BUILDING AN INCLUSIVE ORGANIZATION TOOLKIT

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

ABOUT THIS TOOLKIT

Community Health Centers were established in the mid-1960's in the context of the civil rights movement and the war on poverty to increase access to care for low-income and underserved populations. In the last several decades since the first demonstration programs opened their doors, health centers have made great strides in adapting and developing new models of care that recognize the social, economic, and cultural constructs that impact health and access to care. As health centers continue to learn and evolve to better support and be part of communities, many are looking inward at how systemic and institutional racism and biases may be showing up in their organizations.

This toolkit was developed as part of the Building an Inclusive Organization Learning Collaborative hosted by the **Association of Clinicians for the Underserved**, the **National Health Care for the Homeless Council**, and the **Association of Asian Pacific Community Health Organizations**.

Participants of the Learning Collaborative were composed of health center representatives who are committed to implementing policies that help to recruit and retain a workforce representative of the patients served, and building opportunities to learn and enhance cultural respect and humility in practice.

While this toolkit is distinct in its focus on health centers, it recognizes that numerous diversity, equity, and inclusion toolkits already exist that can be applied in a health center setting. Links to these more general workforce tools are included throughout.

This toolkit responds to common questions and needs of health center staff engaged in efforts to build a more inclusive organization.

How can you use data to assess needs, implement action, and ensure accountability?

What are best practices in implementing policies to support an inclusive environment?

How can we create a culture of inclusion and equity demonstrated in our daily actions and words?

Diversity is essential, but not the goal.

While it's important to diversify the health center workforce, we must remember that diversity alone is just math. A fully representative workforce is essential, but does not necessarily mean staff of marginalized identities feel safe, heard, and respected; that your clients benefit from that diversity; or that your policies and procedures are just. Moreover, integrating and retaining staff of color, for example, means you must resist institutional racism. Perceive this toolkit, then, as a guide to get started, but we urge you to go deeper in equity and inclusion with our additional recommended resources.

Definitions

Diversity

Having a variety of social identities (sex, race, gender, class, religion, ability, health, ethnicity, migration history and many others) that spend time in shared spaces, communities, institutions or society.

Equity

The notion of being fair and impartial as an individual engages with an organization or system. It reflects processes and practices that both acknowledge that we live in a world where everyone has not been afforded the same resources and treatment while also working to remedy this fact.

Inclusion

The notion that an organization or system is welcoming to new populations and/or identities. This new presence is not merely tolerated but expected to contribute meaningfully into the system in a positive, mutually beneficial way. Inclusive processes and practices are ones that strive to bring groups together to make decisions in collaborative, mutual, equitable ways.

Source for definitions: Brandeis University. Diversity, Equity & Inclusion. ***Our Social Justice Definitions.***

How can you use data to assess needs?

As a starting point, health centers may want to compare their patient demographics with their staff demographics. The Health Resources and Services Administration collects health center data through the Uniform Data System and publishes patient demographics from individual health centers **here.** Please note that HRSA's racial/ethnic categories are aggregated, which can mask health disparities found within subpopulations. Other assessment tools to gather information about racial equity at your organization are listed below.

Just Lead Washington. **Organizational Assessment**

The Race Equity and Justice Initiative (REJI) Organizational Assessment is designed for organizations regardless of where they are on their journey to become a more racially equitable organization. It was created with the input of the growing community of REJI Partners and grounded in literature focused on organizational change and race equity.

Coalition of Communities of Color and All Hands Raised. **Tool for Organizational Self-Assessment Related to Racial Equity**

The purpose of the tool is to 1) help organizations gather baseline data and information in order to self-identify areas for organizational change and improvement, including specific actions and targets that will lead to improved outcomes for communities of color; 2) spur dialogue within organizations that leads to greater understanding and commitment to address issues of racial equity; 3) facilitate the sharing of information, resources, mutual support, and improvement tools; and 4) build shared accountability across organizations.

Race Forward. **The Workforce Development Racial Equity Readiness Assessment**

The Workforce Development Racial Equity Readiness Assessment is designed as a guide for workforce development organizations and practitioners to evaluate their programs, operations, and culture in order to identify strength areas and growth opportunities. Practitioners can use this toolkit to familiarize themselves with various practices and policies that support institutional racial equity, evaluate their current efforts, and plan action steps.

What are best practices in implementing inclusive policies?

The assessment tools on the previous page can serve as a check-list of practices and can be used to assess progress. Some actions that health centers have taken with good results include:

- Developing a mission or vision statement around diversity, equity, and inclusion
- Establishing a task force to lead diversity, equity, and inclusion work. Provide leadership support around task force activities
- Integrating diversity, equity, and inclusion into professional development
- Establishing **affinity groups** to offer a safe space for people who have similar backgrounds to share their experiences, receive support, and discuss opportunities to address workforce challenges and needs

The health center profiles on the next page highlight how two health centers have integrated some of these strategies into their operational structures.

Strategies to Improve Hiring Practices

Some other action steps that your health center can take to improve diversity, equity, and inclusion in hiring practices include:

- Reviewing position descriptions with an equity and inclusion lens. **See the City of Madison, WI. Racial Justice and Social Equity Initiative. Equitable Hiring Tool**
- Recruiting from minority-led and focused professional organizations. **Use this job posting list**
- Implementing **practices to mitigate bias in hiring**
- Establishing a mentorship program to support organizational advancement for minority or underrepresented groups **See the Callen-Lorde Community Health Center Profile**

Health Center Profiles

Callen-Lorde Community Health Center (New York, New York)

DEI/Anti-Racism Committee Working Vision Statement

The Callen-Lorde Diversity, Equity, and Inclusion (DEI)/Anti-Racism Committee works to continuously apply an anti-racism lens to all of the organization's work and functions. The committee helps to foster a climate of anti-racist intentionality in its approach to staff, patients, and community. While we acknowledge the intersectionality of oppression we center anti-racism in our approach. Without this intentionality, organizations mimic the macro environment and replicate systemic oppression. We will continue to do this work recognizing that truly effective equity work is never finished and that until true equity is realized we struggle together. We recognize that our individual liberation is intimately linked to our collective liberation.

See Callen-Lorde Community Health Center's Profile

Central City Concern (Portland, Oregon)

Equity Commitment

People of color and members of the LGBTQIA+ community experience homelessness at a far higher rate. This is unacceptable. CCC is committed to significantly reducing these disparities through improved culturally-responsive service delivery, broadened community partnership, advocating for systemic change, and advancing organizational equity.

See Central City Concern's Health Center Profile

How can we create a culture of inclusion demonstrated in our daily actions and words?

One way to help create a culture of inclusion is to implement the Cultural Humility Framework at your organization.

Cultural humility entails:

1. Lifelong learning and critical self-reflection
2. Recognizing and challenging power imbalances for respectful partnerships
3. Institutional accountability

Cultural humility is a process and a lifelong commitment to self-evaluation and critique to improve relationships and outcomes. It does not require a mastery of lists of different cultures and particular health beliefs and behaviors. It entails developing a respectful partnership with diverse individuals, groups, and communities (ACPHD, 2009). This is different from cultural competence, which is defined as mandates, laws, rules, policies, and "standards" used to increase the quality of interactions. Cultural humility is often characterized as a skill for direct-service staff, but institutional change hinges on the accountability at the top.

Questions that may help us to reflect on the concept of cultural humility in our personal and professional lives, include:

How does the notion of cultural humility connect with your work in building authentic and sustained relationships across differences?

What is my professional responsibility to build the skills and approaches connected to operating with cultural humility and what is the cost to me personally or to those that I work with if I don't operate from a place of cultural humility?

How can I as an individual within an institution work to model principles of cultural humility as a way to help inform and transform the practices, policies and rules that shape our organizational culture(s)?

How does/could operating with cultural humility strengthen or support my work with diverse communities?

Source: Pizana, D. (January 9, 2018). ***Cultural humility as a tool for change.*** *Michigan State University*

How can you use data to ensure accountability?

After conducting an assessment using one of the tools above, and implementing action items, reevaluate and see where your health center lands. Celebrate areas where your health center made improvements, and explore opportunities of continued growth and improvement in all areas. Also, dedicate space at leadership and Board meetings to share progress and discuss opportunities for ongoing growth and commitment towards diversity, equity, and inclusion.

Crises as a Catalyst: A Call for Race Equity & Inclusive Leadership (by ProInspire) is a helpful tool for leaders and Board members engaged in this work.

Additional Recommended Resources

- ProInspire. Equity in the Center. **AWAKE to WOKE to WORK: Building a Race Equity Culture**
- King County (Seattle) **Equity & Social Justice Strategic Plan**
- **Racial Equity Tools**
- The Center for WorkLife Law. UC Hastings College of the Law. **Bias Interrupters: Tools for Organizations**
- King County. **Countering Bias in Hiring**
- University Health Services, UC Berkeley. **A Toolkit for Recruiting and Hiring a More Diverse Workforce**
- Just Lead Washington. **On-Demand Webinars.**
- Foronda, C., Baptiste, D., Reinholdt, M., and Ousman, K. (2016). **Cultural Humility: A Concept Paper.** *Journal of Transcultural Nursing, 27*(3), 210-217.
- Health Resources and Services Administration. **Uniform Data System (UDS) Resources**

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