CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Racial Equity Community of Practice:
Lessons Learned

OCTOBER 2023

This report 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.

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Photo credit: Racial Equity Community of Practice, June 2023

Racial Equity Community of Practice overview

As safety net providers caring for communities of color, California's public health care systems have long focused on advancing health equity. However, the disproportionate impact of a global pandemic on racial and ethnic groups and the racial unrest of 2020 further exposed the need to address structural racism in more deliberate and meaningful ways.

The California Health Care Safety Net Institute (SNI) launched an initiative in 2022 to advance systems' efforts to dismantle racism and advance health equity, with support from the California Health Care Foundation (CHCF). SNI partnered with the National Equity Project (NEP), an Oakland-based leadership organization with a long history of working with leaders to transform their systems, to co-design and host an 18-month Racial Equity Community of Practice (CoP). More than 70 leaders from 12 public health care systems across the State participated in this first phase of the CoP.

While systems have long been committed to advancing racial equity, they have not felt adequately prepared for operationalizing anti-racism strategies within their systems. The purpose of the first phase of the CoP was to enhance equitable care and health outcomes by:

- Developing a shared understanding of structural racism and language for equity among the CoP, with the intention that CoP participants advance the same understanding back at their systems.
- Developing leadership capacity among system leaders to make organizational change.
- Advancing systems' efforts to design, test, and implement changes that address key equity challenges at their organizations.

The CoP was structured so that the first four months were dedicated to building the critical foundation of a shared understanding of racism and privilege and its impacts in health systems. The last 14 months of the program were focused on applying a set of tools to navigate and influence positive change at participating systems. Each system defined equity challenges for their organization and worked with their teams to make progress by implementing new policies, structures, and ways of working.

The CoP intended to support equity efforts in public health care systems and provide lessons learned for other organizations working to advance health equity. These lessons learned are featured in video testimonials from CoP participants and briefs on how systems are embedding equity in their organizations. These **videos and briefs** serve as a guide for other organizations to take up this vital work.

COHORT ONE PUBLIC HEALTH CARE 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
UCLA Health
UC San Diego Health
Ventura County Medical Center

Design framework and approach

When the CoP was being designed in 2021, few established frameworks existed to help health systems navigate how to integrate racial equity into their organizations. Due to this vacuum, systems were actively experimenting to discover the most effective approaches to advance equity while they searched for more structured guidance.

When the CoP launched in 2022, it began by using the leading for equity framework and approach from NEP. This framework is a powerful catalyst for advancing racial equity by cultivating leadership capabilities to drive organizational transformation. It is deeply rooted in changing mindsets and operational approaches, with a focus on building relational trust, amplifying human values, and embracing complexity.

The leading for equity framework guides participants through a process of liberatory design.

Unlike methodologies that have an elaborate set of steps and required tools, liberatory design is based on a set of resources: mindsets and modes.

With liberatory design, participants first **see and understand** the history and effects of racial oppression, use tools to **engage with one another** and their systems to better understand their equity challenges and solutions, and **act by designing, prototyping, and implementing solutions**. As NEP summarizes the process, "How we see informs how we engage, which informs how we act."

This leading for equity framework has inspired leaders to test out new equity approaches and structures within their health systems and helped clarify the essential conditions needed for implementing anti-racism and equity approaches.

Early lessons: How public health care systems can advance equity and anti-racism

Over the past 18 months, health systems have learned more about how to advance racial equity. The journey began with **building a shared understanding, common language, and consciousness of racial equity issues.** By affording CoP participants the necessary space, they were able to deepen their own personal knowledge of racial equity issues and reflect on and understand how racism and systems of oppression manifest at the individual, organizational, and systemic levels.

Laying the groundwork for this understanding was deliberate and time-intensive and required practicing self-awareness and building trust and meaningful relationships within the CoP. Once participants built this consciousness of racial equity issues, they further understood the importance of creating shared understanding and equity consciousness within their systems.

> "One of the things the Community of Practice did for us was it gave us a common language. It gave us a common set of phrases, word structures to understand as we talk about equity and as we navigate this, that we're looking at it the same way."
>
> **– Yousef Turshani, chief medical officer, San Mateo Medical Center**

Many systems recognized that **trainings, learning exchanges, and equity-centered discussions are foundational to building a shared understanding and fostering awareness** of racial equity among their staff and across their organizations. Systems invested in nurturing this understanding and employing different mechanisms to effect this change. And recent state legislation requiring implicit bias training for certain health care providers provided an additional incentive for systems to offer diversity, equity, and inclusion (DEI) trainings.

For example, some systems started with in-person or online training programs on implicit bias, and many went further by expanding offerings. They hosted DEI grand rounds, created affinity groups, and developed spaces that provided staff the opportunities to collaborate and engage in equity-centered discussions.

Collectively, the 12 systems in phase one turned to each other for ideas and support and shared resources, tools, and best practices for scaling DEI trainings and applying concepts and frameworks to their equity workforce development efforts. During an affinity group on DEI trainings, **UCLA Health** shared that they educated and trained more than 27,000 staff members on DEI within eight months. UCLA Health broke down how they did it, supplying other systems with training modules and resources. Additionally, **Riverside University Health System** outlined their ongoing **DEI grand rounds** program, which features experts from the health system and the wider community, drills into data around a range of disparities, wades into learnings from DEI-related efforts, and highlights potential improvements.

The importance of **building relational trust** cannot be overstated in the context of equity work, which requires the engagement of social, cultural, and human dimensions. The CoP created an environment for participants to engage as individuals, transcending the confines of their titles or professional roles. According to an external evaluation, the CoP encouraged time for reflection and the exploration of new ideas, provided space for people to take risks, and created a space for difficult conversations.

The interpersonal connection within the CoP had a ripple effect, empowering participants to return to their systems and reach out and collaborate more internally and externally on equity efforts. Specifically, the systems co-designed solutions with patients, county partners, and community members closest to the equity challenges.

For example, **Ventura County Medical Center** (VCMC) embarked on an **initiative** to examine their non-U.S.-born Hispanic patients' perinatal experience. The system identified areas to reduce maternal morbidity and mortality outcomes by increasing education and centering the patient experience more. VCMC is currently testing selected interventions in care and providing patient resources through partnerships with community-based organizations.

To make significant and long-lasting changes aimed at combating racism, systems must **integrate equity and anti-racism into their overarching organizational strategy**. The active support and commitment of executive leadership are essential in demonstrating accountability to boards and the organization's staff. Without the

> "We already had established training content. What we did with liberatory design was integrate 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, with 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."
>
> **–CoP phase one participant**

> "When we entered this project we were thinking, 'Well, this is a health equity type of project.' This is actually not a project. This is the center of everything, and everything else is a project. We exist here because we're a safety net system. If we're not doing health equity work, then we're not doing the work that we're set to do. So, I think that that's kind of been the transformation that's occurred."
>
> **–Minako Watabe, chief medical officer, Ventura County Medical Center and Santa Paula Hospital**

highest level of leadership support and allocation of resources, budget, and dedicated staff to lead the work, effecting and sustaining anti-racism work becomes extremely challenging.

Furthermore, leadership must communicate equity as a fundamental organizational priority, ensuring that staff do not perceive this as a passing trend. Consistent messaging solidifies the system's dedication to addressing anti-racism as integral to its mission.

For example, San Mateo Medical Center established and communicated a commitment to equity by centering it in the system's strategic priorities. The equity priority includes a focus on health disparities elimination, workforce diversity, education, provision of care, and community engagement.

To successfully integrate anti-racism into their overall strategy, systems often examined **internal policies and processes**. They evaluated how equity metrics were or were not integrated into their strategic dashboards, examined their hiring and retention practices to ensure staff represented the patients they served, and created policies for reporting discrimination incidents. Systems also examined their processes for gathering patient and frontline staff feedback to ensure these voices were included in building equitable systems and processes. Some chose to create community advisory boards and grow partnerships to empower the community and share decision-making power.

By integrating equity considerations into systems' processes and policies, equity principles are no longer isolated concepts but can become integral components of everyday operations. For example, the County of Santa Clara Health System embarked on an initiative to integrate equity into its process improvement work by providing frontline employees with more opportunities to contribute their ideas equally in process improvement meetings and by fostering an environment of equity, inclusion, and belonging. You can learn more about this innovative pilot in Santa Clara's Early Lessons Learned brief.

Sustaining efforts to address equity requires **investing in and building the necessary infrastructure** to effectively translate a system's commitment to equity into tangible actions and promote a culture of inclusion. Without operational structures, a commitment to and discussions of equity can fail to lead to meaningful change. Infrastructure changes can manifest in various forms, such as the creation of taskforces, coalitions, and departments of health equity or naming a chief health equity officer, along with a dedicated budget, for the system.

For example, UC San Diego Health established the Health Justice, Equity, Diversity, and Inclusion

Photo credit: Racial Equity Community of Practice, June 2023

(JEDI) department within the Office of Health Equity in 2022. One of the department's strategic priority areas was to provide resources and support for teams and leaders to create a workplace culture that promotes equity and belonging. Within months, the JEDI team structured and led internal discussions about racism, hosting multiple knowledge-building sessions and equity-focused discussions, including fishbowl radical listening events. You can read about their extensive work in this Early Lessons Learned brief.

Barriers to advancing equity

Navigating the equity change efforts undertaken by systems in the CoP, especially in the context of their complex environments and on a topic as multi-dimensional as racial equity, presented various challenges and barriers. In particular:

- **The fast-paced environment of health care delivery** made it difficult to identify and secure dedicated time and staffing to focus on equity. Systems often have competing priorities to work on projects or problems viewed as more "urgent" than equity.
- The fast pace of health care is often exacerbated by **limited financial resources**. The aftermath of the pandemic also introduced staffing shortages and increased patient loads. CoP participants shared that it can be difficult to prioritize racial equity work and embed equity practices among existing hospital initiatives and other priorities.
- Large organizations, including health care systems, can often **operate in silos**, which can make it difficult to communicate about and integrate existing and emerging racial equity efforts into a cohesive, unified approach for the organization.
- Health care systems are held accountable to meeting clearly defined quality, clinical, and operational metrics. The provision of health care is grounded in adhering to evidence-based clinical guidelines. The **attention on quantitative metrics and need for evidence** sometimes posed challenges in making the case to create a culture of equity, which can be difficult to quantify and measure. This focus on evidence-based solutions can also hamper experimentation and risk-taking.
- **Lack of leadership and administrative buy-in** to advance equity efforts, often due to the fast pace of health care, limited financial resources, and attention to financial and operational metrics, can make establishing and sustaining equity work challenging.
- Fostering an anti-racist organization **requires deep reflection from staff and a critical examination of established practices with increased self-awareness**, a muscle most systems have not developed due to time constraints.

> "Before SNI, I didn't know that there was anyone trying to make an effort to bring systemic change. Now? I have people to call. I have email addresses from all these different health systems throughout the entire state. You have the same barriers and the same challenges, and if another health system is doing a better job of overcoming that challenge, it's nice that I can reach out."
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> **–Sabreen White, program director, Riverside University Health System**

The Community of Practice: A powerful engine of coaching, peer support, and exchange of ideas for systems change and overcoming barriers

The CoP provided a supportive environment for systems through coaching and a peer network for discussion, problem-solving, and peer consultancies to learn and help one another succeed in their own organizational journeys to address racial equity.

Coaching was critical in helping systems advance their efforts and overcome barriers. During coaching provided by NEP, systems were able to better define their equity challenges, align themselves around their goals, and focus their efforts to achieve those goals. This tailored coaching allowed for flexibility to meet the needs of each system's team, deepened understanding of the content discussed during the learning sessions, and provided opportunities for teams to engage and act differently within their systems in real-time. Participants worked with their coaches to reflect, notice, and imagine possibilities for themselves and their systems, which are key components of NEP's leading for equity framework.

Coaches also played a pivotal role in translating concepts and ideas from the CoP into tailored strategies for each team's needs. For example, coaches supported teams by helping them apply liberatory design approaches in specific situations, design and facilitate meetings for equity, and launch equity workgroups. Teams that consistently utilized coaching developed a sense of confidence and agency in their leadership.

In addition to providing coaching, the CoP **cultivated a robust and trusting peer network**. The CoP developed virtual and in-person **spaces dedicated to the exchange of ideas and mutual learning and created an environment conducive to open and honest conversations**. These experiences ignited the spark for some participants to initiate equity work and provided a sense of camaraderie and support for others to stay encouraged and engaged in sustaining their work during setbacks.

According to an external evaluation of the CoP's first phase, participants especially valued **peer panels**, where participants shared their journeys and learning, and the **peer-consultancy approach**, a structured dialog among three to five individuals that allows space for questioning, active listening, and advice from peers. Other skills that participants acquired from the CoP included how to lead equity-centered conversations with colleagues, new facilitation techniques to help navigate difficult conversations, and concepts and skills to test new solutions/approaches and reflect on their progress.

The connections forged in the CoP became essential for participants in navigating day-to-day challenges and overcoming barriers. Many participants sustained connections with peers from different systems well beyond the learning events, which enhanced their understanding and provided critical ongoing support.

> "The coaching we received in the CoP provided a space for us to individually meet with a member of their team and ask questions around these equity challenges we had. I received advice on how to push through the equity challenges, and had an opportunity to circle back and say, 'Hey, this was the result. It isn't quite what I wanted. How can we move this forward?' That coaching and that support was key in moving a lot of initiatives that I was working on at UCSD."
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> **–Shivon Carreño, JEDI implementation coach, UC San Diego Health**

> "I believe that another world is possible. We cannot do it alone as institutions. We have to do it together. To have this collective, powerful voice of 80 total who participated in this cohort saying, 'We are going to learn how to effect change and we are going to do it together by learning from each other' — that's beautiful. I have found tremendous hope here."
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> **– Beckett Maravelias, equity, diversity, and inclusion consulting specialist, UCLA Health**

Looking forward and lessons to inform future work

Over 18 months, systems in the CoP learned from each other in real time to improve the lives of patients, staff, and those in their communities. Systems have started to pave the way to embed anti-racism strategies and integrate equity into the fabric of their institutions. While they have made progress on building an equity consciousness and initiating actions to advance their racial equity goals, embedding equity into their organizations – sustainably and in the long-term – will take time and intentionality.

To maintain the momentum, in fall 2023, SNI will continue to partner with NEP to host a second phase of the CoP. This 24-month program will build upon the first phase, diving deeper into applying concepts and frameworks through collaborative learning and action by designing for equity.

The second phase of the CoP will:

- Engage health systems in regular learning sessions to apply a set of tools to navigate and influence positive change and take action to advance racial equity, including building new organizational and governance structures, strategies, and processes.
- Provide guidance and support from coaches to apply and translate concepts into tailored strategies and assist with navigating challenges and barriers.
- Use peer consultancies to help systems unearth new ideas, different ways of thinking about an equity challenge, and solutions to barriers they're facing.
- Facilitate and accelerate peer learning and action through trainings, workshops, affinity spaces, and other learning exchanges with a focus on practical skills and actionable lessons.
- Leverage equity frameworks and organizational self-assessments, both of which are now more widely available, to provide more structured guidance to health systems in operationalizing equity.
- Emphasize embedding equity in patient and community engagement and in quality improvement to begin creating sustainable and hard-wired processes and paths for equity within systems.
- Reinforce equity requirements in state and national initiatives, as these requirements can provide the incentive for organizational investment and change.

The journey toward health equity is ongoing, but with these valuable lessons, insights, and the collaborative spirit forged within the CoP, we believe California's public health care systems are even closer to providing equitable care to their patients.

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