

Building Belonging: Exploring the Principles of DEI

North Carolina Coalition on Aging
February 23, 2024

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North Carolina Department of Health & Human Services



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



Agenda

1. **Welcome**
2. **Introductions**
3. **NCDHHS Health Equity Portfolio**
4. **OPCB Overview**
5. **DEI Working Assumptions**
6. **Culture**
7. **Closing**

MEET THE LEADERS: HEALTH EQUITY PORTFOLIO



**Debra
Farrington**
*Chief Health
Equity Officer*



Angela Bryant
*Asst. Sec. for
Equity &
Inclusion*



Maggie Sauer
*Director of Office
of Rural Health*



Ava Hardiman
*Director of
Office of Health
Equity*



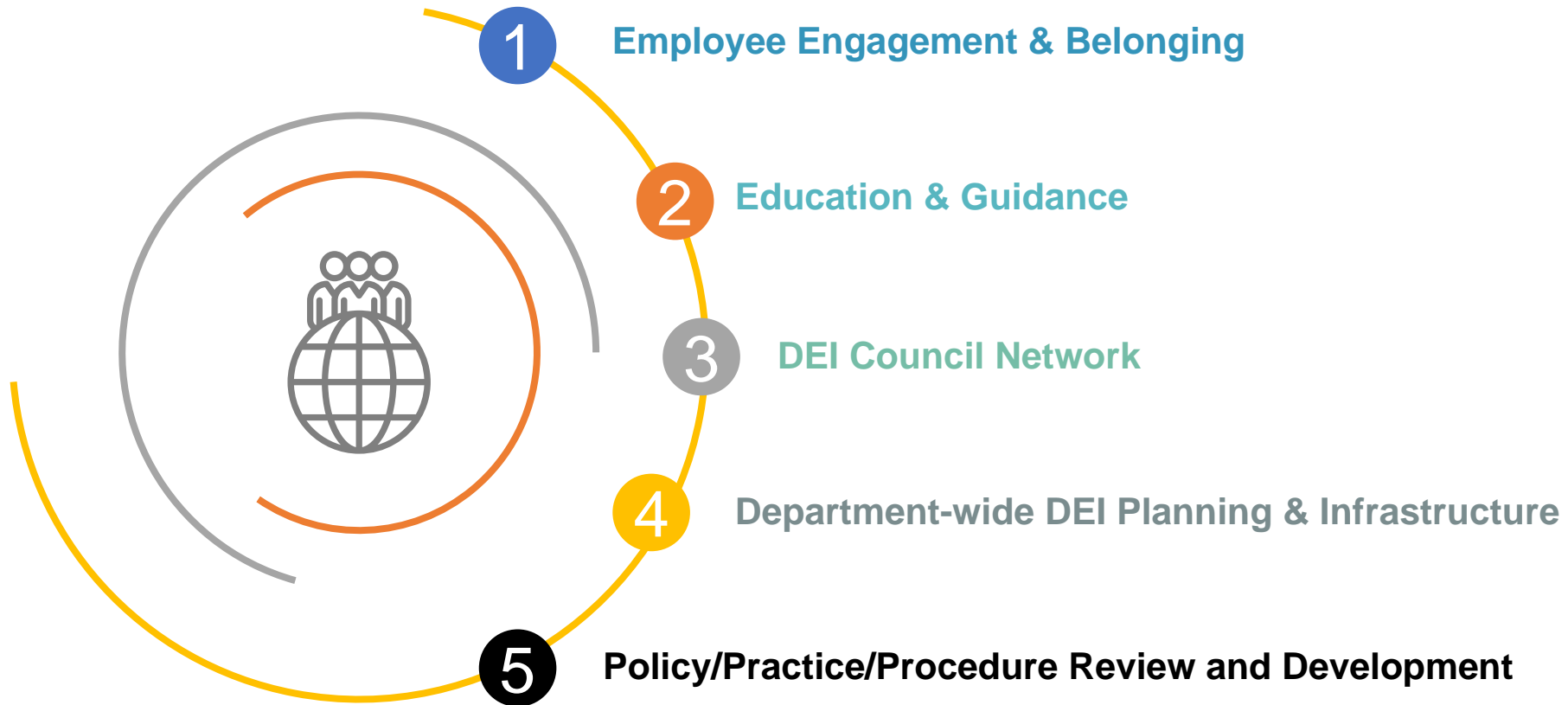
**Dr. Bryle
Henderson
Hatch**
*Director of Office
of DEI*

The Health Equity Portfolio (HEP) provides thought, strategic, and operational leadership to DEI and Health Equity to support alignment with DHHS priorities to embed equity in policy, program, and operations.

Office of PCB Overview

The Office of People, Culture, and Belonging (OPCB) aims to create a culture that allows individuals to embrace their identities in their work setting/workforce setting. OPCB supports the recruitment, development, and retention of a diverse workforce with the required skill sets, competencies, and expertise to provide services and programs to underserved communities and intervene to eliminate disparities.

OFFICE OF PCB FUNCTIONS



INTERSECTION BETWEEN HEALTH EQUITY, WORKFORCE DEI AND STRONG AND INCLUSIVE WORKFORCE

Health Equity	Workforce Diversity, Equity, and Inclusion
<p>Health equity requires reducing disparities in opportunity and outcomes for populations that have been historically, and are currently, marginalized within DHHS and across NC in order to result in fair odds for full health potential.</p>	<p>Workforce DEI and a Strong and Inclusive Workforce requires that everyone from all backgrounds and categories have a fair chance to reach their full potential at work and achieve successful outcomes.</p>

Racism & Other “Isms” are a Root Cause of the Inequities
<ul style="list-style-type: none"><li data-bbox="109 868 2390 953">• The CDC identifies racism as a fundamental driver of racial and ethnic health disparities and as a serious public health threat.<li data-bbox="109 1008 2390 1093">• Discrimination and exclusion for all variables at the personal, interpersonal, cultural and institutional levels are the root causes of both health and workforce inequity.<li data-bbox="109 1148 2142 1186">• The health & human services workforce can identify disparities and inequities and intervene to save lives.<li data-bbox="109 1240 2377 1279">• Workforce DEI skills are essential for effective workforce intervention at all 4 levels to foster well-being and save lives.

WORKFORCE DEI: OUR VALUE STATEMENT

Workforce DEI and a Strong and Inclusive Workforce requires that everyone from all backgrounds and categories have a fair opportunity to reach their full potential at work and achieve successful outcomes.

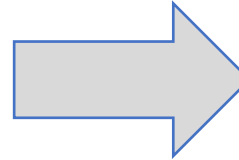
1

Belonging intentionally promotes an inclusive, equitable workplace that reflects the communities we serve, where everyone feels a sense of belonging, and our diverse backgrounds and experiences are valued, recognized and used as strengths.

2

Accessibility provides equitable access to everyone along the continuum of human ability and experience. Accessibility encompasses the broader meanings of inclusion and refers to how organizations make space for the characteristics that each person brings.

3



Key Components of DEI Planning & Strategy:

- DEI Infrastructure
- Unified Plan
- Inclusive Leadership
- Compliance
- Representation
- Best Practices
- Training
- Councils
- Climate

OPERATING / WORKING DEFINITIONS

Health Equity: The intentional effort to ensure that everyone experiences a fair opportunity to achieve the highest level of health without barriers to access and care. Health equity can be achieved through on-going focused societal efforts to address and eliminate inequalities and injustices that lead to health disparities.

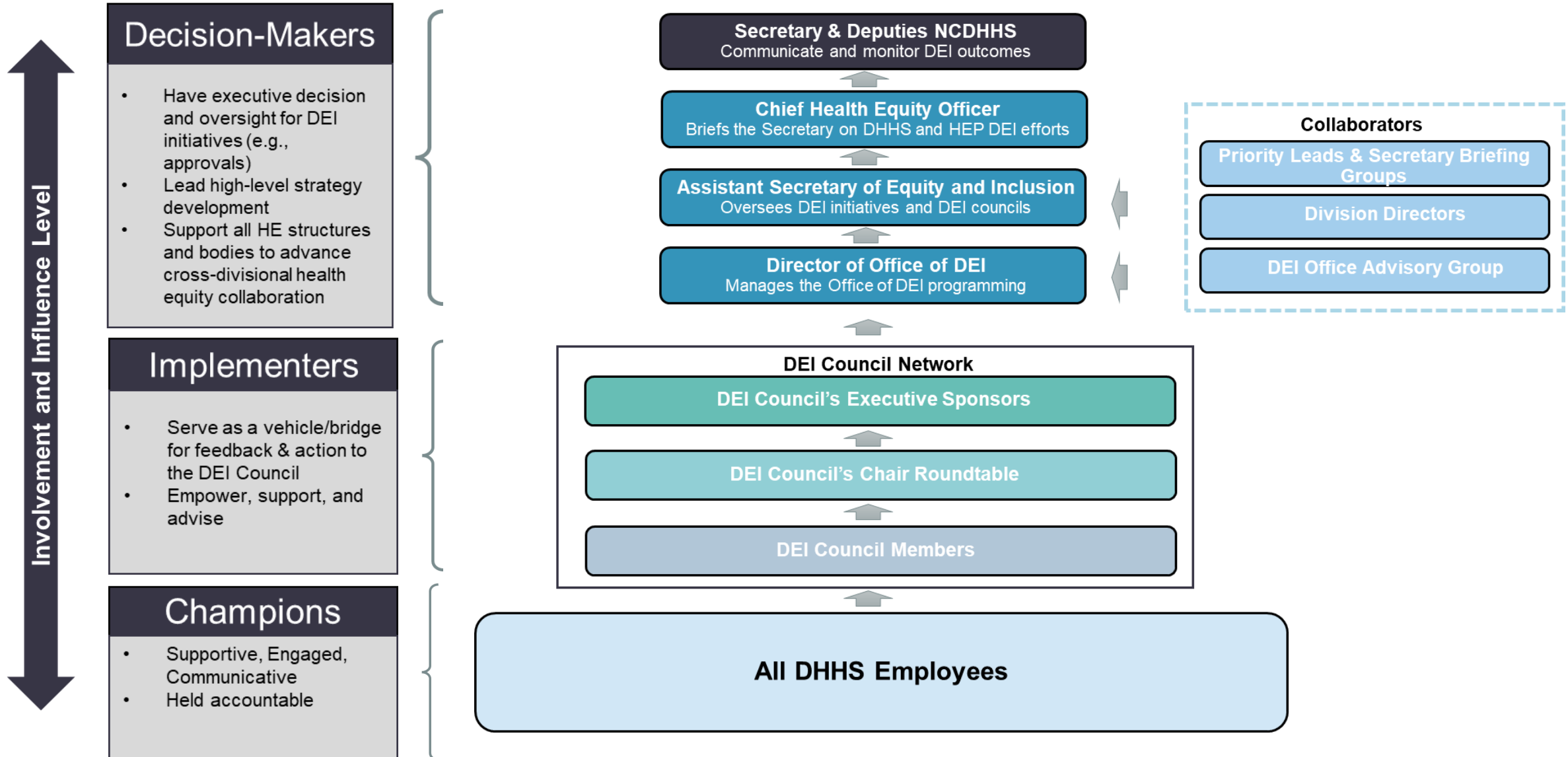
Program Equity: The intentional effort to ensure that everyone experiences a fair opportunity to achieve the highest level of successful program or service outcomes without barriers to access and services. Program equity can be achieved through on-going focused societal efforts to address and eliminate inequalities and injustices that lead to service and outcome disparities in the program area.

Diversity is the full spectrum and intersectionality of identities including but not limited to national origin, language, race, color, disability, ethnicity, sex, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, neurodiversity, lived experiences, geographic location and family structure.

Inclusion creates a culture where diverse employees feel valued, respected, encouraged to fully participate, feel a sense of belonging, and can be their authentic selves in the workplace.

Equity means consistent, fair and just, treatment and outcomes for all persons in the workplace at personal, interpersonal, cultural, and systemic levels.

NC DHHS' DEI GOVERNANCE MODEL



DEI Guiding Principles & Working Assumptions

GUIDING PRINCIPLES FOR EQUITY AND INCLUSION & SUCCESSFUL COMMUNICATIONS ACROSS DIFFERENCES

“The Guidelines”

“TRY ON”
Ideas and Differences

IT’S OKAY TO
DISAGREE

It is not helpful to blame
self or others;
It is helpful to take
responsibility for
learning and changing
now.

PRACTICE “SELF-
FOCUS”

PRACTICE
“BOTH/AND”
THINKING

NOTICE BOTH
PROCESS AND
CONTENT

BE AWARE OF
INTENT AND
IMPACT

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WORKING ASSUMPTIONS

- Isms and biases are learned, caught and taught and can be unlearned.
- We are not to blame for our group memberships, our learnings and misinformation about our own groups and other groups or how we have adapted.
- We can take responsibility for updating our information and changing the cycles of inequity for ourselves and others.

CONSCIOUS OR EXPLICIT BIAS?

- Conscious or explicit bias refers to the intentional information, attitudes, beliefs and stereotypes we have about a group or person at the conscious level.
- When conscious or explicit bias causes us to take actions or inactions in ways that negatively impact the chances that some persons and groups have for successful outcomes that matter for life, health, wellbeing and those biases fit into societal patterns of inclusion and exclusion for certain groups – they are called – “ISMS” – racism, sexism, classism, ableism, etc.
- Isms and biases are learned, caught and taught and can be unlearned.
- Influenced by our exposure to the generational learnings of our society and our backgrounds, cultural environment and personal experiences and feelings.

Culture

WHAT IS CULTURE?

Culture can be defined as the shared beliefs, values, customs, behaviors, and artifacts that characterize a group or society. The various dimensions of culture include:

- **Social organization:** This refers to the way people in a culture interact with one another. It includes aspects such as family structure, social hierarchies, and gender roles
- **Customs and traditions:** These are the rituals, practices, and behaviors that are unique to a culture. They can include things such as food, clothing, music, dance, and celebrations
- **Language and communication:** This includes the spoken and written language, as well as nonverbal communication, such as gestures and body language



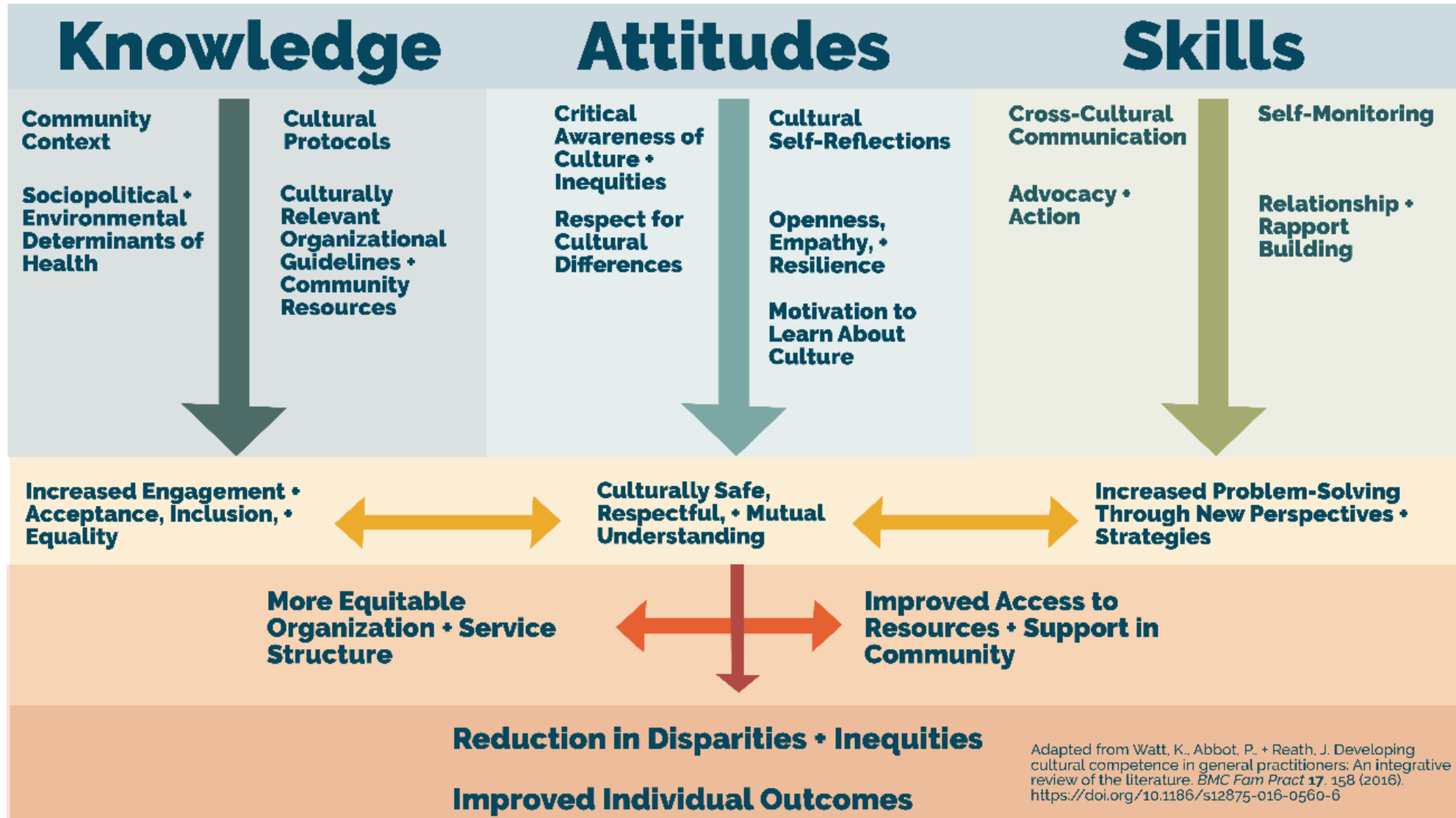
(Johns Hopkins Diversity Leadership Council, n.d.)

CULTURAL ICEBERG

- Just as an iceberg has most of its mass hidden beneath the surface of the water, most cultural elements are also hidden from view.
- At the top of the iceberg, we have the visible cultural elements that are readily accessible to outsiders and that we can see, hear, touch, and taste.
- Beneath the surface of the water, there are the hidden cultural elements that are much harder to identify and understand and are often deeply ingrained in a culture
- By recognizing the hidden cultural elements, we can:
 - better understand and appreciate the differences between cultures.
 - build stronger relationships and avoid misunderstandings when working with people from different cultures.



CULTURAL HUMILITY



CULTURAL SHARING – SELF-REFLECTION EXERCISE

*Please only share what you feel comfortable sharing. This activity is not intended to have you share anything that would be uncomfortable to you. Listen to each person share their answers to all 7 questions. **Pick a time-keeper.***

1. Where did you grow up?
2. How do you identify racially & ethnically? What is your ancestry?
3. Describe your generational category.
Traditionalists (before 1946); Boomers (1947-64); X (1965-81); Y/Millennials (1982-1996); Z/Zoomers (1997-2012)
4. Describe the class background of the family you grew up in and any change now.
5. Describe how you identify culturally in one other way that is significant for you? (e.g., sex, gender identity, sexual orientation, language, military background, religion, spiritual practice, education, profession, learning difference, communication differences, physical, mental, emotional disabilities, region or other variables significant to you)
6. Note one thing that you like and one thing you don't like or that feels hard or challenging about your cultural background (combining or any part of questions 1-5).
7. Note one thing about your cultural background that helps you in your work and one thing about your cultural background that could/might hinder you at work?

*****At the conclusion of each person's turn; One other person shares briefly one thing about the other person's cultural sharing that they liked and appreciated –addressing the person directly – “Angela, I liked that you”***

Closing