August 2023

Liberating Mindsets and Designing for Equity

Lessons and findings from a Community of Practice of California Health Systems

The California Health Care Safety Net Institute's (SNI's) Racial Equity Community of Practice (CoP) brought together participants from 12 public health care systems across California to develop and strengthen racial equity strategies and embed equity in all aspects of the organization. SNI partnered with the National Equity Project (NEP) to co-design and facilitate the 18-month CoP, which ran from January 2022 through June 2023. Engage R+D conducted the evaluation of the endeavor.

This evaluation summary shares outcomes of the CoP, followed by lessons to inform the work.

SNI CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

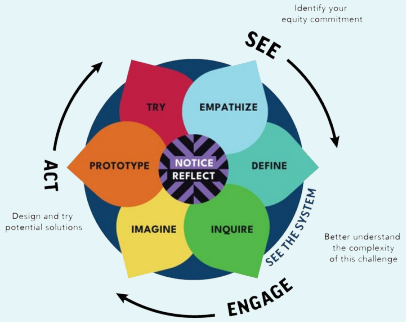
NATIONAL EQUITY PROJECT

engage R+D

INTRODUCTION TO LIBERATORY DESIGN

About the Liberatory Design Framework

Through the CoP, NEP worked to advance racial equity by developing leadership capacity to make organizational change. They believe that equity leadership moves from the "inside-out" and guide leaders through a process of Liberatory Design to first **see** and understand the history and effects of racial oppression, offer tools to **engage** with one another and their systems to better understand their equity challenges and solutions, and coach them to **act** by designing, prototyping, and implementing solutions. This report is organized using this framework and examines outcomes of the CoP at each level.



Applying the Framework to Evaluation

This report explores the outcomes of the CoP through each stage of this Liberatory Design Framework, followed by lessons to inform the work. The table below shows the evaluation questions used for data collection and analysis, organized using the framework as it aligns to the individual, CoP, and health system levels:

	See	Engage	Act
Indiv.	• Deeper personal knowledge of racial equity issues • Development of new mindsets, skills, and capacities to navigate equity challenges	• Use of new skills, mindsets, and capacities to define equity challenges and goals • Examples of how participants are applying skills, mindsets, and capacities	• Participants feel inspired, motivated, and confident to do racial equity work • Participants grow as racial equity champions and leaders in their organizations and are recognized for their knowledge and experience • Examples of how participants are "designing for equity"
CoP	• Sharing of stories and experiences among CoP participants • Contribution of CoP participants to each other's learning, trust, healing, etc. across health systems	• Shared understanding of ecosystem needs, gaps, and opportunities within California's public hospitals • Examples of collective equity challenges identified through the CoP • Health systems leverage each other's knowledge, resources, etc. to support respective equity goals	• Collective progress towards addressing racial equity challenges within California's public hospital systems • Examples of progress toward collective action to center racial equity in California's public hospitals • Due to CoP connections, participants accomplish collective work together
Health System	• Translation of personal mindsets, skills, and capacities to organization-level work • Sharing of CoP learnings with others at health systems • Influence on behavior of others at health system	• Shared understanding of organizational racial equity gaps and goals developed within health systems • Examples of application of skills, mindsets, and capacities within health systems • Examples of equity challenges identified by health systems	• Health systems are prototyping and testing strategies to address their racial equity goals • Examples of new practices or policies at health systems that center racial equity • Extent to which CoP participation impacted any shifts in organizational practice

The evaluation draws on the following methods as well as session observations and discussion:

- Surveys toward the start (May 2022; n=29; 43% response rate) and end (April 2023; n=32; 63% response rate) of the CoP with participants from all 12 health systems
- Mid-way interviews (November 2022) with participants from 10 of the health systems
- Concluding focus groups (July 2023) with 13 participants from seven of the health systems

OUTCOMES OF THE CoP

The first goal of the evaluation was to document the outcomes of the CoP at the individual, health system, and CoP levels. This section explores those outcomes through the Liberatory Design framework, sharing how participants built on their understanding of racial equity, engaged with one another and their health systems, and prototyped and tested new solutions.

SEE *and understand equity challenges and the complexity of the territory you are navigating*

Participants deepened their personal knowledge of racial equity issues. Participants reflected that the Community of Practice was allowing them to deepen their own personal knowledge of racial equity topics. For example, in April 2022, about two-thirds of participants reported that, since participating in the CoP, they were reflecting to a great extent on the role they played advancing equity at their organizations.

Quotes source: November 2022 participant interviews

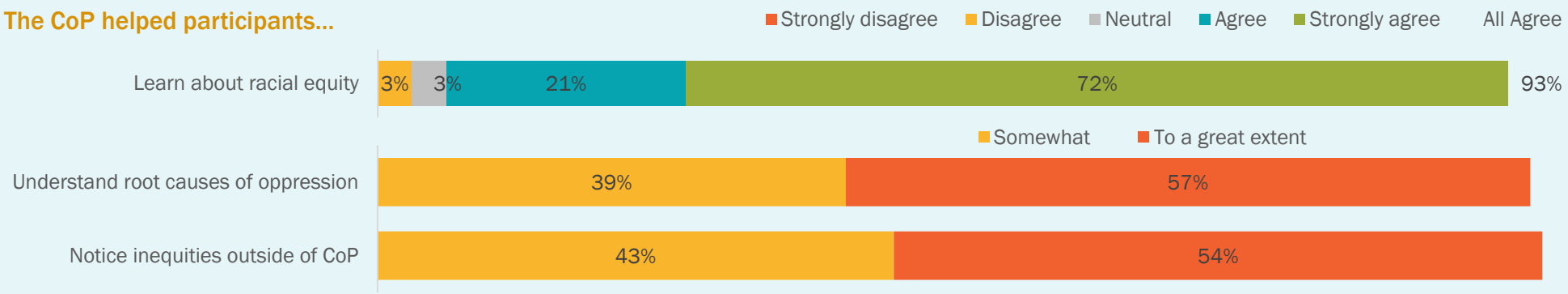
"[The CoP] has caused me to really slow down… and understand the impact of the structure that we are working under, and the way we have all been trained to see the implicit and overt structures we work in."

"[These concepts] have been so fascinating. I love them. I have printed them all out. I carry them in my backpack, and they have the dog ears. I have tried to go into a meeting and say, 'Okay, which mindset am I in?'"

Participants developed new mindsets, skills, and capacities to navigate equity challenges. Participants reported adopting certain mindsets through the CoP that support racial equity work from the National Equity Project's Liberatory Design deck. These mindsets included reflecting on their equity role within their organization, becoming more self-aware and motivated, developing a greater understanding of the root causes of oppression, and noticing inequities outside of the CoP. In interviews, participants elaborated on how applying these mindsets impacted their personal growth and development, as well as their interactions with others at their health systems. For example, several participants noted:

- **Reflecting on their role at their organization**, how they interact with others, and how they approach certain situations as they apply mindsets
- **Carrying printed copies** of the mindsets around with them as a reminder to apply them to their work
- Using them to understand and shift **meeting behavior**, as well as to navigate difficult conversations
- Being more aware of how **dominant culture mindsets** impact their behavior at work

The CoP helped participants…



Source: May 2022 Participant Survey (n=29)

ENGAGE *others to make meaning of your current situation*

Participants reported benefitting from collective learning and sharing with other CoP participants. Specifically, participants noted they benefitted from the following aspects of the CoP:

- Learning from the challenges other health systems faced and how they addressed them

> *"Whatever challenges and barriers that we had, our colleagues and other public health system, they had the same problems. It was nice because we would say, "Okay, what do you do when you have X, Y, and Z?'"*

- Drawing healing, strength, and hope from being in a shared space with other like-minded health professionals

> *"A lot of times in this work, you burn out quickly... We were in the middle of the pandemic, and so there was just so much. The support that the community helped us, me in particular, just to keep going on with the work."*

- Opportunities to network and build relationships with other CoP members across health systems

> *"I value all the relationships that I have gained with the other health systems. I feel like it's not only learning from your health system but then also learning the community that you live in and throughout the entire state of California."*

- Finding inspiration in the success stories of other health systems

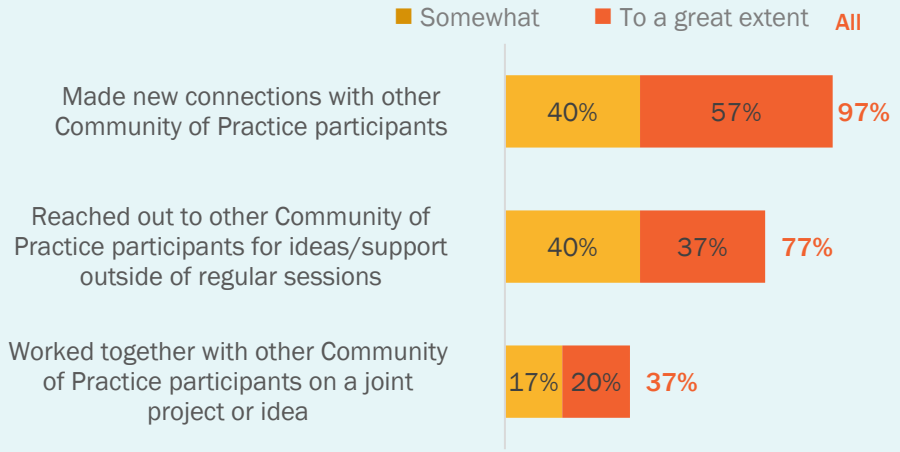
> *"There were so many ideas that I took and ran with. I'm thinking of the work of [another health system] around workshopping equity. That's something that I made as our department goal this year—to develop workshops that we could connect back to leadership development."*

Quotes source: July 2023 participant focus groups

Participants reported access to new tools, methods, and processes through their participation in the CoP and learning from other organizations. Participants noted that sharing the CoP space with other similar organizations was helping them to advance certain tools, methods, or processes within their organizations. Specifically, in the Spring 2023 survey, 77% of participants noted that, outside of CoP meetings, they reached out to other participants for ideas and support, while 37% noted working with other participants on joint projects.

> *"People in the community of practice are very open to inquiries and being open with each other in terms of detail, and how did you do this, and why did you do this? I felt like I've gotten to really know folks and connect with them in outside spaces around the work as well."*

Extent to which participants made connections in the CoP:



Source: April 2023 Participant Survey (n=32)

Participants shared how they brought their new understanding and ways of engaging back to their health systems

Throughout the CoP, participants noted that they were bringing ideas from the CoP back to their other organizational work. For example, by Spring 2023, 100% of survey respondents said they were inviting feedback and co-design practices at their health centers, 76% were engaging with communities they served, and 74% had created space for difficult conversations.

As their work in the CoP progressed, participants shared examples of how they were translating the personal mindsets, skills, and capacities they gained through the CoP to their organization-level work. They described ways that they were bringing back ideas and tools from the CoP to their health systems to advance their equity work, such as Liberatory Design, targeted universalism, shared definitions, and collective sensemaking. Some of these examples are shared below.

Liberatory mindsets participants were using in their health systems:

Quotes source: November 2022 participant interviews and July 2023 participant focus groups

Source: April 2023 Participant Survey (n=32)

Having **equity-centered conversations** with colleagues using CoP concepts, such as the Liberatory Design mindsets and targeted universalism

"I've actually taken a lot of our learning and brought it to my own team. I took the paper about targeted universalism [back to my team focused on our Medi-Cal strategy]. We just covered that paper for a month."

Modeling **CoP facilitation techniques** in their own internal meetings

"We have developed space for conversation and learning through Zoom huddles and presentations. We have a DEI committee that brings speakers to the organization and organizes learning events."

Having a greater appreciation as a team of the importance **of sitting with issues** and slowing down, rather than rushing to solutions

"[The CoP] has caused me to really slow down and understand the impact of the structure that we are working under, and the way we have all been trained to see or not see the implicit and overt structures that we work in."

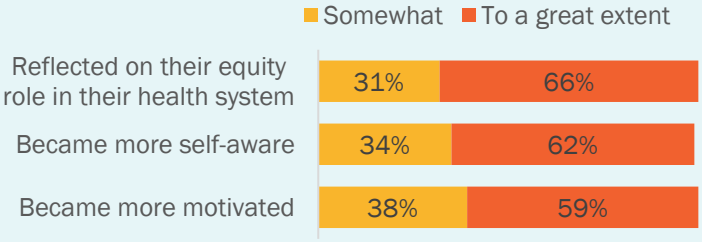
Working through discomfort to have **difficult conversations** related to racial equity within their health systems

"It gave me a different mindset on how to think about these things, how to talk about them, but then also how to illustrate the inaction and the paralysis by analysis that many health systems are stuck in including my own."

ACT *to address your equity challenge—and learn from that action*

CoP participants reported growth in leadership, including the ability to reflect on their health system's equity issues as well as confidence and motivation to advocate for organizational equity work. Individual participants shared how the CoP has helped them reflect on their role in advancing equity as well as feel more aware, motivated and confident to engage in racial equity work. Approximately ¾ (74%) of participants reported being seen as a leader for racial equity in their health systems, with more than half (61% agree/strongly agree) feeling as though their racial equity knowledge and experienced is recognized in their health system. They also have learned what it means to "design for equity" by adopting and using new mindsets and modes into their organizational practice.

In the CoP, participants…



Source: May 2022 Participant Survey (n=29)

The Liberatory Design Framework and concepts have inspired leaders to test out new equity approaches and structures within their health systems. About three quarters of health systems reported brainstorming approaches to their equity challenges, including embedding components of the Liberatory Framework into existing programming, such as training or piloting new structures (e.g., DEI committees, implicit bias trainings, educational practices such as "grand rounds). These quotes highlight ways participants took action within their health systems.

"Our team has an anti-racist training series where we meet every other month to focus on the topics of interest. When it was my turn to present, I wove in some of my learnings from this CoP. The idea of targeted universalism really stayed with me, and I plan to approach my supervisor about doing specific training on learnings from this CoP."

"I've been trying to create space on how we can create a culture of compassionate curiosity where folks can ask questions, folks can imagine what a better version and the future of healthcare delivery looks like and feel safe to try new things."

"I am much more intentional about learning and identifying root causes of oppression and inequities and how the work I do can be changes to address these root causes."

"We have a Health Equity, Diversity, and Inclusion workstream where we share the resources and materials. However, we still have a long way to go in terms of creating organization-wide equity strategies."

"We're doing some work with Liberatory Design and targeted universalism in a pilot project… [The frameworks] really bring up the concept of addressing the most vulnerable and building pathways for everybody to improve their health."

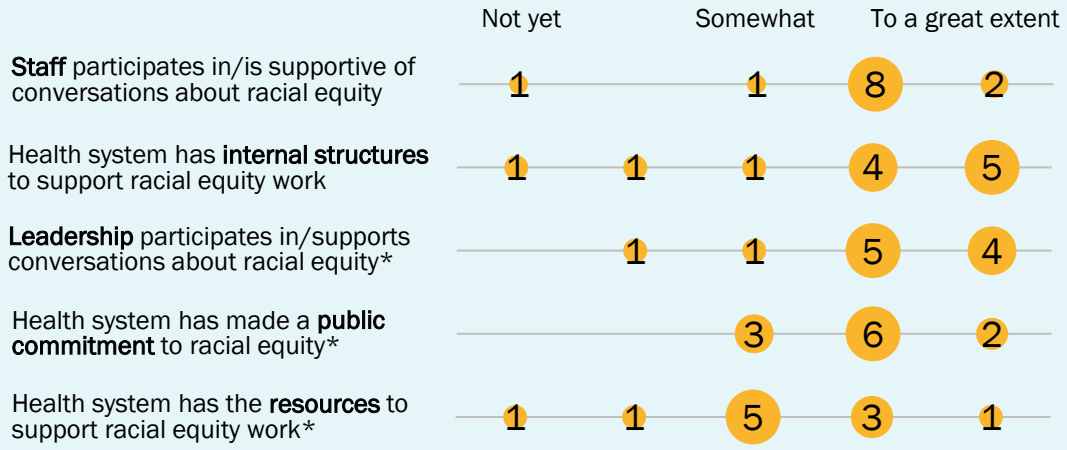
"We already had an established training content. What we did with Liberatory Design was take components into our training to see how we can really make slight changes that would have an impact. What we're doing right now is testing out on a small scale a cohort where we have modified our training content to incorporate some of the Liberatory Design knowledge that we gained through this community of practice."

What is Needed to Make Progress on Racial Equity?

At the end of the CoP, many health systems reported that they had support from staff and leadership and internal structures for equity work. They were somewhat less likely to report that their health system had made a public commitment or had the resources necessary to support racial equity work. Using insights from focus groups at the end of the CoP, this page highlights where participants would like more support to achieve progress on their racial equity goals.

*Some organizations had at least one staff member each give a rating of *not at all*, *somewhat*, and *to a great extent*. Because the ratings were mixed, they are not shown in the charts above.

Supports in place at health systems (n=12 systems)



Source: April 2023 Participant Survey (n=32)

Organizational buy-in: Participants shared organizational barriers such as lack of leadership and administrative buy-in to advance equity efforts, staff feeling overwhelmed in integrating new practices, and overall disconnect and disinterest among staff.

"We have a lot of the clinical and physician-led work on equity underway, but very little support for the HR, inclusion, culture of belonging, and internal policy-type stuff... I look forward to pulling more from the org development side more strongly within our system."

Prioritizing racial equity work: Embedding new racial equity practices and structures requires not only buy-in but devoted time and resources. Participants shared that it is hard to prioritize racial equity work among already existing initiatives and other hospital priorities.

"It's definitely a struggle to move from training and seeing to that action phase. It's hard and really, I think it boils down to leadership accountability, clear goals, and then people that are dedicated to achieve those goals and the targeted universalism buy-in."

Sharing, operationalizing, and scaling: Participants shared how difficult it was to share and put into practice what was learned in the CoP across their health systems. This requires introducing new racial equity concepts but, more importantly, socializing and institutionalizing them with the support of leadership.

"We're talking about trying to scale this work to support an organization of 33,000 people. It is challenging just putting the policies, putting the words in place, and then having to socialize that, reinforce it, create and expectation for it."

Breaking down silos: Participants shared the challenge in implementing new strategies and practices that are small in scale, especially when there may be several other racial equity related efforts across their health systems functioning in silos.

"A lot of people are doing things in silos. Some departments might be in a better place than others, but I think we're still really in the learning stage, the seeing stage of the Liberatory Design framework."

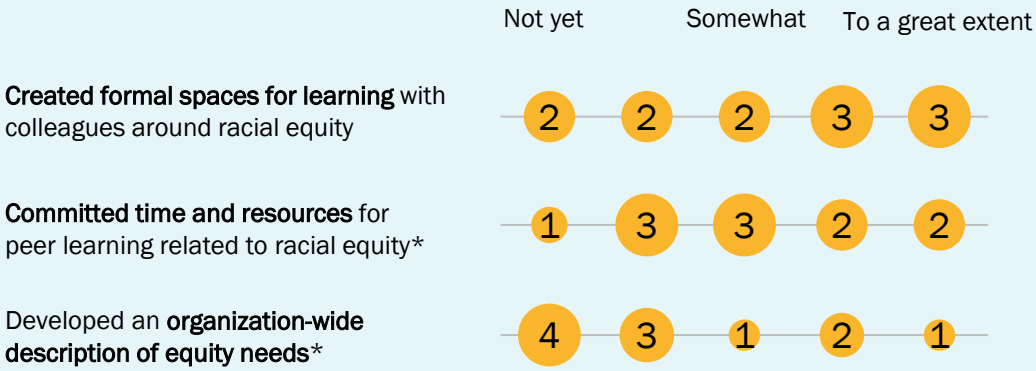
LESSONS TO INFORM FUTURE WORK

Throughout the course of the CoP, Engage R+D shared back survey, interview, and focus group data in regular sensemaking sessions with SNI and NEP. We also shared data summaries with participants to encourage reflection and learning. SNI and NEP used the evaluation data to inform CoP planning and to design additional supports for participants. At the time of this report, SNI also plans to launch a second phase of the CoP through 2025. This section summarizes these learnings about the participation and facilitation of the CoP that informed program improvements along the way and that may be useful to consider for future efforts.

CoP Participants and Capacities

At the start of the CoP, health systems had a range of capacities for supporting racial equity work. For some, this was a benefit of the CoP: *"I felt that our health system was far, far behind [on equity work],"* noted one participant. *"But when we would meet and hear from other organizations about what they were struggling with, it validated that it was okay to be where we were as long as we were starting to move forward. We could hear from others and learn from what they went through."* These differences also underscore why the **see** and **engage** components of the CoP were vital for creating shared language and sharing ideas between health systems. *"What was really helpful is just having some of the core definitions and fundamentals of thinking about health equity,"* shared one participant.

Practices in place at health systems at the start of the CoP (n=12 systems)

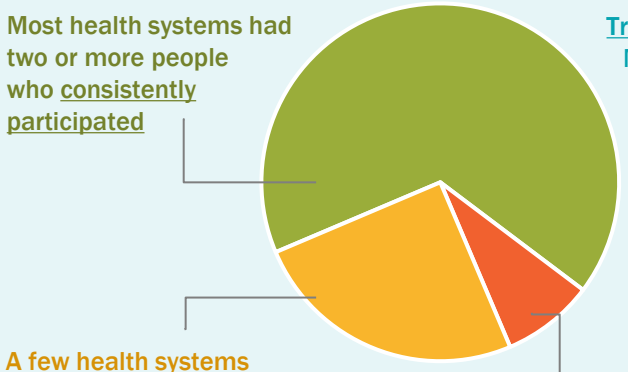


*Some organizations had at least one staff member each give a rating of *not at all*, *somewhat*, and *to a great extent*. Because the ratings were mixed, they are not shown in the charts above.

Source: March 2022 Participant Survey (n=29)

While transitions were common, most health systems had a core group of participants throughout the CoP. Throughout the course of a CoP, it is natural to have some staff transitions as employment changes and participating organizations identify the correct people to participate. Many health systems during this time were also still shuffling staff to address pandemic needs. For this reason, many health systems experienced transitions in who participated in the CoP, though most maintained a core group of participants throughout.

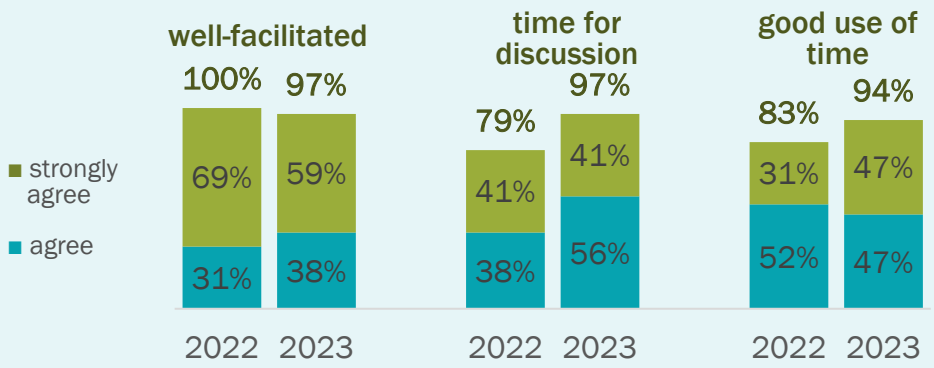
To support transitions, the SNI team organized onboarding resources. As one participant shared: *"I had missed the previous sessions, and it was very helpful to go on and see the agenda and the resources and get caught up… I really appreciated the SNI team reaching out to me to set up a one-on-one time to meet and catch me up and ensure that I knew what was happening."*



Note: Data is approximate based on intermittent attendance logs throughout the CoP

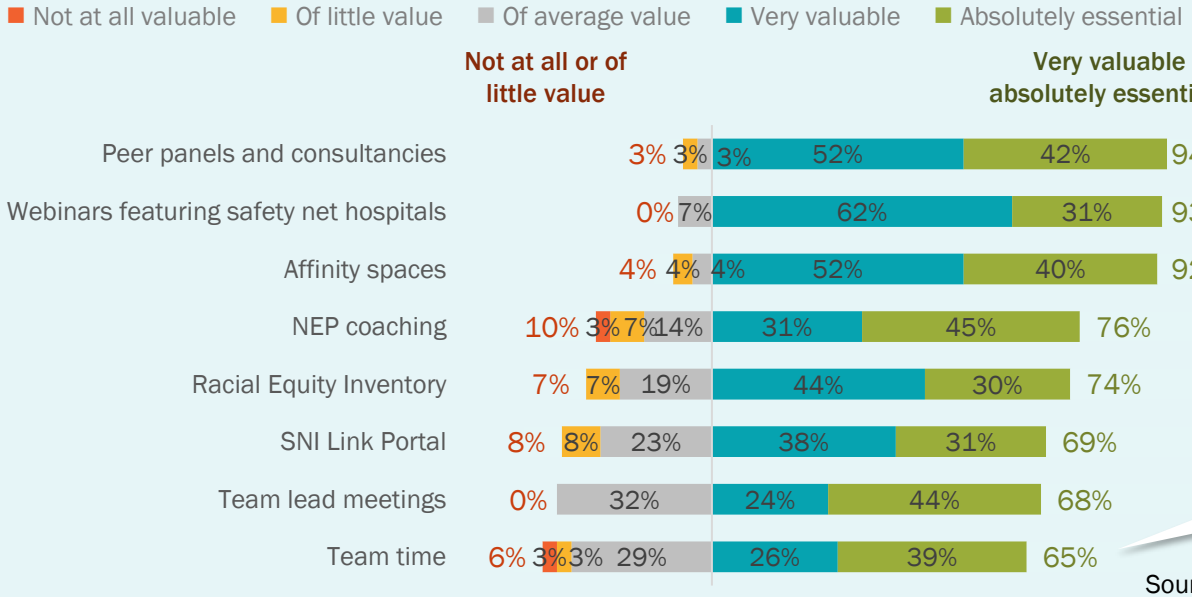
CoP Facilitation and Components

Overall, participants gave positive feedback about the facilitation of the CoP. Throughout the CoP, most survey respondents agreed or strongly agreed that the sessions were well-facilitated. They also had generally positive ratings of discussion time and reported that the sessions were a good use of their time. These ratings continued to improve as SNI and NEP built in more time to meet within and across health system teams. Ratings also likely improved as the most committed members continued to participate and those who found less value dropped off.



Source: May 2022 and April 2023 Participant Surveys (n=29 and 32)

Participants valued opportunities to learn from one another. Participants rated opportunities to learn from one another—including through peer panels, webinars featuring safety net hospitals, and affinity spaces—as the most valuable components of the CoP. They took advantage of SNI resources, like the racial equity inventory and Link Portal to some extent, and shared that coaching and team time were most valuable when they had engagement from their team. Throughout the CoP, SNI built in additional opportunities and time for peer sharing and worked to engage leadership.



"You can go to some of these other health care systems' websites, and you can learn about [their work], but it's different when you hear directly from the people who are doing the work. You hear similar challenges, and you hear, 'This is how we did it.'"

"It's always wonderful [meeting with our coach] because at the end of it, it's like you have that 'aha' moment."

"If my whole team is there, it's really helpful."

"In the earlier sessions when we had a lot of people that weren't able to join, I did group time alone."

Source: April 2023 Participant Survey and November 2022 Interviews

Reflections and Recommendations

Learning to Balance Tensions in Equity Work

In equity work, there are often competing values that are in tension with one another. These tensions have no right answer—we are often, for example, called upon to both pause and reflect plus also take action on inequities. Equity leaders must be able to manage through the uncertainty, inconsistency, and ambiguity of these tensions as part of their ongoing work. Below, we highlight four tensions that emerged as SNI and NEP reflected on participant interviews a year into the CoP:

- **Sense of urgency ⇔ Noticing and reflecting:** In health care settings where there are literal emergency rooms, it can be a shift to slow down and reflect, especially when urgent change is needed to address inequities. To support participants, SNI and NEP discussed reframing the conversation away from "slowing down" to the idea of "moving with a sense of purpose."
- **Get to work ⇔ Existing structures in place:** While individual participants expressed a desire to start designing for equity, they also recognized their role as part of a larger system with existing structures in place that take time to change. SNI and NEP discussed the idea of supporting complexity and coaching leaders not to default back to old ways of thinking as they encounter barriers within their systems.
- **Safe/brave/necessary space ⇔ Difficult conversations:** There was a request from some participants to have deeper conversations—for some this meant more difficult conversations, while others were looking to go deeper on certain topics. When thinking about difficult conversations, SNI and NEP discussed the need to be clear about why a conversation is necessary and how to support transformative learning in a way that does not cause more harm.
- **Case study approach ⇔ Designing for equity:** In medicine, there is often an emphasis on learning from case studies and following best practices. In equity work, however, there is no playbook. Rather, NEP encourages participants to use Liberatory Design to reflect, learn, and prototype potential solutions to their equity challenges. To make Liberatory Design more accessible, practical, and "sticky", SNI and NEP strategized on how to use coaching time to help teams apply Liberatory Design and share resources and experiences.

Participant Recommendation and Ongoing Work

Through the interviews, focus groups, and surveys, participants had an opportunity to reflect on their challenges and needs as well as ways in which the CoP may support their efforts. Below we share common challenges from participants and the ways the CoP was addressing them:

Recommendations	Planned activities:
Participants shared that **support from leadership** is important for advancing equity work.	In January 2023, SNI/NEP hosted a session for executive sponsors and leaders on how they can support their team's efforts. In Phase 2, SNI is exploring additional ways to involve leadership and support accountability.
Participants appreciated the opportunity to **learn from peers** and wanted more concrete examples of how to apply Liberatory Design.	The CoP shifted to include more peer consultancy, break-out opportunities, and affinity spaces to share equity work in different contexts for peer learning and sharing. SNI also continue to host a web series to highlight equity work in safety net systems outside of the CoP.
Participants were interested in better **tracking the work**.	SNI created an online portal, SNI Link, to share CoP resources, track progress using team time worksheets, and build upon the Racial Equity Inventory.
Teams are at different places in the work with unique needs that may benefit from more **targeted guidance**.	SNI worked with NEP to create more opportunities for targeted coaching. This includes support for teams looking to increase buy-in, define their equity goals, and navigate the systems in which they work.
Participants are interested in **sharing back** what they learned in the CoP with their colleagues and the field.	To wrap up Phase 1 of the CoP, SNI is developing several products to share about the work, including videos, case studies, and a report.

Participating Health Systems

Alameda Health System

Arrowhead Regional Medical Center

Contra Costa Regional Medical Center

Natividad Medical Center

Riverside University Health System

San Joaquin General Hospital

San Mateo Medical Center

County of Santa Clara Health System

UC Davis Health System

UC San Diego Health

UCLA Health

Ventura County Medical System