

Public Health - Seattle & King County

Racism is a Public Health Crisis / Equity and Social Justice

Goal Area Plan 2023-24

Your Goal Area: Workforce/Workplace

Lead(s):

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1) **What is your process for developing this plan (who has participated from employees and communities)? How will they continue to be engaged? What systems of transparency and accountability will you create?**

This plan was developed taking into account feedback and information that we hear in the course of our work in human resources. We see the most marginalized voices as the ground-level staff. We engage staff by:

- Connecting with staff ahead of workplace interventions to help us incorporate their voices into the work we do with teams.
- Using the engagement survey for more than just analyzing the results, comparing to last year and action planning. We use it to tell us a story of workplace dynamics, effective (or not) leadership, how people treat each other and use those stories to plan for effective interventions with teams and People Leaders. How we could do better: The way we talk about and roll out the engagement results varies and could be more consistent. Not everyone uses the data to tell a story.
- Inviting staff to co-create and provide input into making improvements to our work that creates more equitable, healing-centered products and services.
- Creating a learning organization that supports employees to take risks with innovative and creative ideas and to learn and improve their capabilities to create that they want to create.

We can increase our exposure to partnership, feedback and information gathering by:

- Forming effective collaborations with Department and Division EIB Managers.
- Visiting sites and spend more time immersed in the ground-level work so as to better understand the business and needs of Public Health.
- Developing a fluency with interpreting data.
- Collaborating with Divisions in developing relationships in the community that support our goal of having a workforce that is representative of the community we serve.

Now fully staffed, we are emerging from the pandemic into a team of engaged HR professionals actively exploring the ways racism is embedded in our thinking and systems. We are comfortable partnering with others and developing anti-racist tools, practices and procedures that support all Public Health applicants and employees.

We are committed to being drivers of a culture change that is rooted in transforming the way we approach HR work where anti-racism is “baked into the cake” of our work, the products and content we create and the services we offer.

We do this by...

- Disrupting “the way we’ve always done it,” addressing systemic issues and not just addressing the symptoms of low employee engagement.
- Constantly soliciting feedback, intentionally inviting people in for consult from multiple perspectives, reexamining and course correcting our work where needed in the spirit of continuous improvement toward racial justice and healing-centered practices.
- Actively pushing our own personal learning edges and finding our lane for anti-racist action, holding ourselves capable and able, even when we are uncomfortable.
- Ensuring that when we are examining inequitable systems and behaviors, we are looking beyond the symptoms unearthing and addressing the root causes.
- Empowering others with skills and knowledge to solve their problems, feel secure in pushing themselves to their own learning edge and disrupt inequitable systems and behaviors.

2) Areas for action in next 2 years

| Inequities addressed | Actions, Objectives and Measures |
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| <p><i>Led by PH Human Resources</i></p> <p>Employees express they do not have access to HR information, processes and resources.</p> <p>BIPOC employees express they do not feel supported by/ prioritized in HR policies and processes.</p> | <p>Goal: Build Trust and Transparency in HR Processes and Practices</p> <p>Engage department staff in learning their rights as employees, where to find information about HR policies (labor contracts, King County Code, Personnel Guidelines, etc.) and practices. Information-sharing regarding the practices and processes in which employees may participate (for example, investigations, reclassification, protected leaves, hiring, etc.) In addition to PHHR’s “No Wrong Door” practice, this campaign may include roadshows to team meetings, signposting using SharePoint, communication via PH newsletter.</p> <p>Public Health HR acknowledges the HR body of work’s historical role in upholding institutional and systemic racism and is committed to equity and inclusion and in shifting HR practices and procedures to align with a Relational Culture and advocating for changes in County policies. PHHR will embark on conducting an assessment of how white dominant culture shows up in our work and making adjustments to practices and procedures that align with Relational Culture.</p> <p>Collaborate with Divisions to research, assess and work toward consistency in HR practices across the Department that are rooted in equitable best practices.</p> |
| <p><i>Led by PH Human Resources</i></p> <p>Addressing white dominant culture characteristics that have historically existed in the</p> | <p>Goal: Creating a Culture of Wellbeing, Belonging and Inclusion</p> <p>Launch and grow Wellbeing Initiative in partnership with Department leadership, employee-driven Wellbeing Design Council and cross-Departmental contacts/partners.</p> <ul style="list-style-type: none"> • Wellbeing Design Council is established and meeting regularly |

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| <p>Department and have been exacerbated in the years-long pandemic.</p> <p>Addressing gaps in Employee Engagement Wellbeing Index and Belonging Index between demographic groups.</p> | <ul style="list-style-type: none"> • Action Plan development in progress • Deputy Ops Wellbeing visioning, analysis and planning exercises in progress • Implement Wellbeing Action Accountability Tool based upon recommendations of Wellbeing Council in addition to the following key actions: <ul style="list-style-type: none"> ○ Establish Wellbeing competencies and shared language ○ Establish Wellbeing metrics ○ People leader and team engagement toolkits for wellbeing ○ Reassess Wellbeing Plan based on Annual Employee Engagement Survey scores • Create Beyond 2023 Sustainability Assessment and Plan <p>[Characteristics of White Supremacy Culture, and antidotes]</p> |
| <p><i>Led by PH Human Resources</i></p> <p>Untapped reach to BIPOC populations/communities in recruitment.</p> <p>Non-diverse workforce in Public Health.</p> | <p>Goal: Equitable Hiring/Onboarding Practices</p> <p>Looking at new hire forms and gender identity</p> <ul style="list-style-type: none"> • Workgroup established • Looking at new hire forms with participants from DPH established workgroup and provide recommendations • Making distinction between DPH forms, County forms, and establishing which stakeholders’ feedback should go to • Intend to share feedback with DHR’s Jessie Carter around Gender Expression module in PeopleSoft for upcoming Open Enrollment <p>Passive Candidate Engagement-engaging the pipeline</p> <ul style="list-style-type: none"> • Identify Tools needed for Passive Candidate Engagement • Ongoing HR training / support regarding passive candidate engagement <p>Recruitment Process Standardization-standard work for HRAs</p> <ul style="list-style-type: none"> • Workgroup established • Identifying pain points, efficiencies, and stakeholders • Create ideal hiring process • Engage with external stakeholders regarding process • Create tools / resources for Hiring Managers to support process standardization and consistency <p>Equity in Recruitment-how we can incorporate equity into the process</p> <ul style="list-style-type: none"> • Understand intersection of HR policies, Contracts, Personnel Guidelines, KC Code, and Recruiting / Hiring • Identify equity practices related to Recruiting / Hiring • Add to standard Recruiting / Hiring process <p>Employee Onboarding</p> <ul style="list-style-type: none"> • New Hire Resources (SharePoint) |
| <p><i>Led by PH Human Resources</i></p> | <p>Goal: Equitable and Healing-Centered Labor and Workplace Repair Practices</p> |

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| <p>Inequitable historical labor policies and practices that uphold white dominant culture.</p> <p>Lack of guidance on response to handling microaggressions.</p> <p>Conflict in the workplace is often addressed through the investigation process which is a mostly ineffective tool in conflict situations that fall outside a blatant policy violation.</p> | <p>In collaboration with OLR, advocate for labor contract language to reflect and support equity in the workforce, for example:</p> <ul style="list-style-type: none"> • Advocating for the labor contracts to reflect the language of the County’s non-discrimination policy and to include resources that are available to employees throughout the process of investigations • Advocate for layoff provisions that reflect ERSJ values and assets over or alongside other criteria (for example, seniority as the sole basis for layoff priority) • Advocate for reassessment of King County Code as relates to TLT access to jobs in the County at the end of their temporary terms <p>Reinvigorate the work of the Complaint Triage/Trauma-Informed Investigation workgroup to move the employee complaint/investigation process toward incorporating transformational equity efforts and restorative practices that center racial equity.</p> <ul style="list-style-type: none"> • Implement transformative intake questions that incorporate fact-finding and story-expanding questions to help get to the root of conflict situations. • Continue collaboration with the Microaggressions Workgroup (pilot in CHS and Prevention). Look to implementing how to identify, interrupt and address microaggressions in the workplace at a systems level that is in alignment with the County’s Nondiscrimination and Anti-Harassment Policy. • Explore implementing restorative practices into the workplace repair toolbox to engage employees in restoring relationships cause by harm in conflict. <p>Continue providing performance management coaching/mentoring to people leaders considering an equity perspective, being mindful of disparate impacts that may affect underestimated individuals.</p> |
| <p><i>Led by PH Human Resources</i></p> <p>Barriers to access clear and understandable information about protected leaves options and processes.</p> <p>There is a negative narrative around employees who use protected leave.</p> | <p>Goal: Inclusive and Transparent Leaves Administration Practices</p> <p>HR role in Leaves (Vision exercises)- looking at how we help navigate through the Leaves process</p> <p>Visual aids for paternity leaves meetings with employees</p> |
| <p>Led by PH Human Resources</p> | <p>Goal: Equitable Growth and Development Opportunities</p> <p>Implement Employee Development Plan workshops for both employees and people leaders to provide employees with growth and development</p> |

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| <p>BIPOC employees make up a disproportional amount of the lowest paid 20% of positions.</p> <p>Decision-making is often a top-down process in the Department, shared decision-making is a rarity.</p> <p>People Leaders, the biggest factor in an employee’s engagement at work, lack leadership development opportunities.</p> | <p>opportunities to develop their skills, further their career and help them achieve your personal and professional goals.</p> <p>Continue providing workshops to staff and people leaders that support an equitable culture of wellbeing and inclusion. Grow and develop supervisor knowledge and practices that prioritize equity, wellbeing and inclusion. Topics include:</p> <ul style="list-style-type: none"> • Burnout • Psychological Safety • Liberating Structures • Positive Intelligence PQ Pods (Prevention pilot) • Conflict Engagement • SCARF • Culturally Responsive/Reflective Supervision • Leader as Coach • People Leader Community (of Practice) • And more to come... <p>Engage employees in processes that promote and support shared decision-making and that are rooted in human-centered design, processes “that starts with the people you’re designing for and ends with new solutions that are tailor made to suit their needs.” Currently working on a strategy/transformation project in JHS to pilot this.</p> |
| <p><i>Led by Office of Equity and Community Partnerships</i></p> <p>A department survey in 2022 revealed that Public Health employees, especially those who have been marginalized, such as BIPOC and LGBTQ+ employees, do not have supports and spaces that are inclusive and promote belonging.</p> <p>PH employees expressed a preference for Public Health-specific affinity groups, over the existing King County affinity groups.</p> | <p>Goal: Create Public Health affinity groups that support employees that have been marginalized by institutions (e.g., BIPOC, LGBTQ+) with systems of support and to advance Racism is a Public Health Crisis.</p> <p>As part of creating affinity groups, invite interested staff to participate in professional development and a Transformative Justice training to learn anti-racist practices, organizing strategies, and facilitation skill-building.</p> <p>Create through MS Teams Transformative Justice Channel a collaborative tool (library of training materials and resources; communication platform) for staff.</p> <p>Through affinity groups, employees can communicate concerns and advocate change through group leaders more effectively. In turn, PH leadership can engage affinity groups for their programmatic insights and solicit input on department policies and initiatives.</p> |
| <p><i>Led by CHS and Prevention Divisions with support from</i></p> | <p>Goal: Develop a microaggression accountability tool and framework for defining microaggressions and the process for accountability conversations</p> |

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| <p><i>Office of Equity and Community Partnerships</i></p> <p>CHS and Prevention Divisions engaged with staff and identified a need for an accountable process to address microaggressions.</p> | <p>to support a shift in culture towards anti-racist and restorative behaviors and actions.</p> <p>This behavioral and cultural shift is important for King County Public Health because...</p> <p>Why this Pilot?</p> <p>Community Health Services (CHS) and Prevention engaged with staff and identified a need to for an accountable process to address microaggressions. CHS and Prevention leadership is responding to the feedback, highlighting a need for change on all levels. The Microaggressions Workgroup started in Q4 2021. The toolkit and framework components will include / support:</p> <ul style="list-style-type: none"> - Tools for people leaders, managers, supervisors and staff to build equity, inclusion, and belonging. - Ways to become stewards of work culture by taking time to develop a deeper awareness of racially charged power dynamics. - Confidently learn, heal, and support one another, with guidance from, EIB managers, Equity Teams and HR as needed. - Model and set up expectations for teams and incorporate accountable practices within team cultures. - Facilitate Accountability Encounters resulting in set expectations for repair and accountability to those harmed. |
| <p><i>Led by Office of Equity and Community Partnerships</i></p> <p>Black employees, especially Black women, in affinity spaces and other spaces have expressed that systems such as Public Health’s perpetuate harm</p> | <p>Goal: Better understand the experience of Black employees, especially women, and develop recommendations and strategies to address Anti-Blackness.</p> <ul style="list-style-type: none"> • Conduct a Landscape Analysis by gathering insight from Black Women Leaders in the department. • Carry out Adaptive Leadership Training to help teams, starting with the Office of Equity and Community Partnerships, to see their potential as leaders in this shift away from anti-Blackness. Also, carry out Design Thinking Training to begin developing and implementing strategies to shift culture. • Develop strategies and recommendations to address Anti-Blackness in the department. |
| <p><i>Led by Office of Equity and Community Partnerships</i></p> <p>Public Health workforce and workplace equity data and</p> | <p>Goal: In line with other major Public Health equity strategies, bring workforce and workplace data and strategies to community groups, such as the Pandemic and Racism Community Advisory Group</p> |

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| strategies are not visible to external partners and community | The Pandemic and Racism Community Advisory Group has expressed that they want to be engaged and inform major strategies for Racism is a Public Health Crisis. Besides policies, budgets and community partnerships (including contracting), this advisory group has asked to see data and strategies related to workforce and workplace equity and they would like to provide input. |
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