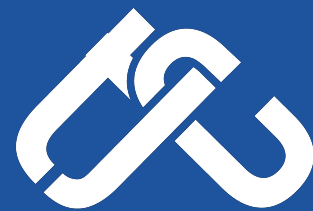




CONTRA COSTA
HEALTH SERVICES

Listening Sessions Summary

June 8, 2022



THE JUSTICE COLLECTIVE

LISTENING SESSION OVERVIEW



In Spring 2022, the Justice Collective (TJC) conducted sixteen listening sessions with staff and community members of Contra Costa Health Services. The sessions sought to provide opportunities for people in all corners of organizational life to share their experiences and for TJC to listen to what employees and community partners understood to be the greatest opportunities to advance equity. The Justice Collective hoped to better understand the organizational landscape, the context in which we would be providing recommendations and facilitating the equity roadmapping process. Further, the CCHS Equity Team sought to create opportunities for all staff to have input into these unfolding processes.

Structure

In partnership with the CCHS Equity Team and with inputs from the Key Working Group and the Leadership team, The Justice Collective designed and facilitated 60-90 minute virtual listening sessions. We scheduled at least one session per CCHS division. We offered catch-all sessions to those unable to make their designated event. We also held two sessions with community partners associated with the Historically Marginalized Communities Engagement Unit. For these and a few other large sessions, the Lowe Consulting Group expanded the capacity of our facilitation team. Representatives of the Equity Team opened each session to welcome and thank participants and to provide some context.

Participation

To accommodate busy schedules and to encourage participation even where employees were not able to be paid for their time, we scheduled conversations at noon and 5:30 pm. Volunteers signed up for the 16 sessions offered. To maximize participation we capped attendance, but demand rarely exceed capacity. At times attendance was sparse, yet all sessions yielded robust conversation. Over 200 persons participated across 16 sessions. Participants expressed gratitude for the opportunity to speak to and to hear from their colleagues on a topic most felt had great importance to their work and that of the organization..

Content and Tone Setting

In the hopes of eliciting genuine input from those whose voices are not often solicited and those who may feel intimidated to share their thoughts on sensitive topics, we took a number of steps.

- Capping per session participation to create a more intimate environment.
- Use of breakout groups to keep numbers small and to split up reporting lines.
- Sharing of a [communication guidelines document](#) before and during each session.
- Requesting that participants and facilitators keep details of what others said in session in confidence.

Facilitators provided the following prompts and further guided dialogue as needed:

- Where have you observed or experienced **successes** in advancing equity at CCHS?
- Where have you observed or experienced **challenges** in advancing equity at CCHS?
- What would it look like or feel like if equity were at the center of CCHS' work? (Employees)
- How can CCHS be a more equitable partner and provide more equitable services? (Community Partners)

RECURRING THEMES/ Staff Sessions



Staff from across the organization who participated in listening sessions were forthcoming with insights into what has worked in the past and what could be done to better advance equity at CCHS. The following is a selection of the most frequent or salient themes across the 14 sessions.

Prompt: “Looking back on your time at CCHS, where have you observed or experienced success in advancing diversity, equity, and inclusion?”

- Success in specific programs that serve diverse populations in Contra Costa County, such as:
 - Targeted outreach to the African American community, including black women, homeless persons, and other populations.
 - Program that responds to those in mental health crises.
 - Incorporation of lived experience as a valuable and needed perspective.
 - Stronger community partnerships.
- COVID response included specific outreach to marginalized communities and populations disproportionately impacted by COVID.
- Participants applauded specific diversity, equity, and inclusion initiatives they felt have been successful:
 - Support from leadership to create the Black Town Hall
 - UBEAM, which addresses the needs of Black health professionals, focused on recruitment, retention, and engagement.
 - Employee affinity groups and conversation spaces (book club, etc.) are valued. Support from managers and leaders for these activities is important and welcomed.
- Openness to and active conversations about diversity, equity, and inclusion. Participants commended CCHS for having conversations regarding DEI. For example, declaring racism a public health crisis.
- Work group activities around DEI; some divisions and work groups had taken specific initiatives to advance DEI, such as assessment of racial equity in homeless response systems.
- Accommodating disabled staff.
- Staff becoming more diverse over time (race, ethnicity, gender, linguistically specifically recognized). Many participants noted their work groups are diverse and celebrated the diversity.
- Recognition that recruitment efforts have yielded more diverse candidate pools and more diverse staff.
- Recognition and celebration of staff of color and women to leadership and management positions; noting this as a departure from the past.
- Establishment and resourcing of the Equity Team commended as a positive step and success.
- Language services—including phone and video language access lines, bilingual staff, translation of written materials—have improved and work well to provide translation services.
- LGBTQ participants reported feeling welcomed in the organization. This feeling was attributed to the Pride Committee, trainings that have been and are offered, support from key leaders in the organization to serve LGBTQ persons, and other affirming actions.



Prompt: “Looking back on your time at CCHS, where have you observed or experienced success in advancing diversity, equity, and inclusion?” - *cont’d*

- Training and development opportunities related to DEI; “What’s Culture Got to Do With It” and “Building a Multicultural Care Environment”, Government Alliance for Racial Equity, and BARHII Homelessness Lab specifically praised, as well as anti-harassment training in orientation.
- Engagement of youth seen as positive and strength; including school based clinics allowing young people to access services.

Prompt: “Looking back on your time at CCHS, where have you observed or experienced challenges in advancing diversity, equity, and inclusion?”

- Compensation does not keep pace with similar organizations. Participants noted a negative and self-reinforcing cycle between compensation and being overworked: Compensation that is not as competitive in the region can lead to turnover. Turnover leads employees who remain with more challenging workloads. The workloads can lead to feeling overwhelmed, overworked, and undervalued. This can lead to even more turnover.
- Feeling unvalued emerged as a trend. Participants noted the pandemic did increase workloads and showed understanding of the emergency. However, many participants feel leaders do not recognize their duress and the hard work they are doing.
- Diversity not spread across positions. Some participants noted that Black, Indigenous, and People of Color are concentrated among lower paid positions. Leadership positions and professional positions tend to be—in their view—white men and white women.
 - Some noted a real challenge to attract and retain clinicians of color, particularly Asian and Black clinicians.
- DEI feels like an optional/add on whereas it should be integrated as a core part of the CCHS mission and service delivery. Likewise, DEI work should be compensated, and not completed on personal time.
- DEI work can feel haphazard, uncoordinated, and not supported by leaders.
- Some participants expressed hesitancy and not feeling safe to always speak up or share their challenges related to DEI. Others expressed skepticism or outright challenged the lack of sincerity observed in pursuing DEI; suggesting that some leaders/managers were not sincerely committed.
- Instances of favoritism and/or unfair treatment of staff were relayed; this included favoritism for hiring and promotions, as well as allocation of supplies, schedules, and flexibility.

RECURRING THEMES/ Staff Sessions



Prompt: “Looking back on your time at CCHS, where have you observed or experienced challenges in advancing diversity, equity, and inclusion?” - *cont’d*

- Hiring - A number of participants cited that hiring process as a challenge.
 - The hiring process is cumbersome, complicated, and takes too long. It can lead to quality candidates not being hired as the process takes too long or, due to its complexity, candidates may not even apply.
 - Bias in hiring leads to qualified people of color not being hired or promoted while white candidates are hired and/or promoted.
 - Participants shared some instances of family members of staff and leaders being hired by the organization.
- Some of the County’s personnel rules mean that a staff person can earn more money by quitting and being re-hired into a higher up position. This is due to limitation on how much a current employee can earn above their current salary when promoted.
- Staff described a lack of transparency regarding promotions and direct appointments without a competitive process, contributing to feelings of bias and or favoritism in hiring and promotions. Staff felt bias and favoritism contributed to limited advancement of people of color.
- Participants also described personal experiences of racism, sexism, ableism, gender-based, and sexual orientation-based discrimination occurring at the workplace.
- Some women participants conveyed gender bias and instances of gender-based discrimination for work assignments, hiring, and feeling marginalized as women by colleagues who are men.
- Instances of transgender disrespect or misgendering of patients or staff were reported.
- Language Services
 - Bilingual staff reported the skill pay differential of \$100 monthly does not reflect the value of their language skills. The pay and the attitude of managers does not recognize the additional time interpretation and translation require, which can detract from the staff persons’ primary role. Meaning their primary work may be undone or require additional working time to complete.
 - While many noted the improved language access services (see prompt 1), others noted that the interpretation and translation services for patients are still inadequate for the needs of the patients.
 - Staff reported hiring more bilingual staff would help improve patient services. Spanish language staff are fairly available, but increasing staff bilingual in other languages would improve care.
- Contract employee participants expressed a desire to become CCHS staff and/or to have better pay and benefits.

RECURRING THEMES/ Staff Sessions



Prompt: “Looking forward, what does it look like to advance DEI at CCHS? What would it feel like to work in an org that has DEI at the center?”

Unlike the prior prompts, Listening Session participants had a wider range of ideas for improving diversity, equity, and inclusion in the future. Bullet points on the prior page reflect shared sentiment across multiple participants, whereas this section had more unique, individual contributions.

- DEI being integrated into work at all levels and through multiple channels and facets of CCHS, including:
 - Training should be widespread and required.
 - Compensation for DEI activities.
 - Considering language skills as valued and important in selecting and hiring candidates.
 - Participants commented on developing a more robust hiring pipeline. Ideas included recruiting more diverse candidates—especially more local candidates that reflect the community, developing internship programs for young people,
 - A hiring process that is fair, transparent, and efficient. This may require additional staff in human resources to manage all of the tasks. This can help more staff grow their careers at CCHS. A more streamlined hiring process can also lead to recruitment of the highest quality candidates, as wait times would be reduced.
- Recruitment process that promotes opportunities to existing staff. Future staffing that reflects the diversity of Contra Costa County, and especially the diversity of patients served by CCHS. More diverse individuals in leadership and management positions to represent the population at all levels of the organization.
- More open, honest, direct communication about many topics including DEI.
 - One suggested an ombudsperson whom staff can talk to and who remains neutral yet helps to mediate conflicts and address any real or perceived issues of bias.
 - Offering more roundtable and listening opportunities, for discussion and providing feedback.
 - Building the skills and support to have difficult conversations regarding DEI and other sensitive topics.
- A desire for a more egalitarian leadership style that is less hierarchical and more inclusive.
- Inappropriate behaviors being addressed effectively by managers and supervisors.
- Contract employees described a desire to become CCHS staff and to have access to the better pay and other forms of compensation and benefits.

RECURRING THEMES/ Community Sessions



Community partners affiliated with the Historically Marginalized Communities Engagement Unit who participated in the listening sessions were very forthcoming with ideas of what has worked in the past and what could be done to better serve the quest for equity. The following is a selection of the most frequent or salient themes across the 2 sessions (6 breakout groups).

Past Successes advancing equity:

- Mobile clinics and other programs that bring care directly to communities vs. trying to bring community members to limited and centralized locations (examples included COVID vaccination and testing sites near elder care or recovery centers).
- Partnerships with Community Based Organizations (CBOs) and Cities, HMCEU, Adult and Youth Ambassador program.
- Community Forums, community listening or information session, and community conversations.
- Efforts to increase cultural relevance, diversity in representation of care providers, and communication efforts that prioritized transparency and language accessibility.
- The hiring of Gilbert Salinas and the role of the Equity Team.

Past Challenges

- Difficulty accessing services (resources, beds, staff availability, rides, language, etc.).
- Insufficient cultural relevancy and representation of communities being served.
- Outreach to the African American / Black communities.
- Limited mental health services for specific communities (Youth in detention centers, AAPI, people with disabilities, and trans people).
- Low trust in government and a lack of transparency.
- Mis-information about COVID and COVID care.

How CCHS Could Be More Equitable in the Services We Provide

- Increase Community Engagement
 - with outreach by someone with similar lived experiences.
 - More active 'on the ground' work and presence at community events.
 - With opportunities to share data transparently and collect input on program development.
 - To build trust.

RECURRING THEMES/ Community Sessions



How CCHS Could Be More Equitable in the Services We Provide *cont.*

- Ensure Diversity and Equity in Representation
 - Consider who is at the table when decisions are made and whether people at most risk or who have been most harmed in the conversations.
 - Establish a BIPOC advisory committee with accountability structures.
- Design Services with Cultural Relevance
 - That cater to actual needs of community members.
 - In how information is shared.
 - With continuity of care (constant contact and follow-up).
 - That build genuine relationships.

How CCHS Could Be More Equitable Partners

- Increase Cultural Relevance. Start by listening to and learning from those with lived experience and those working most closely with communities.
- Increase Advocacy for Partners and CBOS
 - Increase cross group support.
 - Support CBO's plans.
 - Support City plans.
 - Widen partnerships.
 - Colocate services.
 - Fund CBOs and partnerships.
- Increase Community Engagement
 - At times that work for partner organizations (evenings).
 - Be thoughtful of who is invited and use culturally appropriate outreach.
 - Build trust through creating opportunities to heal past harm.
 - Offer more listening sessions.
- Identify Reparations and Funnel Resources to the African American / Black Community.
- Increase Accessibility of Language Services.

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