CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Racial Equity Community of Practice:

Early Lessons Learned From the County of Santa Clara Health System

OCTOBER 2023

Photo credit: County of Santa Clara Health System

This Early Lessons Learned brief is part of a **series** of videos and reports from the **Safety Net Institute**'s Racial Equity Community of Practice, which convened public health care systems in California to advance and embed equity into their organizations.

TABLE OF CONTENTS

1

In this Early Lessons Learned brief, you will read how the **County of Santa Clara Health System** has embarked on a pilot to integrate equity into its process improvement work as a member of the **Racial Equity Community of Practice**.

This pilot aims to provide frontline employees at Santa Clara's health system with more opportunities to contribute their ideas equally in process improvement meetings by fostering an environment of equity, inclusion, and belonging.

You will hear the advice it would give other health systems interested in integrating equity into internal meetings and centering the voices of frontline staff when employees come together to make decisions.

About the Racial Equity Community of Practice

The California Health Care Safety Net Institute (SNI) formed the Community of Practice (CoP) in early 2022 as a learning collaborative of 12 public health care systems to help them accelerate health equity. These systems comprise more than half of the state's safety net providers, predominantly serving communities of color and historically underrepresented groups. Through CoP in-person and virtual learning exchanges, peer consultancies, and tailored coaching support from the **National Equity Project**, system leaders have been working together to strengthen anti-racism strategies and embed equity in their organizational structures. The CoP is funded by the **California Health Care Foundation**.

> "It's not just management that should be making the decisions about the work. Oftentimes, the frontline staff are the ones who are closest to the work, so they have ideas of how they can fix things. But they don't often have opportunities, a seat at the table."
>
> **–Erica Mireles, senior program manager, County of Santa Clara Health System**

The problem

At most organizations – the County of Santa Clara Health System included - people of color and those from historically underrepresented communities are overrepresented in frontline workforces. These employees can feel not included or that they do not belong in their teams or wider organizations. They can be left without a voice or go unheard in making decisions that impact their day-to-day work or contributing to their organization's strategic initiatives, such as increasing equity and decreasing health disparities. For health care systems, these contributions from frontline employees could better their systems and the patients they serve.

The opportunity

In 2021, the County of Santa Clara Health System created the Center for the Learning Organization (the Center). The Center's purpose is to support continued learning and transformation efforts across the system's Behavioral Health Services department, Public Health department, and **Santa Clara Valley Healthcare**'s network of hospitals and clinics. The Center is the County's only process improvement program focused on frontline staff, and it is housed under the health system's Office for Health Equity and Improvement, established in late 2022.

A core part of the Center's work includes supporting unit-based teams (i.e., work groups) as they test making small changes to their everyday operations, such as increasing the number of patient discharges before noon in their unit. Each team consists of a mix of frontline staff, supervisors, and managers working in partnership to set and accomplish a process improvement goal.

The Center structures improvement sessions with these teams in a way that disrupts workplace norms of hierarchy by encouraging and elevating frontline contributions. Because the frontline often knows their work best, the Center believes that higher-quality ideas, better decision-making, and ultimately, patient care, can result.

But the Center for the Learning Organization wanted to add another layer to its existing structure: equity.

Around the same time that the Center was exploring how to be intentional about integrating equity into its process improvement work with its unit-based teams, the Safety Net Institute was forming the Racial Equity Community of Practice.

The Center recognized a unique and timely opportunity to help think about, shape, and integrate equity into its work with the launch of the CoP. The Center was interested in learning from and collaborating with peers from public health care systems and equity experts in real-time and testing new experimental approaches to equity. The County of Santa Clara Health System joined the CoP when it launched in January 2022.

Santa Clara's Community of Practice Team

Participating county staff in the CoP come from the Center for the Learning Organization and the Office for Health Equity and Improvement. The small but tightly aligned and intentional team includes the executive director of the Office for Health Equity and Improvement and the Center's senior program manager, program manager, and senior management analyst.

How the Center for the Learning Organization works with unit-based teams

The Center for the Learning Organization works with unit-based teams (i.e., work groups) on process improvement projects in the following way:

1. A frontline employee has an idea about making a small change in their unit's day-to-day work (e.g., decreasing the number of reported lost belongings).

2. The employee submits an application about their idea to the process improvement experts at the Center for the Learning Organization. Although any staff member can apply, the Center encourages and focuses on submissions from frontline staff.

3. If the Center selects the employee's idea for a process improvement project, a team from the associated unit coalesces and begins working with the Center.

4. The Center facilitates one session per month with a cohort of teams over four months. The first session is four hours and the remaining three are 2.5 hours. Each team typically consists of the applicant and a mix of four to seven employees at various levels.

5. The Center teaches the teams methodologies and frameworks to identify problems and solutions, facilitates discussions and activities where each employee's idea is of equal status, and provides support and resources so the teams can achieve their goals.

6. The teams test and refine their ideas for process improvement, considering all team members' contributions equally.

> "Equity in the process is just as important as equity in the outcomes."
>
> **–Leilani Jones, executive director, Office for Health Equity and Improvement, County of Santa Clara Health System**

Santa Clara learns about a new equity design approach at the Community of Practice

During CoP meetings and coaching sessions with equity experts from the **National Equity Project**, the Center for the Learning Organization learned about a new approach to equity design called **liberatory design**. It is a flexible way to address equity challenges and change efforts in complex systems.

Although liberatory design complements many of the human-centered collaborative tools and frameworks that the Center was already using, the process differentiates itself by applying a unique equity lens to the work of the unit-based teams.

Liberatory design can increase opportunities for those most impacted by racial oppression and provide greater insights into which ideas might work best. These features piqued the curiosity of the Center's CoP team. And it grew interested

in incorporating three elements of liberatory design into its existing framework when working with unit-based teams:

- **Notice.** Practice self-awareness (e.g., identity, power) and team awareness (e.g., people, history).

- **Reflect.** Look at your team's health and how you show up with your team.

- **See the system.** Examine inequitable patterns of experience and outcomes playing out in your system.

> "There's victory in being able to work together differently. There's victory in being able to change the way that our peers experience the workplace. There's joy and victory in changing even one patient's life."
>
> **–Leilani Jones**

Why liberatory design appealed to Santa Clara

The Center believes liberatory design's focus on introspective questions that explore issues of equity, inclusion, and belonging, and focus on centering frontline voices will inject equity into unit-based teams' improvement work. The Center also feels that the process will aid in:

- Providing a rare experience for frontline employees to participate in equity and process improvement work. This experience will also help develop their leadership capabilities as they gain new skills and knowledge while learning how to create a more inclusive environment.

- Helping staff to hit pause on a firefighting mindset, often pervasive in health care, and instead, take the time to notice how their work can be meaningful and life-changing. The Center hopes this might engage and energize employees, serving as a possible antidote to burnout.

- Creating collaborative spaces that provide room for frontline staff to reflect on their work.

- Not taxing the system in a resource-thin environment. Because integrating liberatory design is a reshaping of the Center's existing framework — not a new program — new funding streams or dedicated staff are not required.

Santa Clara's equity pilot activities

In July 2023, after working closely with the CoP, the Center launched a pilot to integrate equity into its work with unit-based teams.

As part of the pilot, a cohort of four unit-based teams (a total of 28 employees) joined the Center to work on their process improvement ideas over four months, meeting once a month with the Center's improvement experts. However, unlike in the Center's previous work

with these teams, the Center started to apply an equity lens.

Key pilot activities include:

- **Facilitated discussions.** During the Center's monthly sessions with the unit-based teams, it facilitates discussions around three elements of liberatory design: to notice, reflect,

and see the system. The Center does not refer to them as "liberatory design elements" with the teams so as to not distract them with new terminology.

The Center's process improvement experts also prompt teams to have follow-up discussions around self and team awareness and system inequities with their larger units after the sessions. By talking with them about recognizing individual and institutional power and how that shapes the way solutions are designed, the unit-based team members are laying the groundwork for more meaningful contributions from frontline staff.

- **A mindsets workbook.** The Center also designed and developed a workbook for each unit-based team to use continuously throughout its process improvement work. The goal is to make it easier for teams to keep issues of equity and belonging front and center by regularly using and referring to this working document. They have dedicated time to engage with the workbook during monthly sessions with the Center.

The workbook consists of questions and prompts for teams to contemplate. Some of the workbook's liberatory design-based questions ask, how are we:

- providing each team member with opportunities to contribute meaningfully?
- allowing each member an equal voice?
- providing representation of the workforce and/or patient community?

- **A catalog of resources and tools.** The Center provides resources and tools (e.g., team-building exercises) for each unit-based team, depending on needs. Over time, the intent is to create a catalog of different resources and tools that teams can use in a plug-and-play type model.

- **A survey.** At the end of each unit-based team's monthly session with the Center - there are usually four sessions – team members fill out a short survey. The questions gauge if what the Center is presenting and providing is helping teams with their sense of belonging and engagement. This rapid feedback allows the Center to make adjustments faster, instead of waiting until all four sessions have been completed to make changes.

Next steps

The cohort of four unit-based teams' final pilot session with the Center for the Learning Organization occurs in October 2023. The pilot will formally conclude in November 2023. The Center will then review its learnings to help inform future iterations of integrating equity into its improvement efforts.

Santa Clara's advice for implementing liberatory design

For health care systems interested in how they might integrate equity into their meetings and increase engagement and belonging with their frontline staff by using elements of liberatory design, the Center for the Learning Organization shares this advice:

- **Ensure you have leadership support** so you can confidently communicate to staff that the system wants to hear their ideas and values their contributions.

- **Know and understand your participating staff**, such as who they are and their relationship to management and leadership. This will

enable you to meet staff where they are so you can provide them with the support and resources they need.

- **Establish strong collaboration with labor union partners.** There is no engagement of frontline staff without the commitment and support of unions.

- **Be mindful that for frontline staff who are on their feet and rarely in sit-down meetings, their default is activity**, often focusing on the patient right in front of them. As such, it may take time for them to grow accustomed to pausing and engaging in self-reflection (e.g., analyzing how they interact with others on their team) during sessions.

- **Before your first meeting with participating staff, communicate the purpose and what is expected of them.** This can help staff understand in advance that, "*Oh, they are asking something different of me*," says **Jacqueline Moore**, an equity consultant with the National Equity Project. She coached the Center for the Learning Organization as part of the CoP.

- **Create activities in which teams engage and share with other teams and coach each other.** So far, this team-to-team coaching method has been more effective and popular than each team talking amongst itself.

- **Model working differently.** From the start, both the Center for the Learning Organization and the executive director of the Office for Health Equity and Improvement were intentional about how they would work together. For example, in their meetings, each staff member — regardless of title, tenure or professional and personal background — can contribute their points of view. And all ideas are considered equal.

> "The Community of Practice is valuable in that we're all testing and trying a million different experiments to see what is going to work to advance health equity in our systems. The CoP gives us an opportunity to try and approach health equity in a lot of different ways, sharing a little bit and taking our learnings from these other systems and creating a really beautiful project that moves our region forward together, as opposed to all of us being siloed."

–Leilani Jones

To learn more about the Racial Equity Community of Practice, please visit:
safetynetinstitute.org/priorities/racial-equity/