



# **EDIA PLANNING GROUP SUPPORT PACKET**

**July 16, 2021**

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# INTRODUCTION

## Introduction to the EDIA Planning Group Support Packet

Like any other change work, planning and implementation of Equity, Diversity, Inclusion, and Antiracism (EDIA) initiatives is most effective when guided by a group of committed individuals with diverse perspectives, expertise, and influence. This EDIA Planning Group Support Packet is designed to give you a comprehensive overview of the planning group structure, embed EDIA principles throughout the process, and to offer best practices and guidance in recruiting and selecting planning group members.

Within this packet, you'll find a variety of tools to utilize and questions to consider to support the formation of an EDIA Planning Council Subcommittee at your facility/unit that is robust, effective, and reflective of your unique facility/unit, workforce, and stakeholders.

How to use this packet:

- Review the EDIA Initiative overview and strategic planning structure, goals, and timeline
- Follow the Getting Started action steps
- Prepare your facility's outreach materials
- Share information and distribute the Subcommittee application
- Engage in active recruitment

# ABOUT THE EDIA INITIATIVE



# ABOUT THE EDIA INITIATIVE

## The EDIA Initiative

The seeds of the EDIA Initiative were planted in the summer of 2020, following the killing of George Floyd and the global uprising against anti-Black racism. Both executive leadership and staff across Health Services were already discussing the importance of this work, even before the Los Angeles County Board of Supervisors issued their powerful call for a County-wide antiracist agenda in July 2020.

The EDIA Initiative, launched in December of 2020, seeks to identify and root out systemic racism within Health Services, transform the policies and practices that in the past may have contributed to inequitable employment and patient care, and create lasting change in our organization and our community. We are committed to doing whatever we can to end race- and identity-based disparities in healthcare, and we want to build a culture that makes it safe to have hard conversations, welcomes diverse perspectives, and creates equitable opportunities for people of all backgrounds.

This multi-year EDIA Initiative engages stakeholders across all sectors of Health Services to bring their perspectives, experiences, and ideas for change to the table. Together we can build a more equitable organization through an intentional, phased development process. The initial strategic planning stage will lay the foundation for the subsequent implementation and evaluation phases of the Initiative.

## Strategic Planning Goals

The goals of the EDIA Strategic Planning Structure are:

1. To provide a strategic framework for development of a robust sustainable EDIA plan for Health Services
2. To provide recommendations for antiracism priorities and activities which address the disparities specific to African American/Black patients and staff in the Health Services system

# ABOUT THE EDIA INITIATIVE

## Strategic Planning Structure and Process

Health Services Director Christina Ghaly appointed an 8-member [EDIA Advisory Group](#) (AG) to provide supportive leadership to the EDIA Initiative. With support from the [Executive Leadership Team](#) (ELT), the AG has designed a planning structure to develop the EDIA Initiative Strategic Plan. In keeping with EDIA tenet of inclusive, broad stakeholder involvement throughout the process, there will be three types of planning groups:

- 1) Facility/unit-level EDIA Subcommittees with members from workforce (employees and contractors) and patient and community groups
- 2) EDIA Affinity Groups with members of a shared identity (for example: Black, LGBTQ+, or Disabled)
- 3) EDIA Council with representative members from EDIA Subcommittees and Affinity Groups

## EDIA Planning Council Subcommittees

Each EDIA Subcommittee will develop strategic EDIA priorities related to their facility/unit-level concerns, needs, and goals and forward a ranked list to the Council. The EDIA Subcommittees will also provide feedback on the draft plan before the Council produces the final EDIA Strategic Plan.

EDIA Subcommittees are designed to ensure representation of facility/unit-level concerns, needs, and goals. Through meaningful engagement and inclusion of diverse identities and roles, the equitable voice of workforce, patients, and community will be embedded in the EDIA strategic planning process.

There will be eight Subcommittees:

- Ambulatory Care Network
- Correctional Health Services
- Harbor-UCLA
- Health Services Administration - Admin Units
- Health Services Administration - Integrated Programs
- LAC+USC
- Olive View Medical Center
- Rancho Los Amigos

The size of each group will be 12-16 members (8-12 workforce members, plus two patient and two community members for each patient-serving facility/unit), based on the facility/unit workforce size.

All Subcommittee members will be given two hours per week of dedicated time, approved by their facility/unit leadership, to work on the EDIA Initiative. Each Subcommittee will also have two Co-Leads who will be given four hours per week of dedicated time approved by their facility/unit leadership. Additionally, one to four members from each EDIA Subcommittee (determined based on facility/unit workforce size) will be representatives on the EDIA Council.

# ABOUT THE EDIA INITIATIVE

## EDIA Affinity Groups

Affinity Groups are important safe places for people with a shared marginalized identity to connect and identify their common concerns, needs, and goals. While there are many local affinity groups at facilities and within units, the EDIA Affinity Groups will be for people across the whole of Health Services who share the same identity.

There will be eight groups: Asian American Pacific Islander, Black, Disability, Latinx, LGBTQ+, American Indian/Alaska Native, Women, Veterans. There is no limit on the size of each group.

Each EDIA Affinity Group will develop strategic EDIA priorities related to their shared identity and forward a ranked list to the Council. The Affinity Groups will also provide feedback on the draft plan before the Council produces the final EDIA Strategic Plan.

Each EDIA Affinity Group will have two Co-Leads who will be given four hours per week of compensated, dedicated time approved by their facility/unit leadership to work on the EDIA Initiative. Additionally, one member from each Affinity Group will be a representative on the EDIA Council.

The EDIA Initiative Partner, Lumos Transforms, will coordinate recruitment for the Affinity Groups.

## EDIA Council

The EDIA Council membership derives from representatives of the Subcommittees and Affinity Groups, with the direct participation of two Advisory Group members. The Council is tasked with reviewing strategic EDIA priorities identified by the other planning groups and writing a draft strategic plan, ensuring alignment with evolving DHS mandates and core mission, vision, values, and strategic goals. The Council will solicit stakeholder feedback before finalizing the EDIA Strategic Plan, with specific recommendations outlining:

- A data-driven framework to identify gaps related to equity, diversity and inclusion as experienced by patients, communities, and workforce
- A robust process for the development of projects or programs to address identified gaps, measurable outcomes, and prioritization schema for related resource alignment

## Executive Leadership Team and Advisory Group

The 15-member ELT is headed by Director Christina Ghaly and includes Deputy Directors, Department Directors, and Facility CEOs. The ELT will participate in co-development of the strategic EDIA priorities along with the EDIA Subcommittees and Affinity Groups.

The 8-member AG will provide connection to executive leadership throughout Health Services and supportive leadership to all EDIA planning groups through coordination, capacity building, and relevant subject matter expertise.

Diagrams on pages 8-9 detail the composition of each planning group and the relationships between groups.

# ABOUT THE EDIA INITIATIVE

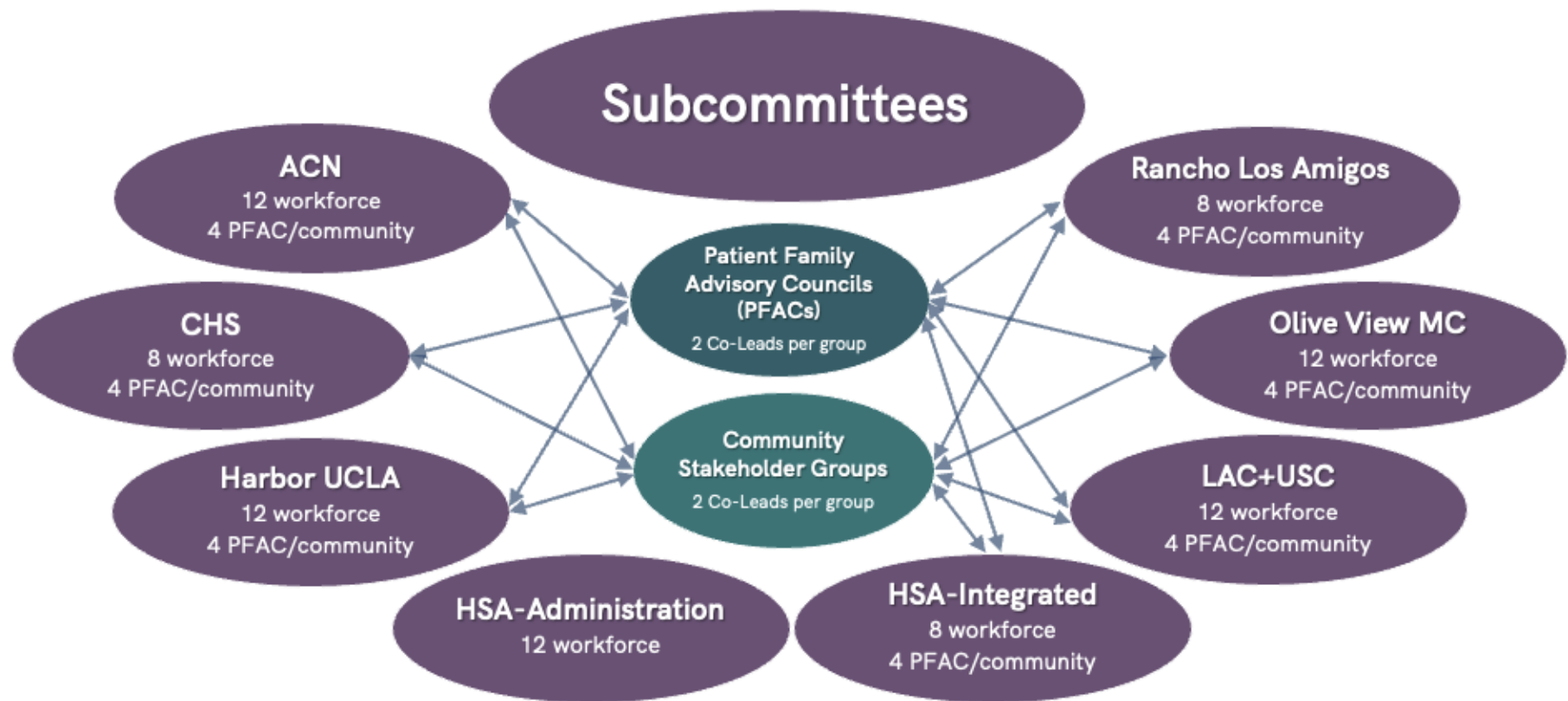
## Strategic Planning Structure – Overview Diagram





# ABOUT THE EDIA INITIATIVE

## Strategic Planning Structure – Subcommittees Diagram

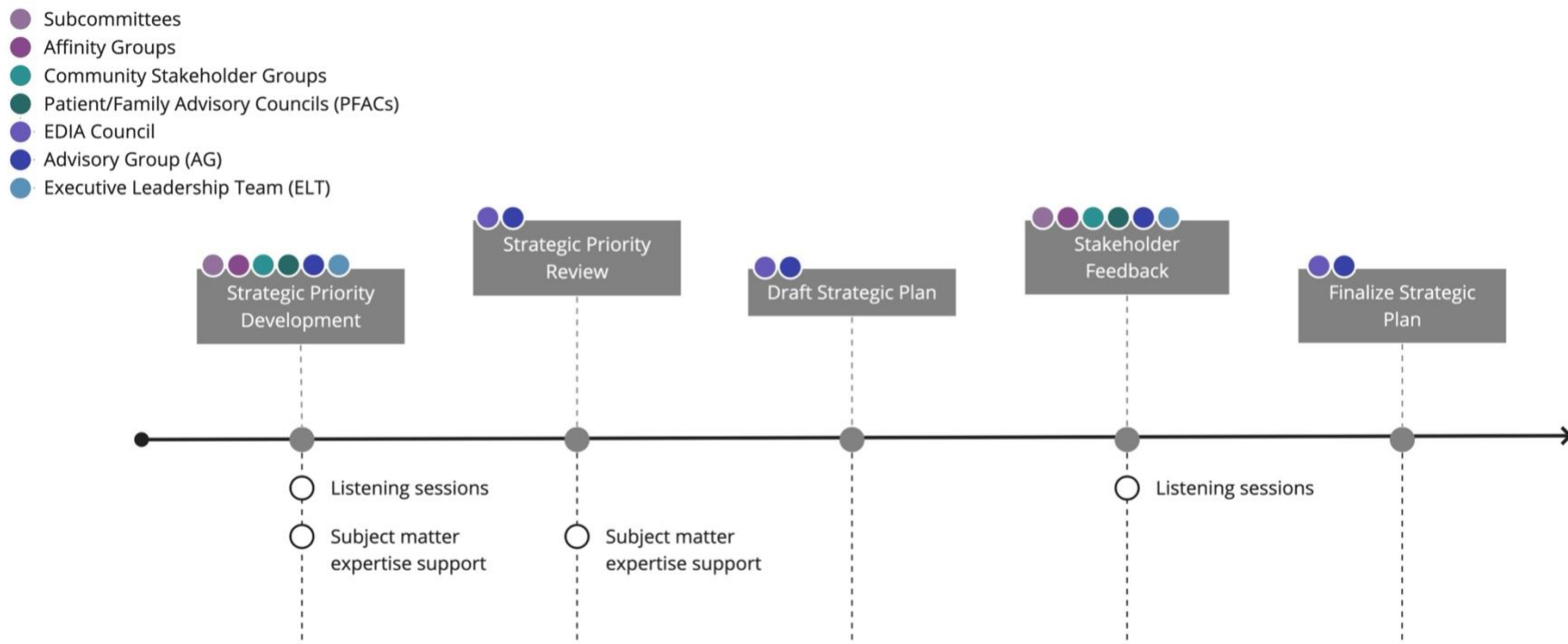


# ABOUT THE EDIA INITIATIVE

## Strategic Planning Process

Consistent with the EDIA value on collaborative, inclusive approaches, the strategic EDIA priorities will be co-developed by the Executive Leadership Team, Subcommittees, and Affinity Groups. The Advisory Group and EDIA Initiative Partner, Lumos Transforms, will support the planning groups with coordination, capacity building, relevant subject matter expertise, and assistance with gathering stakeholder input via listening sessions.

Planning groups will forward their ranked strategic EDIA priorities to the Council for review. The Council will write a draft strategic plan in consideration of the identified strategic priorities and in alignment with evolving DHS mandates and core mission, vision, values, and strategic goals. To ensure meaningful and authentic participation, stakeholder feedback will be solicited before the Council produces the final EDIA Strategic Plan in June 2022. For a detailed planning timeline, see the Strategic Planning Timeline Visualization on page 11.



# ABOUT THE EDIA INITIATIVE

## Strategic Planning Timeline Visualization

	JUL 2021	AUG 2021	SEP 2021	OCT 2021	NOV 2021	DEC 2021	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021
<b>Member recruitment</b>	Subcommittees Affinity Groups Community Equity Collaboratives											
<b>Member selection</b>		Subcommittees Advisory Group										
<b>Capacity building</b> (Group sessions 9-10/2021; Technical assistance 11/2021-1/2022)			Subcommittees Affinity Groups Community Stakeholder Groups (CSGs) Patient/Family Advisory Councils (PFACs) Advisory Group									
<b>Leadership &amp; Council representative selection</b>			Subcommittees Affinity Groups Advisory Group									
<b>Leadership &amp; Subcommittee representative selection</b>			CSGs PFACs									
<b>Workgroup launch</b>				Subcommittees Advisory Group EDIA Council								
<b>EDIA strategic priority co-development</b>					Subcommittees Affinity Groups CSGs PFACs EDIA Council Advisory Group Executive Leadership Team							
<b>EDIA strategic plan stakeholder feedback</b>								Subcommittees Affinity Groups CSGs PFACs Advisory Group Executive Leadership Team				
<b>EDIA strategic plan finalization</b>											EDIA Council Advisory Group	

# **PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE**



# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Getting Started

*First steps and information on how to get support as you begin the recruitment process.*

1. Designate a 3-4 person facility/unit EDIA Recruitment Team.
  - a. The Recruitment Team should be composed of individuals with diverse identities, perspectives, and roles. All Recruitment Team members should have at least basic EDIA knowledge fluency. Though the selection process for the Recruitment Team can't be done with the same depth as Subcommittee member selection, the same [considerations](#) need to be addressed in the formation of the Team.
  - b. The role of the Recruitment Team is to recruit and select members for the facility/unit EDIA Subcommittee, ensuring diversity and equitable representation in roles, skills, identities, and perspectives. See "[How will Subcommittee members be selected?](#)" in the [FAQs](#) section of this packet for more information.
  - c. While the EDIA Initiative Partner, Lumos Transforms, will conduct the Affinity Group recruitment process, facility/unit Recruitment Teams can aid this process by including Affinity Group recruitment materials in their general recruitment activities.
2. Provide a public list of Recruitment Team members with contact information.
  - a. It is recommended that the Recruitment Team list be shared along with recruitment materials.
  - b. It is also advisable to post the Recruitment Team list in a designated EDIA area on your facility/unit SharePoint site.
3. Designate a single point person from your facility/unit EDIA Recruitment Team who will be responsible for responding to inquiries and receiving email and paper application submissions.
4. Create a detailed timeline for your Recruitment Team, given the following guidelines:
  - a. Subcommittee applications should be submitted no later than Friday, August 20, 2021.
  - b. Subcommittees should be seated no later than Wednesday, September 1, 2021.
  - c. Priority Affinity Group recruitment runs through August but can continue on an ongoing basis.
5. Connecting to EDIA Advisory Group (AG)
  - a. The AG is available to answer any questions you may have about the EDIA Initiative and for support at any point in the strategic planning process. Individual AG members have been paired with Executive Leadership Team (ELT) members.
  - b. For HSA-based ELT members, there will be a single AG member working with your lead in coordinating Subcommittee recruitment. After Subcommittees are seated, each HSA-based ELT member can connect with their paired AG member for general questions and support.
  - c. See the [Advisory Group Support for Subcommittee Formation](#) and [General Advisory Group Support](#) tables in the [Appendices](#) section of this packet.

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

6. Connecting to EDIA Initiative Partner, Lumos Transforms
  - a. Lumos Transforms is available to support engagement and/or recruitment of community stakeholder groups for your facility/unit.
  - b. To contact the team at Lumos Transforms for support, send an email to Program Manager Juliana Nocker Ferry at [jnockerferry@dhs.lacounty.gov](mailto:jnockerferry@dhs.lacounty.gov).

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for completing these first steps?

## Subcommittees

EDIA Planning Council Subcommittees are made up of facility/unit-based workforce members, patients, and community to ensure representation of facility/functional unit-level concerns, needs, and goals within the EDIA strategic planning process. For more information on the Subcommittees, please see the [Strategic Planning Structure and Process](#) section.

## Prepare Your Outreach Materials

*All outreach material templates are available in the [EDIA Recruitment Folder](#) in OneDrive and will need to be customized for your facility/unit.*

1. Create a clear time frame for the application process.
  - a. In all outreach materials, include clear information about the time frame within which applications will be accepted.
    - i. Applications should be submitted no later than Friday, August 20, 2021.
  - b. Please note that recruitment and selection of Subcommittee members may continue up to the final Subcommittee seating deadline of Wednesday, September 1, 2021.
2. Customize outreach materials by replacing yellow highlighted areas with your facility/unit information.
  - a. [Flyers](#) (digital and print)
  - b. [Screen saver](#)
  - c. [Slide deck](#)
  - d. [Subcommittee Application](#) (online and print)
  - e. [EDIA Planning Groups Information Sheet](#)
  - f. [FAQs](#)

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for completing these tasks?
- Who is responsible for completing each task?

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Share Information and Distribute Application

*Share information about the EDIA Initiative and Subcommittee application process in a variety of formats to ensure broad outreach to workforce. Create multiple application routes to improve accessibility for workforce members with and without computer access and/or fluency.*

- |  |
|--|
| 1. Share digital and print <a href="#">flyers</a> . <ul style="list-style-type: none"><li>a. Share digital flyers via email.</li><li>b. Post print flyers in accessible locations (e.g. break rooms, meeting rooms, shared office spaces, staff bathrooms, etc.).</li></ul>  |
| 2. Use <a href="#">screen saver</a> throughout your facility/unit.   |
| 3. Facilitate information sessions. <ul style="list-style-type: none"><li>a. Present information at events using EDIA slide deck.<ul style="list-style-type: none"><li>i. Staff meetings</li><li>ii. Supervisor/management meetings</li><li>iii. PFAC meetings</li><li>iv. Community Stakeholder Group meetings (with support from Lumos Transforms)</li></ul></li><li>b. Distribute information materials (digital and/or print).<ul style="list-style-type: none"><li>i. <a href="#">Flyers</a></li><li>ii. <a href="#">EDIA Planning Groups Information Sheet</a></li><li>iii. <a href="#">FAQs</a></li><li>iv. Community Member Information Sheet (in production)<ul style="list-style-type: none"><li>• This will include additional information on compensation and language access.</li></ul></li></ul></li></ul> |
| 4. Send the <a href="#">Subcommittee application</a> with information sheet and FAQs via email in <ul style="list-style-type: none"><li>a. Fillable PDF format</li><li>b. Online format (Microsoft Forms, Survey Monkey, etc.)</li></ul>   |
| 5. Distribute print copies of the Subcommittee application. <ul style="list-style-type: none"><li>a. Provide paper applications and information sheet and FAQs in accessible locations (e.g. break rooms, meeting rooms, shared office spaces, staff bathrooms, etc.).</li></ul>   |

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for completing these tasks?
- Who is responsible for completing each task?

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Active Recruitment

*Promote equity, diversity, and inclusion within the process, and not just as the end result.*

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Encourage workforce members to apply by talking about the EDIA Initiative and Subcommittee application process to workforce members in<ol style="list-style-type: none"><li>a. All roles (not just clinical/patient serving)</li><li>b. All departments (not just clinical/patient serving)</li><li>c. All shifts (not just day shift)</li></ol></li></ol>             |
| <ol style="list-style-type: none"><li>2. Ensure that in addition to the Subcommittee application, informational documents are available to share with workforce members who may have questions or want to know more about the initiative and/or the process.<ol style="list-style-type: none"><li>a. <a href="#">EDIA Planning Groups Information Sheet</a></li><li>b. <a href="#">FAQs</a></li></ol></li></ol> |

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for completing these tasks?
- Who is responsible for completing each task?



# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Subcommittee Member Selection Guide

### Introduction

This Subcommittee Member Selection Guide is designed to support your Recruitment Team in the formation of a robust and effective EDIA Planning Council Subcommittee for your facility/unit. This selection guide includes questions to consider before you begin the selection process, as well as a rubric for equitable selection of workforce, community, and patient members.

Broad goals for Subcommittees include:

- Bringing together members with a mix of identities, knowledge, skills, and expertise for advancing EDIA efforts at DHS
- Helping to break down organizational silos between and among departments and programs
- Helping to maintain intentionality and accountability for the EDIA Initiative

### Questions to consider before beginning selection process

Considerations	Rationale	Guidelines and Reflection Questions
Application review and member selection	Individuals reviewing and selecting Subcommittee members should have diverse identities, perspectives, and roles, plus at least basic EDIA knowledge fluency. Transparency of decision-making processes promotes the trust which is foundational to EDIA work.	<ol style="list-style-type: none"><li>1. Will the Recruitment Team review applications?</li><li>2. Will the Recruitment Team make final member selection decisions?</li><li>3. If others will be involved in the review and decision process, how do these individuals promote greater diversity in the Recruitment Team?</li><li>4. If others will be involved in the review and decision process, have their names been publicly listed alongside Recruitment Team member names?</li><li>5. If a Recruitment Team member applies for a subcommittee, their application will be reviewed by the Advisory Group and the facility/unit ELT member (or their designee).</li></ol>

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Workforce Membership

Considerations	Rationale	Guidelines and Reflection Questions
Representation of historically and systemically marginalized identities	The practices of equity, diversity, inclusion, and antiracism (see Glossary of Terms in Appendices) requires authentically bringing a wide range of individuals and groups, particularly those with historically and systemically marginalized identities, into processes, activities, and decision/policy making through removing barriers, increasing justice and access, sharing power, and creating a sense of belonging. True power sharing and belonging also require authentic representation and reflection of the people being served.	<ol style="list-style-type: none"> <li>Do we have representation of historically and systemically marginalized identities such as:               <ol style="list-style-type: none"> <li>Black/African American?</li> <li>American Indian/Alaska Native?</li> <li>Latinx?</li> <li>Asian and Pacific Islander?</li> <li>People with disabilities?</li> <li>Women?</li> <li>LGBTQ+?</li> </ol> </li> <li>How well does the Subcommittee identity diversity reflect the patients served by the facility?</li> </ol>
Representation of skills and expertise in various content areas	Diversity in skills and expertise in various content areas allows for an abundance of strengths, increases equity in sharing workload and tasks, and ensures the knowledge base needed to engage in discussions, evaluate materials, and fulfill Subcommittee responsibilities.	<ol style="list-style-type: none"> <li>Do we have representation of a variety of skills and expertise, including at least some of the following skills and content areas:               <ol style="list-style-type: none"> <li>EDIA?</li> <li>Strategic planning?</li> <li>Group facilitation?</li> <li>Clinical services?</li> <li>Legal expertise?</li> <li>Contracts and procurement?</li> <li>Education and development?</li> <li>Quality improvement?</li> <li>Human resources?</li> </ol> </li> </ol>
Representation of various departments, units, and programs	Diversity in representation across departments, units, and programs strengthens inclusion of individuals with non-clinical backgrounds and ensures the skills, experience, and knowledge base needed to fulfill Subcommittee responsibilities.	<ol style="list-style-type: none"> <li>Do we have representation not just limited to direct patient services?               <ol style="list-style-type: none"> <li>Finance?</li> <li>HR?</li> <li>Information services?</li> <li>Environmental services?</li> </ol> </li> </ol>

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

Representation of various occupational roles	Diversity in representation of a variety of occupational roles reduces barriers and increases equity for and inclusion of individuals with non-clinical roles and who may not be in leadership/management roles.	1. Do we have representation of staff who: <ul style="list-style-type: none"> <li>a. Are not doctors/nurses/in clinical roles?</li> <li>b. Work evening or night shift?</li> <li>c. Are non-County workforce members?</li> </ul>
Representation of individuals with facility/unit designated authority	Inclusion of individuals with facility/unit designated authority increases equity through increased access to power in terms of decision making, removing barriers, and making resources available and accessible.	Do we have representation of those with designated leadership/decision-making power?

## Community Stakeholder Membership

Considerations	Rationale	Reflection Questions
Representation of historically and systemically marginalized identities	See above for workforce members	See above for workforce members
Representation of community stakeholders	Representation of individuals and community groups local to the facility is critical to include the direct perspectives of community need and impact	<ol style="list-style-type: none"> <li>1. Does the individual live, work, worship, and/or lead in the community local to the facility? Or are they a member or representative of a community network, community-based organizations, and/or community advisory group reflective of the patients served by the facility?</li> <li>2. How well does the individual or group represent the identities and perspectives of facility stakeholders?</li> <li>3. Do potential members represent a broad stakeholder base in the community or a particular geographic location?</li> </ol>

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

No tokenism	Individuals best suited for membership should have an identified constituency or network with whom they regularly seek input to avoid tokenizing a single individual as the sole representative of a community	<ol style="list-style-type: none"> <li>1. How robust and current is the individual's connection to their network and/or constituency?</li> <li>2. Is there a range of different types of community-based organizations and individuals represented?</li> </ol>
Representation of skills and expertise in various content areas	See above for workforce members	<ol style="list-style-type: none"> <li>1. What lived and/or other experience can representatives bring to this work?</li> <li>2. What local knowledge and/or resources can representatives bring?</li> <li>3. How can representatives help with community engagement and messaging for EDIA work?</li> </ol>

## Patient/Family Membership

Considerations	Rationale	Reflection Questions
Representation of historically and systemically marginalized identities	See above for workforce members	See above for workforce members
Representation of patient population	Representation of patient population in the facility service area is critical to including the experiences and perspectives of those directly impacted by services provided at that facility.	<ol style="list-style-type: none"> <li>1. Does patient representation include people with historically and systemically marginalized identities?</li> <li>2. Are potential members broadly representative of larger stakeholder groups or the larger patient population?</li> <li>3. In what ways has the patient representative been engaged with DHS in the past?</li> </ol>

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

## Community Stakeholder Groups

Community Stakeholder Groups are made up of individuals living, working, worshipping, or leading in the community local to the facility, as well as members and representatives of community networks, community-based organizations, and community advisory groups reflective of the patients served by the facility. The EDIA planning group structure is designed to accommodate pre-existing community stakeholder groups within the DHS system, and to facilitate the formation of new Community Equity Collaboratives where none currently exist.

## Guidelines for Pre-Existing Community Stakeholder Groups

*Information for outreaching to your facility/unit's connected community stakeholder group*

- |   |
|---|
| <ol style="list-style-type: none"><li>1. Identify and outreach to pre-existing community stakeholder groups that interface with your facility (e.g. LAC+USC Health Innovation Community Partnership, EMS Commission, Hospital Commission, ODR Permanent Steering Committee, Re-Entry Health Advisory Collaborative, etc.).<ol style="list-style-type: none"><li>a. The EDIA Advisory Group and EDIA Initiative Partner, Lumos Transforms are available to support you in this process.</li></ol></li></ol>  |
| <ol style="list-style-type: none"><li>2. For member selection, see <a href="#">Subcommittee Member Selection Guide – Community Stakeholder Membership</a> section.</li></ol>  |
| <ol style="list-style-type: none"><li>3. Membership details<ol style="list-style-type: none"><li>a. Membership determined by group; recommend 2 Co-Leads.<ol style="list-style-type: none"><li>i. It is recommended that the subcommittee members who are selected to be representatives to EDIA Council are different members than the Co-Leads.</li></ol></li><li>b. Recommended minimum time commitment for Co-Leads: 4 hours/week.</li><li>c. Compensation for meetings specific to the EDIA Initiative.<ol style="list-style-type: none"><li>i. General membership: meeting meals/transportation reimbursement.</li><li>ii. Leadership: Additional honoraria or reimbursement schedule (transportation, childcare, data/device communication) to prevent any loss of benefits.</li></ol></li></ol></li></ol>   |
| <ol style="list-style-type: none"><li>4. Connecting to EDIA Advisory Group (AG)<ol style="list-style-type: none"><li>a. The AG is available to answer any questions you may have about the EDIA Initiative and for support at any point in the strategic planning process. Individual AG members have been paired with Executive Leadership Team (ELT) members.</li><li>b. For HSA-based ELT members, there will be a single AG member working with your lead in coordinating Subcommittee recruitment. After Subcommittees are seated, each HSA-based ELT member can connect with their paired AG member for general questions and support.</li><li>c. See the <a href="#">Advisory Group Support for Subcommittee Formation</a> and <a href="#">General Advisory Group Support</a> tables in the <a href="#">Appendices</a> section of this packet.</li></ol></li></ol> |

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

5. Connecting to EDIA Initiative Partner, Lumos Transforms
  - a. Lumos Transforms is available to conduct meeting facilitation, EDIA capacity building, and technical assistance as needed.
  - b. To contact the team at Lumos Transforms for support, send an email to Program Manager Juliana Nocker Ferry at [jnockerferry@dhs.lacounty.gov](mailto:jnockerferry@dhs.lacounty.gov).

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for outreaching to and recruiting from your community stakeholder group for your facility/unit's Subcommittee?
- Who is responsible for completing each task?

## Guidelines for Forming New Community Equity Collaboratives

*Questions to consider and information to support you in getting started on forming a new Community Equity Collaborative if your facility/unit does not have any pre-existing community stakeholder groups.*

1. Identify and outreach to potential members.
  - a. Individuals living, working, worshipping, and/or leading in the community local to the facility/unit.
  - b. Members and representatives of community networks, community-based organizations, and community advisory groups reflective of the patients served by the facility.
  - c. The EDIA Advisory Group and EDIA Initiative Partner, Lumos Transforms are available to support you in this process.
2. For member selection, see [Subcommittee Member Selection Guide – Community Stakeholder Membership](#) section.
3. Membership details
  - a. Unlimited membership; 2 Co-Leads.
  - b. Recommended minimum time commitment for Co-Leads: 4 hours/week.
  - c. Compensation
    - i. General membership: meeting meals/transportation reimbursement.
    - ii. Leadership: Additional honoraria or reimbursement schedule (transportation, childcare, data/device communication) to prevent any loss of benefits.
4. Connecting to EDIA Advisory Group (AG)
  - a. The AG is available to answer any questions you may have about the EDIA Initiative and for support at any point in the strategic planning process. Individual AG members have been paired with Executive Leadership Team (ELT) members.
  - b. For HSA-based ELT members, there will be a single AG member working with your lead in coordinating Subcommittee recruitment. After Subcommittees are seated, each HSA-based ELT member can connect with their paired AG member for general questions and support.
  - c. See the [Advisory Group Support for Subcommittee Formation](#) and [General Advisory Group Support](#) tables in the [Appendices](#) section of this packet.

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

5. Connecting to EDIA Initiative Partner, Lumos Transforms
  - a. Lumos Transforms is available to work with facilities/programs to support collaborative formation, assess potential partnerships, and make an action plan, and to conduct ongoing meeting facilitation, EDIA capacity building, and technical assistance as needed.
  - b. To contact the team at Lumos Transforms for support, send an email to Program Manager Juliana Nocker Ferry at [jnockerferry@dhs.lacounty.gov](mailto:jnockerferry@dhs.lacounty.gov).

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for forming a new Community Equity Collaborative and/or recruiting from a pre-existing community stakeholder group for your facility/unit's Subcommittee?
- Who is responsible for completing each task?

## Patient/Family Advisory Councils (PFACs)

PFACs are pre-existing advisory councils comprised of patients and/or family caregivers that engage the patient/family perspective in addressing strategic priorities to improve healthcare provision.

## Guidelines for PFACs

*Information for outreaching to your facility/unit's connected PFAC*

1. Identify and outreach to the PFAC that interfaces with your facility/unit.
2. For member selection, see [Subcommittee Member Selection Guide – Community Stakeholder Membership](#) section.
3. Membership details
  - a. Determined at facility/unit PFAC level.
4. Connecting to EDIA Advisory Group (AG)
  - a. The AG is available to answer any questions you may have about the EDIA Initiative and for support at any point in the strategic planning process. Individual AG members have been paired with Executive Leadership Team (ELT) members.
  - b. For HSA-based ELT members, there will be a single AG member working with your lead in coordinating Subcommittee recruitment. After Subcommittees are seated, each HSA-based ELT member can connect with their paired AG member for general questions and support.
5. See the [Advisory Group Support for Subcommittee Formation](#) and [General Advisory Group Support](#) tables in the [Appendices](#) section of this packet.

# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

6. Connecting to EDIA Initiative Partner, Lumos Transforms
  - a. Lumos Transforms is available to provide guidance on outreach and recruitment, capacity building, and technical assistance as needed for PFACs that need additional support or infrastructure.
  - b. To contact the team at Lumos Transforms for support, send an email to Program Manager Juliana Nocker Ferry at [jnockerferry@dhs.lacounty.gov](mailto:jnockerferry@dhs.lacounty.gov).

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for outreaching to and recruiting from your community stakeholder group for your facility/unit's Subcommittee?
- Who is responsible for completing each task?

## Affinity Groups

EDIA Affinity Groups are made up of workforce members across the whole of Health Services who share the same identity. Affinity Group member representation ensures that common concerns, needs, and goals related to their shared identity will be incorporated into the EDIA strategic planning process. For more information on the Affinity Groups, please see the [Strategic Planning Structure and Process section](#).

## Guidelines for Affinity Group Recruitment

*Information outreaching to workforce for DHS-wide Affinity Groups*

1. While the EDIA Initiative Partner, Lumos Transforms, will conduct the Affinity Group recruitment process, facility/unit Recruitment Teams can aid this process by including Affinity Group recruitment materials in their general recruitment activities.
2. Prepare your materials.
  - a. Please see the [Outreach Materials](#) section in the [Appendices](#) for Affinity Group flyers.
3. Share digital and print [flyers](#)
  - a. Share digital flyers via email
  - b. Post print flyers in accessible locations (e.g. break rooms, meeting rooms, shared office spaces, staff bathrooms, etc.)
4. Membership details
  - a. Unlimited general membership; 2 Co-Leads.
  - b. Recommended minimum time commitment for Co-Leads: 4 hours/week.



# PLANNING GROUP OUTREACH AND RECRUITMENT GUIDE

c. Compensation

- i. Dedicated time approved by facility/unit leadership will be provided **only** to Affinity Group Co-Leads.
- ii. Compensated dedicated time will not be allocated for general membership or for leads of facility/unit-based Affinity Groups.

d. Recruitment for Affinity Groups can be ongoing, though members who join after September will not be involved in selection of the groups' Co-Leads and representative to the EDIA Council.

5. Encourage workforce members to share the Affinity Group flyer widely and invite colleagues across Health Services to get involved.

6. Encourage workforce members who are interested in joining DHS-wide Affinity Groups to send an email indicating their Affinity Group(s) of choice to [helloEDIA@DHS.lacounty.gov](mailto:helloEDIA@DHS.lacounty.gov).

Additional considerations for your Recruitment Team:

- What is your facility/unit's detailed timeline for completing these tasks?
- Who is responsible for completing each task?

# APPENDICES

# ADVISORY GROUP SUPPORT

## Advisory Group Support for Subcommittee Formation

The Advisory Group (AG) is available to answer any questions you may have about the EDIA Initiative and for support at any point in the strategic planning process. Individual AG members have been paired with Executive Leadership Team (ELT) members. Note: For HSA-based ELT members, there will be a single AG member working with your lead in coordinating Subcommittee recruitment. After Subcommittees are seated, each HSA-based ELT member can connect with their paired AG member for general questions and support (see General Advisory Group Support Table on following page).

Facility/Unit	ELT Member(s)	Advisory Group Members to Contact	
Ambulatory Care Network (ACN)	Quentin O'Brien	Erin Saleeby, MD	esaleeby@dhs.lacounty.gov
Correctional Health Services (CHS)	Timothy Belavich, PhD	Michael Owens, MD	mowens2@dhs.lacounty.gov
Harbor UCLA Medical Center	Anish Mahajan, MD	Darrell Harrington, MD	dharrington@dhs.lacounty.gov
HSA-Administration (Audit & Compliance, CONAH, Contracts & Grants, Finance, Government Relations, Health Information Management, HR, IT, etc.)	(Lead TBD)	Donna Nagaoka	dnagaoka@dhs.lacounty.gov
	Allan Wecker		
	Aries Limbaga, DNP, MBA (ONA)		
	Coral Itzcalli		
	Elizabeth Jacobi		
	Hal Yee, MD, PhD		
	Kevin Lynch		
	Nina Park, MD		
HSA-Integrated Programs (Whole Person Care [MAMAs], Emergency Medical Services, Housing for Health, Office of Diversion & Re-entry, Patient Access)	Lead: Clemens Hong, MD	Clemens Hong, MD	chong@dhs.lacounty.gov
	Hal Yee, MD, PhD (EMS)		
	Nina Park, MD (WPC)		
	Shari Doi		
LAC + USC	Jorge Orozco	Jorge Orozco	jorozco@dhs.lacounty.gov
Olive View Medical Center	Kimberly McKenzie, RN	Elizabeth Augusta, RN	laugusta@dhs.lacounty.gov
Rancho Los Amigos	Aries Limbaga, DNP, MBA	Magaly Vazquez Ponce	magvazquez@dhs.lacounty.gov

# ADVISORY GROUP SUPPORT

## General Advisory Group Support

ELT Member	Advisory Group Members to Contact	
Timothy Belavich, PhD	Michael Owens, MD	mowens2@dhs.lacounty.gov
Shari Doi	Elizabeth Augusta, RN	laugusta@dhs.lacounty.gov
Coral Itzcalli	Jorge Orozco	jorozco@dhs.lacounty.gov
Elizabeth Jacobi	Donna Nagaoka	dnagaoka@dhs.lacounty.gov
Aries Limbaga, DNP, MBA	Magaly Vazquez Ponce	magvazquez@dhs.lacounty.gov
Kevin Lynch	Magaly Vazquez Ponce	magvazquez@dhs.lacounty.gov
Anish Mahajan, MD	Darrell Harrington, MD	dharrington@dhs.lacounty.gov
Kimberly McKenzie, RN	Elizabeth Augusta, RN	laugusta@dhs.lacounty.gov
Quentin O'Brien	Erin Saleeby, MD	esaleeby@dhs.lacounty.gov
Nina Park, MD	Clemens Hong, MD	chong@dhs.lacounty.gov
Allan Wecker	Michael Owens, MD	mowens2@dhs.lacounty.gov
Hal Yee, MD, PhD	Michael Owens, MD	mowens2@dhs.lacounty.gov

# OUTREACH MATERIALS

## Finding and Customizing Outreach Materials

All outreach material templates your Recruitment Team will need are available in [EDIA Recruitment Folder](#) in OneDrive. Your Team will need to customize each of the Subcommittee outreach materials by replacing yellow highlighted areas with your facility/unit logos and information. HSA units can use the general Health Services logo where needed.

## Outreach Material Samples

In this section you will find samples of the following outreach materials for your reference:

- [Subcommittee Recruitment Flyer](#)
- [Subcommittee Recruitment Screen Saver](#)
- [Subcommittee Recruitment Slide Deck](#)
- [PFAC Recruitment Flyer](#)
- [PFAC Recruitment Screen Saver](#)
- [Affinity Group Recruitment Flyer](#)
- [Affinity Group Recruitment Screen Saver](#)

# OUTREACH MATERIALS

## Subcommittee Recruitment Flyer

# JOIN US!



## EDIA SUBCOMMITTEES FORMING NOW!

### Are you or is someone you know...

- Passionate about achieving more equity, diversity, and inclusion at [FACILITY/UNIT] and DHS?
- Motivated to advocate for positive change for workforce and patients?
- Collaborative and interested in learning alongside others?
- A good communicator and/or role model?
- Able to honor the feelings of others and help them feel comfortable when sharing their perspective?

**LOGO HERE**

*We encourage  
people of ALL ages,  
genders, races,  
ethnicities, religions,  
sexual orientations,  
gender identities and  
abilities to be involved.*


To apply or nominate someone, contact:


**NAME**  
**EMAIL ADDRESS**  
**PHONE NUMBER**

*Protected time will be given to support & focus on EDIA efforts.*

# OUTREACH MATERIALS

## Subcommittee Recruitment Screen Saver







### Are you or is someone you know...

- Passionate about achieving more equity, diversity, and inclusion at **[FACILITY/UNIT]** and DHS?
- Motivated to advocate for positive change for workforce and patients?
- Collaborative and interested in learning alongside others?
- A good communicator and/or role model?
- Able to honor the feelings of others and help them feel comfortable when sharing their perspective?

## EDIA SUBCOMMITTEES FORMING NOW!



**To apply or nominate someone, contact:**

**CONTACT INFO  
HERE**

---

*Protected time will be given to support & focus on EDIA efforts.*

*We encourage people of ALL ages, genders, races, ethnicities, religions, sexual orientations, gender identities and abilities to be involved.*

# OUTREACH MATERIALS

## Subcommittee Recruitment Slide Deck



PLACE FACILITY LOGO HERE





# OUTREACH MATERIALS

*As a part of LA County's goal to create an antiracist Los Angeles, Health Services is engaged in a multi-phase Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative. The Initiative, launched in December of 2020, seeks to transform the policies and practices that in the past have contributed to inequitable employment and patient care at DHS. We are committed to creating a work environment that is safe and inclusive for everyone, and to doing whatever we can to end race- and identity-based disparities in healthcare. This multi-year Initiative engages stakeholders across all sectors of DHS to bring their perspectives, experiences, and ideas for change to the table. Together we can build a more equitable organization.*

**Learn more at:**

**[lacounty.sharepoint.com/sites/dhs-edia](https://lacounty.sharepoint.com/sites/dhs-edia)**

# OUTREACH MATERIALS

**"We braved the belly of the beast,  
We've learned that quiet isn't always peace,  
and the norms and notions  
of what "just" is  
isn't always justice."**

*- Amanda Gorman*



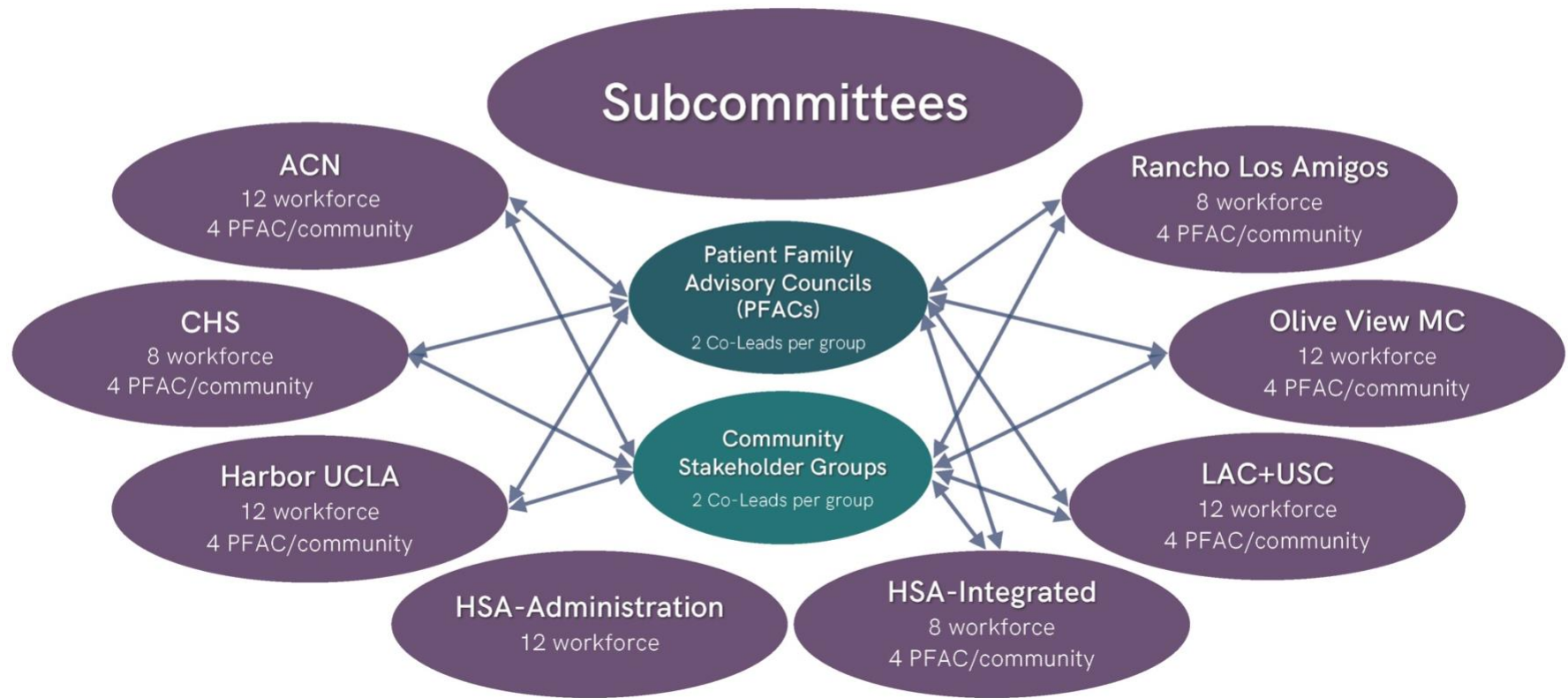
# OUTREACH MATERIALS

## *EDIA Strategic Planning Structure*



# OUTREACH MATERIALS

## *EDIA Strategic Planning Structure*





# OUTREACH MATERIALS

## **[Facility]** EDIA Subcommittee

- **[Number]** *members, representing various work areas and patient/community*
  - Facility leadership
  - Management
  - Frontline clinical roles
  - Frontline administrative and support staff
  - Ancillary services
  - Non-clinical roles
  - Contractor groups
  - Patient Family Advisory Council
  - Community stakeholder groups
- *We encourage all ages, genders, races, ethnicities, religions, sexual orientations, gender identities and abilities to be involved.*
- *Our strength will come from our diversity—we want ALL voices to be represented and to be heard!*

# OUTREACH MATERIALS



**"It is not our differences that divide us. It is our inability to recognize, accept, and celebrate those differences."**

*- Audre Lorde*

# OUTREACH MATERIALS

## *Are YOU or is someone you know...*

- *Passionate about achieving more equity, diversity, and inclusion at [facility/unit] and DHS?*
- *Motivated to advocate for positive change for workforce and patients?*
- *Collaborative and interested in learning alongside others?*
- *A good communicator and/or role model?*
- *Able to honor the feelings of others and help them feel comfortable when sharing their perspective?*

*Protected time will be given to support & focus on EDIA efforts.  
(2 hours/week for members, 4 hours/week for leads)*

# OUTREACH MATERIALS

## *How do I apply or nominate someone?*

- *Click on the link in your email if you'd like to apply or nominate someone else*
- *Complete the linked application*
- *Deadline is [date]*





# OUTREACH MATERIALS

**"In the end we will remember  
not the words of our enemies,  
but the silence of our friends."**

*- Martin Luther King Jr.*



# OUTREACH MATERIALS



**"Not everything that is faced can be changed, but nothing can be changed until it is faced."**

*- James Baldwin*

# OUTREACH MATERIALS

*Visit the NEW SharePoint Site*



*[lacounty.sharepoint.com/sites/dhs-edia](https://lacounty.sharepoint.com/sites/dhs-edia)*

# OUTREACH MATERIALS

## PFAC Recruitment Flyer



**ATTENTION  
PFAC MEMBERS!**

***Want to create a more equitable  
and inclusive Health Services?***

We are recruiting Patient/Family Advisory Council members now for our Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative!

Join the team that will shape the direction of our EDIA work at [Facility/Unit] and DHS as a whole.

For more information or to apply, contact:

**NAME**  
**EMAIL ADDRESS**  
**PHONE NUMBER**

**LOGO HERE**

*PFAC EDIA leadership  
will be compensated.  
Meals and transportation  
reimbursement provided to all  
for in-person meetings.*





# OUTREACH MATERIALS

## PFAC Recruitment Screen Saver



**ATTENTION PFAC MEMBERS!**



*Want to create a more equitable and inclusive Health Services?*



We are recruiting Patient/Family Advisory Council members now for our Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative! Join the team that will shape the direction of our EDIA work at [Facility/Unit] and DHS as a whole.

For more information or to apply, contact:

**NAME**  
**EMAIL ADDRESS**  
**PHONE NUMBER**

**LOGO HERE**

*PFAC EDIA leadership  
will be compensated and  
members will be provided  
with meeting meals and  
transportation reimbursement.*

# OUTREACH MATERIALS

## Affinity Group Recruitment Flyer



***Do you want to connect  
with others at DHS who  
share your identity?***

Affinity Groups are forming as part of our Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative.

Affinity Groups will ensure that priorities and goals around shared identities are incorporated into the EDIA strategic planning process.

# JOIN AN EDIA AFFINITY GROUP!

**There are eight Health Services-wide Affinity Groups forming for the following identities:**

- American Indian/Alaska Native
- Asian American Pacific Islander
- Black
- Disabled
- Latinx
- LGBTQ+
- Women
- Veterans

*To get involved or find out more, contact:*  
***helloedia@dhs.lacounty.gov***

# OUTREACH MATERIALS

## Affinity Group Recruitment Screensaver

***Do you want to connect with others at DHS  
who share your identity?***



## JOIN AN EDIA AFFINITY GROUP!

Affinity Groups are forming as part of our Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative. Affinity Groups will ensure that priorities and goals around shared identities are incorporated into the EDIA strategic planning process.

**There are eight Health Services-wide Affinity Groups forming  
around the following identities:**

- American Indian/Alaska Native
- Asian American Pacific Islander
- Black
- People with disabilities
- Latinx
- LGBTQ+
- Women
- Veterans

*To get involved or find out more, contact:*

***helloedia@dhs.lacounty.gov***



# SUBCOMMITTEE APPLICATION

## Equity, Diversity, Inclusion, and Antiracism (EDIA) Initiative Subcommittee Application and Nomination Form

Are YOU or is someone you know:

- Passionate about achieving more equity, diversity, and inclusion at [facility/unit] and DHS?
- Motivated to advocate for positive change for workforce and patients?
- Collaborative and interested in learning alongside others?
- A good communicator and/or role model?
- Able to honor the feelings of others and help them feel comfortable when sharing their perspective?

EDIA Subcommittees are an important part of the EDIA strategic planning process and are designed to ensure representation of facility or unit level concerns, needs, and goals. All Subcommittee members will be given dedicated time approved by their facility/unit leadership to work on the EDIA Initiative. For more information about the EDIA Initiative and Subcommittees, please see the [EDIA Planning Groups Information Sheet](#) below.

### Instructions:

- If you are applying to be a member of the [facility/unit] Subcommittee, please answer all of the questions about yourself.
- If you are nominating someone to be a member of the [facility/unit] Subcommittee, please answer all of the questions about the nominee. If you don't know the answer to a question, it's best if you can ask them for further details.
- It is encouraged that you answer the optional questions about your identity (race, disability, etc.) to make sure the Subcommittee is as diverse as possible.
- Applications will be accepted until [date]
- Applications will be reviewed by the [facility/unit] Selection Team with support from the [DHS EDIA Advisory Group](#). Subcommittee members will be individually notified of their selection. The Subcommittee roster will be publicly announced via email and posted on the [EDIA SharePoint Site](#). For more information about the selection process, see [EDIA Planning Groups Information Sheet](#).

**1. What is your first and last name?** (Short answer)

**2. Are you applying for yourself or nominating someone else?** (Multiple choice)

I am applying for myself

I am nominating someone else

**What is the nominee's first and last name?**

**3. Which department do you (or the nominee) work in?** (For example: Administration, Dietary/Nutrition Services, Facility Management, Nursing, Pastoral Care, etc.) (Short answer)



# SUBCOMMITTEE APPLICATION

4. **Please describe your (or the nominee's) job title and briefly describe your (or the nominee's) job duties.** (Short paragraph)
5. **What type of workforce member are you (or the nominee)?** (Multiple choice)
  - County employee
  - Non-County workforce member
6. **What shift do you (or the nominee) work?** (Multiple choice)
  - Day Shift
  - Evening Shift
  - Night Shift
7. **What is your (or the nominee's) age range?** (Multiple choice)
  - 18-25
  - 26-35
  - 36-45
  - 46-55
  - 56-65
  - 66-75
  - 75+
  - Chose not to disclose
8. **What is your (or the nominee's) racial and ethnic identity?** (Choose all that apply)
  - American Indian or Alaska Native
  - Arab, Middle Eastern, or SWANA
  - Asian
  - Black or African
  - Hispanic or Latinx
  - Native Hawaiian or Other Pacific Islander
  - White or European
  - Choose not to disclose
9. **What is your (or the nominee's) current sexual orientation?** (Multiple choice)
  - Straight or heterosexual
  - Lesbian, gay or homosexual
  - Bisexual
  - Something else (E.g. asexual, pansexual, queer, etc.) Please specify:
  - Choose not to disclose
10. **What is your (or the nominee's) current gender identity?** (Multiple choice)
  - Identifies as male
  - Identifies as female
  - Transgender male/Trans man
  - Transgender female/Trans woman
  - Something else (E.g. non-binary, gender fluid, queer, etc.) Please specify:

# SUBCOMMITTEE APPLICATION

**11. Do you (or the nominee) identify as disabled?** (Multiple choice)

Yes

No

Choose not to disclose

**12. Please describe why diversity, equity, inclusion, and antiracism are important to you (or the nominee).** (200 words maximum)

**13. Please share any experiences you (or the nominee) have had in advocating for people with different identities to be included, heard, and treated fairly.** (200 words maximum)

**14. Please describe the skills, experience, and/or knowledge you (or the nominee) would bring to the [facility/unit] EDIA Subcommittee.** (200 words maximum)

**15. Please describe what EDIA changes you (or the nominee) would like to see at [facility/unit] and DHS.** (200 words maximum)

**16. Please describe what family and friends would say about you (or the nominee).** (100 words maximum)

**17. Anything else you would like to add** (100 words)

# EDIA PLANNING GROUPS

## INFORMATION SHEET

### EDIA Planning Groups Information Sheet

*Where are we in the Equity Diversity Inclusion Antiracism (EDIA) Initiative?*

#### **Executive Leadership Team (ELT) and EDIA Advisory Group (AG) capacity building**

The 15-member [Executive Leadership Team](#) (ELT) is headed by Director Christina Ghaly and includes Deputy Directors, Department Directors, and Facility CEOs. Dr. Ghaly appointed an 8-member [EDIA Advisory Group](#) (AG) to provide supportive leadership to the EDIA Council and connection to executive leadership throughout Health Services.

Both the ELT and AG have completed multiple group EDIA capacity building sessions and most are also receiving 1-to-1 coaching sessions to further develop their embodied resilience skills and deepen their EDIA knowledge base.

#### **Landscape analysis**

Over the last several months, the EDIA Initiative partner, Lumos Transforms, has been conducting an external landscape analysis to learn from EDIA initiatives in other large systems and healthcare networks across the country. Through research and interviews, Lumos is examining strategic program planning, implementation, and evaluation with a special focus on the use of equitable trauma-informed processes including authentic multi-stakeholder engagement. Lumos is developing a report that will serve as a guide for the Department's EDIA strategic planning groups.

#### **Development of strategic planning structure and process**

The EDIA Advisory Group, with support from the Executive Leadership Team, has designed a planning structure to develop the EDIA Initiative Strategic Plan. To promote wide stakeholder involvement throughout the process, there will be three types of planning groups:

- 1) Facility/unit level EDIA Subcommittees with members from workforce (employees and contractors) and patient and community groups
- 2) EDIA Affinity Groups with members of a shared identity (for example: Black, LGBTQ+, or Disabled)
- 3) EDIA Council with representative members from EDIA Subcommittees and Affinity Groups

Diagrams on pages 50-51 detail the composition of each planning group and the relationships between groups.

Strategic EDIA priorities will be developed by the Subcommittees and Affinity Groups and forwarded to the Council. The Council will write a draft strategic plan in consideration of the identified strategic priorities that is aligned to the Department's Strategic goals. Stakeholder feedback will be solicited before the Council produces the final EDIA Strategic Plan in June 2022.

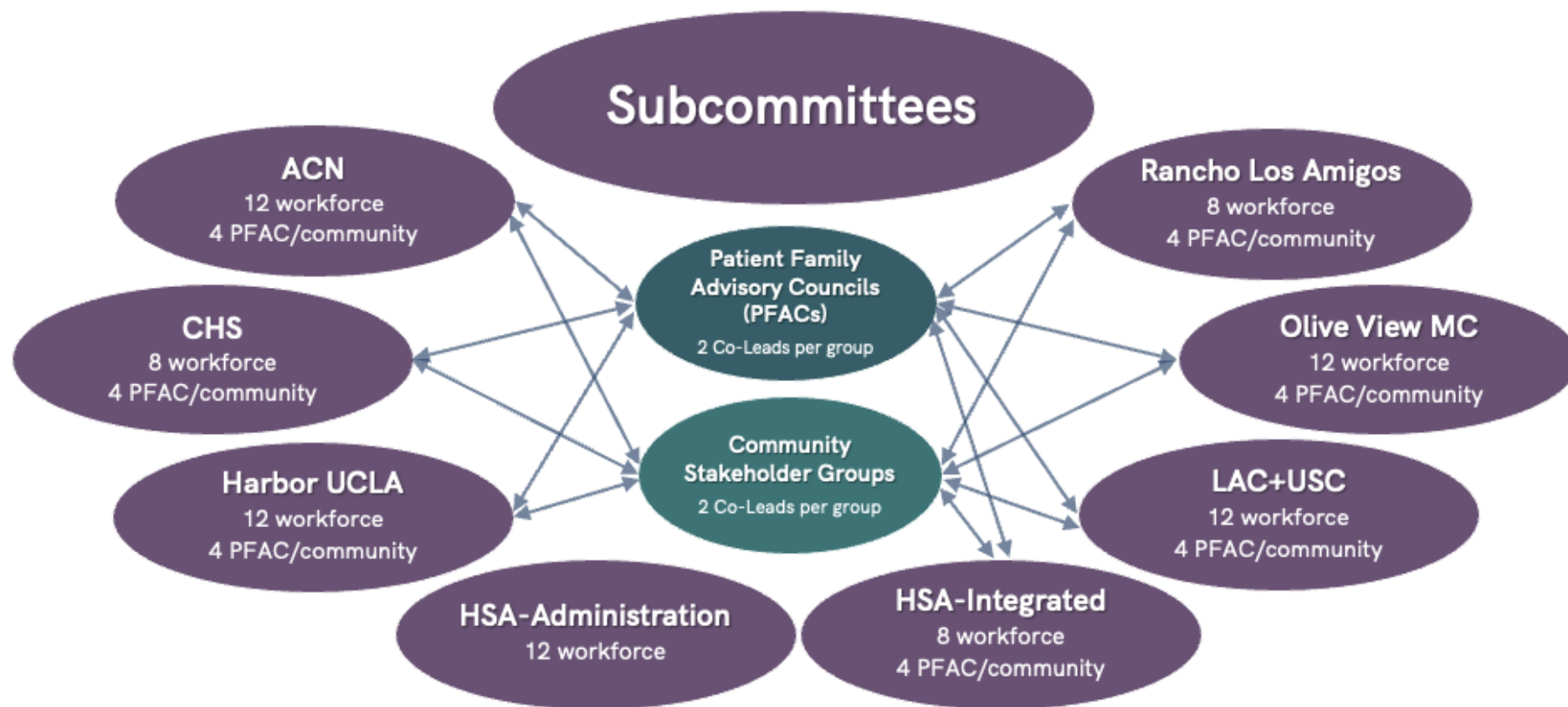
# EDIA PLANNING GROUPS INFORMATION SHEET

Strategic Planning Structure – Overview Diagram



# EDIA PLANNING GROUPS INFORMATION SHEET

Strategic Planning Structure – Subcommittees Diagram

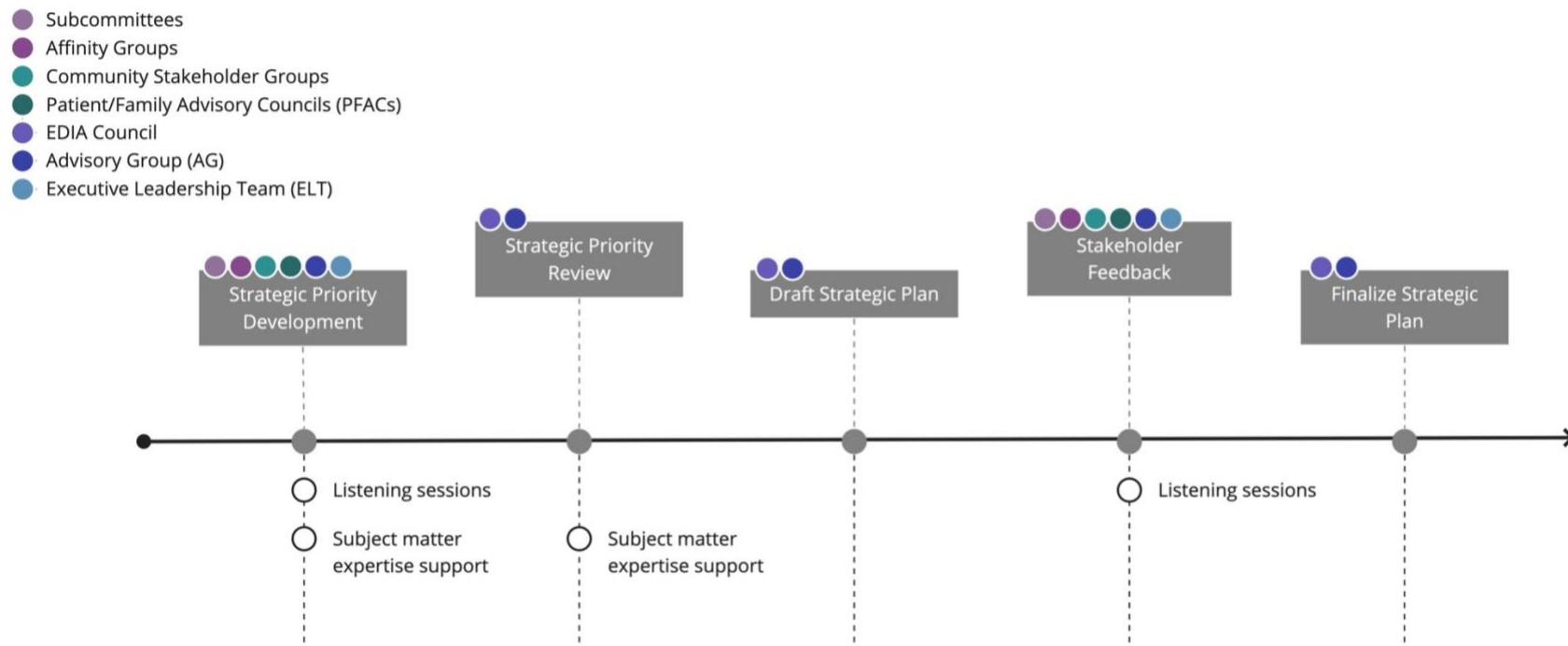


# EDIA PLANNING GROUPS INFORMATION SHEET

## Strategic planning process

Consistent with the EDIA value on collaborative, inclusive approaches, the strategic EDIA priorities will be co-developed by the ELT, Subcommittees, and Affinity Groups. The Advisory Group and EDIA Initiative Partner, Lumos Transforms, will support the planning groups with coordination, capacity building, relevant subject matter expertise, and assistance with gathering stakeholder input via listening sessions.

Planning groups will forward their ranked strategic EDIA priorities to the Council for review. The Council will write a draft strategic plan in consideration of the identified strategic priorities and in alignment with evolving DHS mandates and core mission, vision, values, and strategic goals. To ensure meaningful and authentic participation, stakeholder feedback will be solicited before the Council produces the final EDIA Strategic Plan in June 2022.



# EDIA PLANNING GROUPS

## INFORMATION SHEET

### *What are the next steps?*

Next steps in the EDIA Initiative strategic planning process will include recruitment and seating of planning groups, beginning with facility/unit level EDIA Subcommittees and DHS-wide EDIA Affinity Groups.

### *How can you get involved?*

#### **EDIA Planning Council Subcommittees**

Each EDIA Subcommittee will develop strategic EDIA priorities related to their facility/unit-level concerns, needs, and goals and forward them to the Council. The Council will draft a strategic plan in consideration of the identified strategic priorities. The EDIA Subcommittees will provide feedback on the draft plan before the Council produces the final EDIA Strategic Plan.

EDIA Subcommittees are designed to ensure representation of facility/functional unit-level concerns, needs, and goals. Through meaningful engagement and inclusion of diverse identities and roles, the equitable voice of workforce, patients, and community will be embedded in the EDIA strategic planning process.

There will be eight Subcommittees:

- Ambulatory Care Network
- Correctional Health Services
- Harbor-UCLA
- Health Services Administration - Admin Units
- Health Services Administration - Integrated Programs
- LAC+USC
- Olive View Medical Center
- Rancho Los Amigos

The size of each group will be 12-16 members (8-12 workforce members plus two patient and two community members for each patient-serving facility/unit), based on the facility/unit workforce size.

All Subcommittee members will be given two hours per week of dedicated time approved by their facility/unit leadership to work on the EDIA Initiative. Each Subcommittee will also have two Co-Leads who will be given four hours per week of dedicated time approved by their facility/unit leadership. Additionally, one to four members from each EDIA Subcommittee (determined based on facility/unit workforce size) will be representative on the EDIA Council.

If you are interested in joining your facility/unit's EDIA Subcommittee, please contact **[facility/unit contact person]**.

# EDIA PLANNING GROUPS

## INFORMATION SHEET

### **EDIA Affinity Groups**

Affinity Groups are important safe places for people with a shared marginalized identity to connect and identify their common concerns, needs, and goals. While there are many local affinity groups at facilities and within units, the EDIA Affinity Groups will be for people across the whole of Health Services who share the same identity.

There will be eight groups: Asian American Pacific Islander, Black, Disability, Latinx, LGBTQ+, American Indian/Alaska Native, Women, Veterans. There is no limit on the size of each group.

Each EDIA Affinity Group will develop strategic EDIA priorities related to their shared identity and forward them to the Council. The Council will write a draft strategic plan in consideration of the identified strategic priorities. The Affinity Groups will provide feedback on the draft plan before the Council produces the final EDIA Strategic Plan.

Each EDIA Affinity Group will have two Co-Leads who will be given four hours per week of compensated dedicated time approved by their facility/unit leadership to work on the EDIA Initiative. Additionally, one member from each Affinity Group will represent on the EDIA Council.

If you are interested in joining EDIA Affinity Groups, please send an email indicating your Affinity Group(s) of choice to [helloEDIA@DHS.lacounty.gov](mailto:helloEDIA@DHS.lacounty.gov).



# GLOSSARY OF TERMS

## Glossary of Terms

### **Antiracism**

The work of actively opposing racism by advocating for changes in political, economic, and social life.

### **Diversity**

The practice or quality of including or involving people from a range of different social identities, including not only race, ethnicity, and gender, but also age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance. It also involves different ideas, perspectives, and values.

### **Equity**

Fair and just treatment, access, opportunity, and advancement for all people while striving to identify and eliminate institutional and systemic barriers and increasing justice and fairness in processes, policies, and access to/distribution of resources for historically marginalized groups. Often includes corrective actions such as affirmative action and reparations.

### **Inclusion**

Authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power and creates a sense of belonging.

### **Social Identity**

How we see ourselves and how others see us based on social categories (e.g. race, ethnicity, socioeconomic class, gender, religion, sexual orientation, age, ability, etc.)

# FREQUENTLY ASKED QUESTIONS

## Frequently Asked Questions (FAQs)

### **How much time will the members of the strategic planning committees be given to work on the EDIA Initiative?**

To ensure equity within the strategic planning process and not just expect it as an end result, workforce members involved at various levels of the structure will be given dedicated time (approved by their facility/unit leadership) to work on the EDIA Initiative.

- Council & Council Workgroup Co-Leads: 4 dedicated hours/week
- Council Members: 2 dedicated hours/week
- Subcommittee Leads: 4 dedicated hours/week
- Subcommittee Members: 2 dedicated hours/week
- Affinity Group Co-Leads: 4 dedicated hours/week
  - Dedicated time is only provided to DHS-wide affinity group Co-Leads. Dedicated time will not be allocated for Leads of Facility/unit groups

### **How will the members of the strategic planning committee track the time spent working on the EDIA Initiative?**

In an additional effort to practice equity throughout the EDIA strategic planning process, a project code has been created for EDIA Initiative work. Beginning July 1, 2021, Health Services workforce working on the development of the EDIA Initiative strategic plan should code their timesheet with the new project code for all approved activities and time. For more information on how to use the project code, please see this guide: [Guide to Coding My Timesheet for EDIA Work](#)

### **How will the strategic planning process ensure diversity and inclusion in representation by facility/unit, identity-based, patient, and community voice?**

To promote true diversity and inclusion and wide stakeholder involvement throughout the process, patients and community members will have representation (2 patients and 2 community members) in each facility/unit level EDIA Subcommittee that provides direct patient services. These patient/community Subcommittee members will also have the opportunity for selection into the EDIA Council.

Workforce (employees and contractors) will have representation in each facility/unit level EDIA Subcommittee (8-12 workforce members, based on facility/unit size) as well as in EDIA Affinity Groups with members of a shared identity (2 workforce Co-leads; unlimited general workforce membership). Workforce members from these groups will also have the opportunity for selection into the EDIA Council.

# FREQUENTLY ASKED QUESTIONS

## How will Subcommittee members be selected?

Workforce Subcommittee applications will be reviewed by the [\[facility/unit\]](#) Recruitment Team with support from the [DHS EDIA Advisory Group](#). Facility/unit leadership will appoint 3-4 diverse individuals with EDIA knowledge to form their facility/unit Recruitment Team. Recruitment Team members will select workforce applicants to ensure that the Subcommittee has an equitable representation of diverse roles, skills, identities, and perspectives. Workforce Subcommittee members will be individually notified of their selection.

Each Recruitment Team will solicit two community members from existing or new community stakeholder groups drawn from their catchment area. Community members will be selected to encourage greater Subcommittee diversity in skills, identities, and perspectives.

Each Recruitment Team will solicit two patient members from their respective Patient Family Advisory Council (PFAC). For those facilities/units that do not have PFACs, their Recruitment Teams should solicit four members from community stakeholder groups.

If patient or community members are monolingual non-English speakers, interpretation and translation services will be provided.

Subcommittee rosters will be publicly announced via email within each facility/unit, posted on the [EDIA SharePoint Site](#), and shared with PFACs and community stakeholder groups.