

# Changing Communities: An Organizational Guide to Diversity, Inclusion and Engagement

Prepared by Enterprise Community Partners, the Oregon Health and Housing Learning Collaborative  
and the Resident Involvement and Culturally Specific Services Access Work Group



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## THANK YOU

Many thanks to the following individuals for the many hours invested in research, document review, analysis and discussion that was required to produce this guide. The diversity of experience and perspective of this group, especially the attention to detail and the requirement that the selected tools be of value to a broad range of organizations, was critical to the quality of the final product.

**Trell Anderson**, Director, Community Development & Housing, Catholic Charities

**Julia Doty**, Director of Resident Services, Northwest Housing Alternatives

**Sonja Ervin**, Director of Cultural Equity, Central City Concern

**Elizabeth Gern**, Resident Services Coordinator, Catholic Charities

**Marsha Jackson**, Resident Services Coordinator, Housing Transitions Program, Catholic Charities

**Howard Klink**, Enterprise Community Partners Health and Housing Learning Collaborative, Project Consultant

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Finally, thank you to **Meyer Memorial Trust** for their generous grant which has supported the Oregon Health and Housing Learning Collaborative and the production of this document.

## ABOUT ENTERPRISE COMMUNITY PARTNERS

Enterprise works with partners nationwide to build opportunity. We create and advocate for affordable homes in thriving communities linked to jobs, good schools, health care and transportation. We lend funds, finance development and manage and build affordable housing, while shaping new strategies, solutions and policy. Over more than 30 years, Enterprise has created nearly 340,000 homes, invested nearly \$18.6 billion and touched millions of lives. Join us at [www.EnterpriseCommunity.org](http://www.EnterpriseCommunity.org).

Please send questions regarding usage of this information to:

Cheryl Gladstone, Senior Program Director, 212.284.7192, [cgladstone@enterprisecommunity.org](mailto:cgladstone@enterprisecommunity.org)

Amanda Saul, Senior Program Director, 503.553.5656, [asaul@enterprisecommunity.org](mailto:asaul@enterprisecommunity.org)

## ABOUT THE OREGON HEALTH AND HOUSING LEARNING COLLABORATIVE

A peer-to-peer collaborative established in 2014 of nine affordable housing organizations and healthcare professionals in Portland, OR, led by Enterprise Community Partners, that have piloted programs that increase the linkages between affordable housing and health, increase the capacity of the housing owners, and build partnerships between the health and housing fields. Participating organizations include Cascadia Behavioral Health, Catholic Charities, Cedar Sinai Park, Central City Concern, Home Forward, Human Solutions, Innovative Housing, Inc., Northwest Housing Alternatives, and REACH CDC.

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## USING THIS DOCUMENT

**T**his guide includes a collection of materials selected by representatives of housing and social services agencies participating in the Enterprise Community Partners, Inc.'s Oregon Health and Housing Learning Collaborative, generously supported by Meyer Memorial Trust. The Resident Involvement and Culturally Specific Services Access Work Group conducted a review over a 12-month period and selected materials that were viewed as representing a strong commitment to diversity, inclusion and health equity. These materials were also considered up to date relative to the demographics and service needs of the community in 2015. The work group also identified materials designed to assist agencies in conducting organizational assessments and support workforce and board diversity. The selected tools **are intended to support an organizational commitment to inclusion, diversity and the provision of services tailored to the needs of specific communities.**

We invite anyone who finds this guide of benefit to use our tools and resources, including publicly subsidized housing agencies, health and social services programs, and nonprofits. This guide will be particularly useful for resident service coordination staff, property management staff and other affordable housing staff who work with residents of subsidized, multifamily affordable housing properties.

This document is meant to be used as a guide. The materials included were selected as the best examples of a large number of tools reviewed by the work group. The work group was aware that there are significant differences in the size, capacity and readiness of organizations to either initiate or expand diversity, inclusion and health equity efforts. A range of tools in each category was selected to provide options with the understanding that they might be used as is or adapted to the specific needs of the organization. The primary goal of the creation of this guide is to provide tools that will support organizations in strengthening their commitment to diversity, inclusion and health equity.



## GUIDING PRINCIPLES

The work group began with the following guiding principles:

- A commitment to diversity, inclusion and health equity should be represented in the management and hiring practices of the organization, in the development of programs and in the delivery of services.
- A definition of diversity should include racial, tribal and ethnic communities, as well as seniors, people with disabilities and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) individuals. Diversity and inclusion strategies should also include individuals of diverse economic backgrounds.
- The benefits to resident involvement in program development and oversight include empowerment, leadership development, strengthened outreach capacity, self-advocacy skill development, improved understanding of resident needs and ongoing feedback on program effectiveness.
- The benefits to the availability of culturally specific services include improved access to services, improved client outcomes and the promotion of health equity.





## THE OUTCOME

The tools selected for this guide fall into four categories:

- **Organizational Assessments:** These tools are designed to assist agencies in evaluating policies and practice, identifying gaps and developing strategies to promote diversity and inclusion in management, hiring and services delivery. The selected tools represent a range of approaches and strategies that can be used to conduct diversity and inclusion assessments. The decision to select a tool for use should be made based on available resources and the needs and culture of each agency.
- **Training Tools:** These documents include diversity and inclusion definitions and guidelines. They can be used in formal staff trainings, staff supervision or board development as the basis for informal discussions. This section also includes a list of local and regional diversity and inclusion training organizations that have extensive experience in program and organizational development.
- **Community Engagement Tools:** These documents include examples of a currently and successfully used Resident Bill of Rights, Resident Involvement Charter, a Community Compact resource and several resident and staff survey instruments.
- **Recruitment and Hiring Practices:** These documents provide a range of resources including recruitment guidelines, interview questions and bias assessment tools.



# ORGANIZATIONAL ASSESSMENT TOOLS



**HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY****ADAPTED FROM HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY (October 28, 2013)****Why an Organizational Assessment for Cultural Competence & Health Equity?**

Health Share of Oregon is a collaborative partnership formed by Adventist Health, CareOregon, Central City Concern, Kaiser Permanente, Legacy Health, Oregon Health & Science University, Providence Health & Services, Tuality Healthcare, and Clackamas, Multnomah and Washington counties. Together, we are creating a single integrated health care delivery system to transform care for Oregon Health Plan members in the tri-county area.



Health Share of Oregon's Cultural Competence Workgroup convened in early 2013 to address how we are together achieving culturally and linguistically appropriate services (CLAS) in all our health and health care services. This assessment is our approach to measure together how we are providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. By measuring what we are doing, we can establish a path for improving how we provide care together through the leadership of our Cultural Competence Workgroup.

We thank you for your commitment to being part of Health Share and our work to provide culturally and linguistically appropriate services and to eliminate avoidable health disparities among our members. Each of our partner organizations has a role in contributing to the effort to achieve Health Share's goals. Health Share's Cultural Competence Workgroup is charged with overseeing the results of the assessment. Fifty-one percent of Health Share's members are people of color who, along with other culturally and socially diverse groups, continue to experience the most disparities in access, quality and outcomes of care.

We acknowledge that disparities in health and health care exist in more ways than race, ethnicity and language (REL) and will work to eliminate avoidable health disparities in every way possible. Future assessments may emphasize other disparities such as gender, behavioral health, ability, or other disparity areas as identified by our Cultural Competence Workgroup and Community Advisory Council.

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Cultural Competence Workgroup  
Health Share of Oregon  
208 SW 5th Avenue, Suite 400  
Portland, OR 97204

## HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY

### Health Share's Cultural Competence Workgroup

Below is the Roster for our Cultural Competence Workgroup. Workgroup members who are based at one of our 11 founding member organizations are the central point of contact for that organization.

Do you have questions about this or any other part of the assessment? Reach out to Sandra Clark, project director for Community Health Strategies and staff liaison to the workgroup: [Sandra@healthshareoregon.org](mailto:Sandra@healthshareoregon.org) or 503-416-4975.

### Thank you workgroup members for your dedication to this project!

**Alicia Atalla-Mei** (Outside In, It Takes a Neighborhood)

**Ashley Brown** (African American Addictions/Recovery Counselors Association)

**Assefash Melles** (Melles Counseling & Consulting Services)

**Ava Mitchell** (Washington County, Adult Mental Health Services)

**Charmaine Kinney** (Multnomah County, Mental Health & Addictions Svcs)

**Crystal Riley** (Oregon Health & Science University, Intercultural Psychiatric Program)

**Dalila Sarabia** (Health Share's Community Advisory Council)

**Denise Johnson** (CareOregon)

**Ebony Clarke** (Multnomah County, Mental Health & Addictions Svcs)

**Glendora Claybrooks** (Health Share's Community Advisory Council)

**Holden Leung** (Asian Health and Service Center)

**James Mason** (Providence Health & Services)

**Jerry Rhodes** (CareOregon)

**Leda Garside** (Tuality Health Alliance)

**Lynn Boose** (Community Services, Inc.)

**Nafisa Fai** (Multnomah County Health Department)

**Nirmala Dhar** (Clackamas County Health Centers)

**Peggy Ross** (LifeWorks NW)

**Phyllis Stewart** (Native American Rehabilitation Association NW)

**Rodney Cook** (Clackamas County Housing & Human Services)

**Shafia Monroe** (International Center for Traditional Childbearing)

**Sheila Murty-Job** (Legacy Health Systems)

**Sonja Ervin** (Central City Concern, Health Share's Community Advisory Council)

**Tricia Tillman** (Oregon Health Authority, Office of Equity & Inclusion)

**Troy Stone** (Kaiser Permanente)

## HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY

### INSIDE THIS ORGANIZATIONAL ASSESSMENT

In the following pages, you will find five sections.

- **Section 1: Written Communication Materials & Health Literacy**
- **Section 2: Language Access & Interpretation**
- **Section 3: Workforce Demographics & Recruitment**
- **Section 4: Cultural Competence Training & Continuing Education**
- **Section 5: Organizational Culture**

**This assessment was originally developed in 2013 as part of a project for Health Share's Cultural Competence Workgroup. You can adapt this document to meet your organization's needs.**

**Filling out the assessment:** We anticipate that more than one staff from each organization will need to be involved with completing the assessment. For elements about training and workforce diversity, for example, your organization's Diversity Officer or Human Resources Director may be the best people to connect with to identify the answers in Section 3 and to provide related documentation. Be sure to connect with your organization's Operations Manager, Communications Manager, or other leaders in your organization directly responsible for specific areas within the assessment.

### SECTION 1: WRITTEN COMMUNICATION MATERIALS AND HEALTH LITERACY

This section directly aligns with the enhanced National CLAS Standards, Theme 2: Communication and Language Assistance. The Standards in this theme include offering communication and language assistance; informing individuals of the availability of language assistance; ensuring the competence of individuals providing language assistance; and providing easy-to-understand materials and signage.

We anticipate that starting in 2014, the Oregon Health Authority will ask Health Share to provide a detailed strategy for assuring communications in formats that reflect the needs for all members. Each question in this section pertains to areas for which we will need to provide detailed information, including plans for addressing needs or areas for improvement.

#### **1.1. Briefly explain the process that your organization uses to identify the need to provide written translation of vital documents.** Vital documents may include:

- Consent and Complaint forms
- Intake forms with the potential for important consequences
- Written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services
- Notices advising LEP persons of free language assistance
- Applications to participate in a program or activity or to receive services

## HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY

- 1.2. Briefly describe the review process for written translation and/or orally interpreted vital documents.** You may include a Policy & Procedure or other document with your organization's description. Please label the document "Section1.2." as the title of the electronic file or on the top of the printed document.
- 1.3. Please describe your organization's process for translating written signage within your organization.** You may include a Policy & Procedure or other document with your organization's description. Please label the document "Section1.3." as the title of the electronic file or on the top of the printed document.
- 1.4. Does your organization document when requests for written translation of materials are fulfilled?** Please provide an example or other documentation to support your organization's answer. Label supporting documentation "Section1.4" on the printed document or as the title of the electronic file.

Yes       No       Sometimes

- 1.5. Are there things that your organization needs or would like to access in order to proactively provide written translation or oral interpretation of vital documents?** You may note any barriers or issues that impact your organization's ability to proactively provide written translation or oral interpretation of vital documents.
- 1.6. We are interested in documenting the assets as well as the needs of our partner organizations. What activities does your organization pursue or lead to ensure that you are utilizing best practices to assure member understanding?**

### Health Literacy

- 1.7. Does your organization periodically assess your written communications to patients (including Health Share members) for reading level?** (If no, skip the next question.)

Yes       No       Sometimes

- 1.8. Briefly describe how you assess your communications for reading level and provide a copy of your assessment plan, or a report from the most recent assessment.** Please label your supporting document with "Section1.8." on the printed copy or electronic file.
- 1.9. In order to demonstrate to the Oregon Health Authority that our communications with members are effective, we may assess communication and literacy needs of our members. A measurement methodology to demonstrate effectiveness could be in one of two ways. Which does your organization prefer?**

Annual assessment of literacy of Health Share members

Adopt a Health Literacy Universal Precautions approach and conduct periodic assessments of Health Share communications (written, audio, video) to meet specified health literacy level of Health Share members and potential members. Universal precautions refer to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected.



**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**1.10. Are your organization’s administrative and clinical staff members trained to provide health information that meets the language and health literacy needs of all patients? \_\_Y \_\_N**

**1.11. If you answered Yes to question 1.10 above, please tell us more about the training delivered to staff.** We are interested in knowing the course titles that are offered, the target audience, training format (instructor-led, web-based, or both), duration, frequency, and tracking.

You may provide documentation in a separate document; please title the electronic file “Section1.11.” or label it on the printed document if you choose to submit documentation. Otherwise, please use the table below.

<b>Course Title</b>	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)

**1.12. In 2012, approximately how many hours of training (required and recommended) were delivered to all staff on topics related to providing health information to patients?**

**1.13. How do you track and communicate completion of *required* training?** Please indicate any systems you are you using to do this (such as HealthStream).

**1.14. What additional training has been identified that would build your organization’s capability for meeting the health literacy need of your patients, including Health Share members?**

**1.15. What tools does your organization use to assess the reading grade level of your written materials?** Please include in your answer who is responsible for applying these assessments.

**1.16. What materials do you believe are most effective? If your organization has assessed preferences or providers or other staff, please share this information with Health Share. Your answer will support our Cultural Competence Workgroup’s ability to establish standards in this area.**

**Please list the key staff persons at your organization who helped complete this section.** Please include name, title, and email address.

## HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY

### SECTION 2: LANGUAGE ACCESS & HEALTH CARE INTERPRETATION

The Oregon Health Authority encourages that Health Care Interpreters are Certified or Qualified using the State of Oregon process or a similarly standardized and validated methodology. However, both OHA and CCOs recognize that there are not enough fully certified and qualified interpreters available to ensure this is always the case.

**2.1. Please describe how administrative and clinical staff members are trained to access health care interpretation.**

Include specific information detailing the number and types of clinical and administrative staff receiving # of hours of training.

**2.2. Please describe how administrative and clinical staff select and access appropriate health care interpretation.**

Please include specific details about the availability of in-person, telephonic, and video health care interpretation by setting and by hours.

**2.3. Please provide documentation of any policies and practices differentiating the roles and responsibilities of staff/contractors who are health care interpreters, translators, and/or staff in various roles who have bilingual skills.** You may provide links to these documents if they exist online. Otherwise, please provide supporting documentation with the label "Section2.3." as the title of the electronic file or labeled on the printed document you provide.

**2.4. Please indicate the best answer about your organization. This inquiry is with regard to staff and contractors who are health care interpreters, translators, and/or any staff in roles who have bilingual skills.** Provide supporting documentation with the label "Section2.4." as the title of the electronic file or labeled on the printed document you provide.

**Does your organization have a plan in place to ensure how staff performing multiple functions will be identified, appropriately trained, and credentialed?**  Y  N

**Is there a formally adopted policy that supports these practices?**  Y  N

**Does the organization uses contracted interpreters.**  Y  N

**2.5. Does your organization have a plan for recruitment, retention, qualification/certification, and continuing education for health care interpreters, translators, and bilingual/bicultural staff?** Provide supporting documentation with the label "Section2.5." as the title of the electronic file or labeled on the printed document you provide.  Y  N

**2.6. Does your organization utilize Oregon's system for certifying/qualifying health care interpreters for both staff and/or contracted health care interpreters?**  Y  N

**2.7. Please only answer this question if your organization has primary care as part of its services to Health Share members. During primary care visits, does your organization currently provide culturally and linguistically appropriate counseling interventions on nutrition and physical activity?** Please provide information about the specific counseling intervention, including what languages and/or culturally-specific community the intervention targets.

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

- 2.8. From your organization’s standpoint, what barriers exist that may prevent reaching the highest standard for providing excellent health care interpretation?** This information will help the workgroup to assess systems-level needs and to identify resources and strategies for improvement; please be as detailed as possible in your response.
- 2.9. What additional needs or training do you wish your organization had or offered to better ensure the availability of qualified or certified health care interpreters at all times for Health Share members?**
- 2.10. Are there any additional assets or particular skills or experiences that make your organization a leader in providing excellent health care interpretation?**
- 2.11. Below is a simple table we are asking organizations to fill out.** It contains information about the number of health care interpreters, translators, etc. employed by your organization. You may create your own table; label it with “Section2.11.” on the electronic file or printed document.

	Old Town Clinic	Care setting 2 (fill in name)	Care Setting 3 (fill in name)
# of contracted Health Care Interpreters (total)		N/A	N/A
# of HCI who are Certified			
# of HCI who are Qualified			
# of Translators			
# of Translators who are Certified			
# bilingual staff			
# of bilingual staff tested for bilingual proficiency			
# of bilingual staff annually trained in standard medical and behavioral health terminology			

Please list the key staff persons at your organization who helped complete this section. Please include name, title, and email address.

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**SECTION 3: WORKFORCE CHARACTERISTICS AND RECRUITMENT**

Many of these questions will require support from your organization’s Human Resources and Training staff team.

**3.1. Please fill out the worksheet below to the best of your ability.** Alternatively, you may provide a supporting document for this question; please label it “Section3.1.”

	Caucasian	Black	Latino	Asian & Pacific Islander	Native American/ American Indian	Immigrant/ Refugee
Percentage of Organization’s overall staff Total # ___						
Percentage of senior leadership Total # ___						
Percentage of management/ professional staff Total # ___						
Percentage of line/para- professional staff Total # ___						
Percentage of administrative/ clerical staff Total # ___						

**3.2. Please list any observations related to the above worksheet, including any challenges you encountered.**

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**3.3. Please select the response that most accurately describes your organization and include supporting documentation as relevant:**

Our organization has...	Caucasian	Black	Latino	Asian & Pacific Islander
A staff diversity pipeline program or other approach to supporting a diverse workforce? (Label documentation 3.3.1)				
A plan for recruitment of non-traditional workforce (community health workers, peer wellness specialists, doulas, personal health navigators) from communities impacted by health inequities? (Label documentation 3.3.2)				
A plan for the retention and continuing education of non-traditional workforce from communities impacted by health inequities? (Label documentation 3.3.3)				
A task force or team dedicated to workforce diversity? (Label documentation 3.3.4)				
Recruitment procedures that have formal and open processes to recruit prospective employees? (Label documentation 3.3.5)				

**3.4. Do your organization’s job descriptions address seeking candidates with experience working with people who are culturally different from the applicant?** Please provide example job descriptions to demonstrate this and label documentation “Section3.4.” Y N

**3.5. Do job announcements/postings state the organization’s desire for candidates from diverse groups (paying particular attention to communities of color, immigrants, and refugees)?** Please provide example job announcements to demonstrate this, labeling your printed or electronic document with “Section3.5.” Y N

**3.6. Please check off the areas that your organization’s job qualifications address.** Please provide a sample job qualifications document to demonstrate this, labeling your printed or electronic document with “Section3.6.”

the value of experience working with communities of color, immigrants, and refugees.

the ability to work within racially diverse teams

the capacity to work in languages other than English

(Optional to add others)



**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**3.11. Does your healthcare organization have the following programs?**

- a. Career development activities    Yes      No      Currently being planned
- b. Succession planning                Yes      No      Currently being planned
- c. Technical training                    Yes      No      Currently being planned
- d. Management development        Yes      No      Currently being planned

**3.12. Do you have the following activities available?**

- a. Mentoring                              Yes      No      Currently being planned
- b. Tuition reimbursement            Yes      No      Currently being planned
- c. Personal counseling                Yes      No      Currently being planned
- d. Employee assistance programs    Yes      No      Currently being planned

**3.13. With regard to culturally and ethnically diverse staff at your organization, what trend do you observe over the last 5 years?** If your organization has been in operation for less than five years, indicate based on experience since it was founded.

- a. Discrimination charges are not increasing    \_\_Y \_\_N
- b. Retention of ethnic/cultural minorities is not a problem    \_\_Y \_\_N
- c. Promotions of ethnic/cultural minorities is not a problem    \_\_Y \_\_N
- d. Turnover is not a problem    \_\_Y \_\_N

**3.14. Is there specific financial support for cultural diversity activities or programs?**    \_\_Y \_\_N

## HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY

### SECTION 4: CULTURAL COMPETENCE TRAINING AND CONTINUING EDUCATION

This section focuses on training your organization offers to advance understanding of cultural competence and health equity, including but not limited to:

- developing cultural competence
- cross-cultural communication
- collection and analysis of race, ethnicity and language data
- health norms and beliefs of diverse communities in your service area
- working effectively with health care interpreters
- inclusion of (non)traditional health care workers on clinical teams, and more.

**4.1. Who is your organization's staff point person who could fulfill a need to ensure accountability for coordinating, tracking staff participation in, and evaluating the quality and impact of cultural competence and health equity-related training?** Please also include name, title, phone

**4.2. Does your organization have a training policy requiring continuing education or training focused on the above topics?**  Y  N (If yes, provide documentation and label it with "Section4.2.")

**4.3. We anticipate that OHA will require Health Share to annually report on improvement in the area of training and continuing education. We have an opportunity to establish the measurement by which we can establish standards for improvement. Help us determine the measurements by filling out the tables below.**

#### Cultural Competence Training

Please help us understand the assets and skills within our community in the area of Cultural Competence education.

Complete the chart for each training topic below. If you do not currently offer any of these courses, please note whether your organization is planning to offer them in the future:



**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

<b>Topic: Developing Cultural Competence</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<p><b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?</p>					
<p><b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?</p>					
<p><b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?</p>					

<b>Topic: Cross-Cultural Communication</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<p><b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?</p>					
<p><b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?</p>					
<p><b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?</p>					

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

<b>Topic: Collection and Analysis of Race, Ethnicity, and Language Data</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<p><b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?</p>					
<p><b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?</p>					
<p><b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?</p>					

<b>Topic: Health Norms and Beliefs of Diverse Communities in Your Service Area</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<p><b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?</p>					
<p><b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?</p>					
<p><b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?</p>					

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

<b>Topic: Working Effectively with Health Care Interpreters</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?					
<b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?					
<b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?					

<b>Topic: Integrating Non-Traditional Health Care Workers on Clinical Teams</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?					
<b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?					
<b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?					

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

<b>Topic: Trauma-Informed Care or other trauma-based training</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)
<p><b>If you currently offer instructor-led training on this topic:</b> Are the instructors and/or guest speakers from community-based organizations or are community leaders, elders, or representatives from the population being served?</p> <p><b>In the past 12 months:</b> Approximately how many hours of training (required and recommended) were delivered to all staff on this topic?</p> <p><b>If you do not currently offer training on this topic:</b> Do you have plans to do so and when?</p>					

<b>Please list any additional courses related to Cultural Competence not already described above.</b>					
<b>Course Title</b> (What courses are currently offered?)	<b>Target Audience</b> (Administrative Staff, Clinical Staff, or All Staff)	<b>Training Format</b> (Instructor-Led, Web-Based Learning, or Both)	<b>Duration</b> (In minutes or hours)	<b>Frequency</b> (Annually Required, One-Time Requirement, or Recommended Training)	<b>Tracking</b> (Is course completion being tracked?)

**4.4. Reflect on the impact of the above Cultural Competence training on interactions between staff; interactions between staff and patients; and patient comprehension of treatment plans.** Please rate the overall effectiveness of current training:

	<b>Rating</b>	<b>✓</b>	<b>Comments</b>
1	Not effective		
2	Could be more effective		
3	Somewhat effective		
4	Effective		
5	Highly effective		
N/A	Unclear or unsure		

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**4.5. Consider how your organization measures the effectiveness of Cultural Competence training today and how you would like to measure impact in the future:**

	<b>Are you currently using this method? (Yes or No)</b>	<b>Should this method be used? (Yes or No)</b>	<b>What barriers exist to implementing this method in your organization?</b>
<p><b>Course Completion:</b> Metrics indicate the count of staff who have completed Cultural Competence training.</p>			
<p><b>Patient Satisfaction:</b></p>			
<p><b>Staff Satisfaction:</b> Results from staff satisfaction surveys are shared with all levels of the organization and used for continuous improvement related to Cultural Competence.</p>			

**4.6. What suggestions do you have on other methods for measuring the effectiveness of Cultural Competence training?**

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**4.7. Consider how your organization ensures accountability for applying new skills and knowledge acquired in Cultural Competence training:**

	<b>Are you currently using this method? (Check if yes)</b>	<b>If you are not currently using this method, do you feel it should be used? (Check if yes)</b>
<b>Level 1 Evaluation:</b> Upon completion of training, students complete a satisfaction survey. Themes are summarized and used for continuous improvement.		
<b>Level 2 Evaluation:</b> A quiz, test, or other check of knowledge or capability is delivered as part of training.		
<b>Level 3 Evaluation:</b> Upon completion of training, an employee’s skill or knowledge is formally observed in the workplace and assessed by peers or managers. Feedback is provided, and behavior is reassessed in the future.		
<b>Level 4 Evaluation:</b> The organization connects Cultural Competence skill and knowledge to strategic objectives and outcomes.		

**4.8. What barriers exist to implementing the above methods in your organization?**

**4.9. Does your organization have significant training or leadership in a particular area of cultural competence, health equity, language access, health literacy, or other topic area? Your detailed answer will help us to recognize assets within our system and to identify opportunities to share best practices and training.**

**4.10. Please use the space below to add any additional comments related to Cultural Competence and Health Equity continuing education at your organization.**

**HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR  
CULTURAL COMPETENCE AND HEALTH EQUITY****SECTION 5: ORGANIZATIONAL CULTURE**

This section of the assessment has two aims.

1. This section supports Health Share and our partner organizations in recognizing the key role organizational culture plays in supporting cultural competence and health equity, with particular focus on organizational values and governance.
2. This section contributes to advancing the practical understanding of how to assess cultural competence at the organizational level by borrowing from local, state, and national resources.

Thank you for completing the final section of this assessment.

**5.1. Does your organization have a mission statement that incorporates cultural and linguistic competence in service delivery?**  Yes  No

**5.2. Does your organization consider cultural and linguistic differences in developing quality improvement processes?**

Very often  Fairly often  Sometimes  Not at all

Formal policy in place

Developing formal policy currently

Informal policy in place

No policy

**5.3. Does your organization help consumers get supports they need (flexible service schedules, childcare, transportation, etc.) to access health care?**

Very often  Fairly often  Sometimes  Not at all

Formal policy in place

Developing formal policy currently

Informal policy in place

No policy

**HEALTH SHARE’S ORGANIZATIONAL ASSESSMENT FOR CULTURAL COMPETENCE AND HEALTH EQUITY**

**5.4. Are there structures in your organization to assure for consumer and community participation in:**

- Program planning?**       Very often       Fairly often       Sometimes       Not at all
- Service delivery?**       Very often       Fairly often       Sometimes       Not at all
- Evaluation of services?**       Very often       Fairly often       Sometimes       Not at all
- Quality improvement?**       Very often       Fairly often       Sometimes       Not at all
- Hiring practices?**       Very often       Fairly often       Sometimes       Not at all
- Performance appraisal?**       Very often       Fairly often       Sometimes       Not at all
- Customer satisfaction?**       Very often       Fairly often       Sometimes       Not at all

- Formal policy in place
- Developing formal policy currently
- Informal policy in place
- No policy

**5.5. Is there an organizational policy in place that supports or ensures community and consumer participation or engagement?** Please provide supporting documentation with the label “Section5.5.” in the name of the electronic file or labeled on the printed copy of the document.

- Formal policy in place
- Developing formal policy currently
- Informal policy in place
- No policy

**5.6. Does your work environment reflect the culturally diverse groups in your service area?** Work environment refers to the physical space within your organization, the types of activities offered, celebrated or recognized events, etc.

- Many groups are reflected in the work environment
- Quite a few
- Some
- Only one or two



**HEALTH SHARE'S ORGANIZATIONAL ASSESSMENT FOR  
CULTURAL COMPETENCE AND HEALTH EQUITY**

**5.7. Please rank the level of 'institutionalization' of cultural competence in your organization, i.e., the extent to which cultural competence is an integral part of the organization's service, management, and business functions.**

1      2      3      4

High

Low

**5.8. As your organization has attempted to meet the needs of your culturally and linguistically diverse community (including consumers and workforce), what issues has your organization dealt with? How were these issues addressed?** Please be as specific as possible. Examples of issues may be the need for resources, conflict, etc.

**5.9. What are the greatest strengths of your organization to effectively deliver care and services to culturally and linguistically diverse populations?**

**5.10. What are the biggest concerns within your organization with regard to the ability to effectively deliver care and services to culturally and linguistically diverse populations?**

**5.11. How often does your organization collaborate with community-based organizations to address the physical health and mental health-related needs of the culturally and linguistically diverse groups in your service area?** Please also indicate what kind of policy is in place to support this collaboration.

Very often       Fairly often       Sometimes       Not at all

Formal policy in place

Developing formal policy currently

Informal policy in place

No policy



**BROWARD COUNTY CULTURAL COMPETENCY  
PLANNING TOOL**

**CULTURAL COMPETENCE PLAN**

**Guiding Principles:**

- All individuals have a unique set of issues that must be recognized and addressed.
- Cultural knowledge and sensitivity must be incorporated into program policymaking, administration and services.
- Programs must do more than offer equal and nondiscriminatory services, they must tailor service to their consumers.
- In culturally competent systems of care, consumers determine the direction and the goals.

**Responsibility:**

(Name of Organization)

**Implementation Period:**

(Time Period for Incorporating Plan)

<b>Outcome:</b> Staff recruitment, retention, training and development in the areas of cultural competence shall be implemented at all levels in the Organization.	
<b>Strategy</b>	<b>Progress/Status</b>
The Organization will demonstrate ongoing recruitment, retention, and career development of culturally diverse individuals.	
The Organization’s workforce shall be culturally and linguistically diverse and reflective of the community served.	
The Organization shall provide and make available on-going formal and informal cultural competence training opportunities to all staff.	
The Organization shall track the percentage and number of individuals receiving initial and on-going cultural competence training.	
The Organization shall maintain culturally-based policies of behavior and performance-based demonstration of implementation. The Organization shall track the percentage and number of personnel-related complaints, grievances, and commendations based on cultural factors relative to service delivery. This information shall be factored into performance evaluations.	
The Organization’s leadership shall be evaluated on their cultural competence skills.	

**BROWARD COUNTY CULTURAL COMPETENCY  
PLANNING TOOL**

<b>Outcome:</b> The Organization’s governing entity incorporates a Board of Directors that is representative of the populations to be served in the community at large.	
Strategy	Progress/Status
The Organization’s Board of Directors shall represent the population served.	
The Board of Directors shall consider the representation of its membership and its reflection of the population served when selecting new members.	
New members of the Board of Directors shall receive an orientation that includes a review of statistical data, policy statements, and customer/client service information, including demographic information and services rendered to customers/clients served.	
Members of the Board of Directors shall consistently review and ensure that the organization’s mission, values statement and goals reflect the diverse needs of the community.	
The Organization’s CEO shall regularly report to the Board of Directors on progress made in the area of cultural competence and on the impact of cultural issues.	
The Organization shall include formal procedures for decision-making related to policies and practices relative to grievances in accordance with state and federal law.	

<b>Outcome:</b> The Organization’s leadership is reflective of the population and community it serves, and incorporates cultural factors when planning and designing policies and procedures.	
Strategy	Progress/Status
The Organization shall ensure that employment opportunities for senior management positions are circulated through culturally diverse networks.	
The Organization’s leadership shall collect and analyze demographic and statistical information on culturally diverse populations for use in its planning process.	
The Organization’s leadership shall develop goals and objectives for allocating resources and delivering services in a manner that addresses the needs of multicultural populations.	
The Organization’s leadership shall involve culturally diverse groups in its planning.	
The Organization’s leadership shall receive training in planning to specifically meet the needs of multicultural communities.	
There shall be policies and procedures that promote the integration of services to effectively serve culturally diverse customers/clients.	

**BROWARD COUNTY CULTURAL COMPETENCY  
PLANNING TOOL**

<b>Outcome:</b> The Organization has a regular quality monitoring and improvement process with diverse representation that promotes culturally based policies and practices and evaluates the process and outcome of service delivery.	
<b>Strategy</b>	<b>Progress/Status</b>
The Organization shall maintain a Quality Improvement Plan for delivery of services that is culturally grounded.	
There shall be evidence of the continuous monitoring, evaluation, and improvement of policies in accordance with the Quality Improvement Plan. There shall be a diverse representation of customers/clients and providers participating on quality improvement teams.	
The Organization shall provide access to, and shall utilize the results of, quality studies that focus on best practices that promote the well-being of customers/clients.	
The Organization shall utilize linguistically and culturally factored satisfaction surveys. Surveys shall be available in various formats to facilitate the participation of customers/clients at all socio-economic and educational levels.	
The Organization shall periodically verify that outcomes measured are valid and applicable to the diverse population.	
The Organization shall track and trend the percentage of complaints, grievances, and commendations based on cultural factors that impact service outcomes. The information shall then be factored into the Quality Improvement Plan.	
The Organization shall conduct periodic reviews of current and past utilization patterns based on cultural factors. The organization shall track, trend and utilize this information in the development of new programs, outcome measures, and other areas relative to quality monitoring and improvement.	
The Organization shall track and trend the use of flexible funds (where applicable) based on cultural factors and shall utilize this information relative to quality monitoring and improvement.	

**BROWARD COUNTY CULTURAL COMPETENCY  
PLANNING TOOL**

<p><b>Outcome:</b> The Organization has an education and outreach program which is an integral part of its operations, and which is guided in its development and implementation by customers/clients and community-based organizations that represent the diverse population served.</p>	
Strategy	Progress/Status
The Organization shall incorporate cultural and linguistic considerations in the planning and implementation of its education and outreach activities.	
Activities and materials, including an updated listing of community resources, shall be provided in multiple languages reflecting the diversity of the population.	
Education, training and the coordination of outreach activities shall be made with community-based groups and organizations that are responsive to the needs of unique customers/clients.	
The Organization shall assess the demographic profile of the population, including their strengths, needs and unique factors. These elements shall then be incorporated into the development of education and outreach activities.	

<p><b>Outcome:</b> The Organization maintains a public/community relations program that actively seeks opportunities to promote its services to culturally diverse populations and organizations.</p>	
Strategy	Progress/Status
The Organization shall maintain an updated list of culturally diverse media contacts and organizations.	
The Organization shall advertise special events and program information in culturally diverse print and broadcast media and through community networks and organizations representing culturally diverse groups.	
The Organization shall ensure that all its brochures, annual reports, newsletters, and publications reflect the diversity of the population it serves.	
The Organization shall make available resources, videotapes, publications, guides and service manuals that address cultural competence, and services specifically designed to reach culturally diverse populations.	



# Racial Equity Roadmap User Manual

By

Adapted from Kenya Budd, Office of Equity and  
Human Rights  
and the Citywide Equity Committee, for the  
Portland Housing Bureau partners

## INTRODUCTION AND ACKNOWLEDGEMENTS

The Portland Housing Bureau is striving to do its part to bring equitable access and outcome for Portland residents. Our partners are key in the delivery of an equity agenda. This manual is adapted from the City of Portland's Equity Roadmap Project. It is our guide to you for using the Equity Road Map Assessment and Planning tool. We are deeply grateful to the work of the Office of Equity and Human Rights, the City of Portland Citywide Equity

Committee, and the Coalition of Communities of Color. We could not have provided this guidance without their work and generosity in making it available to our partners.

Context: While Portland may consider itself a fair and just city, people of color within the City of Portland continue to fare worse than their white counterparts in every area; housing, employment, education, justice, and health. The City of Portland has not made significant changes for employees or residents of color despite years of effort.

Because the City has a unique responsibility to all residents, these racial inequities must be addressed. Research into the persistent inequities indicate that we must go beyond individual, intentional prejudices and examine government institutions. We must investigate, honestly, how our longstanding systems, policies and practices unintentionally support racial inequity, and change them. From this determination, the City - assisted by the Portland community - created the Office of Equity and Human Rights in 2012.

OEHR has been tasked to focus specifically on race and disability. In 2012 OEHR took over the City's Diversity Committee, via Resolution No. 36956 and changed the name to the Citywide Equity Committee. This committee has representatives from all organizations in the City and provides resources, and support to advance racial equity within organizations and the City as a whole. Both the OEHR and the committee have an *internal* focus that also extends to how deliver services to the community - the City of Portland needs to address our own systems and policies that are hindering racial equity.

One of the first tasks asked of the CEC was to develop guidance for City organizations to create their own racial equity plans.

The Racial Equity Roadmap is the result. The Racial Equity Roadmap is a comprehensive tool that will provide structure and direction for organizations to assess themselves and develop five year organization level racial equity plans.

### WHY RACIAL EQUITY?

*A focused effort to address persistent racial disparities allows the City of Portland to make more significant progress than if we were to address disparities across multiple identity lines simultaneously. Racially equitable programs, policies, and practices benefit all, not just people of color.*



## CITY OF PORTLAND OFFICE OF EQUITY AND HUMAN RIGHTS RACIAL EQUITY ROADMAP USER MANUAL

The Racial Equity Roadmap was in development for over a year, and created by a dedicated team of City staff from across the City. They researched best practices from across the country as well as previous efforts within the City to develop an in-depth baseline assessment, guidance on plan development, and structure to support organization efforts.

We would like to offer special thanks to the ‘All Hands Raised’ project, the Racial Equity Strategy Guide developed by the Urban League in concert with City of Portland staff, and Crossroads Antiracism Organizing & Training for their analysis and their “Continuum on Becoming Antiracist Multicultural Institution”.

### RACIAL EQUITY ROADMAP

The Racial Equity Roadmap is an excel tool, that will be available for download from PHBs website, and designed for organizations to use in the development of their racial equity plan.

The Roadmap includes a baseline assesment, analysis of the assesment, evaluation of gaps within a organization in relation to racial equity, a tab to assist in developing the organization plan and tabs for yearly reievew of plan actions and results. The Roadmap is structured on the assumption that a organization’s equity plan is a five-year plan. At the end of five years, organizations should re-do the assesment, evaluation and planning to see how they’ve progressed over time.

The Roadmap is *outcome driven* and organizations are expected to report not just on actions but on the outcomes of those actions. If an action is not producing the desired outcome, organizations should adjust their efforts. The Racial Equity Roadmap is at tool to help organizations *develop* a comprehensive and effective racial equity plan; it will help provide structure and consistency across the City.

By using a single tool across all organizations, the City of Portland and PHB - for the first time - will be able to compare racial equity work across all organizations in an ‘apples to apples’ comparison. Past efforts in the City have been led by individual organizations and vary so widely that it’s impossible to see how organizational efforts on racial equity relate to each other, or how the City is doing overall.

While all organizations will use the Roadmap to perform baseline assemments, develop racial equity plans, and report the results to PHB, the Roadmap is not intended to be punitive. No organization is expected to achieve a ‘perfect score.’ In fact, we aren’t aware of any organization that could achieve the perfect score. The idea is to move towards the Roadmap’s vision. We are undergoing a deep assessment of our work at the City of Portland and working to change a long standing system built to benefit a community that has

changed around us. The Roadmap is an opportunity to take a step back and ask difficult questions, knowing that we may not have the answers. This should be expected. PHB, the Office of Equity and Human Rights, the Citywide Equity Committee, and our network of national partners are all here to help troubleshoot, and share resources and promising practices.

### RACIAL EQUITY ROADMAP TOOL

You can find the Racial Equity Roadmap tool in the Office of Equity and Human Right's webpage here: <https://www.portlandoregon.gov/PHB/roadmap>

It is an excel workbook with extensive formatting that was designed for Excel 2007 or later. It should also work in earlier versions of Excel, but with fewer features. Please do not adjust the tool's formatting. If you have technical questions about the tool, please contact PHB and they will arrange help for your organization.

### RACIAL EQUITY CONTINUUM

*The Roadmap includes the Racial Equity Continuum, an aspirational matrix that maps the path we are travelling together. The Continuum is intended as a tool to help bureaus envision what we can accomplish as a fully inclusive and racially equitable institution. It includes examples of the obstacles and achievements found in each stage of the continuum. The Roadmap assessment will provide an average score that places the bureau on the continuum.*

### PREPARING FOR THE ROADMAP

Successfully using the Roadmap to develop an organization racial equity plan will require preparation.

### COORDINATION TEAM

Each organization should develop a coordination team, a small group who will shepherd the organization through the entire Roadmap process. This team needs five things in order to ensure the success of this work.

- **Authority** - either by having upper management Staff on the team or by authorization from Director to spend time on the project. The coordinating team will need to ask staff in different divisions/programs/departments to provide information, to spend time on Roadmap, and to take various equity actions. They need to have sufficient authority to make these requests. The coordination team should be in regular communication with the Director on the progress of the project.
- **Expertise** - data and technical expertise on Excel, finding and collating the data used to inform the Roadmap and project management.
- **Familiarity** - be familiar with the City's philosophy on racial equity and the language we are using. They also need familiarity with the structure of their organization to know who to talk to about various aspects of the Roadmap.

## CITY OF PORTLAND OFFICE OF EQUITY AND HUMAN RIGHTS RACIAL EQUITY ROADMAP USER MANUAL

*Time* - the coordination team should be given dedicated time for this project. It's recommended that the organization's Title VI coordinator and the CEC rep are part of the coordination team.

The coordination team should attend PHB's orientation training and supplemental racial equity training.

The coordination team is responsible for meeting the various deadlines in the Roadmap process, for ensuring the reports are provided to PHB, and they are also the point of contact for any questions that may come from PHB regarding the organization's Roadmap work.

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### THE ORGANIZATION

The Roadmap and the organization racial equity plan will take organization resources to implement; in terms of time, money, skills, and effort. Each action item is expected to be assigned to individuals or team within the organization. Organizations are expected to be willing to change their policies, the way they do business, their habits, and cultures that exist within the organization. These expectations should be acknowledged and built into organization work plans and budgets.

It's suggested that all staff in the organization attend OEHR's basic racial equity training course, or equivalent training at minimum.

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### SUPPORT

The Portland Housing Bureau is the central point of contact for questions about the Roadmap and for assistance, training and support during the Roadmap process. Your contract manager will be a bridge to this resource.

Resources available include the Roadmap webpage, which includes background and training materials, schedules for training sessions, frequently asked questions and contact information for specific assistance.

Roadmap Orientation sessions will be scheduled regularly, to provide organizations with an initial introduction to the Racial Equity Roadmap. PHB will hold open office hours to help Organizations through the process. Annual reports will have a mechanism for flagging areas where Organizations need support. Extra assistance can be provide upon request.



The Organization Profile page is used by PHB to help give them a snapshot of information about the organization, and is a useful collection of baseline information for the organization as well.

**TAB 2: ASSESMENT**

The baseline assessment is a key part of the Racial Equity Roadmap. It consists of 41 questions divided into six components. These questions are intended to help organizations determine where they are *now* on a Continuum towards achieving racial equity. The assessment is used to evaluate where the organization is, provide analysis of gaps that need addressing, and provide an average that will place the organization on the Continuum. Organizations should ensure that enough time and resources are available to answer the assessment questions thoroughly.

Answers fall in a range of 0-5, and the definitions of the range are described on the tab. Please be aware that 0, or not applicable, should be rarely used in the assessment.

There are vertical columns available for different programs within the organization that are large enough to answer the assessment individually. Each header is populated from the Organization

Bureau of Planning and Sustainability		Equity Baseline Assessment FY 14-15			
Responses Include:		<i>Directions:</i> In the blanks cells below each program or department select best describes where your organization is in relation to the 41 equity practice responses are listed at the top left. Cells will become colored once a number is entered for recommendations about next steps.			
0	This is not relevant or does not exist in our Bureau of department				
1	Haven't started work in this area yet or this may happen on an 'as-needed' basis				
2	Plans exist to do this but have not yet been implemented. It may happen but inconsistently and with limited success				
3	This is in place, or occurs regularly. We have evidence of its use and are assessing its effectiveness.				
4	This is in place with clear evidence of success. Structural change has been made in order to be effective in this area				
5	This is part of our routine, and identity. We model it for others. Practice has resulted in effective sustainable changes				
A. Organizational Commitment		Bureau-wide	Division/Program 1	Division/Program 2	
1	Public written commitment to address/eliminate racial and ethnic inequities exists in guiding documentation: mission, vision, goals.	4			
2	Operational commitment to address/eliminate racial and ethnic inequities is visible in the organization. (i.e. physical characteristics of offices and location, Standard Operating Procedures)	3			
3	Development and monitoring of racial equity plan, or strategy integrates perspectives from staff and constituencies of color.	5			
4	Representatives from communities of color are participants in strategy development for any program, policy, or service that impacts them.	3			
5	There is ongoing evaluation of policy, service, or program impacts and progress towards racial equity.	4			
6	Staff have a shared language on race, racism, and social justice and are culturally responsive and inclusive in communication	5			

Profile tab where programs are entered. Individual divisions or teams should answer the survey questions from their own perspective and experience. If your organization is very small, and will only be responding to the questions at the organization level, use the first input column and list Organization wide, instead of program names, on the Profile Tab.

**Section 1: Organizational Commitment**

This section reflects the organization’s commitment to racial equity at the policy, planning and budget level. It also includes questions about the general office environment for staff regarding discussions about race and racial equity. The organization’s EEO and AA practices can help inform this section.

**Section 2: Leadership and Management**

This section explores the way leadership and management level practices affect the organization’s ability to advance racial equity. Several of the questions are about how leadership supports racial equity in the organization,

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and among their employees. There is an important question about networking at the leadership level - to help support management and leadership staff in the hard work of racial equity.

It's important, when getting feedback from line staff, to build in some way to protect staff from retaliation or fear of retaliation when they provide honest, if negative, feedback. If you have questions about how to best do this, we strongly encourage you to contact PHB for assistance.

**Section 3: Workforce**

These questions address how racial equity goals and practices are imbedded in workforce development and hiring. The organization's AA coordinator can be very helpful in responding to this section.

**Section 4: Community Access and Partnership**

This section looks at how the organization engaged with external partners and the City of Portland community in regards to racial equity. Even organizations that are internal service organizations will still have the ability to respond to this section - as they all operate in service to the public, if only indirectly. For example, other organizations can be considered partners and, technically, all City organizations are open to questions and input from residents of the City. Even if your organization is internally focused, please review this section carefully to consider how the questions would apply. .

If you have an Organization Advisory Committee, they can provide valuable feedback for this section.

**Section 5: Contracting (skip this section if it does not apply to your organization)**

This section asks about the organization's contracting practices. The Organization should have a contract manager that can help with this section. The organization may also work directly with Purchasing to obtain the required information to breakdown their MWESB contracting numbers on the Organization Profile Tab.

**Section 6: Data, Metrics and Continuous Quality Improvement**

This important section reviews how organizations collect information and track the results of their actions to improve racial equity. Organization practices in this area will help a great deal later in the process, when the organization develops their racial equity plan and have to identify methods for tracking progress.

It's likely that data collection is dispersed among different programs within the organization, the Roadmap tool is one way to help organizations centralize racial equity metrics.

**TAB 3: ANALYSIS**

The analysis tab draws on the answers provided for the baseline assessment (Tab 3). The same questions are listed on the left, divisions or programs are listed along the top. Any answer in the baseline assessment of less than 3 will result in a red ‘action needed’ result. These are issues that the organization should focus on when developing their organization racial equity plan.

There are two narrative questions on the analysis tab:

- 1. What opportunities for change does this analysis suggest? (Informs action items)**
- 2. How will you measure progress (data, behaviors, etc.)? (Informs performance indicators)**

They are intended to help the organization think about how to resolve the issues brought up by the analysis.

Though the ‘action needed’ indicator is a good guide for organizations in developing their own racial equity plan, organizations are not *required* to focus only on those areas. Organizations are encouraged to include actions that help focus their specific needs and practices that make use of their strengths, and reflect the organization’s interests and functions.

The analysis tab is intended to be a valuable resource for informing the development of the organization’s racial equity plan.

Areas to consider that clearly need improvement:	Division/Program						Directions: Complete the following reflections for each of the 41 items we were given a score of less than 3 and should be
	0	0	0	0	0	0	
<b>Organizational Commitment</b>							<b>1. What opportunities for change does this analysis suggest? (Informs action items)</b>
Public written commitment to address/eliminate racial and ethnic inequities exists in guiding documentation: mission, vision, goals.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Operational commitment to address/eliminate racial and ethnic inequities is visible in the organization. (i.e. physical characteristics of offices and location, Standard Operating Procedures)	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Development and monitoring of racial equity plan, or strategy integrates perspectives from staff and constituencies of color.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Representatives from communities of color are participants in strategy development for any program, policy, or service that impacts them.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
There is ongoing evaluation of policy, service, or program impacts and progress towards racial equity.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Staff have a shared language on race, racism, and social justice and are culturally responsive and inclusive in communication	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Difficult conversations about race are encouraged and supported in safe, confidential and/or private spaces.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Racial equity innovation and problem solving is rewarded and recognized.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
Funds are allocated to support programs/policies vital to or disproportionately needed by particular disadvantaged racial/ethnic communities	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	
<b>Leadership and Management</b>							
Management understands power and privilege and consistently applies a racial equity lens.	Action needed	Action needed	Action needed	Action needed	Action needed	Action needed	

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**TAB 4: EVALUATION**

The evaluation tab takes the data from the baseline assessment, creates an organization average for each question, an organization total average score to indicate where on the Racial Equity Continuum the organization is currently. The evaluation tab is like the Roadmap’s GPS system, it gives the organization a quick snapshot of where they are and, with the assistance of the continuum and the analysis tab, where they should be headed.

0	Exclusive
1	Passive
2	Symbolic
3	Identity Change
4	Structural Change
5	Full Inclusion

A.	Organizational Commitment
B.	Leadership and Management
C.	Workforce
D.	Community Access and Partnership
E.	Contracting
F.	Data, Metrics & Continuous Quality Improvement

<b>Overall Score on Continuum</b>		3
<b>Phase: Identity Change</b>		
Policies and practices begin to shift focus specifically call out racism, and seek to eliminate racial bias. There is broad ownership across the Bureau for initiatives that address institutional racism. There is intentional review of existing policies and practices to understand barriers towards achieving racial equity goals.		
A.	Organizational Commitment	Average Program Level Score
1	Public written commitment to address/eliminate racial and ethnic inequities exists in guiding documentation: mission, vision, goals.	3.8
2	Operational commitment to address/eliminate racial and ethnic inequities is visible in the organization. (i.e. physical characteristics of offices and location, Standard Operating Procedures)	3.6
3	Development and monitoring of racial equity plan, or strategy integrates perspectives from staff and constituencies of color.	2.6
4	Representatives from communities of color are participants in strategy development for any program, policy, or service that impacts them.	3.2
5	There is ongoing evaluation of policy, service, or program impacts and progress towards racial equity.	2.2
6	Staff have a shared language on race, racism, and social justice and are culturally responsive and inclusive in communication	3.8
7	Difficult conversations about race are encouraged and supported in safe, confidential and/or private spaces.	3.8

**Organizational Equity Assessment Results**



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**TAB 5: THE PLAN**

The Plan tab is where the organization develops their organization racial equity plan. Drawing on the Roadmap assessment and evaluation of the organization’s current practices regarding racial equity, the organization will create objectives, actions, timelines, and progress indicators.

Progress indicators are particularly important, because the racial equity plan should be *outcome* oriented. Organizations need to determine benchmarks for success and, if those benchmarks are not achieved, analyze why and adjust their actions.

As part of the plan, the people who are responsible for achieving the various objectives must have time, authority and resources to do their job. One person should not be responsible for all actions in an organization’s racial equity plan. The work should be divided up across the organization.

The organization’s racial equity plan is an ambitious document, and organizations are encouraged to partner with each other, and outside groups and agencies to help them achieve their goals. The Office of Equity and Human Rights is available to provide support, your own organization’s Organizational Equity Committee members can provide expertise and the organization’s Diversity or Equity Committee can also be another valuable resource.

This tab is designed to provide a skeleton to support the organization’s racial equity goals, and is also the tab that PHB and the Organizational Equity Committee uses to evaluate the objectives and actions the organization is taking to achieve greater racial equity.

**FY 14-15**  
**Bureau of Planning and Sustainability**  
**Racial Equity 5 Year Plan**

	Category	Objectives	Actions	Person or Position Responsible	Timeline
	Select the assessment category the action will address.	What is intended to change within the Bureau?	What activity will be accomplished within the planning period to achieve this Objective?	Who is responsible for completing and reporting on the action for the annual status report?	When will the action be completed?
EX.	Organizational Commitment	Decisions are made more equitably	Convene an equity working group that has representatives from throughout the Bureau to work on racial equity policies. The group will have representatives of people of color, labor, management, and members of the all of the Bureau's different committees.	Director's Assistant	Fall 2014
1					
2					
3					
4					
5					
6					
7					
8					
9					

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**TAB 6+: ANNUAL PROGRESS REPORTING**

Organizations are expected to report annually on their progress implementing their racial equity plan. The Roadmap includes tabs to make reporting consistent and easy. These tabs are very similar to the Plan tab; with actions and progress indicators. However there are two important columns at the right:

Challenges	Successes
<p><i>Document challenges that the action has faced and plans for addressing challenges or how the outcome or action might be refined in future reporting periods.</i></p>	<p><i>Document successes that have been achieved.</i></p>

These two columns are important for the Roadmap work, PHB will be reviewing these columns. By tracking challenges, PHB will be able to see what obstacles are affecting progress towards racial equity Citywide and attempt to resolve those issues. Organization successes can be shared with others who are looking for best practices or assistance with their own racial equity goals. Please use as much space as needed to describe challenges and success as the organization works on their racial equity plan.

Some things to consider when doing the yearly updates:

- Did all activities fit within the plan objectives?
- Are there goal areas, objectives, or strategies that are receiving less attention than others?
- What do the results indicate as to how to improve?
- Is there a need to change the plan?



**THE ORGANIZATION’S EQUITY PLAN IS COMPLETE AFTER FIVE YEARS. AT THE END OF THAT TIME, THE ORGANIZATION SHOULD RE-EVALUATE THEMSELVES UISNG THE ASSESEMENT AND DEVELOP THEIR NEXT FIVE YEAR PLAN.**

## RESPONSIBILITIES AND REPORTING

The Roadmap tool is intended to assist organizations in the development of their racial equity plan, and help them track their progress. It is also intended to provide substantive information on the organization's work to others.

There are several points where organizations are expected to report on their progress through the tool. Organizations are responsible for completing the reports, and ensuring the Director has time to review and sign off on the report prior to submittal to PHB.

PHB and the organizations' equity committee review the reports and provide feedback to the organizations. PHB will also compile the successes and challenges from all organizations to be provided in summary reports to the Portland Housing Advisory Commission on an annual basis.

### REPORT 1: BASELINE ASSESSMENT

Complete Tab 1 and 3: The organization profile and the baseline assessment.

- Information is reviewed and signed off by the Organization Director
- Information is sent to PHB via: (contract manager and assessment coordinator, Kim.mccarty@portlandoregon.gov)
- PHB and a workgroup from PHAC will review the assessments and provide feedback as needed.

What will PHB be looking for?

- Is the assessment complete?
- Has the Director signed off on the information?
- Is there a diverse (management and staff, represented and not, people of color and white people) coordination team working on the Roadmap?
- Where, generally, does the organization fall on the Racial Equity Continuum?
- What are the challenges and opportunities to improve equity and where can PHB be a partner in that effort?
- Are there numerous 'not applicable' entries?

PHB may reach out the organization point of contact with questions or concerns regarding the assessment phase.

### REPORT 2: THE PLAN

Complete the 5<sup>th</sup> tab of the Roadmap Tool.

- Once the organization has completed their plan tab, and it has been signed off by the Director, they should submit the entire Roadmap to PHB: (Kim.mccarty@portlandoregon.gov)

- PHB and a workgroup from the Organizational Equity Committee will review the plan and follow up as needed.

What will PHB be looking for?

- Are all phases complete?
- Has the Director signed off on the information?
- Is there a diverse (management and staff, represented and not, people of color and white people) coordination team working on the Roadmap?
- Do plan objectives relate to 'action needed' entries on the analysis tab?
- Are there measurable benchmarks for the plan objectives?
- Do objectives seem to be dispersed among a variety of staff members?

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### REPORTS: 3- 8: ANNUAL PROGRESS REPORTS

Organizations are expected to report annually to PHB, using the progress report tabs in the Roadmap Tool.

- Information is reviewed and signed off by the Organization Director
- Information is sent to PHB via: ([kim.mccarty@portlandoregon.gov](mailto:kim.mccarty@portlandoregon.gov))
- PHB and a workgroup from the PHB will review the organization's yearly updates and provide feedback and, if needed, suggestions for resources.

What will PHB be looking for?

- Have plan objectives been implemented or in progress?
- If there are have been challenges implementing specific actions, does the organization have an action plan for resolving the issue, or explanation why they cannot progress?
- Are there diverse staff working on the plan over the year(s)?
- Are benchmarks being recorded and updated as objectives change or are completed?
- Is the organization reporting on challenges and successes?

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### PHB AND ORGANIZATION REPORTS

PHB is tasked with tracking and reporting to PHAC on the progress of the City's racial equity plans. They will compile the reports received from organizations and present a summary to PHAC on an annual basis.

PHB may also provide a summary report to City Council which includes the status on organization's plan implementation's analysis and recommendations as needed.

Should either the organization or PHB request it, PHB will arrange for a debrief meeting with the coordination team to go over any reports, feedback or suggestions.

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## QUICK START GUIDE

- *Director or designee should assemble the coordination team*
  - *Provide point-of-contact person to PHB*
- *Coordination team should attend a PHB Roadmap Orientation*
  - *Attend an PHB Equity Training as soon as reasonable*
- *Access the Racial Equity Roadmap webpage and download the Roadmap tool and manual*
  - *Review manual and tool*
- *Begin Roadmap process*
- *Complete the evaluation form and return completed Roadmap and evaluation form to PHB*
- *Schedule a debrief meeting with PHB designees*

## FREQUENTLY ASKED QUESTIONS

*Where can I find the Roadmap Tool?*

The Racial Equity Roadmap Tool is on PHB's website here:

<https://www.portlandoregon.gov/PHB/roadmap>

*Who can I talk to about technical problems with the Roadmap Tool (Excel)?*

Your managers can help with technical questions about the Roadmap Tool.

*Who do I talk to at PHB about the Racial Equity Roadmap?*

You can contact PHB through your contract manager.

*What is a 'coordination team'?*

Each organization should assemble a coordination team; a small group of core staff who will shepherd the organization through the entire Roadmap process. Other staff may be asked to provide assistance for specific tasks.

*What is the 'point of contact' person?*

The point of contact person is the individual who acts as the lead for communications between the organization and PHB. They would be the person submitting the reports, responding to questions from PHB and ensuring that their coordination team, and their organization (if needed) is kept informed of Roadmap issues.

*What is a 'component'?*

A component is a single section on the baseline assessment. There are six components: Organizational Commitment, Leadership and Management, Workforce, Community Access and Partnership, Contracting, and Data, Metrics and Continuous Quality Improvement.

*What is a phase?*

A phase is a specific step on the Racial Equity Roadmap. Each tab defines a phase.

*How long does the organization have to complete the Racial Equity Roadmap Tool?*

Phase 1 must be completed by March 30<sup>th</sup>, 2015 and Phase 2 must be completed by June 30<sup>th</sup>, 2015.

*What should the organization have when they have completed the Racial Equity Roadmap Tool?*

When the organization has completed the Racial Equity Roadmap (not including the yearly updates), they should have a baseline assessment of the current

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RACIAL EQUITY ROADMAP USER MANUAL**

status of their racial equity efforts, an analysis of their assessment, and a solid outline of their racial equity plan.

*Who is going to see the baseline assessment or other information in the Roadmap?*

The Portland Housing Advisory Commission, as well as members of your Organizational Equity Committee will be reviewing organization reports. Directors should have reviewed the reports prior to sending them to PHB, Commissioners-in-charge will also be receiving the reports, plus the analysis by PHB and a summary report will be provided to PHAC, by PHB, on a yearly basis. These reports may be subject to the City's Public Records regulations.





# TRAINING TOOLS



**DIVERSITY, EQUITY AND INCLUSION:  
TERMS AND DEFINITIONS****DIVERSITY, EQUITY AND INCLUSION: TERMS AND DEFINITIONS****STEREOTYPE**

A stereotype is an oversimplified generalization about a person or a group of people without regard for individual difference. Even positive stereotypes, such as “Asians are good at math,” have a negative impact.

**PREJUDICE**

Prejudice is prejudging, making a decision about a person or group of people without sufficient knowledge. Prejudicial thinking is based on stereotypes. Prejudice is an attitude.

**DISCRIMINATION**

Discrimination is the behavior or action that can follow prejudicial thinking. Discrimination is the denial of justice and fair treatment in many areas, including employment, housing and political rights.

**PRIVILEGE**

A right or benefit enjoyed by a person beyond the advantages of most people. People who fall into this identity category are considered “privileged” although they may not personally see themselves that way. White privilege is the “unearned advantages of being white in a racially stratified society.”

**TARGETED**

Anyone who belongs to an identity group that is not privileged. They receive systemic disadvantages in society. A person can be privileged in one identity category and targeted in another.

**POWER**

The ability to determine laws, policies and procedures and shape institutions in society. The ability to set prevailing attitudes and values in society.

**RACISM**

Racism is privilege plus power. Only people from the dominant culture in a society can be racist, although anyone can hold stereotypes, be prejudiced or discriminate against other people. Openly racist people believe that some cultural groups are born superior to others, and, in the name of protecting their race from “contamination,” they justify the domination and destruction of races they consider to be inferior to their own. Unconsciously racist people believe in the inferiority of people from cultures other than the dominant culture. Personal racism occurs when someone is judged and treated in a negative way based on the color of their skin. Institutional racism is racial prejudice or discrimination supported by power and authority used to the advantage of one race over others.

**DIVERSITY, EQUITY AND INCLUSION:  
TERMS AND DEFINITIONS****SEXISM**

Like racism, sexism is prejudice plus power, only this time based on gender. Men are the dominant group in sexism. It can be personal, as when someone makes a remark that demeans a woman, or institutional, as when women are paid less money than men for doing the same job.

**HETEROSEXISM**

Like the other “-isms,” heterosexism is prejudice plus power against people who are gay, lesbian, bisexual or transgender. Heterosexism can be personal, such as jokes about gay people or physical attacks on members of the LGBT community, and institutional, such as gay and lesbians couples not being allowed to see their partners when one is hospitalized or not being able to get health insurance because they are not married.

**OPPRESSION**

The exercise of authority or power in a burdensome, cruel or unjust manner. The enslavement of African-Americans, genocide of Native Americans and the Holocaust of Jewish people are examples of oppression.

**INTERNALIZED OPPRESSION (INTERNALIZED RACISM)**

The manner in which an oppressed group comes to use against itself the methods used of the oppressor. Members of the targeted group believe in negative stereotypes about their own group and may act out against one another. Internalized oppression and internalized racism may also cause damaged self-esteem, cultural dislocation and stress.

**EQUITY**

When everyone has access to the opportunities necessary to satisfy their essential needs, advance their well-being and achieve their full potential.

SMYRC LGBTQ ISSUES: DEFINITIONS AND VOCABULARY

DEFINITIONS AND VOCABULARY

This resource was created by The Sexual & Gender Minority Youth Resource Center’s (SMYRC) Bridge 13 Community Education Project. The exact definitions of many of these terms are open to debate and interpretation; this list is only a starting point. They have tried to provide definitions that are respectful and reflect their experiences.

<p><b>Sex:</b> categorization as male, female or intersex by the shape of genitalia or other biological features.</p> <p><b>Gender:</b> Collection of traits thought by a culture to be associated with maleness/masculinity or femaleness/femininity.</p> <p><b>Sexual orientation:</b> who a person is romantically, erotically, and/or physically attracted to. Some common sexual orientations are: bisexual, gay, straight, lesbian. Some others are: queer, pansexual, asexual, omnisexual.</p>	<p><b>FTM/F2M:</b> Female to male; trans people assigned the female sex at birth who identify as male some or all of the time.</p> <p><b>MTF/M2F:</b> Male to female; trans people who were assigned the male sex at birth and who identify as female some or all the time.</p> <p><b>Genderqueer:</b> People who don’t identify as either male or female, but rather something outside the traditional binary gender system.</p>
<p><b>Assigned sex:</b> Sex recorded at birth by a doctor on the basis of socially defined external genitalia, and then legally assigned. In some states trans people can legally change this sex marker.</p> <p><b>Binary Gender System:</b> A culturally/socially defined code of acceptable behaviors, which teach that there are men and women, who are masculine and feminine, and that there is nothing outside of this system. Most popular discussion on gender assumes a binary gender system.</p> <p><b>Cisgender:</b> A person whose gender identity is same as their assigned sex at birth: i.e. somebody who was assigned female at birth and identifies as a woman.</p>	<p><b>Trans:</b> an inclusive term that describes a gender identity and/or gender expression that is outside social norms.</p> <p><b>Transgender:</b> describes individuals (of any sexual orientation) who cross-over gender identities without necessarily changing their bodies. This includes individuals who identify as a gender different than their assigned sex at birth as well as those who experience themselves as being genderless.</p> <p><b>Transsexual:</b> a person (of any sexual orientation) whose gender identity does not match the culturally assigned gender identity for their anatomical sex, and who generally desires a physical transition that includes hormones and/or surgery.</p>
<p><b>Gender Expression:</b> The way that a person manipulates their appearance and/or mannerism to expresses their gender, whether it’s feminine, androgynous, or masculine.</p> <p><b>Gender Identity:</b> Refers to how one experiences and conceptualizes one’s own gender – as man, woman, somewhere in between, and/or neither- regardless of biological sex. This is how one feels about their gender on the INSIDE.</p> <p><b>Perceived Gender Expression:</b> The way others (society) perceive your gender identity based on your gender expression (appearance/mannerisms).</p>	<p><b>Coming out:</b> becoming aware of one’s own sexual orientation and/or gender identity (personal), or revealing one’s sexual orientation and/or gender identity to others (social).</p> <p><b>Cross dresser:</b> Cross dressers periodically dress up as members of the “other” sex, but do not desire to change their birth sex. They dress up for a variety of reasons including self-expression, personal enjoyment, and/or sexual gratification. Many cross-dressers are heterosexuals, but cross-dressers can be of any gender identity or sexual orientation.</p> <p><b>Drag Queen/King:</b> People who dress as members of the other sex periodically for the purpose of entertainment, making a political statement, and/or expressing their own masculine or feminine side. They do not necessarily identify as the opposite sex, although they may refer to themselves as someone of the opposite sex when in drag.</p>



**COMMIT TO INCLUSION**  
**9 GUIDELINES FOR DISABILITIES INCLUSION****9 GUIDELINES FOR DISABILITIES INCLUSION**

People with disabilities face significant barriers when attempting to access health and wellness information and services, especially when those services are not designed to consider their disabilities. To ensure that people with disabilities do not face barriers when accessing our services, we have established the following guidelines which will direct our program development and implementation. The target population of our program(s) include people with a range of disabilities including cognitive, intellectual and other disabilities, mobility, visual, hearing and mental health disabilities. By utilizing these guidelines and the action items associated with them, we can be sure that our program(s) include all people regardless of disability status.

- 1. Objectives Include People with Disabilities:** Program objectives should explicitly and unambiguously state that the target population includes people with a range of different disabilities (cognitive, intellectual and other developmental disabilities, mobility, visual, hearing, and mental health disabilities).
- 2. Involvement of People with Disabilities in Development, Implementation & Evaluation:** Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives (e.g., community members or other experts with disabilities, potential participants with disabilities and their family members, personal assistants, and caregivers).
- 3. Program Accessibility:** Programs should be accessible to people with disabilities and other users, socially, behaviorally, programmatically, in communication, and in the physical environment. *Staff should also be trained in disability awareness and customer service to ensure that accessibility is able to be implemented in the planning phase as well as on-the-fly.*
- 4. Accommodations for Participants with Disabilities:** Programs should address individual needs of participants with disabilities through accommodations that are specifically tailored to those needs. *Ensure that a modification process for programs is available to participants and is accessible, timely, and fully confidential.*
- 5. Outreach and Communication to People with Disabilities:** Programs should use a variety of accessible methods to outreach and promote the program(s) to people with disabilities. *Reach out to local independent living centers, intellectual and developmental disability organizations, mental health resources, and regional ADA centers to ensure that outreach materials can be used and accessed by people with various disabilities.*
- 6. Cost Considerations and Feasibility:** Programs should address potential resource implications of inclusion (including staffing, training, equipment, and other resources needed to promote inclusion). *Cost considerations should be built into both capital costs and ongoing costs.*

**COMMIT TO INCLUSION**  
**9 GUIDELINES FOR DISABILITIES INCLUSION**

7. **Affordability:** Programs should be affordable to people with disabilities and their families, personal assistants, and caregivers. *Programs should generally be free or offered on a sliding scale fee basis.*
8. **Process Evaluation:** Programs should implement process evaluation (with transparent monitoring, accountability and quality assurance) that includes feedback from people with disabilities and family members, personal assistants, caregivers or other representatives, and a process for making changes based on feedback. *Remember, evaluation feedback may need to be modified to be accessible to individuals with disabilities. Feedback questions should include a way to identify individuals with disabilities so that you can measure whether your program has the same impact on individuals with and without disabilities.*
9. **Outcomes Evaluation:** Programs should collect outcomes data, using multiple disability-appropriate measures. *Outcomes should include data that evaluates participants based on their functional ability; this may involve providing alternative measures for the outcomes themselves. As above, outcomes questions should include a way to identify individuals with disabilities as a demographic marker; this makes the need for anonymity crucial. Only aggregated data should be disclosed.*



OFFICE OF EQUITY AND INCLUSION'S TRAINING RESOURCES

**About the OHA Office of Equity and Inclusion**

The Office of Equity and Inclusion is a leader and catalyst in helping the Oregon Health Authority promote equitable health and human services for communities of color, Indian tribal governments and other multicultural groups. The office uses culturally specific and culturally competent approaches to working with state and local government and community partners. Our mutual goal is to improve health and human services programs and policies for underrepresented populations in Oregon.

For specific help and consultation about the Qualified Training Registry, contact

**Charniece Tisdale**

Equity and Inclusion Training Coordinator

Phone: 971-673-1341

Fax: 971-673-1128

Charniece.tisdale@state.or.us



OFFICE OF EQUITY AND INCLUSION  
421 SW Oak St., Suite 750  
Portland, OR 97204

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, call 971-673-1240 or 971-673-0372 (TTY), or fax 971-673-1128.

OHA 2001 (11/2014)

**Qualified Training Registry of Diversity, Inclusion and Health Equity Trainers**



Your directory for diversity, inclusion and health equity training resources



Office of Equity & Inclusion

## OFFICE OF EQUITY AND INCLUSION'S TRAINING RESOURCES

## Local training organizations

### Lillian A. Tsai

**Contact:** Lillian A. Tsai, President  
510 SW 3rd Avenue, Suite 423  
Portland, OR 97204

**Phone:** 971-327-0628

**Email:** lillian@tsaicomms.com

**Website:** www.tsaicomms.com

**Certifications:** MBE, WBE, DBE

#### Areas of expertise:

- Asian American culture; ▪ Coaching for leaders, managers and supervisors who supervise professionals of color; ▪ Coaching professionals of color; ▪ Cross-cultural competency; ▪ Diversity and inclusion training; ▪ Facilitation of focus groups and diversity, inclusion or equity councils; ▪ Health equity training; ▪ Team interventions; Train the trainer.

### MVM Consulting Services LLC

**Contact:** Miguel Valenciano, President

937 NE Going Street

Portland, OR 97211

**Phone:** 503-349-1836 | Fax: 503-460-0278

**Email:** mvalenciano2@aol.com

**Certifications:** MBE, ESB

#### Areas of expertise:

- Addressing ouches in the workplace; ▪ Building fierce and courageous dialogues; ▪ Building teams; ▪ Change process; ▪ Coaching and mentoring; ▪ Cross-cultural communication; ▪ Cultural competency; ▪ Diversity, inclusion and equity; ▪ English as a second language; Generational differences; ▪ Global inclusion; Second language acquisition; ▪ Small acts of inclusion; ▪ Strategic planning; ▪ Surveys, focus groups, cultural audits; ▪ Training of trainers; ▪ Unconscious bias; ▪ Understanding and examining the impact of micro aggressions; ▪ Understanding privilege; ▪ Working with diverse populations.

### Ann Curry-Stevens

**Contact:** Ann Curry-Stevens, Consultant

3000 NE 31st Avenue

Portland, OR 97212

**Phone:** 503-477-7297 | **Fax:** 503-477-7297

**Email:** currya@pdx.edu

**Website:** www.curry-stevens.com

#### Areas of expertise:

- Being an ally — the intersection of privilege and disenfranchisement; ▪ Community-specific cultural considerations in service delivery; Culture of poverty; ▪ Data analysis and metrics; ▪ Diversity/inclusion return on investment; ▪ Health equity; ▪ Health equity grant making; ▪ Historical roots and legacy of oppression in Oregon and the U.S.; ▪ Implicit bias; ▪ Inclusive human resource practice; ▪ Micro aggressions; ▪ Power, privilege and social justice; ▪ Service equity; ▪ Undoing institutional racism; ▪ Using a health equity lens in policy, program, budget and strategic planning.

### John Lensen and Associates

**Contact:** John Lensen and Associates

39533 Santiam Bluffs Road N.E.

Albany, OR 97322

**Phone:** 541-905-3292

**Email:** lensenj@mindspring.com

#### Areas of expertise:

- Professional development and training on issues of equity and inclusion; ▪ Training on issues of diversity, inclusion and health equity.

### Littledeer-Evans Consulting

**Contact:** Sonya Littledeer-Evans, Director

1479 SW Highland Lane

Culver, Oregon 97734

**Phone:** 541-610-5006

**Email:** slittled@cbbmail.com

**Website:** littledeerevansconsulting.com

#### Areas of expertise:

- Cultural competency, equity and inclusion.

## OFFICE OF EQUITY AND INCLUSION'S TRAINING RESOURCES

**Nonprofit Association of Oregon**

**Contact:** María Lisa Johnson,  
Consulting Director  
5100 SW Macadam Avenue, Suite 360  
Portland, OR 97239

**Phone:** 503-239-4001, ext.119 |

**Fax:** 503-236-8313

**Email:** mjohnson@nonprofitoregon.org

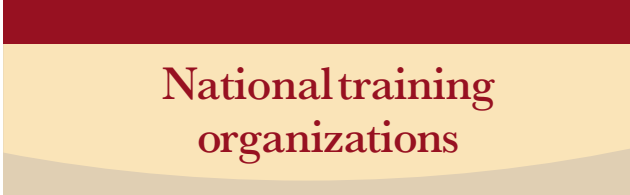
**Website:** www.nonprofitoregon.org

**Areas of expertise:****Diversity, equity and inclusion organization development:**

- Organizational assessments; ▪ Executive coaching;
- Group facilitation ▪ Managing difficult conversations;
- Leading for equity and inclusion; ▪ Strategic initiative/plan development.

**General organization development:**

- Strategic planning; ▪ Board development/developing volunteer leaders; ▪ Effective supervision; ▪ Executive transition support/placement of interim executives;
- Training on various OD-related topics.



**National training organizations**

**Global Policy Solutions, LLC**

**Contact:** Dr. Maya Rockey Moore, CEO  
1300 L St., NW, Suite 975  
Washington, DC 20005

**Phone:** 202-265-5111 | **Fax:** 202-265-5118

**Email:** maya@globalpolicysolutions.com

**Website:** http://globalpolicysolutions.com

**Areas of expertise:**

- Advocacy and outreach; ▪ Coalition building;
- Curriculum development; ▪ Evaluation services;
- Policy analysis and research; ▪ Policy-related event planning; ▪ Program design and implementation;
- Strategic communications; ▪ Strategic planning.

**JJA Consultants, Inc.**

**Contact:** Wanda Savage-Moore, Senior Vice President and General Manager  
3970 Chain Bridge Road  
Fairfax, VA 22030

**Phone:** 703-359-5969 | **Fax:** 703-359-5971

**Email:** wsavagemoore@jjaconsultants.com

**Website:** www.jjaconsultants.com

**Areas of expertise:**

- Civil rights; ▪ Equal employment; ▪ Equity;
- Leadership development; ▪ Organizational development; ▪ Training and consulting services in diversity and inclusion.

**Laurin Mayeno**

**Contact:** Laurin Mayeno

2829 35th Avenue

San Francisco, CA 94116

**Phone:** 415-682-8427 | **Fax:** 415-682-8427

**Email:** Laurin@mayenoconsulting.com

**Website:** http://mayenoconsulting.com

**Areas of expertise:**

- Multicultural communication; ▪ Leadership in a multicultural context; ▪ Multicultural organizational development; ▪ Developing frameworks and strategies for multicultural change; ▪ Developing a common language to address culture, power and difference.

**Race Matters Institute**

**Contact:** Joanna Shoffner Scott, Ph.D., Program Director Race Matters Institute  
1701 St. Paul Street

Baltimore, MD 21202

**Phone:** 410-244-0667 ext. 107 |

**Fax:** 410-244-0670

**Email:** jscott@racemattersinstitute.org

**Website:** www.racemattersinstitute.org

**Areas of expertise:**

- Racial equity with solid data, comprehensive strategies; ▪ Knowledge of national and local settings.

## OFFICE OF EQUITY AND INCLUSION'S TRAINING RESOURCES

Are you looking for trainers and consultants to help you and your staff learn about diversity, inclusion and health equity?

The Qualified Training Registry can help.

The trainers and consultants in this registry have all been qualified in their specialized fields by the OHA Office of Equity and Inclusion. This registry is for use by any organization – government or private – that wants to develop or enhance its equity and inclusion practices and policies. Be sure to follow applicable rules and procedures if you issue contracts to one or more of these trainers or consultants.

## Local training organizations

### Certification Key

**DBE:** Disadvantaged Business Enterprise

**ESB:** Emerging Small Business

**MBE:** Minority Business Enterprise

**WBE:** Women Business Enterprise

### Figure 8 Consulting, LLC

**Contact:** Carol French or April Lewis

604 SE 33rd Avenue

Portland, OR 97214

**Phone:** 503-231-4829 | **Fax:** 503-232-3671

**Emails:** carol@fig8consulting.com or april@fig8consulting.com

**Website:** <http://fig8consulting.com>

**Certifications:** WBE, ESB

### Areas of expertise

- Building cultural agility: individuals, teams and organizations;
- Recruitment, selection, retention of your multicultural work force;
- Unconscious bias in service delivery: symptoms, diagnosis and cures;
- Emotional intelligence and empathy: the antidote to unconscious bias;
- The intersection of health disparities, health literacy and health equity;
- Communicating across differences: difficult conversations at work (discrimination, harassment, cultural conflict);
- Leadership: co-mentoring, managing change, ERGs, diversity committees and building effective teams;
- Across the ages: maximizing generational differences;
- Building inclusion for all: race, ethnicity, gender identity, age, disabilities, sexual orientation;
- Class matters: classism and poverty;
- Intercultural assessment tools, cultural audits and evaluations.

### Kristin Lensen Consulting

**Contact:** Kristin Lensen

P.O. Box 18217

Portland, OR 97218

**Phone:** 503-281-5544

**Email:** klensen@pacifier.com

**Certifications:** MBE, WBE, ESB

### Areas of expertise:

- Diversity, equity and inclusion;
- Organizational assessment;
- Review and evaluation;
- Visioning and strategic planning;
- Action planning;
- Program development;
- Coaching (executive, team and individual);
- Facilitation;
- Conflict resolution;
- Workshop design and delivery;
- Training;
- Qualified administrator, intercultural development Inventory (IDI);
- Cultural diversity/change management;
- Intergroup dialogue and facilitator training.

# COMMUNITY ENGAGEMENT TOOLS



**HOUSING WITH SERVICES  
RESIDENT PARTICIPANT BILL OF RIGHTS****HOUSING WITH SERVICES RESIDENT PARTICIPANT BILL OF RIGHTS**

The purpose of this Participant Bill of Rights is to represent the rights of residents living in publicly subsidized housing in which health, social and other support services are provided.

**The Right to Dignity, Respect, and Freedom**

- To be treated with consideration, respect, and dignity
- To be free from mental and physical abuse
- To self-determination

**The Right to Be Fully Informed of and Have Access To**

- Available services and a range of provider choices
- The availability of assistance if a disability accommodation is needed
- Information and services in a language you understand including sign and Braille

**The Right to Participate in One's Own Support, Care and Medical Decisions**

- Choose a service provider and insurance payer
- Participate in your own assessment, care-planning, support and health care decisions
- Make personal decisions regarding my needs
- Review one's medical record

**The Right to Complain and Seek Resolution**

- Present grievances to staff or any other person, including residents, service providers or advocates, without fear of reprisal and with prompt efforts by the program to resolve those grievances
- To file a complaint with the state or county agency

**The Right to Privacy and Confidentiality**

- Private and unrestricted communication with any person of your choice during consultation, services, treatment and care of one's personal needs regarding medical, personal, or financial affairs





**HOUSING WITH SERVICES  
RESIDENT ADVISORY COUNCIL CHARTER****HOUSING WITH SERVICES RESIDENT ADVISORY COUNCIL CHARTER****Mission Statement**

The mission of the Resident Advisory Council (the Council), is to advise in the implementation, outreach, and evaluation of the Housing with Services model of health and social services to improve the health and wellbeing of all residents.

**Goals**

In fulfilling its mission, the Resident Advisory Council has the following charge:

1. To assist Housing with Services staff in the creation of a Service Package which will be available to all, or a select group of residents, in the 11 pilot project buildings.
2. To create and help implement an outreach plan to engage residents from different ethnic, cultural, linguistic and social backgrounds, into the Housing with Services project.
3. To create a method for an ongoing information feedback from residents and staff regarding project success and ongoing evaluation.

**Procedures****ARTICLE I: MEMBERSHIP****Section 1**

The Council shall consist of up to twenty-two (22) residents. Each building's members will be responsible for representing their respective building community's needs.

**Section 2**

On any formal matters brought to a vote before the Council, each member shall be entitled to one vote.

**Section 3**

If a member is no longer able to represent their building, a new member will be appointed with the aid of that building's Resident Service Coordinator.

**Section 4**

Council members will be appointed for a one year term, with member renewal optional after one year of service.

**ARTICLE II: DUTIES OF MEMBERS****Section 1**

By accepting a position on the Resident Advisory Council, each member agrees to attend and actively participate in regular and special council meetings.

**HOUSING WITH SERVICES  
RESIDENT ADVISORY COUNCIL CHARTER****Section 2**

The Council uses a consensus decision-making process. Their focus on teamwork emphasizes respect for one another's different perspectives and support for each other's right to state a personal opinion.

**Section 3**

Council Members shall be willing to donate at least two (2) hours per month including meeting time and reading materials ahead of time.

**Section 4**

The Committee will advocate and advise on all project goals.

**ARTICLE IV: MEETINGS****SECTION 1**

Regular meetings of the Council shall be held at least quarterly and all meetings shall be open to the public. More frequent meetings may be established by the membership.

**Section 2**

The Housing with Services project management may call special meetings at any time and shall notify all members, at least one week prior to such meeting, as to the time, place and purpose of such special meetings.

**Section 3**

A majority of the Council's membership is required to be present at a meeting to constitute a quorum.

**ARTICLE V: AMENDMENTS**

The Council may vote at any regular or special meeting to recommend to amendments to this Charter. The recommendation must be accomplished by a vote of two-thirds of the entire Council. Proposed amendments must be communicated to the membership at least 30 days prior to the meeting at which a vote will be taken with respect to such amendment. The Housing with Services project staff may recommend amendments to the charter.

**ARTICLE VI: STAFF SUPPORT**

The Housing with Services staff members(s) of the Council will provide support to the Council by working to prepare and distribute the agenda, and maintaining a schedule of Council meetings. Requests for additional support are dependent upon available resources.

**ARTICLE VIII: REPORTS AND PRESENTATIONS**

Minutes of the Committee's meetings will be sent to all Council members and will be available to State and private grant providers of the Housing with Services Project. Meeting minutes may also be posted for the public at each of the 11 pilot project buildings.

## HOME FORWARD COMMUNITY COMPACT



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# Community Compact

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This community compact describes the agreements that we make to each other in order to have a good relationship. These agreements were created by listening to residents, participants and staff of Home Forward.

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**We will** communicate respectfully with each other. This means doing our best to use each other's names, to speak kindly, and to take the time to listen and understand each other.

**We will** create strong neighborhoods together. Home Forward will do this by making sure you have a safe, well-maintained place to live. You can do this by being a thoughtful neighbor to those around you and by taking good care of your home.

**We will** create a community together where learning is valued and supported. Home Forward will do this by continually increasing our skills and understanding about diversity, poverty, housing and more. We ask that you do this in ways that are meaningful to you: furthering your education, learning a trade, taking a class or workshop that interests you, or volunteering in your community to learn more about your neighbors. Most importantly, we ask that you join us in supporting children to be successful in school. Everyone can encourage kids to attend school every day and to try their best. We especially ask that parents and caregivers do everything they can to make sure their children have good attendance in school.

**We all** commit to be honest, patient and to believe the best in each other.



**CENTRAL CITY CONCERN: TENANT EQUITY AND INCLUSION ASSESSMENT SURVEY**

**HOUSING COMMUNITY INCLUSION ASSESSMENT**

Race/Ethnicity	African American/Black/African, Asian, American Indian/ Native American, Caucasian/White, Hispanic or Latino/a, Pacific Islander, Multiracial, Middle-Eastern/Arab
Gender Identity	Male, Female, Transgender/Trans, Fill in
Sexual Orientation	LGBQ Fill in
Age	Fill in
In Recovery from substance abuse/addiction?	Y/N
In Recovery from mental illness?	Y/N
Identify as having a disability?	Y/N

Are you involved in formal activities related to where you live?	Y/N	Collaboration and Affiliation
If no, why not?	Fill in	Collaboration and Affiliation
I feel I am well informed when changes happen related to where I live?	Likert*	Access to information
What would make you feel more informed?	Fill in	Access to information
I feel I have input into changes made where I live?	Likert	Access to information/Collaboration
How are management decisions communicated to you?	Fill in	Access to information
Does your housing community have regular meetings?	Y/N	Communication/Access to information
If so, how often are they?	Likert	Communication/Access to information

\*Likert scale would be a 1-5

Example: I feel I am well informed when changes happen related to where I live?

1-Not at all

2-very little

3-neutral

4-fairly informed

5-very informed

**CENTRAL CITY CONCERN: TENANT EQUITY AND INCLUSION ASSESSMENT SURVEY**

I feel a part of my (housing) community	Likert	Collaboration and Affiliation
I feel like I have opportunities for personal growth where I live?	Y/N	Personal fulfillment/Retention in housing
If so, how? If no, why not?	Fill in	Personal fulfillment/Retention in housing
I am interested in moving somewhere else?	Likert	Retention in housing
I believe housing policies are applied fairly to everyone?	Likert	Equity
If you felt you were being treated unfairly, would you speak up?	Y/N	Communication/Equity
If no, why not? If yes, whom would you speak to?	Fill in	Equity
I feel comfortable being my true self in my housing community (bringing your experiences, culture, and history forward)	Likert	Safety to engage
What do you think your housing management could do to increase your level of comfort and confidence with bringing your whole self to where you live?	Fill in	Safety to engage

# RECRUITMENT AND HIRING PRACTICE GUIDELINES





**OREGON HEALTH AUTHORITY'S OFFICE OF EQUITY AND INCLUSION  
STAFF RECRUITMENT GUIDELINES**

**STAFF RECRUITMENT GUIDELINES**

**Recruitment Process Review: Diversity and Inclusion**

These questions should be used during planning and ongoing conversations between hiring managers and their supervising managers about recruitment processes at the various stages of the process.

Have these action steps been taken?	Yes/No
Work with Office of Human Resources to review position description for diversity and inclusion in Position Objectives, Knowledge, Skills, Attributes (KSAs) and Diversity and Inclusion Statement within position description. To be inclusive of all people, pay attention to the Essential Duties and assess relevance (i.e., must the qualified candidate really be able to lift 25lbs if the position is a desk job?)	
Work with Office of Human Resources to develop and customize recruitment outreach for specific job categories and disciplines.	
Utilize culturally specific organizations, including those that serve veterans and people with disabilities, and professional associations to assist with recruitment.	
Request from Office of Human Resources and review candidate pool data pertaining to demographics of diverse populations (i.e., women, people of color, veterans, people with disabilities) to evaluate candidate pool diversity.	
Consult with the Office of Human Resources prior to and throughout the process to expand a diverse candidate pool <b>before</b> the position closes. If re-opening, consider at least two week timeframe and consult with Office of Equity and Inclusion for additional outreach options.	
Consult with Office of Human Resources to develop interview questions that address diversity and inclusion objectives.	
Consult with the Office of Human Resources to form an interview panel that is representative of the diversity of the OHA workforce, at a minimum; and client populations served, to the extent possible.	
Consult with Office of Human Resources to develop questions for reference checks that address diversity and inclusion.	



**OREGON HEALTH AUTHORITY'S OFFICE OF EQUITY AND INCLUSION  
HIRING INTERVIEW QUESTIONS****HIRING INTERVIEW QUESTIONS****D/I Interview Qs:**

What opportunities have you participated in the last year to increase your cultural competency? What did you learn, and how did you apply the learning?

Tell us how you work with people to create or foster diversity in the workplace.

What actions have you taken to create a welcoming environment so everyone feels included?

Tell us about a situation in which you were required to work with or provide services to a diverse group of people.

Describe your understanding of issues affecting each of the communities served by this agency.

Describe a work situation where you had to address cultural sensitivity

**Reference Check Qs:**

Candidate] may interact with a variety of stakeholders including local and state government representatives, community based organizations, providers, and constituents. How would you characterize [candidate's] ability to work collaboratively with diverse stakeholders?

[Candidate] will be working with people from a wide variety of backgrounds and experiences. How do you think [candidate] will perform in this environment?

Can you let us know a little bit about [candidate's] attitude in the work environment? Describe [candidate's] interactions with other employees, including those from a different culture. Tell me about [candidate's] interactions with people with disabilities.



## TOOL FOR IDENTIFYING IMPLICIT BIAS: AWARENESS OF COMMON SHORTCUTS\*

Shortcuts can lead to biased assessments (either positive or negative) in evaluation if we are not motivated to avoid them and skilled in doing so. These shortcuts can lead to erroneous conclusions that candidates are unqualified or a bad fit. They can also adversely affect the fairness and equality of a review process.

- Snap Judgements – Making judgements about the candidate with insufficient evidence. Dismissing a candidate for minor reasons or labeling a candidate “the best” and ignoring positive attributes of the other candidates. Having a covert agenda furthered by stressing something trivial or focusing on a few negatives rather than the overall qualifications. Often occurs when the hiring or review process feels rushed.
- Elitist Behavior (also called “Raising-the-Bar”) – Increasing expectations for women and underrepresented minority candidates because their competency doesn’t strike hiring committee members as trustworthy. Downgrading the qualifications of women and minorities, based on accent, dress, and demeanor. In short, uneven expectations based on a candidate’s social identity.
- Negative Stereotypes – Characterized by presumptions of incompetence. Research shows that, in academia, the work of women and underrepresented minorities is scrutinized much more than majority faculty, at all stages of an academic career.
- Positive Stereotypes – Dominant group members are automatically presumed to be competent. Such a member receives the benefit of the doubt, negative attributes are glossed over and success is assumed. Also called the “original affirmative action” because dominant group members are automatically presumed qualified and thereby given an unearned advantage.
- Cloning – Replicating oneself by hiring someone with similar attributes or background. Also refers to undervaluing a candidate’s research because it is not familiar, as well as expecting candidates to resemble someone whom the hiring committee is replacing. Cloning limits the scope and breadth of approaches and perspectives.
- Good Fit / Bad Fit – While this judgement may be about whether the person can meet the needs for the position, it often is about how comfortable and culturally at ease one feels with her/him.
- Wishful Thinking – Insisting racism, sexism, and other forms of prejudice no longer exist.
- Euphemized Bias:
  - o Visionary: Members of dominant groups are evaluated based on their potential whereas underrepresented groups are judged on their accomplishments and their track record only. For example: “He has vision” or “She lacks vision.”
  - o Star: Used when the speaker is an infatuated fan of the candidate under consideration (Example: “It’s clear he’s a rock star.”). Others should ask the speaker to explain his/her use of the term and support it with evidence.
  - o Committed, single-minded focus or hard-worker: These terms could be used to exclude those who have demanding family commitments, cloaking a bias against care-givers.

\*Adapted from Common Shortcuts Handout, University of Washington ADVANCE Center for Institutional Change, and from Joann Moody, *Rising Above Cognitive Errors: Guidelines to Improve Faculty Searches, Evaluations and Decision-making* (2010). <http://www.engr.washington.edu/lead/biasfilm/materials/Film%20Website%20--Common%20Shortcuts.pdf>



## TIPS ON INTERVIEWING APPLICANTS WITH DISABILITIES\*

### When interviewing any applicant with a disability:

- As in any other circumstance, shake hands as initial greeting. If an individual is physically unable to do so, shake or briefly touch the limb or shoulder extended.
- Treat the applicant as you would any other adult – don't be patronizing. If you don't usually address applicants by their first names, don't make an exception for applicants with disabilities.
- If you feel it appropriate, offer the applicant assistance (for example, if an individual with poor grasping ability has trouble opening a door), but don't assume assistance will necessarily be accepted. Don't automatically give assistance without asking first, i.e., "May I be of assistance?"
- Whenever possible, let the applicant visit the actual work station.

### When interviewing an applicant who uses a wheelchair:

- Don't lean on the wheelchair.
- Make sure you get on the same eye level with the applicant if the conversation lasts more than a couple of minutes as soon as possible, create rapport, set a positive tone.
- Keep accessibility in mind. Is that chair or other item in the middle of your office a barrier to a wheelchair user? If so, move it aside. Don't make a scene; when in doubt, ask them.
- Don't be embarrassed to use such phrases as "Let's walk over to the plant."

### When interviewing an applicant with a cognitive or intellectual disability:

- Use straightforward language but don't resort to "baby talk."
- When giving directions or instructions, proceed directly.
- Avoid extraneous, contextual and anecdotal directions; be succinct.
- Ask the applicant to summarize/paraphrase the information you have given to make sure it was understood. Be prepared to "map/write out" with "landmarks"/tangible symbols. Give positive feedback whenever possible and appropriate.

\*Adapted from National Center on Workforce and Disability (NCWD), *Employer Tips on Interviewing Applicants with Disabilities*.  
[http://www.onestops.info/article.php?article\\_id=2](http://www.onestops.info/article.php?article_id=2)





**BIAS ASSESSMENT TOOLS**

**EXAMPLES OF INTERVIEW QUESTIONS TO AVOID\***

Topic	Do not ask	If necessary, ask this
National origin, race, color, ethnicity, religion	<ul style="list-style-type: none"> <li>• Are you a citizen?</li> <li>• Where were you born?</li> <li>• Where is your family from?</li> <li>• What is your maiden name?</li> <li>• How long have you lived here?</li> <li>• What is your native language?</li> <li>• What kind of name is _____?</li> <li>• What church do you attend?</li> <li>• What is your religion?</li> </ul>	<ul style="list-style-type: none"> <li>• Can you provide proof of eligibility to work in the U.S.?**</li> <li>• Can you speak a second language?**(This is only appropriate if the position requires knowledge of a second language.)</li> </ul>
Age	<ul style="list-style-type: none"> <li>• How old are you?</li> <li>• When do you plan to retire?</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Marital/Family Status	<ul style="list-style-type: none"> <li>• Are you married?</li> <li>• Do you have or want children?</li> <li>• Will you return to work after maternity leave?</li> <li>• What kind of child care arrangements do you have?</li> </ul>	<ul style="list-style-type: none"> <li>• Do you have any responsibilities that might conflict with job attendance or travel requirements?**(This is only appropriate if the position requires knowledge of a second language.)</li> </ul>
Disability: Physical or Cognitive	<ul style="list-style-type: none"> <li>• Do you have a disability?</li> <li>• Have you ever been treated for an illness?</li> <li>• Why are you in a wheelchair?</li> <li>• How did you become disabled?</li> </ul>	<ul style="list-style-type: none"> <li>• Are you able to fulfill the responsibilities and requirements of this position with or without a reasonable accommodation?**(This is only appropriate if the position requires knowledge of a second language.)</li> </ul>

\*Source unknown.

\*\*If used, this question should be asked of all applicants.



**BIAS ASSESSMENT TOOLS**

**RECOGNIZING YOUR BIASES AND ASSUMPTIONS IN AN INTERVIEW\***

Directions: Look at the behaviors that could be exhibited in an interview. Then in the opposite column under “I might assume,” write down what your assumptions about that person might be based on that behavior. In the final column make a different assumption that would not bias your interview of the candidate. The first row is filled in as an example.

<b>Behaviors seen in an interview: If the job candidate...</b>	<b>I might assume that...</b>	<b>Different interpretations could be...</b>
Speaks in a very soft voice...	They are too timid	It could be cultural or due to shyness
Talks loudly...		
Stands or sits closer than is comfortable...		
Focuses more on the potential impact of the job on his/her family than on the job itself...		
Appears to be unwilling to assess his/her job strengths...		
Appears to be unwilling to talk about his/her accomplishments...		
Asks no questions about the job or agency...		
Doesn't make direct eye contact...		
Has a soft and tentative handshake...		
Spends time chatting about things that have nothing to do with the job...		
Speaks and answers questions slowly...		
Answers questions in an indirect way...		

\*Adapted from Gardenswartz, Lee, and Anita Rowe. *The Managing Diversity Survival Guide and The Diversity Tool Kit*



[www.EnterpriseCommunity.org](http://www.EnterpriseCommunity.org)  
[www.EnterpriseCommunity.com](http://www.EnterpriseCommunity.com)

70 Corporate Center  
11000 Broken Land Parkway, Suite 700  
Columbia, MD 21044

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