JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI) PLAYBOOK

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TABLE OF CONTENTS

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A LETTER FROM OUR LEADERSHIP

Colorado Safety Net Collaborative (CSNC) believes every person, regardless of who they are or where they live deserves an equal opportunity to be healthy. Achieving this requires a strong and steady focus on justice, equity, diversity, and inclusion (JEDI).

CSNC has been working hard to bring our values of Justice, Equity, Diversity and Inclusion into all aspects of our organization and to the clinics that participate in the Collaborative. It is a fundamental focus for us to assure we are serving the people of Colorado well.

In these next few pages, you will read about the progress CSNC has made to advance our JEDI work. But more importantly, we will share with you our plans for 2022 in CSNC's "Justice, Equity Diversity and Inclusion: The JEDI Playbook to Getting Better". Together, CSNC's Board of Directors, Leadership and Staff are committed:

- To hire, train, develop, retain, and promote a diverse and inclusive board and staff representative of the communities we serve,
- To develop a consistent culture across staff, guests, and program participants, improving satisfaction, engagement and inclusion,
- To have a keen understanding of the diverse communities we serve and their priority health and wellness issues,
- To set a solid example of JEDI practices in action in a non-profit business environment,
- To assist clinics in developing a consistent culture across staff, guests, and program participants, improving satisfaction, engagement and inclusion.

We are privileged to do the work we do. We are committed to fostering diverse perspectives and actively pursuing equity and justice in all aspects of our work. We have dedicated ourselves to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences. We are proud of our successes and accomplishments, and we believe our best achievements lie ahead.

BACKGROUND AND PURPOSE

As participants in our society, most of us, if not all, have memories of events where we have seen inequalities and injustices occur. We have experienced its effect on those we care about either as a result of our own biases and privilege or at the hands of others. The lesson this has taught us is that there is a bigger system that can work against marginalized populations' efforts to reach the American Dream.

Colorado Safety Net Collaborative (CSNC) is a collection of health centers that serve people via a safe and welcoming approach. Our collaborative specializes in caring for those that are uninsured, under-insured, and on Medicaid with health care and other services that help people get and stay healthy. Our services also reduce pressure on Colorado's emergency rooms, especially during the COVID-19 Pandemic. As health service professionals, we see daily the inequities that are present for members of our community – in all areas of their lives. We have come to recognize that if we do not pay keen attention to practices and policies which are Just, Equitable, Diverse and Inclusive, it is likely we may have internal procedures that continue to perpetuate these cycles of inequity. For this reason, our organization, Colorado Safety Net Collaborative (CSNC), has initiated steps to aid the reinforcement of the internal infrastructure of the Healthcare sector by starting with ourselves and creating a Justice, Equity Diversity, and Inclusion (DEI) playbook. We have started this work formally by engaging the services of an MBA student at the University of Colorado, Denver, who would be doing this in partial fulfillment of her Field studies course towards completion of her degree. This student has spent the last few months developing this playbook that supports JEDI within an individual organization and our collective network.

This playbook has been created for CSNC to help clinics self-assess to evaluate whether or not JEDI is operational in a clinic's organization. It will also serve as a one-stop-shop for resources and tools to plan and implement JEDI in our organizations. While understanding this journey, it is important to note that the resulting outcomes will not be the same for every CSNC member clinic.

The Colorado Safety Net Collaborative is a collection of health centers and clinics that serve the uninsured, underinsured, and Medicaid patients to help them get and stay healthy throughout the COVID-19 pandemic. Our member organizations have worked to be the critical safety net for our

health care system, and our resilience and dedication to our patients have been an essential part of Colorado's pandemic response.

The population served includes immigrants from Mexico central and South America, low-income families in our community, the homeless, domestic violence survivors', essential workers, immigrants from Africa, and others.

As a byproduct of this work, CSNC will benefit and be able to implement and advocate for a continually evolving and improving emphasis on JEDI. CSNC is committed to JEDI and implementing it throughout the very foundation of our initiatives, while simultaneously providing support and resources to our members, and holding them accountable for being invested in the JEDI work.

MISSION: To improve the health of marginalized communities.

VISION: Our vision is that all people, regardless of who they are or where they live, can achieve their highest level of health.

VALUES

Health Equity: Everyone, no matter who they are or where they live should have a fair and just opportunity to be as healthy as possible.

Justice, Diversity, Equity and Inclusion: We believe that understanding the historic and current manifestations of racism and oppression will enable us to most effectively take action on the social determinants of health.

Advocacy: We believe that our ability to listen, reflect and put people's experiences first, to better understand and support their health needs can be applied to our efforts to advocate for the clinics and people that we serve.

EQUITY STATEMENT: Colorado Safety Net Collaborative believes justice, equity, diversity, and inclusion are essential to accomplishing our mission and maximizing our impact. Understanding historical and current manifestations of racism and oppression will enable us to most effectively take action on the social determinants of health. As one of our six core values, JEDI will shape our governance, strategies, programs, operational activities, and advocacy efforts. We recognize the work of JEDI is a journey and our commitment is unwavering.

EQUITY IN ALL INTERACTIONS: CSNC must ensure that equity efforts presented in this plan address all of our interactions and investments.

GUIDING PRINCIPLES

Bias and Privilege

CSNC acknowledges that there is such a thing as bias and it exists in various ways, which results in certain persons experiencing privilege, while others are marginalized and experience discrimination.

CSNC will pursue social change, particularly with and on behalf of that serve the uninsured, underinsured, and Medicaid patients to help them get and stay healthy. Social change efforts will be focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. CSNC will promote sensitivity to and knowledge about oppression, and cultural and ethnic diversity, as well as ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people using an equity lens.

Client-Focused

We recognize that CSNC was created to assist safety-net clinics in their journey to help Colorado residents in overcoming barriers to staying healthy and that the pain, frustration, and anger that comes from being marginalized can impact their success.

CSNC health centers and clinics will commit to treating everyone with equal care while observing the unique challenges that might arise from various forms of oppression. CSNC health centers and clinics should not practice, condone, facilitate, or collaborate with any form of discrimination based on race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.

Transparency

As an organization, we understand that past and present transgressions against BIPOC (Black, Indigenous, and People of Color)—including, but not limited to, lack of honesty, integrity, and openness—have led to their continued mistrust and skepticism of organizations' commitment to JEDI in totality.

CSNC health centers and clinics will communicate openly about their work in diversity, equity, and inclusion, providing regular and consistent updates regarding specific actions and our progress toward creating an inclusive network of social service providers. CSNC health centers and clinics will act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated and as a member of CSNC.

Accountability

We admit that many entities say they are committed to diversity, equity, and inclusion; however, they may not hold themselves responsible for making sure it becomes a part of the way they do business and provide services.

CSNC health centers and clinics will not only commit to diversity, equity, and inclusion in our business operations, client relations and service delivery, but we also will hold ourselves and each other accountable for our triumphs and failures.

Empathy

We know that everyone deserves to be heard—whether they are speaking for themselves or others

—and have their points of view respected for the information they provide as validation for the way they feel.

CSNC health centers and clinics will actively listen to the stories of all persons, including leaders, staff, community members, clients, and other stakeholders, specifically those who have been marginalized, with empathy and confirmation. We will use these stories to help shape our implementation of JEDI in our organizations.

JEDI GOALS AND OBJECTIVES 2022

After working through the assessment in 2022 (Assessment tool, results and discussion found in Appendix 2), CSNC created a set of overarching goals that will shape our partner clinic's work in justice, equity, diversity, and inclusion. The Seven goal areas below are the focus areas based on the results of the survey. They serve as the starting point for introducing JEDI in our member clinics and provide them the focus as we move forward. They focus our efforts on areas where clinics felt most in need of support. For further clarification or as a point of reference throughout this document, please refer to the Glossary of terms (Appendix 1) and Assessment tool, results and discussion (Appendix 2). This guide will also need to be revised periodically to ensure that it captures the latest realities.

GOAL 1: To hire, train, develop, retain, and promote a diverse inclusive board and staff representative of the communities we serve.

STEPS TO ACHIEVE THIS GOAL

1.1   Invest in lower-salaried employees through active employee development plans and develop career paths toward a racially equitable workforce.

1.2   Create HR metrics that track demographics, recruitment, retention, compensation, and promotion outcomes, intersectionally.

1.3   Develop a Restorative Justice Complaint Process for staff.

1.4   Conduct a board demographic survey.

POTENTIAL RESOURCES – GOAL 1:

- https://www.naceweb.org/diversity-equity-and-inclusion/trends-and-predictions/current-trends-in-diversity-recruiting-practices/
- Organizational Quiz to Test the Level of Diversity and Inclusion in Hiring - https://www.shrm.org/resourcesandtools/tools-and-samples/quiz/pages/hiring-diverse-candidates.aspx

GOAL 2: To develop a consistent culture across staff, patient, and participant clinics improving satisfaction, engagement and inclusion.

STEPS TO ACHIEVE THIS GOAL

2.1   Hold quarterly empowerment workshops for our employees, patients, and the community.

2.2   Standardize processes that ensure patients of different abilities are accommodated.

2.3   Vet and implement an employee donated vacation pool program.

2.4   Adopt inclusive meeting norms at all board and committee meetings

POTENTIAL RESOURCES – GOAL 2:

- https://www.clinictocloud.com/blog/how-to-build-great-culture-your-medical-practice
- https://www.ncbi.nlm.nih.gov/books/NBK542168/

GOAL 3: To have a keen understanding of the diverse communities they serve, their health and wellness issues, and resource needs.

STEPS TO ACHIEVE THIS GOAL

3.1   Identify, join and actively participate in grassroots BIPOC coalitions that address JEDI-related state and federal legislation and policy efforts.

3.2   Develop a dedicated patient dashboard for JEDI with intersectional demographics.

3.3   Provide participant clinics with strategic linkage to attract technical and financial support from donors and philanthropic foundations.

3.4   Develop an integrated information and data sharing platform among participant clinics to serve as a quality/safety infrastructure that identifies inequities.

POTENTIAL RESOURCES – GOAL 3:
- https://bmcmededuc.biomedcentral.com/track/pdf/10.1186/s12909-017-0858-7
- https://www.aafp.org/fpm/2000/0500/p31.html

GOAL 4: To set a solid example of JEDI practices in action for a non-profit business.

STEPS TO ACHIEVE THIS GOAL

4.1   Reserve positions on the Board of Directors to be held by individuals with lived experience or members of the identified communities we serve.

4.2   Research and explore options for the development of a Community Advisory Council, that would report to the Board of Directors.

4.3   Operationalize a process by which we measure the number of local, women and minority-owned businesses we contract with and the amount of money we invest.

4.4   Research and define an ethical statewide investment strategy that can be utilized/operationalized at the clinic level.

POTENTIAL RESOURCES – GOAL 4:
- https://journals.stfm.org/media/4353/peek-2021-0026.pdf
- https://sci-hub.se/https://doi.org/10.1016/j.ssmph.2016.02.008

GOAL 5: To communicate JEDI work to amplify strategic efforts

STEPS TO ACHIEVE THIS GOAL

5.1   Publicly announce JEDI's stance regarding ongoing racial and social justice issues in our communities including opposition or support of events, policies and more.

5.2   Using inclusion and exclusion criteria specific to CSNC, research and develop a database of the best JEDI library of content that highlights staff, patient and community experiences at CSNC partner clinics and make this available and accessible to CSNC partner Clinics at all times.

5.3   Create a board external statement that demonstrates dedication to our JEDI value.

POTENTIAL RESOURCES – GOAL 5:

Company's Public Statement for JEDI (Examples)

- https://magnoliaconsulting.org/justice-equity-diversity-and-inclusion-jedi-statement/
- https://scc.ca.gov/justice-equity-diversity-and-inclusion-jedi/

GOAL 6: Workplace inclusion - Foster a culture that encourages collaboration, flexibility and fairness to enable all employees to contribute to their potential and increase retention

STEPS TO ACHIEVE THIS GOAL

6.1   Provide inclusive leadership training for managers

6.2   Establish employee advocacy groups and a senior leadership team

POTENTIAL RESOURCES – GOAL 6:

- https://academyhealth.org/sites/default/files/AH_230DiversityReport%202015_09.15.pdf
- https://brenebrown.com/podcast/inclusion-on-purpose/

GOAL 7: Sustainability and accountability - Identify and breakdown systemic barriers to full inclusion by embedding diversity and inclusion in policies and practices and equipping leaders with the ability to manage diversity and be accountable for the results

STEPS TO ACHIEVE THIS GOAL

7.1.   Review policies and practices to identify and remove systemic barriers to inclusion

7.2.   Implement a key performance indicator (KPI) for diversity and inclusion for all employees

POTENTIAL RESOURCES – GOAL 7:

- https://www.bcg.com/capabilities/diversity-inclusion/measuring-diversity-equity-inclusion
- https://www.pwc.ch/en/insights/hr/leveraging-kpis-for-inclusion-and-diversity.html

ROLES AND RESPONSIBILITY

All employees have the responsibility to maintain an environment that is safe, respectful and productive. Everyone has the right to be treated fairly within the workplace in an environment that recognizes and accepts diversity.

We can all contribute by participating in workplace diversity and inclusion activities and, opportunities by complying with all anti-discrimination and workplace diversity legislation.

Managers and supervisors can contribute by displaying a positive commitment to workplace diversity and inclusion, being role models, fostering an inclusive workplace culture, dealing quickly and effectively with inappropriate behavior and participating in diversity training and encouraging team members to attend.

The success of the strategy is dependent upon the support of everyone in the department. Everyone has a responsibility for contributing to a culture that supports and values diversity and inclusion.

COMMUNICATION

AUDIENCE	KEY MESSAGES	COMMUNICATION CHANNELS
Employees	Diversity & inclusion strategy, programs, events, training, volunteering, success stories, key data on diversity progress, key days of significance	Direct emails Newsletters Intranet Internal training
Potential employees	Diversity & inclusion vision, specific objectives, employee reference groups, awards/recognition, policies, CEO testimonial/ commitment	Industry blogs Recruitment websites Business website Recruiters External publications
Customers and Shareholders	Diversity & inclusion vision, awards/recognition, data on diversity progress	Business Website Annual report External publications

EVALUATION METHODOLOGY:

The effectiveness and achievement of our goals for diversity and inclusion will be reviewed and reported quarterly. The report will be provided to the CEO and the executive team. The review will focus on the implementation of the actions, the progress made and the successes. It will also identify any adjustments required to improve effectiveness.

The evaluation will include:

• A qualitative assessment of progress or achievement of the actions

• A quantitative assessment of the impact of the strategy on employee perceptions and experience of the culture of the organization

The outcome of the evaluation and review will guide the development of further action plans.

RESULTS AND DISCUSSION

The result showed that the majority (57.14%) of the respondents strongly agreed that leadership at their clinic encourages diversity while more than a quarter (42.86%) agreed that leadership at their clinic encourages diversity.

The result showed that the majority (71.43%) of the respondents agreed that managing diversity is important through its action while more than a quarter (28.57%) strongly agreed that managing diversity is important through its action.

Most (42.86%) of the respondents agreed that their clinic is committed to improving the diversity of employees, lower proportions (14.29%) neither agreed nor disagreed that their clinic is committed to improving the diversity of employees while most (42.86%) strongly agreed that their clinic is committed to improving the diversity of employees.

Half (50%) of the respondents agreed that their clinics foster a workplace that allows employees to be themselves at work while half (50%) of the respondents strongly agreed that their clinics foster a workplace that allows employees to be themselves at work.

The majority (57.14%) of the respondents agreed that individual values and differences are respected at their clinics while more than a quarter (42.86%) of the respondents strongly agreed that individual values and differences are respected at their clinics.

More than half (66.67%) of the respondents strongly agreed that the leadership at their clinics treats all employees fairly while more than a quarter (33.33%) of the respondents strongly agreed that the leadership at their clinics treats all employees fairly.

The majority (57.14%) of the respondents agreed that at their clinics, employees appreciate others whose backgrounds, beliefs and experiences are different from their own while more than a quarter (42.86%) of the respondents strongly agreed that at their clinics, employees appreciate others whose backgrounds, beliefs and experiences are different from their own.

Variable	Frequency	Percentage
Leadership encourage diversity		
Agree	3	42.86
Strongly agree	4	57.14
Total	7	100.00
Management shows that diversity is important through its action		
Agree	5	71.43
Strongly agree	2	28.57
Total	7	100.00
This Clinic is committed to improving the diversity of employees		
Agree	3	42.86
Neither agree nor disagree	1	14.29
Strongly agree	3	42.86
Total	7	100.00
This clinic fosters a workplace that allows employees to be themselves at work		
Agree	3	50.00
Strongly agree	3	50.00
Total	6	100.00
Individual values and differences are respected at this clinic.		
Agree	4	57.14
Strongly agree	3	42.86

Total	7	100.00
The leadership at this clinic treats all employees fairly.		
Agree	2	33.33
Strongly agree	4	66.67
Total	6	100.00
At this clinic, employees appreciate others whose backgrounds, beliefs and experience are different from their own		
Agree	4	57.14
Strongly agree	3	42.86
Total	7	100.00

More than a quarter (28.57%) of the respondents agreed that their clinic has a strategic approach to building a diverse board, more than a quarter (28.57%) of the respondents disagreed that their clinic has a strategic approach to building a diverse board, more than a quarter (28.57%) of the respondents neither agreed nor disagreed that their clinic has a strategic approach to building a diverse board while lower proportions (14.29%) of the respondents strongly agreed that their clinic has a strategic approach to building a diverse board.

The majority (66.67%) of the respondents agreed that their leadership team and management board champion and role model diversity, lower proportions (16.67%) neither agreed nor disagreed that their leadership team and management board champion and role model diversity while lower proportions (16.67%) strongly agreed that their leadership team and management board champion and role model diversity.

Most (42.86%) of the respondents agreed that at their clinics they have targets for diverse board membership, more than a quarter (28.57%) disagreed that at their clinics they have targets for diverse board membership while more than a quarter (28.57%) neither agreed nor disagreed that at their clinics they have targets for diverse board membership.

Most (42.86%) of the respondents disagreed that at their clinics they disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual orientation as an optional dimension, lower proportions (14.29%) agreed that at their clinics they disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual

orientation as an optional dimension, more than a quarter (28.57%) of the respondents disagreed that at their clinics they disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual orientation as an optional dimension while lower proportions (14.29%) strongly agreed that at their clinics they disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual orientation as an optional dimension. The majority (85.71%) of the respondents agreed that at their clinics they know and understand the diverse communities that are critical to their success while lower proportions (14.29%) of the respondents strongly agreed that at their clinics they know and understand the diverse communities that are critical to their success.

The majority (71.43%) of the respondents disagreed that their clinics have JEDI policies in place to encourage patients to join the clinic while more than a quarter (28.57%) of the respondents agreed that their clinics have JEDI policies in place to encourage patients to join the clinic.

Half (50%) of the respondents agreed that at their clinics they provide advice to all patient groups on how to improve their health while half (50%) of the respondents strongly agreed that at their clinics they provide advice for all patient groups on how to improve their health.

Variable	Frequency	Percentage
We have a strategic approach to building a diverse board		
Agree	2	28.57
Disagree	2	28.57
Neither agree nor disagree	2	28.57
Strongly agree	1	14.29
Total	7	100.00
Our leadership team and board champion and role model diversity		
Agree	4	66.67
Neither agree nor disagree	1	16.67
Strongly agree	1	16.67
Total	6	100.00
We have targets for diverse board memberships		

Agree	3	42.86
Disagree	2	28.57
Neither agree nor disagree	2	28.57
Total	7	100.00
We disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual orientation as an optional dimension		
Agree	1	14.29
Disagree	2	28.57
Neither agree nor disagree	3	42.86
Strongly agree	1	14.29
Total	7	100.00
We know and understand the diverse communities that are critical to our clinic success		
Agree	6	85.71
Strongly agree	1	14.29
Total	7	100.00
We have Jedi policies in place to encourage patients to join the clinic		
Agree	2	28.57
Disagree	5	71.43
Total	7	100.00
We provide advice for all patient groups on how to improve their health		
Agree	3	50.00
Strongly agree	3	50.00
Total	6	100.00

Most (42.86%) of the respondents disagreed that at their clinics they engage with patients about JEDI, lower proportions (14.29%) agreed that at their clinics they engage with patients about JEDI, more than a quarter (28.57%) neither agreed nor disagreed that at their clinics they engage with patients about JEDI while lower proportions (14.29%) strongly disagreed that at their clinics they engage with patients about JEDI.

The majority (57.14%) of the respondents agreed that at their clinics they know what JEDI issues their target population is dealing with, lower proportions (14.29%) disagreed that at their clinics they know what JEDI issues their target population is dealing with while more than a quarter (28.57%) neither agreed nor disagreed that at their clinics they know what JEDI issues their target population is dealing.

Most (42.86%) of the respondents agreed that at their clinics they take active measures to seek a diverse candidate pool when hiring, most (42.86%) neither agreed nor disagreed that at their clinics they take active measures to seek a diverse candidate pool when hiring while lower proportions (14.29%) strongly agreed that at their clinics they take active measures to seek a diverse candidate pool when hiring.

The majority (71.43%) of the respondents agreed that at their clinics there is diversity among the people a job candidate will meet/see on his/her first visit to their clinic, lower proportions (14.29%) disagreed that at their clinics the respondents agreed that at their clinics there is diversity among the people a job candidate will meet/see on his/her first visit to their clinic while lower proportions (14.29%) of the respondents neither agreed nor disagreed that at their clinics there is diversity among the people a job candidate will meet/see on his/her first visit to their clinic.

Most (42.86%) of the respondents strongly agreed that in their clinics' employees of different backgrounds are encouraged to apply for higher positions, more than a quarter (28.57%) of the respondents neither agreed nor disagreed that at their clinics' employees of different backgrounds are encouraged to apply for higher positions while more than a quarter (28.57%) of the respondents agreed that at their clinic's employees of different backgrounds are encouraged to apply for higher positions.

The majority (66.67%) of the respondents agreed that at their clinic employees of different backgrounds are treated fairly in internal promotion while more than a quarter (33.33%) of the respondents agreed that at their clinics, employees from different backgrounds are treated fairly during an internal promotion.

The majority (57.14%) of the respondents agreed that their clinic's policies or procedures encourage diversity, equity and inclusion, lower proportions (14.29%) neither agreed that their clinic's policies or procedures encourage diversity, equity and inclusion nor disagreed while more than a quarter (28.57%) of the respondents strongly agreed that their clinic's policies or procedures encourage diversity, equity and inclusion.

Variable	Frequency	Percentage
We engage with patients about JEDI		
Agree	1	14.29
Disagree	3	42.86
Neither agree nor disagree	2	28.57
Strongly disagree	1	14.29
Total	7	100.00
We know what JEDI issues our target population is dealing with		
Agree	4	57.14
Disagree	1	14.29
Neither agree nor disagree	2	28.57
Total	7	100.00
This clinic takes active measures to seek a diverse candidate pool when hiring.		
Agree	3	42.86
Neither agree nor disagree	3	42.86
Strongly agree	1	14.29
Total	7	100.00
There is diversity among the people a job candidate will meet/see on his/her first visit to the clinic		
Agree	5	71.43
Disagree	1	14.29
Neither agree nor disagree	1	14.29

Total	7	100.00
Employees of different backgrounds are encouraged to apply for higher positions.		
Agree	2	28.57
Neither agree nor disagree	2	28.57
Strongly agree	3	42.86
Total	7	100.00
Employees of different backgrounds are treated fairly in the internal promotion		
Agree	4	66.67
Strongly agree	2	33.33
Total	6	100.00
The clinic's policies or procedures encourage diversity, equity and inclusion.		
Agree	4	57.14
Neither agree nor disagree	1	14.29
Strongly agree	2	28.57
Total	7	100.00

Most (42.86%) of the respondents agreed that they are aware of and understand the procedures for reporting incidents of discrimination, lower proportions (14.29%) of the respondents disagreed that they are aware of and understand the procedures for reporting incidents of discrimination, lower proportions (14.29%) of the respondents neither agreed nor disagreed that they are aware of and understand the procedures for reporting incidents of discrimination while more than a quarter (28.57%) of the respondents strongly agreed that they are aware of and understand the procedures for reporting incidents of discrimination.

The majority (57.14%) of the respondents agreed that they believe the clinic will take appropriate action in response to incidents of discrimination while 42.86% of the respondents strongly agreed that they believe the clinic will take appropriate action in response to incidents of discrimination.

The majority (71.43%) of the respondents agreed that employees of different backgrounds interact well in their clinic while 28.57% of the respondents strongly agreed that employees of different backgrounds interact well in their clinic.

The majority (71.43%) of the respondents agreed that the management of their clinic demonstrates a commitment to meeting the needs of the employees, lower proportions (14.29%) of the respondents neither agreed nor disagreed that the management of their clinic demonstrates a commitment to meeting the needs of employee while lower proportions (14.29%) of the respondents strongly agreed that the management of their clinic demonstrates a commitment to meeting the needs of the employees.

The majority (57.14%) of the respondents agreed that employees of different ages are valued equally by their clinic while more than a quarter (42.86%) of the respondents strongly agreed that employees of different ages are valued equally by their clinic.

The majority (71.43%) of the respondents strongly agreed that racial, ethnic, sexual and gender-based jokes or slurs are not tolerated at their clinic while more than a quarter (28.57%) of the respondents agreed racial, ethnic, sexual and gender-based jokes or slurs are not tolerated at their clinic.

The majority (57.14%) of the respondents strongly agreed that their clinic provides an environment for the free and open expression of ideas, opinions, and beliefs, more than a quarter (28.57%) of the respondents agreed that their clinic provides an environment for the free and open expression of ideas, opinions, and beliefs while lower proportions (14.29%) of the respondents neither agreed nor disagreed that their clinic provides an environment for the free and open expression of ideas, opinions and beliefs.

Most (42.86%) of the respondents neither agreed nor disagreed that their clinic has done a good job providing educational programs that promote diversity, equity and inclusion in their workplace, more than a quarter (28.57%) of the respondents agreed that their clinic has done a good job providing educational programs that promote diversity, equity and inclusion in their workplace while more than a quarter (28.57%) of the respondents disagreed that their clinic has done a good job providing educational programs that promote diversity, equity and inclusion in their workplace.

Variable	Frequency	Percentage
I am aware of and understand the procedures for reporting incidents of discrimination		
Agree	3	42.86
Disagree	1	14.29
Neither agree nor disagree	1	14.29
Strongly agree	2	28.57
Total	7	100.00
I believe the clinic will take appropriate action in response to incidents of discrimination		
Agree	4	57.14
Strongly agree	3	42.86
Total	7	100.00
Employees of different backgrounds interact well in this clinic		
Agree	5	71.43
Strongly agree	2	28.57
Total	7	100.00
Management of this clinic demonstrates a commitment to meeting the needs of employee		
Agree	5	71.43
Neither agree nor disagree	1	14.29
Strongly agree	1	14.29
Total	7	100.00
Employees of different ages are valued equally by this Clinic.		
Agree	4	57.14
Strongly agree	3	42.86
Total	7	100.00
Racial, ethnic, sexual and gender-based jokes or slurs		

are not tolerated at this clinic		
Agree	2	28.57
Strongly agree	5	71.43
Total	7	100.00
This clinic provides an environment for the free and open expression of ideas, opinions and beliefs		
Agree	2	28.57
Neither agree nor disagree	1	14.29
Strongly agree	4	57.14
Total	7	100.00
This clinic has done a good job providing educational programs that promote diversity, equity and inclusion in our workplace		
Agree	2	28.57
Disagree	2	28.57
Neither agree nor disagree	3	42.86
Total	7	100.00

STRATEGIC RECOMMENDATION - Based on Survey Results

Based on the gaps identified from the survey by participant clinics, the recommendations outlined below have been carefully tailored as potential solutions to the contentious areas. In addition, potential resources have also been included where necessary to help accelerate the improvement of processes.

S/N	Strategic Recommendations	Potential Resources
Strategic approach to building a diverse board for clinics		
1	Conduct a diversity audit to identify the current composition of the clinics' board	**Free Diversity Assessment tool:** https://copdei.extension.org/wp-content/uploads/2019/06/Frequently-Used-Assessment-Tools.docx https://drive.google.com/file/d/1oGrqpI-o9dHWfZW9kEOxtaTcBA23CZBk/view
2	Develop a board diversity policy that allocates seats to accommodate diversity in gender, race, religion and social backgrounds	**Board Diversity Policy Template:** https://www.governancesolutions.ca/diversity toolkit/sample-board-diversity-policy.pdf https://www.diageo.com/PR1346/aws/media/10862/board-diversity-policy.pdf
3	Develop a board succession plan that rotates the composition and leadership of the board	**Board Succession Plan Template**: https://nrchealth.com/wp-content/uploads/TGI_Resources/Board-Leadership-Succession-Planning_An-Intentional-Governance-Guide_Pat....pdf https://www.smartsheet.com/sites/default/files/IC-Board-Succession-Plan-9423_PDF.pdf
Non-disclosure of the boards' diversity information		

4	Encourage transparency and openness in the disclosure of the board's diversity information, gender, ethnicity, skills and experience etc.	**Free KPMG Disclosure Tool:** https://boardleadership.kpmg.us/kpmg-board-diversity-disclosure-benchmarking-tool.html https://corpgov.law.harvard.edu/2022/03/02/board-disclosure-of-race-and-ethnicity-gains-traction/
Lack of JEDI policies to attract patients to the clinic		
5	Clinics should hire employees with a mix of gender and racial balance so patients can select their most preferred healthcare provider	**Inclusive Recruitment Strategies:** https://www.robertwalters.co.uk/content/dam/robert-walters/country/united-kingdom/files/whitepapers/Diversity-In-Recruitment-Whitepaper-web.pdf https://www.nhsemployers.org/publications/inclusive-recruitment-0
Lack of educational programmes to promote JEDI in clinics		
6	Encourage all employees to take JEDI learning programmes, attend conferences and training	**JEDI programmes and mentorship:** https://aapra.org/About-AAPRA/Justice-Equity-Diversity-Inclusion https://www.seattlechildrens.org/globalassets/documents/clinics/diversity/equity-impact-assessment.pdf https://www.shrm.org/ResourcesAndTools/hr-topics/talent-acquisition/Pages/Diversify-Your-Recruitment-Sources-Improve-DEI.aspx

APPENDIX 1: GLOSSARY OF TERMS

Bias – Prejudice toward one group and its members relative to another group. (GARE)

Implicit Bias - biases people are usually unaware of that operate at the subconscious level. Implicit bias is usually expressed indirectly. (GARE)

Explicit Bias - biases that people are aware of and that operate consciously. They are expressed directly. (GARE). The unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, and other categories. (Racial Equity Tools)

BIPOC – Black, Indigenous, and People of Color (UPHS DEI Taskforce Guiding Principles)

Community Indicator - How we can measure socioeconomic conditions in the community. All community indicators should be aggregated by race, if possible. (GARE)

Cultural Blindness – The belief in treating everyone "equally" by treating everyone the same. It is based on the presumption that differences are by definition bad or problematic, and therefore best ignored. Cultural blindness can be applied to identify characteristics such as sexual orientation, gender identity, ability, etc. (NCCJ)

Discrimination – The unequal treatment of a person differently, or less favorable, for some reason. (U.S. Equal Employment Opportunity Commission).

Diversity – Includes how people differ, and it encompasses all the different characteristics that make one individual or group different from another. It is all-inclusive and recognizes everyone and every group as part of the diversity that should be valued. A broad definition includes not only race, ethnicity, and gender—the groups that most often come to mind when the term "diversity" is used—but also age, national origin, religion, disability, sexual orientation, socioeconomic status,

education, marital status, language, and physical appearance. It also involves different ideas, perspectives, and values. (Racial Equity Tools)

Race and Ethnicity – Race refers to a person's physical appearance and ethnicity refers to one's nationality, ancestry, culture, and language. In 1997, the U.S. Office of Management and Budget designated Hispanic/Latino as an ethnicity category, separate from race, which included American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

Sexual Orientation – refers to an individual's physical and/or emotional attraction to the same and/or opposite gender. Different sexual orientations can include, lesbian, gay, bisexual, queer, questioning, or straight. (HRC)

Gender Identity – refers to a person's internal sense of being male, female, or non-binary, which may or may not correspond to the person's body or designated sex at birth (meaning what sex was originally listed on a person's birth certificate). Transgender is an umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, and gender non-conforming people. Intersex refers to sex assigned at birth for individuals exhibiting characteristics (such as reproductive or sexual anatomy and/or chromosomes) of both birth-assigned males and females. (HRC)

Dis/ability – Refers to a variety of individuals who may or may not use this specific term to describe themselves or their experiences, encompassing a broad range of dis/abilities that may be perceptual, illness-related, physical, developmental, psychiatric, mobility-related, or environmental.

Age – Refers to the length of time that one has existed on the planet and their duration of life. Class – Refers to a group of persons sharing a similar social position and certain economic, political, and cultural characteristics. Social class is a status hierarchy in which individuals and groups are

classified based on esteem and prestige acquired mainly through economic success and the accumulation of wealth.

Religion/Spirituality – Refers to human beings' relation to that which they regard as holy, sacred, absolute, spiritual, divine, or worthy of special reverence. It is also commonly regarded as consisting of the way people deal with ultimate concerns about their lives and their fate after death. In many traditions, this relation and these concerns are expressed in terms of one's relationship with or attitude toward God(s) or spirits; in more humanistic or naturalistic forms of religion, they are expressed in terms of one's relationship with or attitudes toward the broader human community or the natural world. (Cain) Spirituality is an individual's understanding of, experience with, and connection to that which transcends the self.

National Origin – Refers to a nation where a person is from. National origin discrimination occurs when someone is treated less favorably because he or she comes from a particular place, because of his or her ethnicity or accent, or because it is believed that he or she has a particular ethnic background.

Equity – Equity is just and fair inclusion. An equitable society is one in which all can participate and prosper. The goal of equity must be to create conditions that allow all to reach their full potential. In short, equity creates an oath from hope to change. (NRDC)

Equity vs Equality – Equity refers to fairness and justice and is distinguished from equality. Whereas equality means providing the same to all, equity means recognizing that we do not all start from the same place and must acknowledge and adjust imbalances. The process is ongoing, requiring us to identify and overcome intentional and unintentional barriers from bias or systemic structures. (National Association of Colleges and Employers)

Environmental Equity – Equal protection from environmental hazards for individuals, groups, or communities regardless of race, ethnicity, or economic status. This applies to the development, implantation, and enforcement of environmental laws, regulations, and policies, and implies that no population of people should be forced to shoulder a disproportional share of negative

environmental impacts of pollution or environmental hazard due to a lack of political or economic strength levels. (NRDC)

Racial Equity – Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fare. This includes the elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them. (NRDC) Race can no longer be used to predict life outcomes and outcomes for all groups are improved. (GARE)

Fairness – Impartial and just treatment or behavior without favoritism or discrimination. (Oxford); free from bias, dishonesty, or injustice (Learning for Justice)

Gentrification – Gentrification is often defined as the transformation of neighborhoods from low value to high value. This change has the potential to cause displacement of long-time residents and businesses. Displacement happens when long-time or original neighborhood residents move from a gentrified area because of higher rents, mortgages, and property taxes. Gentrification is a housing, economic, and health issue that affects a community's history and culture and reduces social capital. It often shifts a neighborhood's characteristics (e.g., racial/ethnic composition and household income) by adding new stores and resources in previously run-down neighborhoods. (CDC)

Identity – Race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability. (UPHS DEI Taskforce Guiding Principles)

Impact – A marked effect or influence (Oxford)

Inclusion (voice, decision-making, feedback, meaningful impact) – Authentically bringing traditionally excluded individuals and/or groups into processes, activities and decision/policymaking in a way that shares power. (NRDC)

"ISMs" – A way of describing any attitude, action or institutional structure that oppresses a person or group because of their target group. Examples may include race/ethnicity/color (racism), gender (sexism), economic status (classism), age (ageism), religion (e.g., anti-Semitism), sexual orientation (heterosexism), ability (ableism), language/immigration status (xenophobia), gender identity/expression (transphobia). (W.K. Kellogg Foundation, 2001)

Justice - Fairness, impartiality, equity (Oxford)

Environmental Justice – Environmental justice embraces the principle that all people and communities have a right to equal protection and equal enforcement of environmental laws and regulations. (NRDC)

Climate Justice – Climate justice is the framing of climate change as an ethical and political issue, rather than purely environmental. It relates the effects of climate change to environmental justice and social justice and examines issues such as equality, human rights, collective rights and the historical responsibilities for climate change. A fundamental proposition of climate justice is that those who are least responsible for climate change suffer its gravest consequences. (NRDC)

Racial Justice – The systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people can achieve their full potential in life, regardless of race, ethnicity or the community in which they live. (The Annie E. Casey Foundation)

Social Justice – Social justice includes a vision of a society in which the distribution of resources is equitable, and all members are physically and psychologically safe and secure. Social justice involves social actors who have a sense of their agency as well as a sense of social responsibility toward and with others and society. (NRDC)

Marginalized – Excluded, ignored, or placed in a powerless position within a group, society or community. (NCCJ)

Meaningful Involvement/Impact – (1) People have an opportunity to participate in decisions about activities that may affect their environment and/or health; (2) The public's contribution can influence the regulatory agency's decision; (3) Their concerns will be considered in the decision-making process; and (4) The decision-makers seek out and facilitate the involvement of those potentially affected. (NRDC)

Microaggression – Brief and common daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, offensive, or negative slights and insults towards people of other races, ages, gender identities, sexual orientation, physical or mental abilities, etc. (D. Wing Sue)

Oppression – An unjust system that disadvantages one social identity group over another, maintaining inequity. Oppression fuses institutional and systemic discrimination, personal bias, bigotry and social prejudices in a complex web of relationships and structures that saturate most aspects of life. Oppression denotes structural and material constraints that significantly shape a person's life chances and sense of possibility. Oppression also signifies a hierarchical relationship in which dominant or privileged groups benefit, often in unconscious ways from the disempowerment of marginalized or targeted groups, who experience consequences of discrimination, exclusion, deprivation, exploitation, control of culture and sometimes violence. Oppression resides not only in external social institutions and norms but also within the human psyche. Eradicating oppression ultimately requires a struggle against all its forms, and at all levels, and building coalitions among diverse people offers promising strategies for challenging oppression systemically. (W.K. Kellogg Foundation)

Prejudice – The act of forming an opinion toward another group and its members before considering all available information. Such attitudes are typically based on unsupported generalizations or stereotypes that deny the right of individual members of certain groups to be recognized and treated as individuals with distinct characteristics. (W.K. Kellogg Foundation)

Privilege – Unearned social power accorded by the formal and informal institutions of society to all members of a dominant group (e.g., white privilege, male privilege, etc.). Privilege is usually invisible to those who have it because they are taught not to see it, but it puts them at an advantage over those who do not have it. (Racial Equity Tools).

Racism – Racism is different from racial prejudice, hatred, or discrimination. Racism involves one group having the power to carry out systematic discrimination through the institutional policies

and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices. (Racial Equity Tools)

Individual Racism – Pre-judgement, bias, or discrimination based on race by an individual. (GARE)

Institutional Racism – Institutional policies, practices and procedures of institutions that have a disproportionately negative effect on racial minorities' access to quality goods, services, and opportunities. (NRDC) Policies, practices, and procedures that work better for white people than for people of color, often unintentionally. (GARE)

Structural Racism – A history and current reality of institutional racism across all institutions, combing to create a system that negatively impacts communities of color. (GARE)

Systemic Racism – The basis of individual and institutional racism; it is the value system that is embedded in a society that supports and allows discrimination (NRDC)

Equality – Ensuring that every individual has an equal opportunity to make the most of their lives and talents and believing that no one should have poorer life chances because of where what or whom they were born, what they believe, or whether they have a disability. Equality recognizes that certain groups of people with characteristics (race, disability, sex, and sexuality) have experienced discrimination historically. (NRDC)

Racial Inequity – Race can be used to predict life outcomes, e.g., disproportionality in education (high school graduation rates), jobs (unemployment rate), criminal justice (arrest and incarceration rates), etc. (GARE)

Social Identity – How one characterizes oneself, the similarities one has with others, the ways one has learned to behave in stereotyped social settings, the things one values in oneself and the world, and the norms that one recognizes and accepts governing everyday behavior. (NCCJ)

Social Power – The degree of influence and access to resources that an individual or organization has among peers and within society. (W.K. Kellogg Foundation)

Stereotype – A set of inaccurate and simplistic beliefs about a group of people in which all individuals in the group are labeled and often treated based on perceived group characteristics. (Oxford)

Tokenism – The practice of making an obligatory effort or symbolic gesture of the inclusion of members of an underrepresented group to deflect criticism or comply with affirmative action rules. Also, a dominant/majority group may tokenize an individual by expecting that they represent and/or speak on behalf of an entire cultural group. (Cain)

Workforce Equity – The workforce of a jurisdiction reflects the diversity of its residents, including across the breadth (functions and departments) and depth (hierarchy) of government. (GARE)

APPENDIX 2: ASSESSMENT TOOL

Colorado Safety Net Collaborative Diversity, Equity and Inclusion Survey

Please take a few minutes to complete this survey. Colorado Safety Net Collaborative has retained an independent consultant to receive the completed questionnaires and interpret the findings to ensure your anonymity.

Please select one response for each statement.

Overall Diversity, Equity and Inclusion Culture	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The leadership at this Clinic encourages diversity.	°	°	°	°	°
Management shows that diversity is important through its actions.	°	°	°	°	°
This Clinic is committed to improving the diversity of employees.	°	°	°	°	°
This clinic fosters a workplace that allows employees to be themselves at work without fear.	°	°	°	°	°

Individual values and differences are respected at This clinic.	°	°	°	°	°
The leadership at this clinic treats all employees fairly.	°	°	°	°	°
At this clinic, employees appreciate others whose backgrounds, beliefs and experiences are different from their own.	°	°	°	°	°
We have a strategic approach to building a diverse board	°	°	°	°	°
Our leadership team and board champion and role model diversity	°	°	°	°	°
We foster inclusive leadership at all levels of our clinic	°	°	°	°	°
We have targets for diverse board memberships	°	°	°	°	°
We disclose board skills and experience including gender, race and ethnicity as required dimensions and sexual	°	°	°	°	°

orientation as an optional dimension				
we know and understand the diverse communities that are critical to our clinic success	°	°	°	°	°
We have Jedi policies in place to encourage patients to join the clinic	°	°	°	°	°
We provide advice for all patient groups on how to improve their health	°	°	°	°	°
We engage with patients about Jedi	°	°	°	°	°
We know what Jedi issues our target population is dealing with	°	°	°	°	°
We know and understand the diversity of our patients and the opportunities arising from this diversity	°	°	°	°	°
Comments or suggestions for improvement:				

Hiring and Recruitment					
This clinic takes active measures to seek a diverse candidate pool when hiring.	○	○	○	○	○
There is diversity among the people a job candidate will meet/see on his/her first visit to the clinic.	○	○	○	○	○
Comments or suggestions for improvement:					
Career Development					
Employees of different backgrounds are encouraged to apply for higher positions.	○	○	○	○	○
Employees of different backgrounds are treated fairly in the internal promotion process.	○	○	○	○	○

There is a career development path for all employees at this clinic.	○	○	○	○	○
Comments or suggestions for improvement:					
Policies and Procedures					
The clinic's policies or procedures encourage diversity, equity and inclusion.	○	○	○	○	○
I am aware of and understand the procedures for reporting incidents of discrimination and/or bias in the workplace.	○	○	○	○	○
I believe the clinic will take appropriate action in response to incidents of discrimination and/or bias.	○	○	○	○	○
Comments or suggestions for improvement:					

Inclusion					
Employees of different backgrounds interact well in this clinic.	°	°	°	°	°
Management of this clinic demonstrates a commitment to meeting the needs of employees with disabilities.	°	°	°	°	°
Employees of different ages are valued equally by this Clinic.	°	°	°	°	°
Racial, ethnic, sexual and gender-based jokes or slurs are not tolerated at this Clinic.	°	°	°	°	°
This clinic provides an environment for the free and open expression of ideas, opinions and beliefs.	°	°	°	°	°

Comments or suggestions for improvement:					
Diversity Training					
This clinic has done a good job providing educational programs that promote diversity, equity and inclusion in our workplace.	○	○	○	○	○
Comments or suggestions for improvement:					

What improvements can be made to improve the diversity, equity and inclusion efforts at [Company Name]?

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ADDITIONAL RESOURCES

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