

The Governance Institute presents

How to Become a JEDI: A Strategic Approach to Creating a Diverse, Thriving, & Just Organization

September 1, 2022 | 2:00–3:00 p.m. Eastern



Presented by

Somava Saha, M.D., M.S.

Founder and Executive Lead

WELL-BEING AND EQUITY (WE) IN THE WORLD



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HEALTH

Today's Presenter



Somava Saha, M.D., M.S.

Founder & Executive Lead, *WE in the World*, Executive Lead, *Well-Being in the Nation Network*

Somava Saha, M.D., M.S. (aka Soma Stout) has dedicated her career to improving health, well-being, and equity through the development of thriving people, organizations, and communities. She has worked as a primary care internist and pediatrician in the safety net and a global public health practitioner for over 20 years. Previously, Dr. Saha served as Vice President of Patient Centered Medical Home Development at Cambridge Health Alliance. Currently, Soma serves as Founder and Executive Lead of Well-Being and Equity in the World (WE in the World), as well as Executive Lead of the Well-Being in the Nation (WIN) Network, which work together to advance inter-generational well-being and equity.

Learning Objectives

After viewing this Webinar, participants will be able to:



Define justice, equity, diversity, and inclusion (JEDI) in the specific context of a healthcare organization and describe why it is important and necessary now.



Describe the role of the board and senior leadership in integrating JEDI efforts into the strategic plan and organizational culture.



Demonstrate specific actions to fast-forward your organization's JEDI goals.

Continuing Education

Continuing
education
credits available



In support of improving patient care, The Governance Institute, a service of National Research Corporation, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

AMA: The Governance Institute designates this live activity for a maximum of **1 AMA PRA Category 1 Credit(s)[™]**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ACHE: By attending this Webinar offered by The Governance Institute, a service of National Research Corporation, participants may earn up to **1 ACHE Qualified Education Hour** toward initial certification or recertification of the Fellow of the American College of Healthcare Executives (FACHE) designation.

Criteria for successful completion: Webinar attendees must remain logged in for the entire duration of the program. They must answer at least three polling questions. They must complete the evaluation survey in order to receive education credit. Evaluation survey link will be sent to all registrants in a follow-up email after airing of the Webinar.

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In accordance with the standards of the National Registry of CPE Sponsors, CPE credits will be granted based on a 50-minute hour.

Field of study: Business Management & Organization

Program level: Overview

Prerequisites: None

Advanced preparation: None

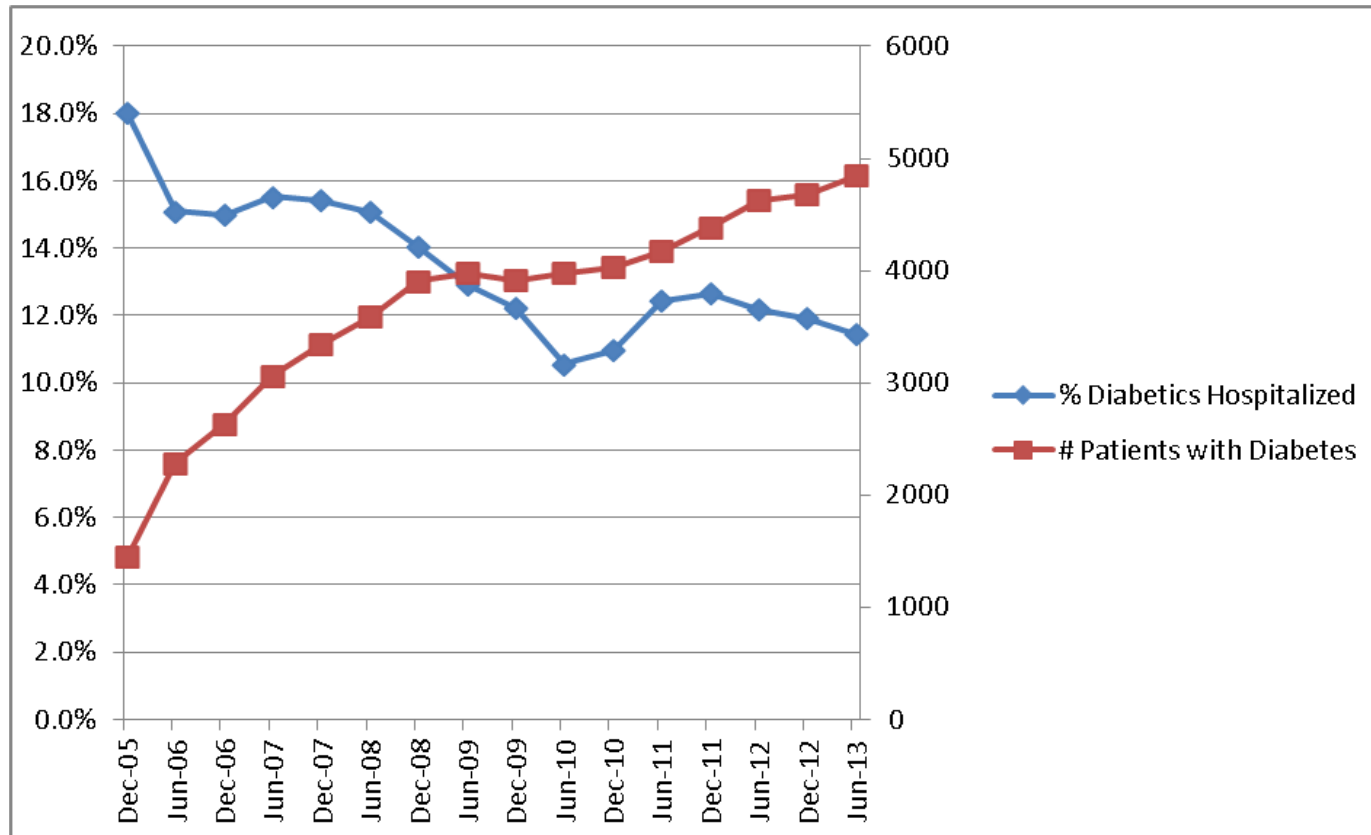
Delivery method: Group Internet based

Maximum potential CPE credits: 1

Disclosure Policy

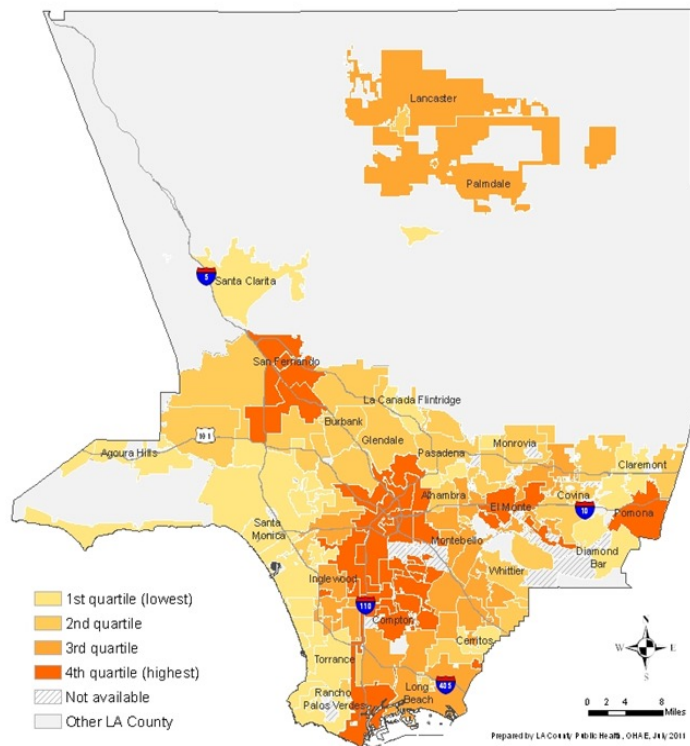
- As a Jointly Accredited Provider, the Governance Institute's policy is to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. Presentations must give a balanced view of options. General names should be used to contribute to partiality. If trade name are used, several companies should be used rather than only that of a single company. All faculty, moderators, panelists, and staff participating in the Governance Institute conferences and Webinars are asked and expected to disclose to the audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. Significant financial interest or other relationships can include such thing as grants or research support, employee, consultant, major stockholder, member of the speaker's bureau, etc. the intent of this policy is not to prevent a speaker from making a presentation instead, it is the Governance Institute's intention to openly identify any potential conflict so that members of the audience may form his or her own judgements about the presentation with the full disclosure of the facts.
- It remains for the audience to determine whether the presenters outside interests may reflect a possible bias in either the exposition or the conclusion presented. In addition, speakers must make a meaningful disclosure to the audience of their discussions of off-label or investigational uses of drugs or devices.
- All faculty, moderators, panelists, staff, and all others with control over the educational content of this Webinar have signed disclosure forms. The planning committee members, faculty, and speakers have no conflicts of interests or relevant financial relationships to declare relevant to this activity. *The presenter has no financial relationship with The Governance Institute or its parent company, NRC Health.*
- This educational activity does not include any content that relates to the products and/or services of a commercial interest that would create a conflict of interest. There is no commercial support or sponsorship of this conference.
- None of the presenters intend to discuss off-label uses of drugs, mechanical devices, biologics, or diagnostics not approved by the FDA for use in the United States.

Why We Need to Change Our Frame

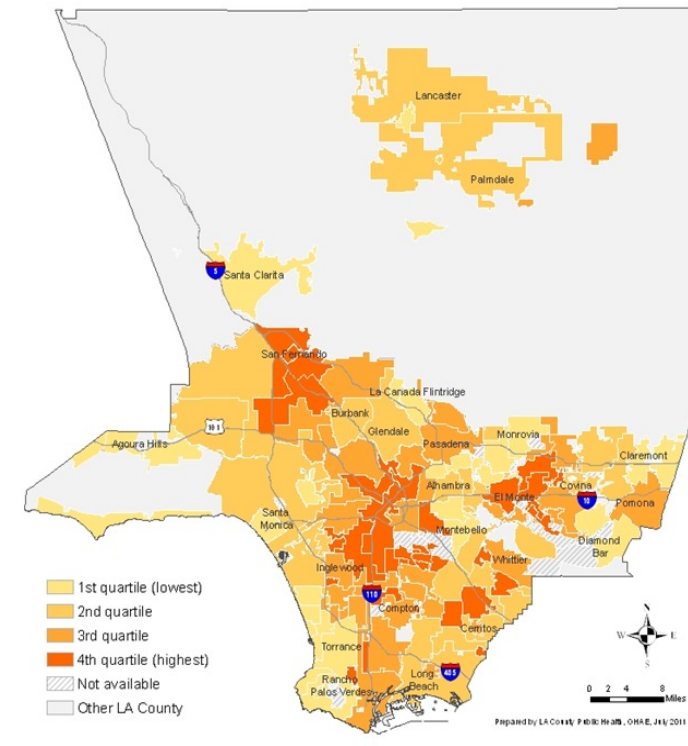


Relationship between the Health and Well-Being of People, Places, & Equity

Economic Hardship Index by City/Community, Los Angeles County, 2000

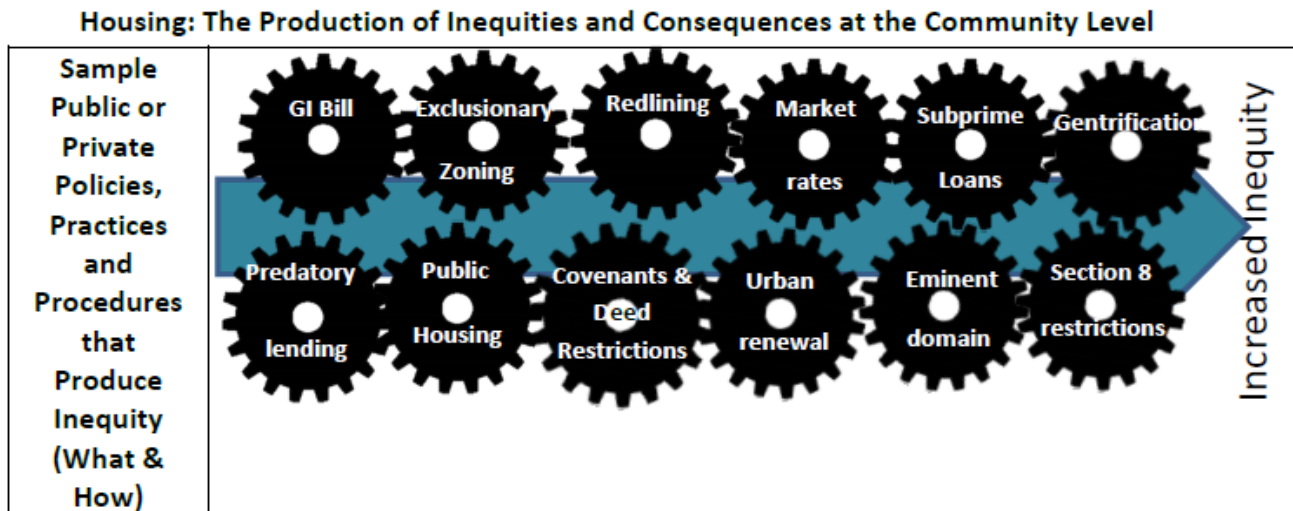


Prevalence of Childhood Obesity by City/Community, Los Angeles County, 2005



Chronic Place-Based Inequities Are Not Accidental

There is a system in place that propagates them.



Source: “Countering the Production of Health Inequities,” The Prevention Institute.

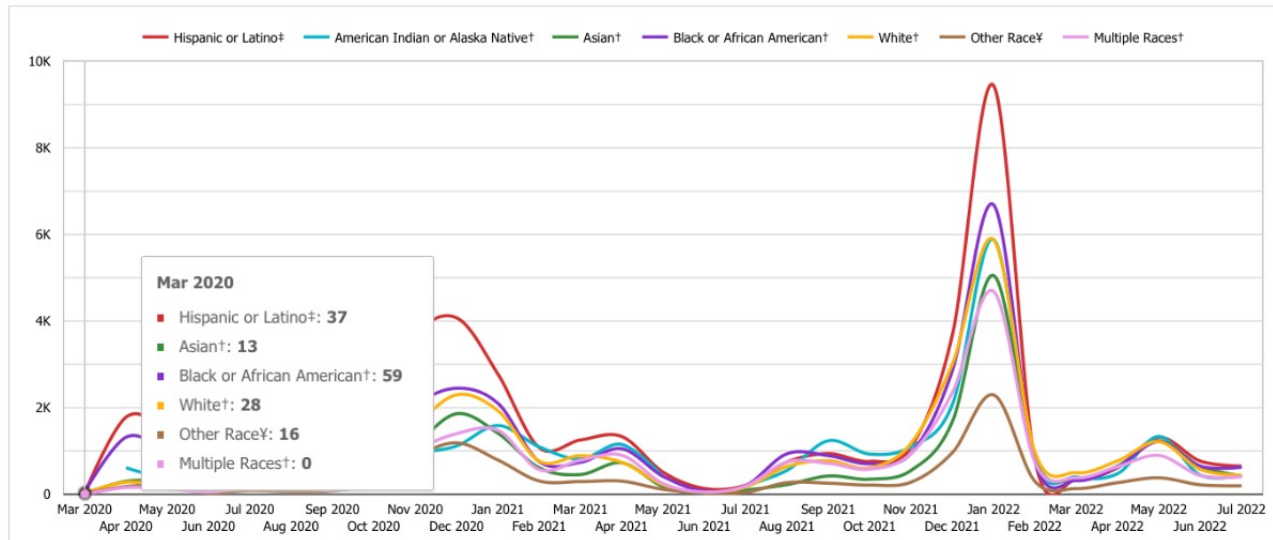
A Tale of Two Boys



Source: Cherine Eurich, "['Color Blind' Boys Scheme to Get Same Haircut to Trick Teacher](#)," 7 News Miami, March 2, 2017.

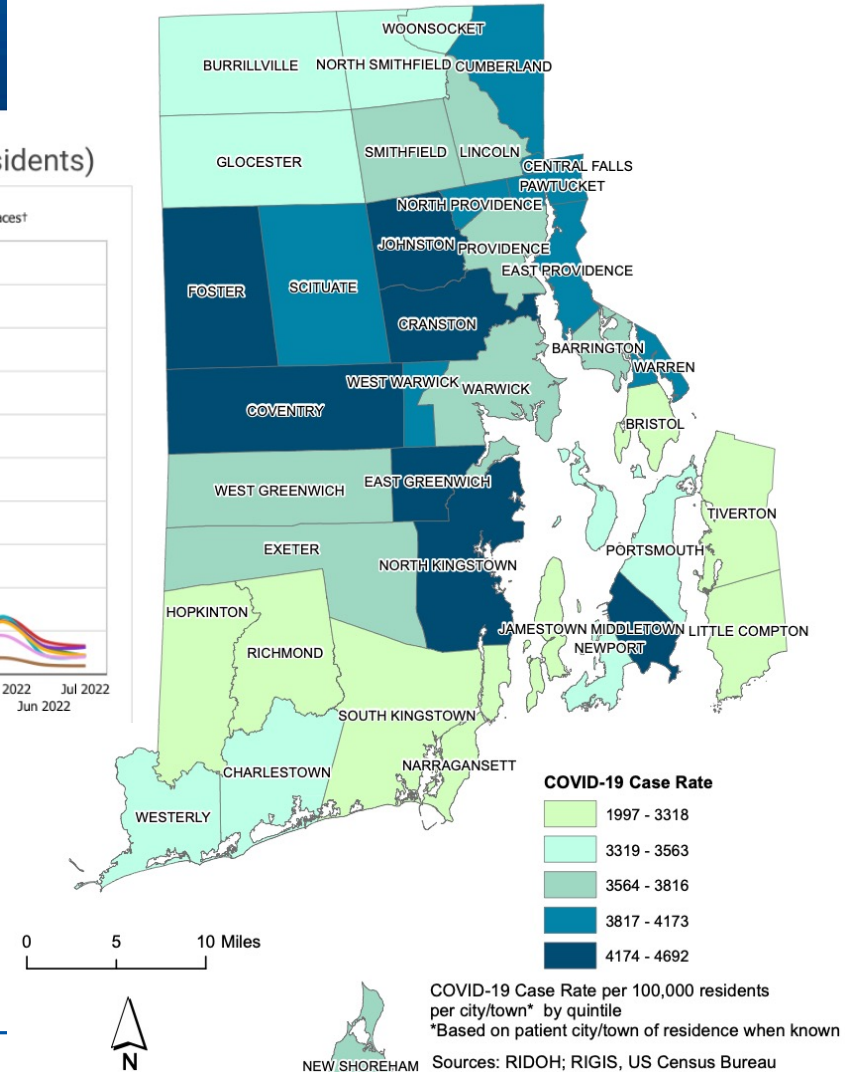
Past Legacies Predict Present Realities

COVID-19 Cases by Race & Ethnicity (Age-adjusted Rate per 100,000 Rhode Island residents)



Source: Rhode Island COVID-19 Case Data, [RIDOH COVID-19 Home Page](#).

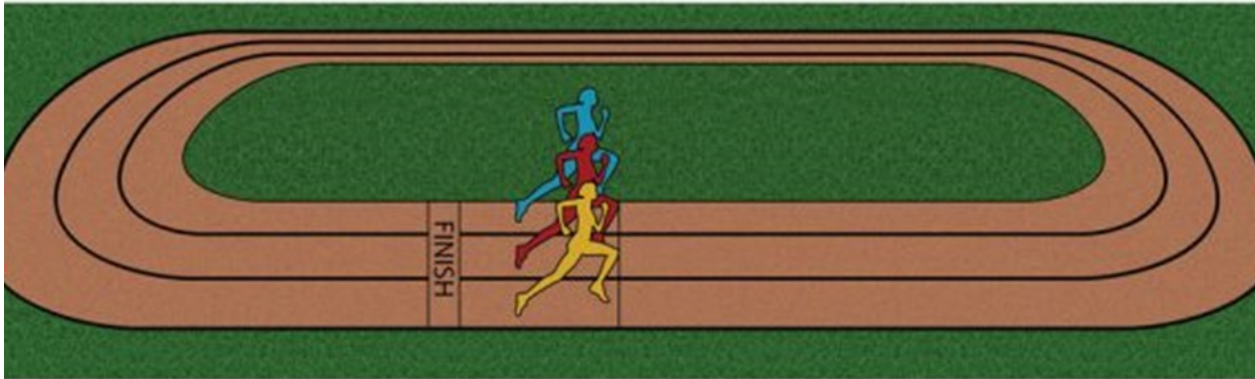
COVID-19 Case Rate in RI Cities & Towns December 2021



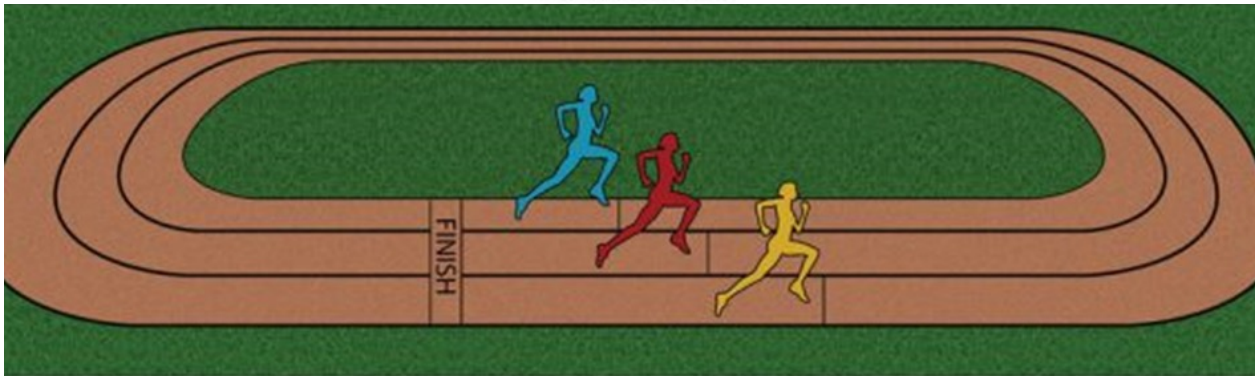


Source: Photo courtesy of Kaique Rocha. Metaphor courtesy of Natalie Burke.

Equality vs. Equity



EQUALITY



EQUITY

Raising the Bar in Healthcare



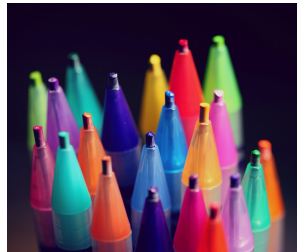
Source: [Raising the Bar](#), supported by the Robert Wood Johnson Foundation.

JEDI

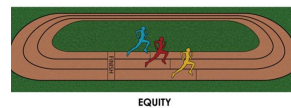
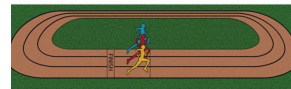


Source: Photo by [Jim Tegman](#) on Unsplash.

JEDI



DIVERSITY having more underrepresented groups in the organization at every level



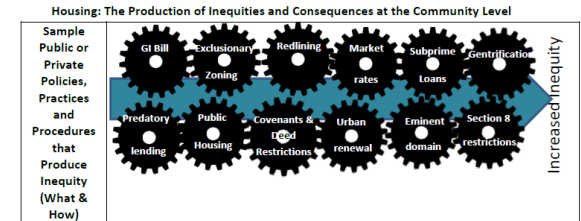
EQUITY

having policies and practices in place to assure people have the supports they need to succeed



INCLUSION

having a culture that invites a diversity of ideas and lived experience to contribute in creating solutions



JUSTICE

working to transform societal policies and systems that perpetuate injustice to ones that create justice

Poll #1: Where Are You Today in Your JEDI Journey?

- a. Diversity
- b. Equity
- c. Inclusion
- d. Justice

Poll #2: Where Are You on Your Workforce Equity Journey? (1-10)

Item	Not yet started	Starting “We’re in the early stages and are still figuring things out.”	Gaining skill “We’re getting the hang of this!”	Sustaining “This is who we are and how we do our work.”
2d. Develop human resources policies	We do not have human resources policies to advance racial equity.	We know we need to develop human resources policies to advance racial equity yet have not developed any.	<p>We are developing a diversity, inclusion, and equity policy to recruit, hire, and retain people with lived experience of racism.</p> <p>We are developing a policy to address harassment of people with lived experience of racism.</p> <p>We are developing a process to assess how well our human resources policies advance racial equity.</p>	<p>We have a diversity, inclusion, and equity policy in place to make sure we recruit, hire, and retain people with lived experience of racism.</p> <p>We have a policy in place to address harassment of people with lived experience of racism.</p> <p>We have a process in place to assess how well our human resources policies advance racial equity.</p> <p>We have a process in place to improve how well our human resources policies advance racial equity.</p>
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CEO Blueprint for Racial Equity



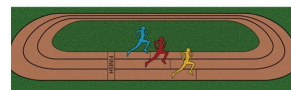
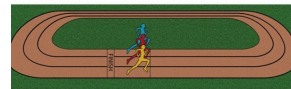
Source: PolicyLink, FSG, and Just Capital, [2021 CEO Blueprint for Racial Equity](#), June 2021.

JEDI



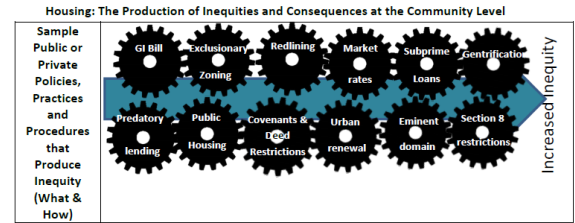
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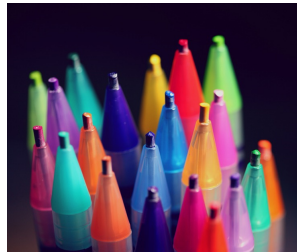
working to transform societal policies and systems that perpetuate injustice to ones that create justice

Diversity

- ❑ Develop a cradle-to-career pipeline from communities experiencing inequities.
- ❑ Set specific targets and a plan to hire, retain, and promote a diverse workforce, leadership, and board that mirrors the diversity of the nation; publicly disclose diversity and equity targets.
- ❑ Offer continuing education scholarships and flexible work schedules for staff who wish to pursue continuing education.
- ❑ Create a trauma-informed hiring and staff management process.
- ❑ Consider banning the box.

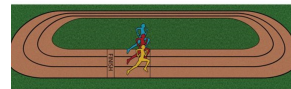


JEDI

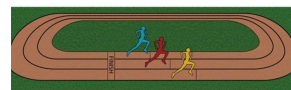


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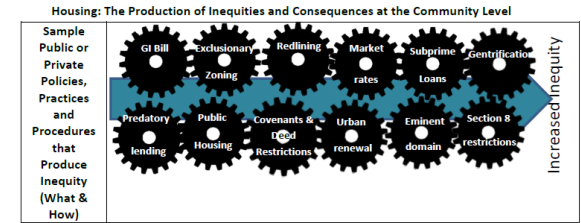
EQUALITY



EQUITY

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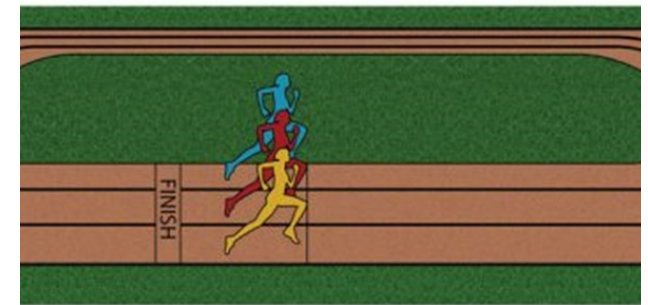
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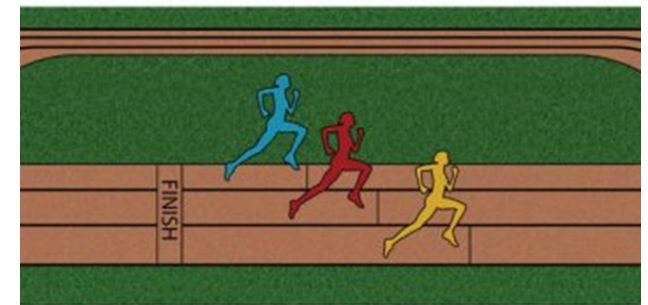
Workforce Equity

Design HR policies and practices that are actively antiracist, not merely “not racist.”

- ❑ Collect and publicly share racial equity data on compensation (e.g. EEO-1 Component 1 and [Component 2](#) type data) for all personnel, leadership, and board members on an annual basis.
- ❑ Conduct a pay equity audit across all positions and levels by race, ethnicity, and gender; identify and correct any pay gaps; and release the results publicly.
- ❑ Conduct a living wage audit to determine whether employees and on-site contract workers earn enough to cover the cost of local basic monthly expenses, including housing, food, healthcare, and transportation; increase wages to ensure all workers earn a living wage.



EQUALITY



EQUITY

Workforce Equity

Design HR policies and practices that are actively antiracist, not merely “not racist.”

- ❑ Extend benefits (paid sick, family, and medical leave; retirement savings vehicles; health insurance; and regular scheduling, among others) to all employees regardless of part-time status.
- ❑ Provide wealth-building benefits (e.g., 401ks, ESOPs, access to bank accounts, and other wealth-building platforms so that workers can avoid predatory check-cashing, etc.) to all employees, particularly those on the frontline.
- ❑ Adopt advancement practices that serve employees of color at all levels of the organization, with a particular focus on frontline workers of color, who have been harmed by “business as usual.”

Clinical Equity

- ❑ Measure and hold accountability for mirroring the racial, ethnic, linguistic, and economic diversity of your patient base.
- ❑ Accept Medicaid and other forms of public insurance.
- ❑ Measure and hold accountability for equitable processes outcomes for groups of patients.
- ❑ Have improvement initiatives to advance equity where gaps are identified.

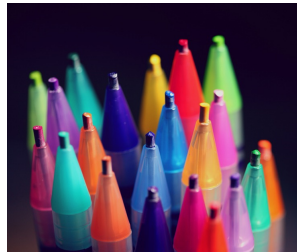
Poll #3: Where Are You on Your Clinical Equity Journey? (1-10)

Topic 4. [Programs / Services?](#)

How well do our programs / services advance racial equity?

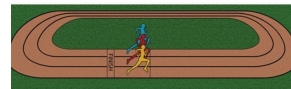
Item	Not yet started	Starting “We’re in the early stages and are still figuring things out.”	Gaining skill “We’re getting the hang of this!”	Sustaining “This is who we are and how we do our work.”
4a. Use quantitative data	We do not use race / ethnicity quantitative data.	<p>We sometimes use race / ethnicity quantitative data to design / redesign our programs / services.</p> <p>We know we need a process to use race / ethnicity quantitative data to assess our programs / services.</p> <p>We know we need a process to use race / ethnicity quantitative data to improve our programs / services.</p>	<p>We often use race / ethnicity quantitative data to design / redesign our programs / services.</p> <p>We are developing a process to use race / ethnicity quantitative data to assess our programs / services.</p> <p>We are developing a process to use race / ethnicity quantitative data to improve our programs / services.</p>	<p>We always use race / ethnicity quantitative data to design / redesign our programs / services.</p> <p>We have a process in place to use race / ethnicity quantitative data to design / redesign our programs / services.</p> <p>We have a process in place to use race / ethnicity quantitative data to assess our programs / services.</p> <p>We have a process in place to use race / ethnicity quantitative data to improve our programs / services.</p>
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JEDI

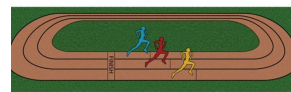


DIVERSITY

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EQUALITY



EQUITY

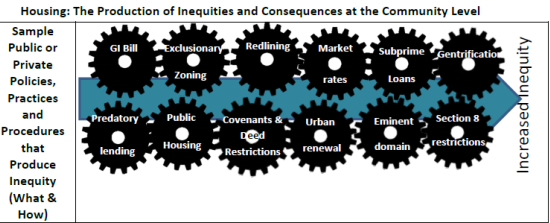
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Workforce Inclusion: Expand Worker Power and Voice

- ❑ Create, maintain, and track a culture of belonging.
- ❑ Provide ongoing racial implicit bias and cultural humility training to the board, leadership, and employees.
- ❑ Allow workers to organize and share their concerns and ideas with management in a respectful and meaningful way.
- ❑ End the use of mandatory arbitration agreements, ensuring workers can fully realize their rights in the workplace.
- ❑ Create board positions for workers of color.
- ❑ Create grievance mechanisms for employees to report instances of discrimination.
- ❑ Develop improvement teams with all levels of staff and patients that have decision-making ability to “try things out.”
- ❑ Provide additional antiracist training to those responsible for handling grievances.

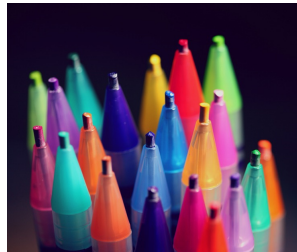
Patient Inclusion: Expand Worker Power and Voice

- ❑ Ensure that all patients feel welcome and that care is accessible to all.
- ❑ Embed cultural humility practices into your care.
- ❑ Establish language access practices – interpretation, signage, outreach.
- ❑ Integrate shared decision-making practices into clinical care.
- ❑ Integrate patients into care-level, practice-level, and board-level improvement and accountability teams.

Poll #4: Where Are You on Your Inclusion Journey? (1-10)

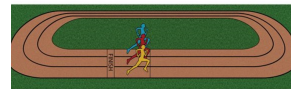
Item	Not yet started	Starting “We’re in the early stages and are still figuring things out.”	Gaining skill “We’re getting the hang of this!”	Sustaining “This is who we are and how we do our work.”
3c. Share decision-making	A few people in our organization are involved in decision-making.	<p>Some members of our organization are involved in the decision-making process.</p> <p>We sometimes engage people with lived experience of racism in decision-making.</p> <p>We know we should have a process to engage all members of our organization in decision-making.</p>	<p>Most members of our organization are involved in the decision-making process.</p> <p>We often engage people with lived experience of racism in decision-making.</p> <p>We are developing a process to make sure all members of our organization are involved in decision-making.</p>	<p>All members of our organization are involved in the decision-making process.</p> <p>We have a process in place to share decision-making with all members of our organization.</p> <p>We have a process in place to assess how well we involve all members of our organization in decision-making.</p> <p>We have a process in place to improve how well we involve all members of our organization in decision-making.</p>
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JEDI

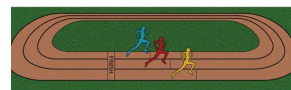


DIVERSITY

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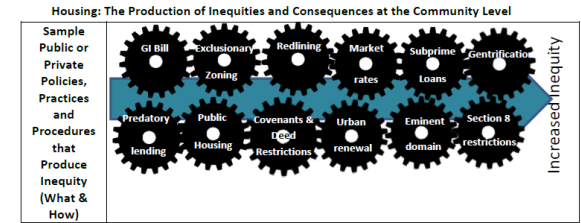
EQUALITY



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Justice in the Community

- ❑ Assess and repair the extent to which philanthropic programs and grants are actively addressing root causes of racial inequity and going beyond providing charity for communities of color.
- ❑ Assess and increase the extent to which philanthropic dollars support organizations led by people of color.
- ❑ Invest in creating health.
- ❑ **Advocate for local policies that address structural inequities:**
 - Advocate for local policy changes that improve outcomes for employees, customers, and communities of color—even when those policies may not be squarely in your industry (e.g., a large healthcare provider can advocate for a policy that improves the quality of housing, recognizing the link between housing and health; a retail grocery chain can advocate for improved public transportation as they see its impact on employees).
 - Support and advance justice and liberation policies for people of color in the company’s hometowns, (e.g., policies to advance community safety; the elimination of segregation and public education).
- ❑ **Support environmental justice**
 - Mitigate the environmental impact of your operations specifically on communities of color by establishing a plan to mitigate these impacts, as there is sufficient evidence that communities of color are most impacted by environmental harm.

Justice in Communities: Invest in Building Healthy Food Ecosystems

HEALTH CARE FOOD PURCHASING POWER

Hospitals and health care systems can use their substantial buying power to help build a healthier food system.



<https://noharm-uscanada.org/kp.org/green> @HCWithoutHarm @KPShare

MAKING THE HEALTHY CHOICE THE EASY CHOICE



Purchasing fresh food from local producers

Farm Fresh Healthcare Project: ten family farmers have sold nearly 84,000 pounds of local and organic produce to six San Francisco Bay Area hospitals.

HEALTH IMPACTS

- ↑ environmental quality
- ↑ local/rural economy
- ↑ social & economic health outcomes

Purchasing sustainably-grown produce

Kaiser Permanente: 590 tons of the fruits and vegetables served on patient menus are sustainably produced and/or locally grown — that's nearly 50% of fresh produce purchased annually.

HEALTH IMPACTS

- ↓ farm workers' exposure to harmful pesticides
- ↓ water pollution & soil contamination

Purchasing meat and poultry raised without antibiotics

Overlake Hospital, WA & Fletcher Allen Health Care, VT: over 65% of the beef, poultry and pork products served are produced without the routine use of antibiotics.

HEALTH IMPACTS

- ↑ efficacy of antibiotics in human medicine
- ↑ healthier, more sustainable meat production practices

Purchasing hormone-free dairy

Emory Healthcare, GA: all milk and yogurt sold in cafeterias is free of recombinant Bovine Growth Hormone.

HEALTH IMPACTS

- ↓ udder infections & other health issues in cows
- ↓ antibiotics use in dairy cows to combat health problems

KAISER PERMANENTE



Loyola School of Medicine and Proviso Partners for Health



- Eliminate food deserts
- Community and youth leadership
- Economic development as a core strategy
- Training site

Poll #5: Justice in Society: Where Are You? (1-10)

Topic 5. [Public Policy](#)

How well does our organization create and advocate for public policies that advance racial equity?

Item	Not yet started	Starting "We're in the early stages and are still figuring things out."	Gaining skill "We're getting the hang of this!"	Sustaining "This is who we are and how we do our work."
5a. Advocate for new public policies	We are not involved in public policy work.	<p>Some of us respect that people with lived experience of racism know best how proposed public policies will impact them.</p> <p>Sometimes people with lived experience of racism and white people work together to influence public policies.</p> <p>We are beginning to understand how advocating for public policy can advance racial equity.</p>	<p>Most of us respect that people with lived experience of racism know best how proposed public policies will impact them.</p> <p>We are developing a process to make sure people with lived experience of racism and white people work together to influence potential public policies.</p> <p>We are developing a process to assess potential public policies that includes identifying, "Who will be harmed by this policy?"</p> <p>We advocate for public policies to make sure people with lived experience of racism are not harmed.</p>	<p>We all respect that people with lived experience of racism know best how proposed public policies will impact them.</p> <p>We have a process in place to make sure people with lived experience of racism and white people work together to influence potential public policies.</p> <p>We have a process in place to assess potential public policies that includes identifying, "Who will benefit from this policy?" and "Who will be harmed by this policy?"</p> <p>We advocate for racial equity in all potential public policies to make sure people with lived experience of racism benefit.</p>
	1	2 3 4	5 6 7	8 9 10

Justice in Society

- ❑ Ensure all employees can vote by providing paid time off on election days.
- ❑ Give employees tie off to staff polling sites in communities that have experienced unjust voting restrictions.
- ❑ Advocate.
- ❑ Invest in creating a health equity policy agenda together with communities.
- ❑ Shift the narrative.

Justice in Society: Advocate

▣ State and national-level public policy, lobbying, and advocacy

- Use the corporate lobbying infrastructure to reduce racialized inequality conditions for communities of color (e.g., supporting policies for ensuring voting access, rebuilding infrastructure, protecting consumers, rebuilding the safety net, achieving universal health care coverage, achieving criminal justice reform, preventing use of prison labor, and making the police more accountable).
- End active lobbying for public policies that result in exacerbating racial inequalities (e.g., lobbying against minimum wage increases or lobbying for lower corporate tax rates).
- Ensure and advocate for complete transparency and reporting in all political giving.

Justice in Society: Invest

- ❑ Commit to a more inclusive impact investing and venture capital model that promotes diverse investment teams, supports Black entrepreneurs, and invests in businesses that benefit Black markets.
- ❑ If you provide capital, conduct a diversity assessment of all investments and loans.
- ❑ Place assets with [Community Development Finance Institutions \(CDFIs\)](#) and other minority-led depository institutions and money managers.
- ❑ Invest directly in low-income communities of color.
- ❑ Use capital reserves for mission-related investments aligned to the vision of the organization to advance equitable outcomes.

Justice in Society: Change the Narrative

- ❑ Assess internal and external communications and advertising to ensure they do not reinforce racial stereotypes.
- ❑ Elevate the voices of non-White employees in external communications.
- ❑ Create partnerships with organizations led by people of color.
- ❑ Use your corporate leadership voice to shift the narrative to one in which diversity and inclusion makes us stronger and more abundant.

Methodist Healthcare Ministries

Investing in Cross-Cutting Systemic Efforts to Address Root Causes of Health Inequity



Discussion & Questions

Contact Us...



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