Diversity, Equity, Belonging, and Accessibility (DEBA)

A Practical Guide for Organizational and Practitioner Change within Healthcare Systems

TEAM UP SCALING & SUSTAINABILITY CENTER™

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A Letter from the Diversity, Equity, Belonging, and Accessibility (DEBA) Workgroup at TEAM UP Scaling and Sustainability Center

The TEAM UP Scaling and Sustainability Center (TEAM UP Center) focuses on integrating behavioral health into the pediatric medical home to increase access to behavioral health services in structurally marginalized communities. At its core, the TEAM UP Center is committed to advancing health equity and recognizes that active dismantling of systemic discrimination to incorporate antiracist practices is integral to actualizing our mission.

Within the TEAM UP Center, the DEBA workgroup formed to create a roadmap for building and sustaining inclusive, antiracist, and culturally responsive care within healthcare settings. Yet, we do not begin with a blank slate; establishing new practices and protocols requires time, commitment, and inevitable deconstruction of deeply entrenched modus operandi. Additionally, healthcare systems in the United States often move at a pace that compels participants in those systems to move rapidly, without space for reflection or complex change, thereby creating an inertia that contributes to maintenance of the status quo. This toolkit by no means addresses those barriers in full. However, it creates actionable steps to help move our systems toward individual, interpersonal, and organizational change.

This toolkit represents ongoing efforts of the DEBA workgroup to respond to the unique needs of different workplaces, and it serves as a "living document". We welcome comments and suggestions about how we can improve or add to this toolkit to better serve the mission of promoting DEBA in healthcare workplaces. The DEBA workgroup is committed to updating this material to incorporate the comments and suggestions we receive from our readers. The TEAM UP Center website will always reflect the most recent version of this toolkit. For questions, comments, and more information, please contact teamupforchildren@bmc.org and include "DEBA" in the subject line.

We hope the resources presented in this toolkit support your workplace in building a more diverse, equitable, inclusive, and accessible environment.

Sincerely,
The DEBA Workgroup
TEAM UP Scaling and Sustainability Center

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Introduction to the Diversity, Equity, Belonging, and Accessibility (DEBA) Toolkit

Addressing structural racism and inequities improves care and health outcomes for all children and their families (Hassen et al., 2021). Antiracism is a practice that aims to change policies, behaviors, and beliefs that perpetuate racial inequities (Hassen et al., 2021). Changing structurally entrenched inequities does not shift workplace ethos and practices overnight; rather, there is often a road to travel for individuals and communities to adjust, trust, and embrace a new normal.

Healthcare disparities necessitate a multipronged approach to ensure a shift toward health equity (Baciu, 2017). This toolkit, organized into three categories, outlines various methods to initiate sustainable change that promotes DEBA in a workplace environment. O*rganizational tools* offer methods to gauge employees' thoughts and emotions about the workplace while providing obtainable steps to promote a proactively inclusive workplace. *Practitioner tools* account for the fact that individuals approach their work from a range of perspectives and that an equitable healthcare system requires practice transformation at the interpersonal level (i.e., between practitioner and client). Thus, this toolkit includes resources to guide practitioners toward a more reflective approach to care. Finally, *evaluation best practices* include guidance in collecting and evaluating race, ethnicity, and language data to identify gaps in and provide insight on the utility of interventions seeking to improve health equity.

The resources provided in this toolkit are intended to be used by anyone who would like to be involved in changing their workplace environment to be more diverse, equitable, inclusive, and accessible. Ultimately, this toolkit acknowledges the burden of structuralized inequities on health outcomes and promotes methods rooted in antiracist principles to mitigate those inequities.

Organizational Tools

Climate Survey

Introduction

Climate surveys can be used to assess the current landscape of needs, gaps, growth areas, strengths, and opportunities within an organization. Further, climate surveys can shed light on dynamics, interactions, and structures that can interfere with anti-racism efforts within health care settings.

Although climate surveys can be used as a starting point for initiating anti-racist work, health care settings should also consider developing a strategic anti-racism institutional plan. The University of Michigan's Office of Diversity, Equity, & Inclusion (OEID) (n.d.) provides comprehensive guidance on the following components for a strategic implementation plan:

- Leadership Buy-In & Support
- Organization & Implementation Plan
- Creating Leadership Roles & Structures
- Community Engagement
- Communication Strategies
- Budgeting
- Evaluation & Assessment

Importantly, the guidance from University of Michigan's OEID was developed for academic institutions that can be scaled to any setting.

The example Climate Survey below was taken from the University of Michigan's OEID (n.d.) and has been adapted to initiate anti-racism-related work within a healthcare setting. Further adaptations and additions should be made to tailor this survey to the organization's mission and intent. Considerations of the method for staff completion should ideally include adequate time for completion and a quiet, private space.

Example Climate Survey Outline

I. Consent – Welcome Page – Includes a description of the survey's purpose and the intent for data usage. The Welcome Page should include instructions for completing the climate survey. If an organization plans to use a web-based platform to conduct the Climate Survey (i.e., REDCap, SurveyMonkey, etc.), the organization should provide instructions on how to navigate the platform. A note should be included if the organization will be providing an incentive for survey completion. (Note: The example Climate Survey does not contain an incentive component) Lastly, the survey should obtain consent for participation through either direct inquiry or (if using a web-based platform) having participants click the "Next" button to begin the survey.

II. Demographics – Survey Part I – Contains questions to capture the demographics of each participant, including gender, race, ethnicity, sexual orientation, religious affiliation, disability, etc.

III. Climate – Survey Part II – Contains questions to gauge the perceptions of the environment related to diversity, equity, and inclusion by individual experiences, discriminatory events, and/or ratings of the organization in terms of diversity, equity, and inclusion.

IV. Thank You – At the conclusion of the survey, respondents should be thanked for their time and participation. Organizations providing an incentive for completion should provide instructions on how to obtain the incentive.

Example Climate Survey

VII. Consent – Welcome Page

_____________ is committed to providing the best possible environment for all individuals within the community. An important step in creating a truly diverse, equitable and inclusive community is to understand staff perspectives and experiences related to their work at _____________. The Climate Survey is designed to help us learn about our community's perspectives and experiences related to diversity, equity and inclusion. The data collected will be used to understand the present climate at _____________ and to inform current and future decisions about supporting a diverse, inclusive, and vibrant community.

Your participation and responses will be strictly confidential and will not be part of any academic, medical, employment or disciplinary record. No individually identifiable information will be reported. This survey is completely voluntary. You do not have to participate in this survey. If you choose to participate, you may skip any question and you may exit the survey at any time. Completing the questionnaire should take about 20 minutes.

If you have any questions about the survey – or if you experience any difficulty in completing this survey – please contact the survey team via email at _____________, or by phone at _____________. Thank you, in advance, for your help with this important work.

Click "Next" to start the survey.

VIII. Demographics – Survey Part I (Optional)

7. What is your current age (in years)?
8. Which best describes your gender identity?
   a. Transgender
   b. Non-binary
   c. Gender queer
   d. Two-spirit
   e. Female
   f. Male
   g. Gender identity not listed (*Please specify*): _________
9. What is your sexual orientation?
   a. Bisexual
   b. Gay/Lesbian
   c. Queer
   d. Asexual
   e. Heterosexual
   f. Sexual Orientation not listed (*Please specify*): __________
10. Please indicate the racial or ethnic group(s) with which you identify. (Select all that apply.)
    a. African American/Black
    b. Asian American/Asian
    c. Hispanic/Latino/a
    d. Middle Eastern/North African
    e. Native American/Alaskan Native/Indigenous
    f. White
    g. Other *(Please specify)*: ________
11. What language(s) do you speak fluently?
12. With what religious affiliation, if any, do you most strongly identify?

1. Do you have a disability?
    a. Yes
    b. No
2. What type(s) of disability/disabilities do you have? (Select all that apply)
    a. Blind/Low vision
    b. Deaf/Hard of hearing
    c. Cognitive or learning disability
    d. Speech/Communication condition
    e. Chronic illness/medical condition
    f. Mental health/psychological condition
    g. Other *(Please specify)*: _______
3. When it comes to politics, how would you describe yourself on the scale below arranged from "Very liberal" to "Very conservative"?
    a. Very liberal
    b. Slightly liberal
    c. Middle
    d. Slightly conservative
    e. Very conservative
    f. Don't know
    g. Other
4. What is your role at your health center? (Select all that apply)
    a. Direct-care practitioner
    b. Managerial/Supervisory
    c. Administrative
    d. Other/Prefer Not to Say

V. Climate - Survey Part II

1. How satisfied or dissatisfied are you with the overall environment that you experienced at _____ within the past 12 months?
    a. Very Dissatisfied
    b. Dissatisfied
    c. Neither
    d. Satisfied
    e. Very Satisfied
2. Over the past 12 months, please indicate whether you have participated in the following DEBA-related activities and events (For example: community-based events, book clubs, and/or affinity spaces) **at**_____________. If you have been **at**_____________ for under 12 months, please only consider the time that you have been there.

	Never	1-2 Times	3 or More Times
Event 1			
Event 2			
Event 3			
Event 4			

3. For the next several questions, select one option between each set of adjectives that best represent how you would rate ______________ based on your direct experiences:

	1	2	3	4	5	
Hostile						Friendly
Racist						Antiracist
Homogenous						Diverse
Disrespectful						Respectful
Contentious						Collegial
Sexist						Unprejudiced
Individualistic						Collaborative
Competitive						Cooperative
Homophobic						Queer-Friendly
Unsupportive						Supportive
Ageist						Non-ageist
Unwelcoming						Welcoming
Elitist						Egalitarian
Transphobic						Trans-Friendly

4. Over the past 12 months, how often have **YOU** experienced discriminatory events at ______________ because of your:

	Never	**1-2 times**	**3 or more times**
Ability or disability status			
Racial or ethnic identity			
Sex-assigned-at-birth			
Sexual orientation			
Gender identity or gender expression			
Veteran status			
Marital status			
National origin			
Age			
Religion			
Height, weight, other physical attributes			
Political orientation			
Social class			
Mental health status			

5. Considering your experiences over the past 12 months **at** _____________, please indicate your level of agreement with each of the following statements:

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I feel valued as an individual.					
I feel I belong.					
My organization has a strong commitment to diversity, equity, and inclusion.					
I have considered leaving my job because I felt isolated or unwelcome.					
I am treated with respect.					
I feel others don't value my opinions.					
I am able to perform to my full potential at my organization.					

6. During the past 12 months at _____________, how often have you interacted in a **meaningful** way with other people:

	Never	Seldom	Sometimes	Often	Very Often
…whose religious beliefs are different than your own					
…whose political opinions are different from your own					
…who are immigrants or are from an immigrant family					
…who are of a different nationality than your own					
…who are of a different race or ethnicity than your own					
…whose gender is different than your own					
…whose sexual orientation is different than your own					
…who are from a different social class					
…who have physical or other observable disabilities					
…who have learning, psychological, or other disabilities that are not readily apparent					

VI. Thank You & Incentive

Thank you for participating in this important survey

Psychological Safety Inventory (PSI)

Assessing psychological safety within an organization can be a critical starting point in DEBA-related efforts. Psychological safety is broadly defined as a shared belief held by members of a team pertaining to team members' comfort in taking risks, expressing ideas and concerns, asking questions, and admitting mistakes (Plouffe et al., 2023). An organization with high psychological safety may have greater success in initiating and sustaining DEBA related work. Further, a sense of comfort among team members can contribute to the ability to hold nuanced conversations around racism and implicit and explicit biases.

While there are many tools for assessing an organization's psychological safety, the Psychological Safety Inventory (PSI) is the most rigorously tested and validated psychological safety assessment (Plouffe et al., 2023). Further, the 30-item PSI reliably assesses 5 key domains of psychological safety within the workplace including interpersonal risk-taking, mutual trust and respect, organizational and structural support, identity and clarity within a team, and supportive leadership (Plouffe et al., 2023).

DEBA Committees

Creating a committee within the workplace focused on diversity, equity, belonging, and accessibility can be an important step in promoting an environment in which employees feel valued and safe. Committees can also enhance diversity in the workplace through updated hiring and retention practices and improve communications and relationships with community members (University of Southern California, 2023).

In forming a DEBA committee within the workplace, it is important to establish a clear purpose for the committee, actionable goals, a shared vocabulary to discourse about DEBA in the workplace (see glossary), and a name for the committee that reflects its values (Colorado State University, Vice President for Diversity, n.d.). The committee should also prioritize a shared responsibility to improve cultural responsiveness and continuously recognize and address biases that affect the workplace's quotidian operations. While support from senior leadership is crucial in solidifying the actions and tone of a DEBA committee, recruitment for a DEBA committee should be publicized across all roles within the workplace and should seek representation from a diverse range of employees (University of Southern California, 2023.). When recruiting members for a DEBA committee, the following criteria should be considered (University of Southern California, 2023):

- Positions and departments, including staff, management, and leadership
- Racial, cultural, and ethnic backgrounds
- Social positions with respect to gender identity and sexual orientation
- Disability status.
- Age groups
- Prior vocational and educational experiences

While the specific activities of a DEBA committee will vary based on the purported mission of the committee and unique needs of the workplace, the following initiatives can be adapted by DEBA committees for most workplaces (University of Southern California, 2023):

- Measuring current inclusion metrics in the workplace as a benchmark
- Building leadership teams that are inclusive and reflect the intersectional identities of staff members
- Implementing systems for recruiting, retaining and promoting diverse staff
- Developing diversity initiatives that promote responsiveness to different cultures and individuals' attitudes and (un)conscious biases toward those cultures
- Reviewing existing workplace policies and revise as needed
- Mandating diversity training for new and existing employees
- Establishing flexible work that promotes belonging, including hybrid schedules and work-from-home programs that can promote better work-life balance for employees
- Creating opportunities to promote dialogue and address workplace issues, such as pay equity, microaggressions, decision-making, workplace hierarchies, etc.
- Communicating the committee's goals and action steps to leadership, employees, and community members

With these considerations in mind, the formation of a DEBA committee within a workplace can help advance individual, organizational, and structural change to promote an environment of belonging, address inequities, and improve overall employee satisfaction and retention.

Organization-wide Communications

Messaging is an important tool for organizations to communicate their values to employees and the public. This section reviews several communication tools organizations may use to express their commitment to DEBA values. It is important to note that communications must occur frequently and timely to adequately sustain culture change.

DEBA-informed calendar

Many mainstream calendars do not reflect the range of holidays and other events that are important to cultures, religions, and ethnicities represented within an organization. As such, it is worth compiling a calendar that is representative and inclusive of all employees. DEBA-conscious calendars may include cultural observations, holidays, and community activities.

An example calendar can be found on DiversityResources webpage (Mousseau, 2024). Please note that this does not indicate an exhaustive list of cultural observations and acknowledgements.

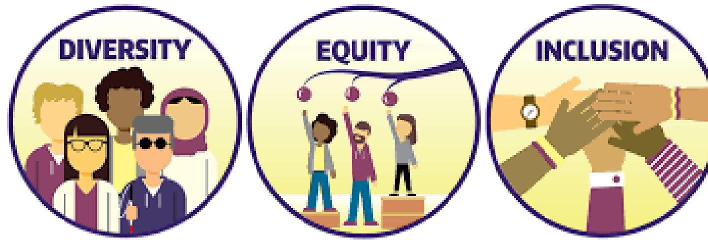
Humanitarian Events

Individuals within the workplace will experience humanitarian events that occur locally, nationally, and globally in different ways depending on their unique histories and backgrounds. Organization-wide messaging can be used to name those events and acknowledge the potential impact on employees and their well-being. Messaging may include opportunities for employees to learn about and process events, and access organizational support, such as Employee Assistance Programs and staff wellness activities. The Center for Preventative Action's Global Conflict Tracker (2024) tracks all major global conflicts that organizations can use to inform messaging.

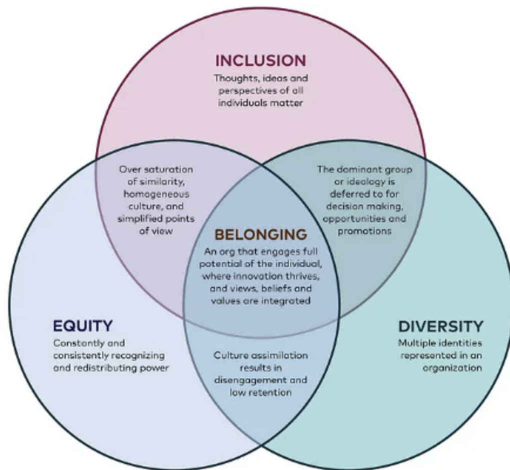
Visual Aids

The intentional use of visual aids in the workplace is an easily accessible way to demonstrate institutional values and a commitment to DEBA. They engage both employees and people seeking care in an immediate, compelling and distinct manner. Visual aids can quickly raise awareness about DEBA related topics, allowing viewers to take in content at their own pace. The following list can inform an organizational approach to using visual aids, both for internally- and externally-facing audiences (Hirst, 2024; Stone Soup Creative, 2020):

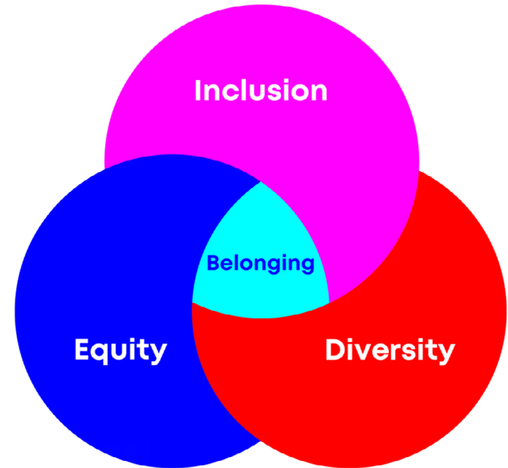
- Including an audit step in the visual content development as part of the overall DEBA strategy; ensuring communication is consistent throughout the organization; encouraging a critical examination of the content to identify individuals, groups, or other DEBA aspects that may have been overlooked
- Embedding diverse and inclusive visual content throughout internal and external communications which includes addressing accessibility features, such as alt [alternative] text, subtitles, and audio descriptions
- Engaging diverse photographers and content creators to develop an intersectional approach that includes different perspectives of equity, belonging and inclusion
- Monitoring and regularly updating content to reflect on and sustain an equitable approach



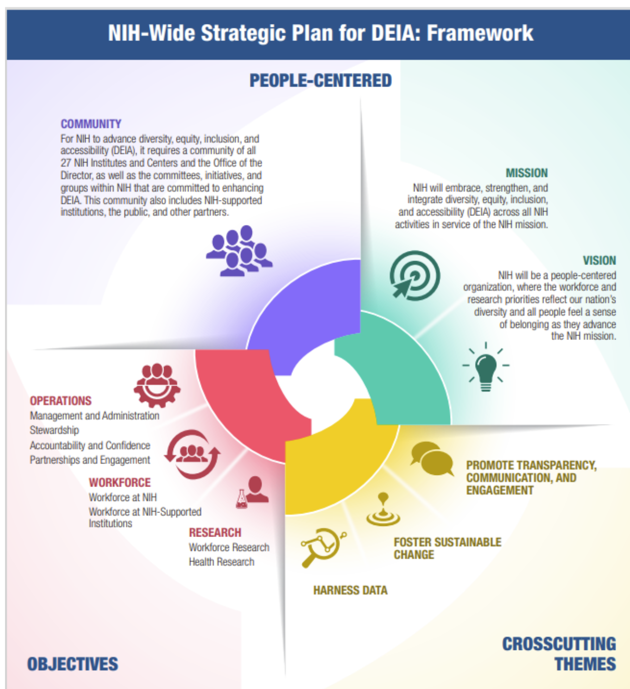
(University of Washington Tacoma, n.d.)



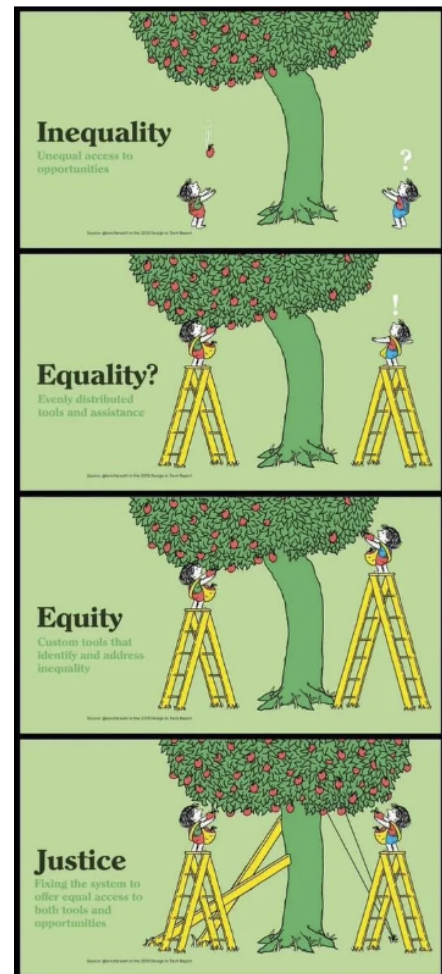
(Burnette, 2019)



(Axel Springer Diversity & Inclusion, n.d.)



(National Institutes of Health, 2023)



(Wilson, 2020)

Affinity Groups

Affinity groups are spaces held for people linked by a common interest or shared characteristic. In the workplace, affinity groups can promote professional development and community support as employees are given the opportunity to connect with those who have similar backgrounds and/or lived experiences, such as race, ethnicity, parental status, etc. (Warren-Grice, 2021). Affinity groups can also improve staff retention and boost workplace morale. 67% of job seekers value diversity in the workplace and having affinity groups improves employee engagement, which, in turn, decreases the likelihood of employees leaving their jobs by 87% (Toke, 2023). Finally, affinity groups in the workplace can broaden all staff members' cultural awareness. Further, staff can directly engage with individuals and cultural factors that contribute to workplace diversity without directly burdening members of a specific affinity through peer education.

Affinity groups typically have a facilitator that organizes group activities and discussions and ensures group safety to build community. Affinity groups typically have a defined mission statement, collectively set goals, and community agreements. Listed below are some activities that employees can do within an affinity group (Great Schools Partnership, 2020):

- Ice breakers
- Share food and stories
- Rotate facilitators
- Request and incorporate regular feedback from group members
- Discuss articles, books, podcasts, etc.
- Share successes and challenges with each other
- Collectively consult on each other's challenges and problem solve
- Take collective action to mobilize institutional change

Reflective Practice

Reflective practice is the process of engaging in self-examination to increase self-awareness. Reflective practitioners shift their client care approach to include other life experiences with formal clinical knowledge (Broderick & Blewitt, 2020). They seek and bring new understandings and strategies to client care. Practitioners examine personal beliefs, attitudes, and experiences to better understand their behavior, emotions, and responses, with the understanding that these factors influence the lens through which they perceive the world and others (Sparrow, 2016). Reflections allow practitioners to self-monitor, identify, and remove emerging barriers to connecting with clients through a critical examination of the self and their biases (Sparrow, 2016). Through this practice, practitioners gain a deeper understanding of the self and how they make meaning of and understand clients' experiences (Broderick & Blewitt, 2020).

Organizations can encourage and support reflective practice through a variety of organizational-level policies. Considerations of how to structure practitioners' schedules may lend itself to increasing opportunities for reflections. Scheduling patients back-to-back and the demands to meet productivity may leave little room for reflections due to the time constraints between patients. Creating space between sessions allows time for practitioners to engage in reflection on completed sessions, transition, and prepare for upcoming sessions. Another method of incorporating reflective practice includes offering reflective supervision (see Reflective Supervision for further guidance).

Some examples of training that includes reflective practice include, but are not limited to, MassAIMH and Parenting Journey. See *Resources* below for more details.

Employee Wellness Programs

Wellness programs address employee needs to promote wholeness and ensure workforce sustainability. Examples of wellness offerings include, but are not limited to (Workhuman Editorial Team, 2024):

- Parent/Caregiver Support – On-site childcare for employees, recommendations for childcare services, discounts for services, and childcare resource assistance, etc.
- Financial Advice and Support – Debt management and credit counseling, financial investment advising, tax assistance, and student-loan forgiveness or refinancing, etc.
- Employee Assistance Programs – Short-term confidential counseling and referrals for a range of concerns including bereavement, substance use, family problems, situational adjustments, stress, etc.
- Health and Wellbeing Support – Support for managing or understanding chronic medical conditions including diabetes, asthma, hypertension, etc. In addition, employers may offer lifestyle change support including exercise programs, diet and nutrition classes, smoking cessation classes, etc.

Organizations may conduct surveys to determine what practices, policies, and programs best meet the needs of their employees. Surveys should gather employees' interests and needs in categories like mental health care, social and community resources, childcare services, and financial literacy.

Practitioner Tools

Case Consultations

Protecting time for direct care providers to discuss and reflect upon their work with clients is a critical component of transforming clinical practice. For mental health professionals, case consultation is a longstanding, ethical imperative to ensure the delivery of high quality, client-centered care and to promote professional development. As we look toward transforming the healthcare field in the direction of diversity, equity, belonging, and accessibility for all client populations, case consultations are an actionable step for practitioners to continually grow and develop. Case consultations can increase awareness of implicit bias, test assumptions and entrenched habits, and enrich individual practitioner perspectives through dialogue with colleagues. Structuring case consultation should include case conceptualization and practitioner self-reflection. Included below is a sample case consultation template used by TEAM UP Scaling and Sustainability Center practitioners.

Sample Case Consultation Template

Name of Care Provider:

Institutional Affiliation and Role:

Self-Reflection:

- How has it felt to work with this client?
- What assumptions, experiences, and biases may be contributing to how you conceptualize what is happening with the client?
- What has been most challenging about working with this client?
- What have you most enjoyed about working with this client?
- What have you learned through your work with this client?
- What questions do you have for your colleagues?

Client Demographic Information:

Gender	
Age	
Ethnicity / Race	
Language / Proficiency	

Screening Tool: (bold all that apply and indicate result positive or negative)

Screening Tool Administered?	PSC-17 / PHQ-9 / GAD 7 / MFQ / ASQ / MCHAT / SCARED / Vanderbilt / Beck / CRAFFT / CBCL / Other:
If administered more than once, any change on screening measure?	

Diagnostic Information:

Current Diagnosis/Diagnoses	
Confidence in Diagnosis (scale of 0 to 10—0=Not confident at all; 10=Entirely confident)	
Other Diagnostic Considerations	

Key Issues:

- ☐ Hyperactivity, inattention, or disruptive behavior
- ☐ Depression
- ☐ Anxiety
- ☐ Eating issues
- ☐ Substance use/addiction risk
- ☐ Trauma/violence
- ☐ Family stress and/or stress reaction
- ☐ Chronic disease management (medical)
- ☐ Social/material needs
- ☐ Developmental concern
- ☐ Parent/caregiver mental health concern
- ☐ Child/caregiver relational concern
- ☐ Safety/SI concern
- ☐ School related concern

Psychosocial Risk Assessment: (bold all that apply)

Failure to thrive	Abuse/sexual abuse/neglect	Exposure to domestic violence	Exposure to /victim of community violence
Living in poverty	Familial substance abuse	Parental depression/distress	Family history of mental illness
Homeless	Cultural barriers/ adjustment	Immigration issues	Lack of resources

Treatment:

How did client come to treatment with you?	
How many times have you met with client?	
What are the treatment goals?	
What is at least one identifiable metric generated by the client that can be/is tracked over time?	

Managing and Adapting Practice (or other literature database) search results (login via www.practicewise.com):

INTERVENTION CHOSEN	WHY SELECTED?	RESPONSE/IMPACT?

Reflective Supervision

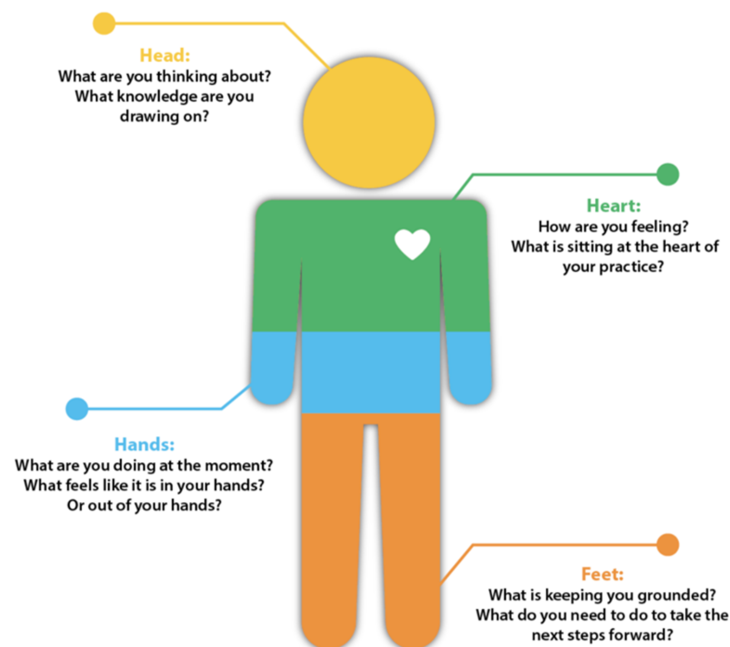
The practice of reflection and reflective supervision recognizes that shifting our approach to diversity, equity, belonging, and accessibility in the provision of care begins with the self. Yet the capacity to self-reflect is one that must be fostered and nurtured through ongoing practice. Reflective supervision protects time and space for deepening self-awareness, exploring implicit and explicit bias, evaluating interpersonal power dynamics, and bringing intentionality into the clinical approach.

Demands on time can pose barriers to initiating and implementing this practice, yet decolonizing healthcare involves a necessary disruption to the status quo in care provision. Protecting time for reflective supervision is an actionable step for the "field [to move] toward deeper critical thinking, reflexivity, and emancipatory action" (Cruz & Sonn, 2011).

The structure of reflective supervision is flexible and can benefit from co-creation between supervisor and supervisee, yet the following tenets should be incorporated (Watkins, 2015):

- Collaboration between the supervisor and supervisee
- Routine, i.e. regular and predictable, meeting time
- Curious and compassionate inquiry
- Psychological safety and bravery
- Reflexivity
- Examining the role of diversity, equity, belonging, accessibility, power, and history in interpersonal dynamics and systems

The following graphic is one example of how a supervisor and supervisee may begin to frame reflective questions to explore themselves, their experiences in practice, and their care for clients:



(Maclean, n.d.)

Bibliotherapy

Bibliotherapy is a non-intrusive intervention that can serve to shift thoughts, feelings, and responses to life experiences. Practitioners can anticipate the unique needs, circumstances, and identities of the population with whom they work and use literature – and increasingly other media sources – to normalize, contextualize, elevate, and inform (Monroy-Fraustro et al, 2021).

Listed below are examples of children's books that emphasize cultural representation and diversity. These can be strategically placed in waiting areas, exam rooms, and offices and used in the context of clinical practice.

- *The Orange Shoes* by Trinka Hakes Noble
- *The Girl Who Thought in Pictures* by Julia Finley Mosca
- *Skin Again* by bell hooks
- *Returnable Girl* by Pamela Lowell
- *I'm Not Being Lazy. I Just Don't Understand* by Gina Paul
- *Mismatch* by Lensey Namioka
- *Love Makes a Family* by Sophie Beer

Evaluation Best Practices for Race, Ethnicity, and Language (REL) Data Collection

Race, Ethnicity, and Language (REL) Best Practices

Race, Ethnicity, and Language (REL) data collection is one of the key drivers in addressing health equity and improving the quality of care and outcomes for all clients (Chin, 2015). REL data provides a holistic approach to clients' social and medical needs, such as education or social support (American Hospital Association, 2020). Additionally, REL data is valuable in supporting clinical and community health strategies planning, such as using culturally appropriate methods to distribute public health information. On a larger scale, REL data provides insight on how interventions can best be applied to identify gaps, develop policy and evaluate these interventions (Ulmer et al., 2018).

Current Standardized REL Data Guidelines

The Office of Management and Budget (OMB) has established the minimum standard that agencies can use for REL data collection purposes (OMB, 1997). It is not mandatory, but agencies are permitted to collect as much additional information as desired. The minimum data standard is as follows:

- Ethnicity and Race
  - Ethnicity asked first, then race
  - The OMB minimum categories for race are: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.
  - The OMB minimum categories for ethnicity are: Hispanic or Latino and Not Hispanic or Latino.
  - There is no multi-racial category.
- Sex
  - Defined as biological sex
  - Male or female
- Primary Language (as a measure of English proficiency)
  - ____Very well
  - ____Well
  - ____Not well
  - ____Not at all
- Data collection for spoken language (optional)
  - Do you speak a language other than English at home? (5+ years old)
    - ____Yes
    - ____No
  - For persons speaking a language other than English (answering yes to the question above)
    - What is this language?
- Data standard for disability status
  - Are you deaf or do you have serious difficulty hearing?
    - ____Yes
    - ____No

- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
    - ____Yes
    - ____No
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old and older)
    - ____Yes
    - ____No
- Do you have serious difficulty walking or climbing stairs? (5 years old and older)
    - ____Yes
    - ____No
- Do you have difficulty dressing or bathing? (5 years old and older)
    - ____Yes
    - ____No
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years older and older)
    - ____Yes
    - ____No

Limitations of REL Data Collection and Strategies to Improve

Limitations and challenges of REL data can provide insight on the potential barriers that could harm clients' quality of care. It is important to recognize these gaps and understand strategies to address them. The most cited REL data collection challenges include (Lukanen & Zylla, 2020):

- Lack of mandatory reporting standards
- Rapidly changing demographics
- Evolution in how people self-identify
- Voluntary reporting
- Lack of understanding on why the data are important
- Mistrust and enrollee concerns about how data will be used

The U.S. Department of Health and Human Services, Office of Minority Health (HHS OMH) provides guidance to use the minimum standards developed by OMB, as shown in the section above, but it does not mandate collection of this information (HHS OMH, n.d). This can lead to increases in missing data and procuring inaccurate information at the population level. While HHS may not be able to enforce data collection, listed below are strategies to reduce missing data and improve REL data collection (Lukanen & Zylla, 2020):

- Reinforce the importance of allowing multiple responses
    - Suggesting that "Mark all that apply" or "Select all that apply" is better than "Select one or more"
- A dedicated "Middle Eastern or North African" response category for race (currently classified as "White")
- Provide a write-in area to elicit detailed responses
- Conduct outreach to ask community leaders and/or key informants for their input about how to best collect this information

- Develop a communication strategy focused on the importance of REL data collection and addressing concerns that clients and community members may have:
    - How is REL data used and NOT used? (e.g., can the information be used to enforce immigration laws)
    - The state's privacy policy
    - Who has access to these data and how these data are protected
    - Where results are reported

Best Practices for REL Data Collection Methods

Best practices for REL Data Collection can allow clients to receive higher quality of care and reduce gaps. This achieves higher quality of care because it builds appropriate cultural responsiveness. Additionally, REL best practices standardize data collection methods to maintain a high quality of data that accurately reflects individuals' identities (Greater Cincinnati Health Council, 2012).

Data Integrity

- Must be self-reported; never assume from observation or name alone
- Ask for language, then ethnicity, then race
- Collect data during client registration either verbally or with registration paperwork
    - System may have a "yield" option to ensure all fields are completed
- For first time clients, REL data should always be collected using client self-report methodology
- Assure clients that data will be used to monitor and ensure high quality care
    - Verify REL responses at client visit
- Track data and train staff to minimize the number of clients who refused to respond
- Each system should develop a process for follow up if it is not possible to collect REL data during pre-triage/pre-treatment

Training for Quality Assurance

- Training for managers, staff, and all front-line registration staff
    - Yearly training on REL data collection and health disparities
    - Require training at orientation plus annual refresher course
    - Standardizing how REL data will be collected
    - Highlight significance of REL data and health disparities
- Require appropriate training to enable them to handle the process of collecting what many clients consider sensitive information
    - Scripts that they can use when asking clients for REL information
    - Providing additional support/training for staff that may experience discomfort with asking clients REL questions, fearing clients might feel discriminated against.
    - When REL data fields marked unknown or unavailable, staff should be trained to validate the fields by asking the client their REL

- American Hospital Association: How to Ask the Questions (2014)
- American Hospital Association: Disparities Toolkit (n.d.)
- Agency for Healthcare Research and Quality: Race and Ethnicity Data Improvement Toolkit (n.d.)

Best Practices for REL Data Visualization

REL best practices can promote empathy in data visualization by demonstrating a human connection to the data rather than representing the people or communities as numbers/percentages (Data@Urban, 2020).

Using People-First Language

- Consider how to engage or reflect lived experiences through people-first language

Ordering Data Labels in a Purposeful Way

- Consider what kind of story you are trying to tell and how the results should reflect it
- Consider the following questions:
  - Does your study focus on a particular community?
  - Is there a quantitative relationship that can guide how the groups are ordered? Can they be sorted alphabetically or by population size, etc.
- Consider the missing groups.
  - It is important to acknowledge and identify gaps in data collection and how this may impact the overall data
- Consider the implications grouping specific groups together and to what extent omitted groups should be noted

Using Visualization Tools with Racial Equity Awareness

- Consider color usage that meets basic accessibility guidelines.
- Consider using icons and shapes that are appropriate to depict people or communities

Resources & Glossary

Resources

The Collective AIM

The Collective AIM (n.d.) is a group of practicing physicians who strive to empower healthcare professionals and organizations to implement antiracist strategies in workplace operations. In 2022, TEAM UP Scaling and Sustainability Center partnered with The Collective AIM to complete a series of trainings to learn how to advance health equity, examine how to dismantle racism in medicine, and identify opportunities for organizational change. The training helped participants develop a shared vocabulary regarding anti-racism and racial identity, and guided participants in facilitating discussions about race and racism in the healthcare industry.

Diversity Informed Tenets

Central to Diversity Informed practice is the value placed on reflection. The Diversity Informed Tenets offer a framework for practitioners, families, and systems to reflect upon our culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, xenophobia, and other systems of oppression have had on our lives so that services can shift toward inclusivity and belonging (Irving Harris Foundation, n.d.).

LIFT

Lights On, Impact vs Intent, Full Stop, Teach (LIFT) trainings. The LIFT cultural inclusion framework and training was developed by the Office for Equity, Vitality, and Inclusion at Boston University. LIFT is designed to enhance skills around understanding and responding to micro/ macroaggressions. It is applicable to a wide range of interpersonal scenarios and serves as a communication tool to create inclusive spaces and interactions. (School Health Insitute for Education and Leadership Development, 2021)

MassAIMH Reflective Consultation

Reflective consultation is regarded as a best practice for care providers and organizations serving families with young children. Through reflective consultation, practitioners and organizational leadership strengthen their capacity for providing healing centered, relational, culturally humble care and program development. Reflective consultation demonstrably contributes to professional growth, fulfillment, and sustainability for staff at all organizational levels.

The Massachusetts Association for Infant Mental Health (MassAIMH) (n.d.) is a leader in providing reflective consultation to practitioners and organizations. They have also developed guidance for implementing the approach (Alliance for the Advancement of Infant Mental Health, 2018).

Parenting Journey

Parenting Journey is an experiential training program centered on reflective practice. Reflections are used to encourage caregivers to self-examine themselves and their biases. Caregivers develop self-monitor skills to identify and work towards becoming the kind of caregiver they would like to be. Through reflections, caregivers examine how they were cared for as children and how it influences how they care for their children. Through this process and reflective practice, caregivers gain a deeper understanding of themselves and how they make meaning of and understand children’s growth, development, and most importantly, caregiving role. The concepts within Parenting Journey may be adapted for DEBA-related issues and concerns, such as sociocultural factors and influences, and gender roles and stereotypes, etc. (Parenting Journey, n.d.).

Glossary

Embarking upon this work involves level setting around foundational language and assumptions. The DEBA Toolkit includes a glossary of key terms. Below are definitions of the terms used within this document, as well as other commonly used terms within DEBA initiatives:

- **Accessibility**: A series of measures that eliminate discrimination and barriers to participation in a work group, organization, or community. In an accessible environment, all participants can comfortably acquire the same information, materials, and services. Equitable practices that increase accessibility include the intentional design or redesign of technology, policies, products, services, and facilities that are inclusive of individuals with varying abilities and perspectives (Akbar & Parker, 2021).
- **Cultural Representations**: Cultural representations refer to popular stereotypes, images, and narratives that are socialized and reinforced by media, language and other forms of mass communication. Cultural representations can be positive or negative, but from the perspective of the dismantling structural racism analysis, cultural representations often depict people of color in ways that are dehumanizing, perpetuate inaccurate stereotypes, and allow unfair treatment within the society as a whole to seem fair, or 'natural' (The Aspen Institute, n.d.).
- **Diversity**: The backgrounds and races that comprise a community, nation, or other grouping. In many cases, the term diversity does not just acknowledge the existence of diversity of background, race, gender, religion, sexual orientation, and so on, but implies an appreciation of these differences. The structural racism perspective can be distinguished from a diversity perspective in that structural racism takes direct account of the striking disparities in well-being and opportunity areas that come along with being a member of a particular group and works to identify ways in which these disparities can be eliminated (The Aspen Institute, n.d.).
- **Ethnicity**: Social characteristics, such as language, religion, regional background, culture, foods, etc., shared by groups of people (The Aspen Institute, n.d.).
- **Inclusion**: Fostering an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences. All individuals are welcome to bring their whole selves (and all their identities) that demonstrate their strengths and capacity. This process authentically empowers traditionally marginalized groups to influence decision-making and policies (Akbar & Parker, 2021).
- **Institutional Racism**: Policies and practices within and across institutions (e.g., schools, workplaces, prisons, etc.) that chronically favor, or put a racial group at a disadvantage. Poignant examples of institutional racism can be found in school disciplinary policies in which students of color are punished at much higher rates than their white counterparts, in the criminal justice system, and within many employment sectors in which day-to-day operations, as well as hiring and firing practices can significantly disadvantage workers of color (The Aspen Institute, n.d.).
- **Individual Racism**: Actions, including face-to-face or covert, toward a person that intentionally express prejudice, hate, or bias based on race (The Aspen Institute, n.d.).

- **National Values**: National values are behaviors and characteristics that we, as members of a society, are taught to value and enact. Fairness, equal treatment, individual responsibility, and meritocracy are examples of some key national values in the United States. When looking at national values through a structural racism lens, however, we can see that certain values have allowed structural racism to exist in ways that are hard to detect. This is because these national values are referred to in ways that ignore historical realities. Two examples of such national values are 'personal responsibility' and 'individualism,' which convey the idea that people control their fates regardless of social position, and that individual behaviors and choices alone determine material outcomes (The Aspen Institute, n.d.).
- **Race**: Socially constructed categories assigned to demographic groups based mostly on observable physical characteristics, like skin color, hair texture, and eye shape (Akbar & Parker, 2021).
- **Racial Equity**: Encompasses visions and practices of a genuinely non-racist society. In a racially equitable society, the distribution of society's benefits and burdens would not be skewed by race; a person would be no more or less likely to experience society's benefits or burdens because of racial identity. Currently, a person of color is more likely to live in poverty, be imprisoned, drop out of high school, be unemployed, and experience poor health outcomes like diabetes, heart disease, depression, and other potentially fatal diseases. Racial equity holds society to a higher standard and demands that we pay attention not just to individual-level discrimination, but to overall social outcomes (The Aspen Institute, n.d.).
- **Structural and Systemic Racism**: Systems in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. These frameworks identify dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural and systemic racism are not practices by a few people or institutions, but rather are features of the social, economic, and political systems in which we all exist (The Aspen Institute, n.d.).
- **White Privilege**: White privilege, or "historically accumulated white privilege," refers to whites' historical and contemporary advantages in access to quality education, decent jobs and livable wages, homeownership, retirement benefits, wealth, etc. The following quotation from a publication by Peggy Macintosh can be helpful in understanding what is meant by white privilege: "As a white person, I had been taught about racism that puts others at a disadvantage, but had been taught not to see one of its corollary aspects, white privilege, which puts me at an advantage. . . White privilege is an invisible package of unearned assets which I can count on cashing in every day, but about which I was meant to remain oblivious." (McIntosh, P., 1989; The Aspen Institute, n.d.).

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