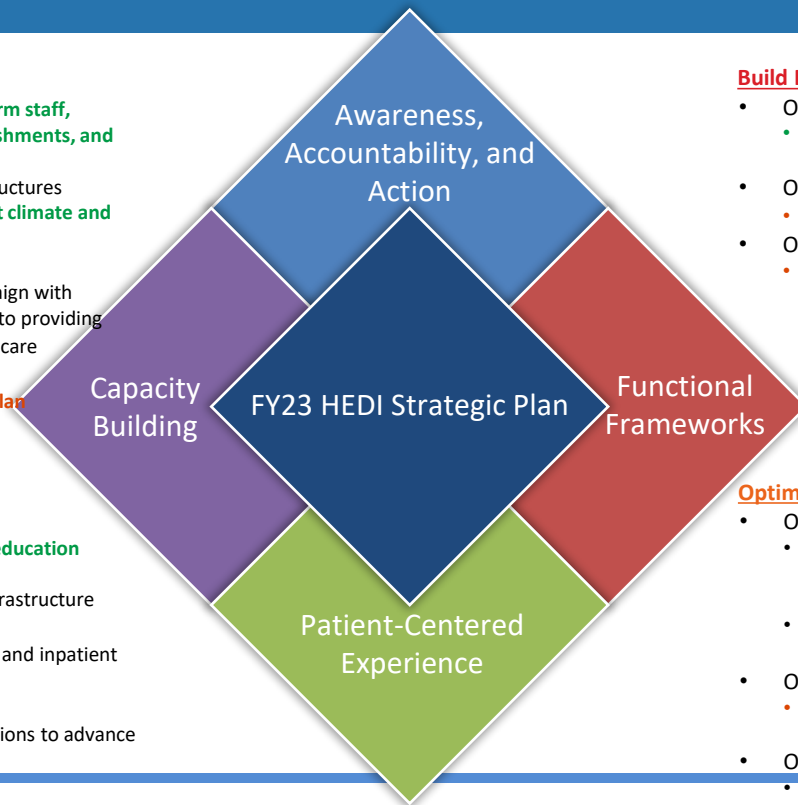
HEDI FY23 Strategic Objectives

Increase Awareness, Accountability, and Action:

- Our People:
 - Support the internal communication plan to inform staff, faculty, and learners of HEDI priorities, accomplishments, and initiatives
 - Optimize discrimination review and mitigation structures
 - Launch the JHEDI culture survey to assess current climate and identify opportunities for improvement
- Our Patients:
 - Patient and family focused communication campaign with feedback loop to inform patients of commitment to providing culturally and linguistically appropriate, affirming care
- Our Community:
 - Community-facing awareness and engagement plan to highlight commitment to HEDI

Capacity Building for Sustainability

- Our People:
 - Develop an implementation plan for leadership education development
 - Build and enhance LGBTQ and HEDI Champion infrastructure
- Our Patients:
 - Expand LGBTQ champion presence in ambulatory and inpatient settings
- Our Community:
 - Establish partnerships with professional organizations to advance staff and faculty career development



Build Functional Frameworks to Apply Equity Principles

- Our People:
 - Develop leadership EDI principles implementation toolkit and frameworks
- Our Patients:
 - Create standardized clinical health equity frameworks
- Our Community:
 - Build structured approach to establish community partnerships to support UCLA Health anchor mission, community engagement, and STEM/healthcare professional pathway programs.

Optimize the Patient-Centered Experience

- Our People:
 - Establish the Equitable Care Committee (2.0) to focus on the delivery of equitable, high-quality, affirming care for marginalized and/or vulnerable populations
 - Implement a tiered clinical care training to enhance care delivery
- Our Patients:
 - Launch Equity PFAC and incorporate it into operational structures
- Our Community:
 - Optimize process efficiencies to support equitable access to specialty care for patients with managed Medi-Cal

Questions?



Stretch Break!



SNI Racial Equity Community of Practice

Liberatory Design Part 2



Equity Leadership as inside-out

SEE

How we see the world, practice self-awareness, and understand the territory we're navigating

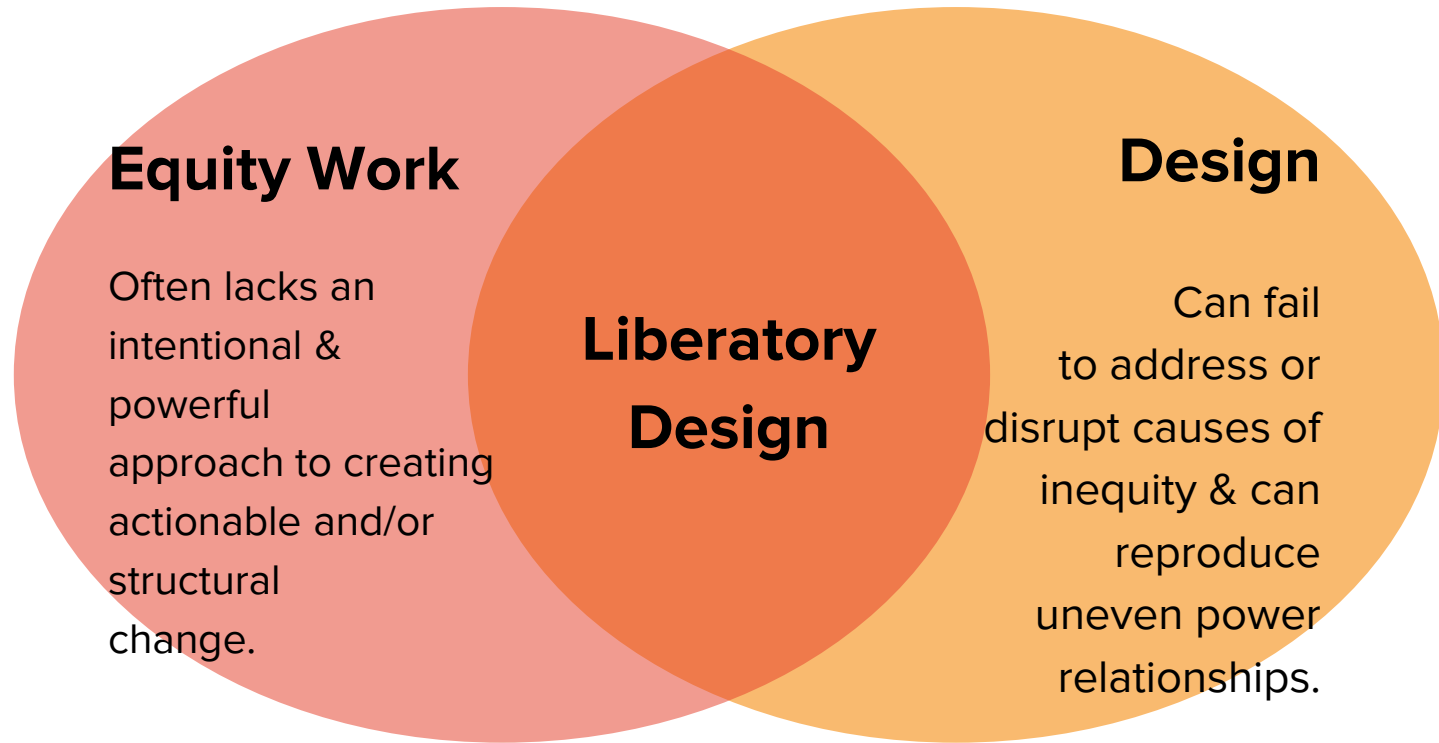


ACT

How we design, implement, learn from, and decide on actions to address equity concerns

ENGAGE

How we show up and engage relationally, how we listen, build relationships, and create strong containers for **complex equity challenges**



An equity-based, human-centered process to generate breakthrough solutions to address exclusion and inequity.



We are all designers!



You are either redesigning systems to create equity or you are perpetuating inequities as designed.





LIBERATORY DESIGN MINDSETS



Equity is both a goal and a process.

Addressing equity and inequity
requires new mindsets and
intentions.



Liberatory Design Mindsets

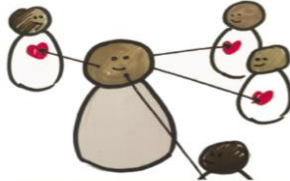
Notice

Reflect



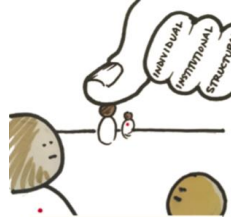
Practice Self-Awareness

We design from who we are. So we need a clear "mirror" to better see how who we are shapes what we see, how we relate, and how we design.



Focus on Human Values

Seek as many ways as possible to get to know your end users including immersion, observation, and co-design.



Recognize Oppression

Our designs depend on how we frame a challenge. So we need a clear "lens" to see how oppression may be at play in our context.



Embrace Complexity

When the going gets messy, stay open to possibility. Powerful design emerges from the mess, not from avoiding it.



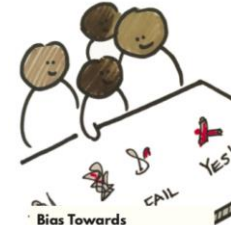
Seek Liberatory Collaboration

Recognize differences in power and identity. Design "with" instead of "for".



Build Relational Trust

Intentionally invest in relationships, especially across difference. Honor stories and listen for emotions.



Bias Towards Experimentation

The complexity of oppression requires courageous action. Build to think and learn.



Share, Don't Sell

Practice transparency of process and non-attachment to ideas.



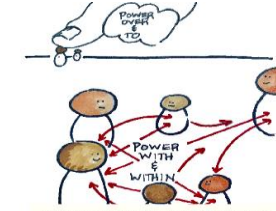
Attend to Healing

Doing equity work includes on-going healing from the effects of oppression to increase our agency for liberatory design thinking.



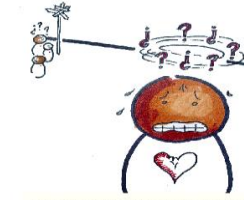
Exercise Your Creative Courage

Every human has the capacity to be creative. Before there is confidence, there is the courage required to navigate self-doubt and creative fragility. Trust your inherent creativity muscles and flex them with courage.



Catalyze Opportunities to Transform Power

Inequity thrives in situations of power imbalance. Look for ways to transform power to include and experience liberatory collaboration. Move away from power "over" or "to" and design toward power "with" and "within" to interrupt the reproduction of power dynamics.



Work with Our Fear and Discomfort

Fear and discomfort are an anticipated parts of this work. This includes feelings related to the situation, as well as what it brings up for you as a designer given who you are. Identifying sources of the fear and discomfort allows us to advance our design work if good or address it if harmful.

Equity is **both** a goal and a process.

Addressing equity and inequity requires new **mindsets** and **intentions**





LIBERATORY DESIGN MINDSETS



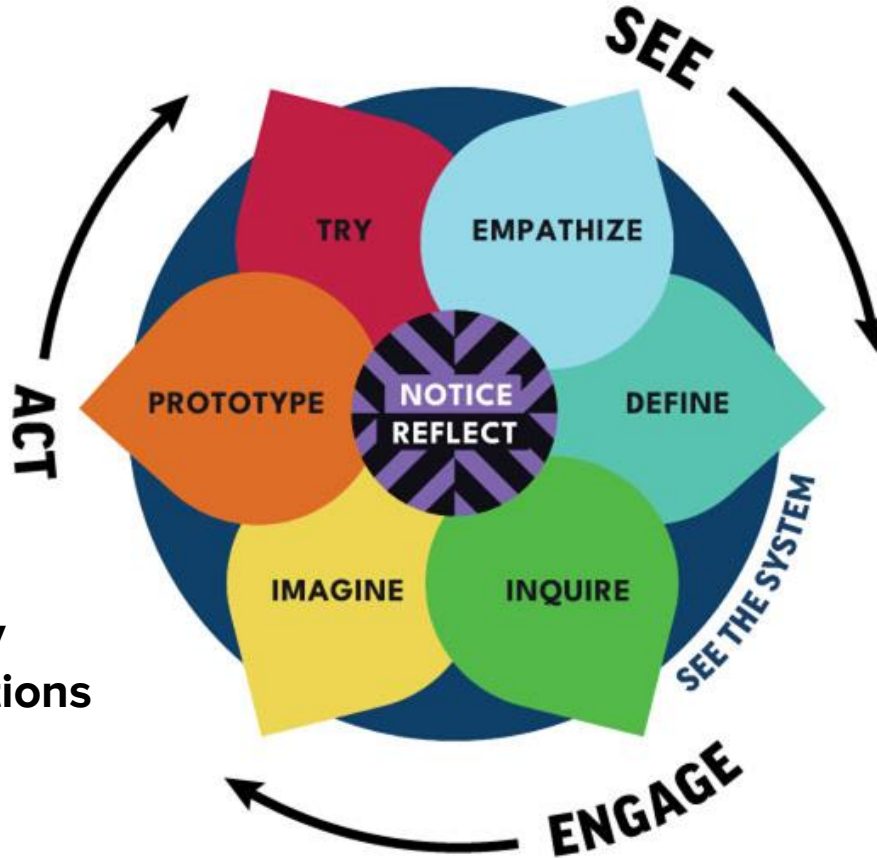
Journal

- Which 1-2 mindsets might be particularly important for you as you work to address an equity problem of practice or work to shift culture in your organization?
- Why do they resonate with you?



NEP Liberatory Design for Equity Process

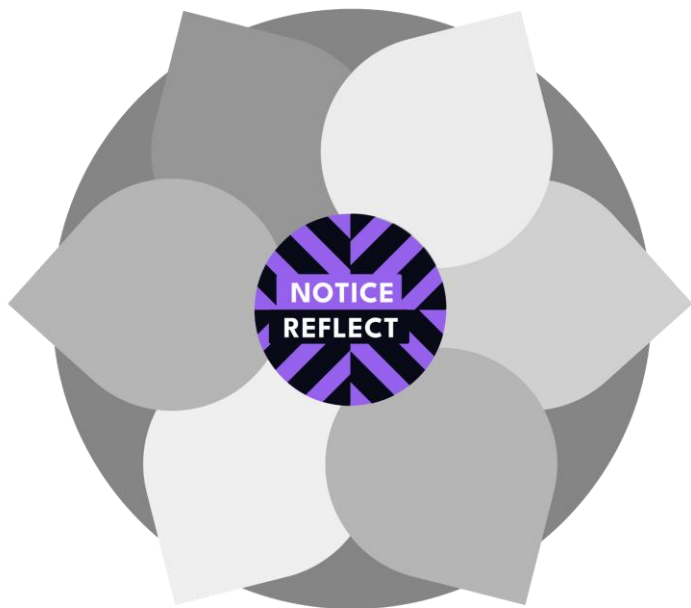
Identify your equity commitment



Design and try potential solutions

Better understand the complexity of this challenge

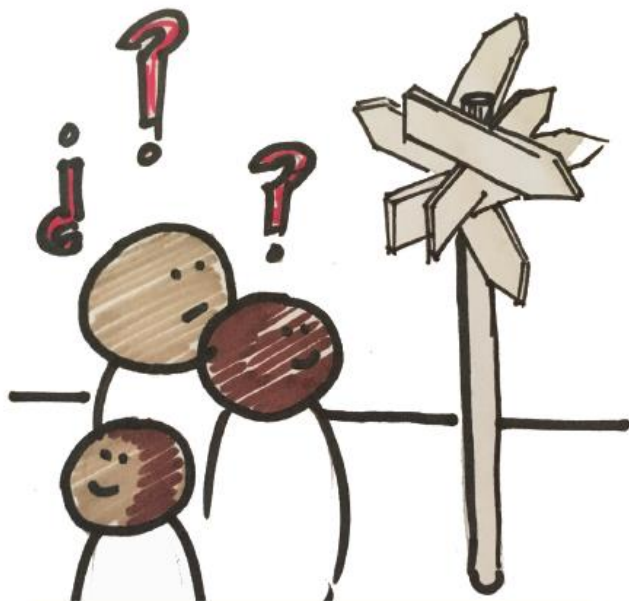




Notice & Reflect

These two modes are at the heart of Liberatory Design Process - they help us pause, discern, interrupt and/or refocus our attention and help us **maintain our commitment to equity in the design process.**

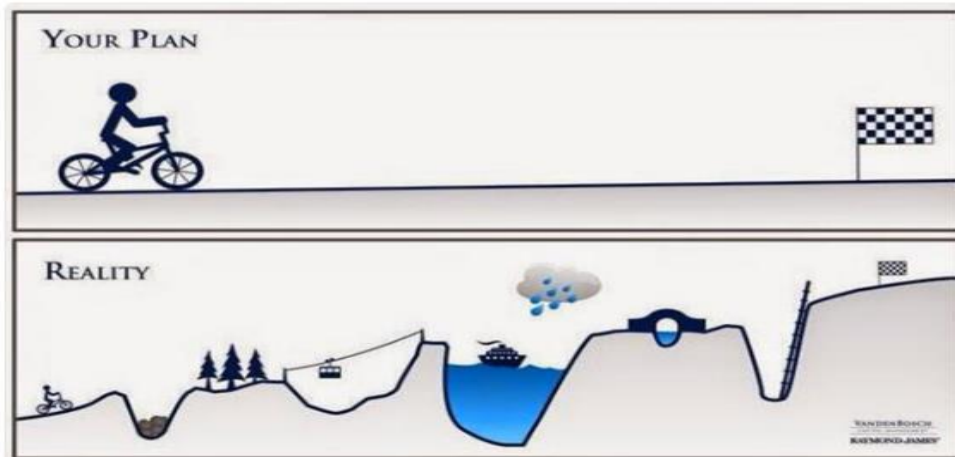




Embrace Complexity

When the going gets messy, stay open to possibility. Powerful design emerges from the mess, not from avoiding it.

COMPLEXITY LENS



It's more visible now



Understanding Complexity:

Domain Attributes | Examples

“Complicated” Problems



Can be solved with
expertise

The Domain of Good Practice

“Complex” Problems



Tricky to tackle, no
obvious answer

The Domain of Emergent Practice

Complex



Emergent Practice

Complicated



Good Practice

Disorder

Chaotic



Novel Practice

Obvious



Best Practice

Understanding Complexity:

Domain Attributes

In “Complicated” Situations

- Expert *diagnosis* is required
- Can be solved with *expertise* -
- Effective implementation yields predictable and desired results
- There is a cause and effect relationship that is discoverable
- Analysis of facts are used to make meaning and determine action
- More than one right answer is possible

In “Complex” Situations

- The truth is revealed through stories/probes, not diagnosis
- Require *adaptive* solutions not technical fixes
- Are not permanently solvable
- No single cause and effect relationship can be discerned
- Constant scan for meaning is required to determine and adjust direction
- No right answer, only patterns to amplify or dampen in the system

MAKING COMPLEXITY VISIBLE IN PANDEMIC TIMES

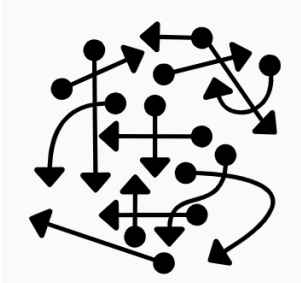
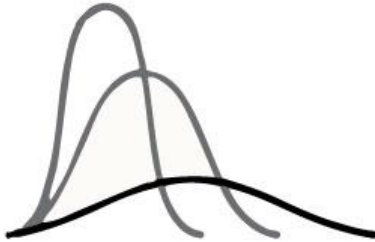
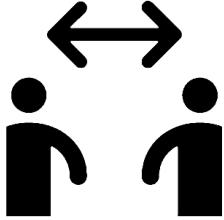
Chaotic	Complex	Complicated
Immediate action is required	Tricky to tackle or no obvious answer	Can be solved with expertise
Closing schools and ordering shelter in place	Flattening the curve of Covid-19	Establishing policies and practices for physical (social) distancing
		

Table Talk



**How would you categorize
the equity challenges you
are designing for?**

Complex
Complicated
Chaos
All of them
I don't know



LUNCH



SNI Racial Equity Community of Practice

Cross Org Problem of Practice



Consultancy Protocol

Help a member of the CoP think through and get support for a challenge or dilemma in their practice

Two members will present

- 1. Member presents the situation/problem and what they want help thinking about (3 min)**
- 1. Group members ask questions for clarification (5 min)**
- 1. Group discusses the dilemma with ideas on what the presenter could do; presenter is silent, listens, and takes notes (5 min)**
- 1. Presenter responds with what resonated from what was heard and what action(s) to consider taking (2 min)**

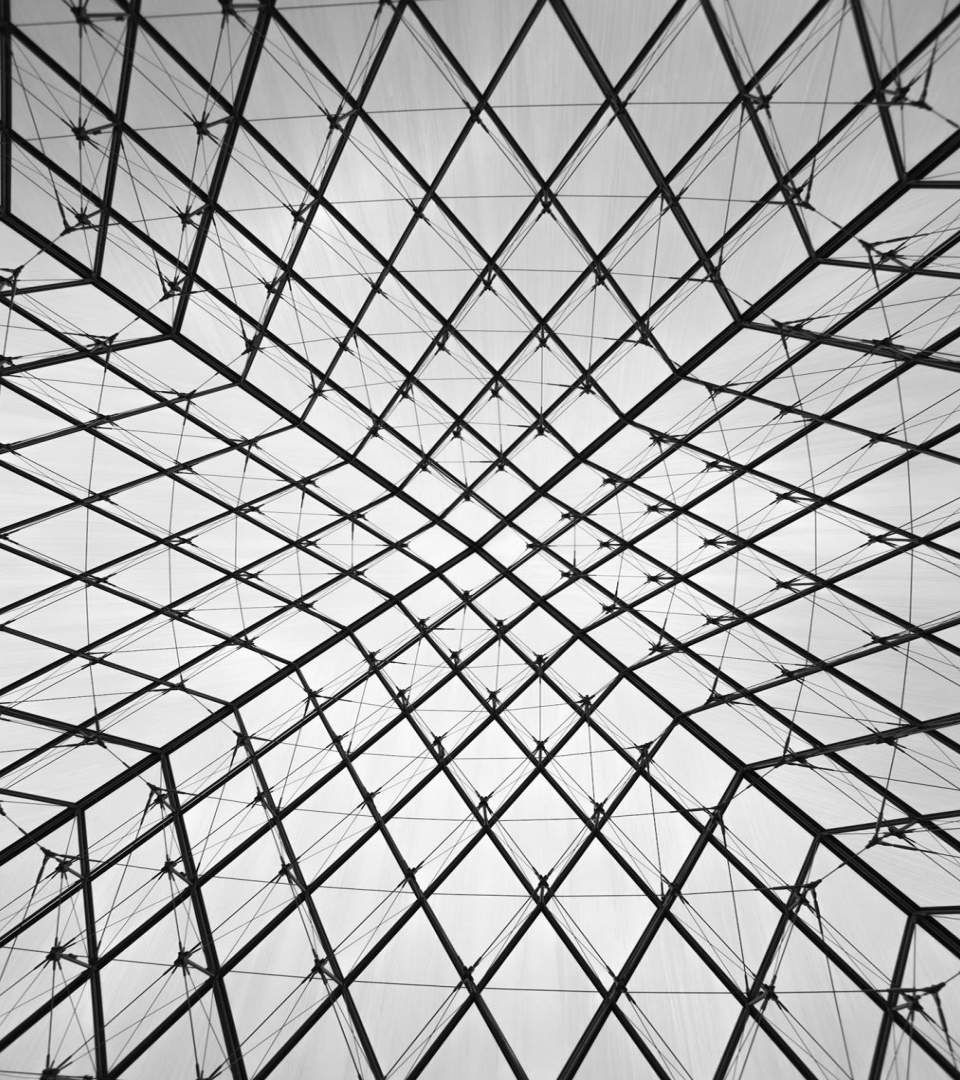


SNI Racial Equity Community of Practice



Team Time





Identify the Equity Challenge

Sample questions you might ask:

- What inequitable patterns do you see relative to outcomes and experiences?
- What factors are contributing to these outcomes and experiences?
- Who has power & influence?
- Who is further away from power & influence?
- Who has access to opportunity, resources, and information? Who is furthest from access?



ORGANIZATION TEAM

Determine 1 or 2 Racial Equity Challenges/Problems of Practice you want to center your 1st Action Learning (Design) Cycle around.

WHAT



SNI Racial Equity Community of Practice

Closing





Whole Group

Highlights? Insights?

Appreciations!





Written Reflections

- How did you experience this day? Reflect on the content, facilitation, emotions
- Please share via the blue Reflection Form in your packet (or linked in the online agenda)





THANK YOU EVERYONE!

Please hand your Reflection Form to a staff member on your way out.

