Our CHC’s goal of eliminating health disparities for our patient’s and the communities we serve means that we must not only be committed to providing care but also work to address the root cause that leads to health disparities. This means addressing the factors that contribute to health inequities including race, immigration status, economic status, gender, sexual orientation, age, ability & religious beliefs.

As health care workers we are not exempt for the effects of being socialized & living in a society that has a legacy of marginalizing. This being the case it is important that we are intentional in doing the work needed to assure that we provide equitable care to all we employ & serve.

The following are our CHC’s Definition of Equity, Diversity, & Inclusion as well as its Equity, Diversity, Inclusion (EDI) vision & mission statement that was drafted by the EDI committee.

**Equity** is ensuring all people can develop themselves professionally and contribute to the organization. It also means actively eliminating all inequities in healthcare, understanding their complexity, and circumstances that may otherwise hinder the success of one person over another. All of this necessitates the creation of policies, practices, and structures that produce fair outcomes for everyone staff and patients, especially any identities that are underrepresented or marginalized.

**Diversity** is creating a culture of inclusion that respects different social identities, lived experiences, and perspectives. We know diversity makes us stronger as an organization and supports a thriving partnership of health and well-being for our staff and patients. It serves as a catalyst for system change, ensuring that marginalized, underrepresented people have the voice, tools and power to lead in all levels of the organization.

**Inclusion** is proactively embodying and nurturing the climate and culture of our organization through professional development, education, policy and practice, of anti white supremacy ideology. Our objective is to create an environment of equity & racial justice that is free of racism, misogyny, homophobia, transphobia, classism, ageism, ablism, xenophobia & religious intolerance that fosters belonging, respect, and value for all & encourages engagement and connection throughout the organization and community.

**Health equity:** Health equity is achieved when every person has the opportunity to attain their full health potential & no one is disadvantaged from achieving this potential because of social positioning or other socially determined circumstances. {source [ihi.org](http://ihi.org/)}

**Health inequity:** Differences in health outcomes that are systematic, avoidable, & unjust {source [ihi.org](http://ihi.org/)}

**EDI Vision:** We are committed to becoming a fully inclusive, anti-racist multicultural organization whose heart is healing and equitable health care.

**EDI Mission:** Purposefully identify, address, and dismantle supremacist policies and practices, heal the damage they cause, and remove the barriers to achieving equity for our staff and patients.

* We are resolved to develop training, clear directives to ensure that we are accountable for achieving established EDI goals, and solicit community solutions to ensure the health and healing of everyone who enters our buildings.
* We will center the voices of people of color in the conversation. When such remedies and structures are not in place, we will create them and refine them as needed.
* We acknowledge the deadly impact of racism and white supremacy in the fabric of our institutions, society and nation.
* We believe that our active, public commitment to racial justice and health equity must be reflected in the life and culture of the organization through our policies, business practices, health care delivery, communication, and leadership structures.  The results will manifest in improved health for our patients, greater inclusion, and improved work experience for our staff.

To achieve our goals of we must use an equity lens to assess where we are as an organization and as individuals when engaging with our patients & each other.

To aid us in gathering this information please reflect and answer the following questions.

**Demographics (if comfortable)**

How do you describe your race?

How do you describe your gender?

How do you describe your position in the organization: upper management, middle management, entry level, board member, volunteer, community leader, other: \_\_\_\_\_\_\_\_\_\_\_

How long have you worked for/been affiliated with the organization?

Reflect on your experience with internal conversations & expectations in regards to discussions about race, racism, & white privilege in your organization.

0 = Unsure, 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree

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| --- | --- | --- | --- | --- | --- |
| To What extent do you agree with the following statements: | 0 | 1 | 2 | 3 | 4 |
| Talking about racism is encouraged in your clinic/dept |  |  |  |  |  |
| Talking about racism is encouraged in the organization |  |  |  |  |  |
| Talking about white privilege is encouraged in your clinic/dept |  |  |  |  |  |
| Talking about white privilege is encouraged in the organization |  |  |  |  |  |
| There is support for people who share their truth about racialized incidents at the organization |  |  |  |  |  |
| If someone raises issues about racism, the person can be marginalized/ treated differently |  |  |  |  |  |
| If someone raises issues about white privilege, the person can be marginalized/ treated differently |  |  |  |  |  |
| Giving feedback about a comment made or attitude about race/racism is encouraged |  |  |  |  |  |
| Talking through conflict/different perspectives about racism is encouraged |  |  |  |  |  |
| Discussing whether or how a decision may be racialized is encouraged |  |  |  |  |  |
| Discussing what might be the impact of a decision in the context of inequities is encouraged |  |  |  |  |  |
| Discussing how white privilege & culture may be operating within the organization is encouraged |  |  |  |  |  |

Please provide any comments or details about your ratings:

Reflect on the organization and clinic/depart standards for values & behaviors, rank the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| The organization/clinic/dept values individual achievement more than group achievement |  |  |  |  | The organization/clinic/dept values group achievement more than individual achievement |
| Conflict is considered a problem to be avoided or lessened, if at all possible |  |  |  |  | Conflict is considered a healthy part of the organization’s/dept/clinic culture |
| One of the organization/dept/clinic message is: “there is one right way to do the work” |  |  |  |  | One of the organization/dept/clinic message is: “there are different ways to do the work” |
| The organization/dept/clinic culture allows for limited emotional responses & discourages emotional responses that go beyond those limits |  |  |  |  | The organization/dept/clinic culture allows for different ways for people to respond, including high emotional responses |
| The organization/dept/clinic has strict guidelines regarding dress & appearance |  |  |  |  | The organization/dept/clinic provides flexibility regarding guidelines regarding dress & appearance, in the context of the workplace, & supports individual styles & differences |

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| --- | --- | --- | --- | --- | --- |
| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| The assumption is that if you did not meet goals, you didn’t work hard enough |  |  |  |  | When goals are not met, an assessment determines the reason why--individual & systemic-- & a response to ensure that resources & support to reach goals are provided, or the goals are modified, if warranted  |
| Mistakes are considered a problem--particularly for the individual who makes them |  |  |  |  | The organization/dept/clinic assumes that mistakes are part of the work & an opportunity for the individual & the organization/dept/clinic to learn & make changes as needed. |
| The organization/dept/clinic sometimes scapegoats individuals for mistakes, rather than the organization assuming responsibility |  |  |  |  | The organization/dept/clinic takes responsibility for mistakes, & works to make amends to the individuals &/or community involved. |
| Numbers are the most important in assessing progress |  |  |  |  | Progress is assessed through different types of data & anecdotal information |
| Defining progress is done by the people with power in the organization/dept/clinic |  |  |  |  | A diverse group is involved in creating the data instruments & defining progress. Those most impacted are involved. |

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| --- | --- | --- | --- | --- | --- |
| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| There is a pattern of employees being promoted in the organization who are typically white |  |  |  |  | There is a pattern of employees being promoted in the organization who are typically racially diverse |
| Those who support & adhere to the established organization’s culture are typically the ones promoted & given other opportunities for advancement |  |  |  |  | Promotions & opportunities for advancement are given & provided based on many factors: organizational needs, people’s performance, personal goals, as well as diversity & equity issues. |
| Racial diversity is not an explicit goal for hiring |  |  |  |  | Racial diversity & equity are explicit goals for hiring. There is a checks & balance process to assess what personal filters are being used in hiring- such as how one defines a “good” candidate |
| Racial diversity is not an explicit goal in hiring vendors |  |  |  |  | Racial diversity & equity are explicit goals in hiring vendors. Due diligence is employed in checking on vendors’ internal policies in regards to equity |
| The hiring personnel are informed about how to create a process (from job announcements to interview) which supports the organization’s diversity & inclusion statements. |  |  |  |  | The hiring personnel are informed about how to create a process (from job announcements to interview) which supports the organization’s equity, diversity & inclusion values. |

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| --- | --- | --- | --- | --- | --- |
| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| Designated leaders make decisions & communicate them as needed. |  |  |  |  | People directly impacted by decisions are included in the decision-making process &/or review of proposed decision prior to it being finalized |
| The decisions that are eventually adopted are usually made in the “meeting before the meeting” (or afterwards) |  |  |  |  | The decisions that end up being adopted are pretty much the same as the ones developed during the process |
| If people with power advocate for exceptions to a policy, typically the change/exception will be made. |  |  |  |  | Policies are applied consistently, equitably & transparently |
| People with the most direct life experience &/or most affected by the decision on the issue being considered provide input |  |  |  |  | People with the most direct life experience &/or most affected by the decision on the issue being considered are the ones who drive the decision-making discussions most of the time |

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| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| Information is held within a select group of people who decide how & when it will be shared with others |  |  |  |  | Efforts are made to ensure information is shared consistently throughout the organization in a timely manner. |
| People in power may ask for feedback, though typically there is not follow-up. |  |  |  |  | People in power listen to the feedback & either act on the feedback or explain why they do not |
| The budget does not include sufficient resources to implement the organization's equity, diversity, & inclusion goals. |  |  |  |  | The budget includes sufficient resources to implement the organization's equity, diversity, & inclusion goals. |
| Resources for staff are not distributed equitably (e.g. professional development, tools to do work, staffing). |  |  |  |  | Resources for staff are distributed equitably & transparently  (e.g. professional development, tools to do work, staffing). |

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| A | More likeA | Some-what like A | Some-what like B | More like B | B |
| Time is typically a major barrier for working toward equity, diversity, & inclusion outcomes |  |  |  |  | Equity work is prioritized, to ensure there is time to work toward equity outcomes. |
| When addressing racialized situations, the organization/dept/clinic view intent as more important than impact |  |  |  |  | When addressing racialized situations, the organization/dept/clinic views impact as more important than intent |
| Equity goals are not part of performance evaluations for most people |  |  |  |  | Equity goals are part of performance evaluations for most people |
| A group is designated to manage the equity work in the organization. This group is limited in their power & resources to ensure equity goals are met |  |  |  |  | An Equity working group has the resources needed & the power to create an accountability process with consequences & incentives to reach equity goals |
| Human resources are not consistently enforced, & typically there are few or no consequences for not following them |  |  |  |  | Human resource policies or practices focused on equity have teeth & are consistently enforced. There are almost always consequences for not following them |
| The organization evaluates success in moving towards equity goals by internal benchmarks |  |  |  |  | The organization evaluates success by the contribution & impact of its actions on the community’s progress towards racial equity. |

* Does our organizational image, environment & practices align with the values of equity, diversity & inclusion described above?

* What are the characteristics of a good employee? How does this align or not align with our EDI definitions & commitment statement?

* Do you feel empowered to utilize all your gifts & talents at work. Do you feel allowed to be your “whole self”?

* Do you feel we (as an organization, as a department/clinic create environments that encourage people from a wide variety of backgrounds & perspectives to connect, engage & make meaningful contributions including at the leadership level?

* What are the characteristics of effective leadership? How does this align or not align with the EDI definitions & commitment statement?

* What is rewarded in your dept/clinical site? How does this align or not align with the EDI definitions & commitment statement?
* What role does collaborative decision-making play in your department/ clinical site? in the organization as a whole? How does this align or not align with our EDI definitions & commitment statement?

* What behaviors does the dept/ clinical site/ org culture consider uncomfortable? How does this align or not align with the EDI definitions & commitment statement?

* Who or what informs you that a program / service is working? How is success defined? who decides what is sufficient time?

* When it comes to our CHC achieving/embodying its EDI commitment, what do you see as our strengths? What do you see as our weakness {what could we be doing better}? What do you see as our opportunities/ areas for growth? What do you see as threats/roadblocks {what limits or inhibits us from achieving/embodying the EDI definitions & commitment statement}?

* How do we cultivate & build opportunities among staff & leadership to partner as change agents for EDI within our organization?