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 Commitment Statement:** 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?

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

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

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

1. 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?

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

1. What is rewarded in your dept/clinical site? How does this align or not align with the EDI definitions & commitment statement?
2. 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?

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

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

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

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