

A Report on the Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative for RCORP Grantees: October 2022 – November 2022

KEY FINDINGS AND RECOMMENDATIONS

The following key findings and recommendations are based on an evaluation of the Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative, a technical assistance (TA) event provided from October 2022 to November 2022 through the Rural Communities Opioid Response Program (RCORP) TA to teach JEDI practices to grantee organizations. The Weitzman Institute conducted this event through a sub-contract with the TA provider JBS International RCORP-TA.

Key Findings

- Twenty-five total individuals attended the JEDI Learning Collaborative. Retention across the sessions was low, with only 60% of participants attending more than half of the training sessions.
- JEDI practices that participants considered implementing in their organizations addressed employee recruitment and retention, as well as service to clients and the community. For example, one recruitment-related practice that interested participants included creating inclusive job descriptions to attract diverse candidates. Participants also mentioned employee retention and community service practices such as employee town halls and JEDI training for the community.
- Participants learned JEDI practices through which they became more reflective as individuals about how they interacted with others and learned new ways to be more supportive of others with backgrounds different from their own.
- After the training, participants began to strategize how they would implement JEDI practices in their organizations and began to implement these strategies, such as communicating with colleagues about JEDI issues and aligning work with government and professional organizations' mandates.
- Due to the overall high attrition of participants attending the JEDI Learning Collaborative, the findings of this evaluation may not be generalizable, as they are based on attendees who participated in more sessions than average.

Recommendations

- We recommend continuing some form of JEDI training because the training appears to have had an effect on participants' learning. Providing training tailored for organizations with different levels of JEDI-related awareness could be helpful.
- The JEDI training provider could consider altering future training based on the interviewee comments provided below. For example, the trainer might allow for more time for shared discussion, and they could ensure groups of trainees are more homogenous (eg, from organizations that are the same size), as one trainee noted that the small size of their organization made the Employee Resource Groups JEDI practice infeasible.
- We recommend further evaluation in the following areas:
 1. A few interviewees described challenges to implementing what they were learning, such as colleagues' discomfort with JEDI issues. Future qualitative data collection could elicit more detail about challenges and facilitators in implementing learnings from TA.
 2. We interviewed individuals shortly after they participated in the training. Additional follow-up, when sufficient time has passed to allow grantees to implement JEDI practices, could address what actions grantees were actually able to undertake. Such follow-up could assess whether and how JEDI training leads to organizational transformation, as well as what broader effects that transformation might have on health equity,¹ and on challenges that grantees have reported elsewhere with workforce issues² and stigma.³

PURPOSE

This report describes RCORP grantees' experiences with the JEDI Learning Collaborative held from October 2022 to November 2022. The JEDI Learning Collaborative was a TA event provided through RCORP-TA to teach JEDI practices to grantee organizations. The Weitzman Institute conducted this event through a sub-contract with the TA provider, JBS International RCORP-TA.

Twenty-five individuals from seven RCORP grantee organizations and their consortia each attended at least one session of the training. Participant cohorts included Implementation (I, II, III, and IV), Behavioral Health Care Support and Psychostimulant Support (I). The six-week learning collaborative included two sessions each week. The sessions aimed to assist grantees with making their organizations more just, equitable, diverse, and inclusive. The training format included videoconference learning and coaching sessions. The one-hour learning sessions included lectures and activities, such as reviewing job descriptions that participants brought from their organizations for accessibility and inclusivity. These were followed by one-hour coaching sessions that offered time for discussion.

This report is primarily based on qualitative interviews conducted with attendees after the training and addresses aims including what attendees learned from the TA, how they planned to use those learnings, and whether attendees were satisfied with the TA they received.

METHODS

Data Sources and Measures

Semi-structured Interviews. The WWAMI Rural Health Research Center (RHRC) RCORP-TA Evaluation Team conducted 8 semi-structured, qualitative interviews, approximately 15 to 30 minutes in length, with JEDI Learning Collaborative attendees. To recruit interview participants, we sent an email invitation to all training attendees after the learning collaborative sessions had concluded. A project director at JBS RCORP-TA also sent an email encouraging attendees to participate in the evaluation.

Attendance Records. Quantitative data include records of all attendees' session attendance.

Training Materials. We reviewed six PowerPoint slide decks from the training, provided by the Weitzman Institute.

Analysis

We conducted thematic analysis of the semi-structured interviews, developing a set of codes to summarize and interpret segments of text, and then organizing codes into themes (see the Technical Appendix for details). We also summarized frequencies of session attendance and reviewed training materials as background about session format and content.

FINDINGS

Training Attendance

Session attendance began at 25 individuals in the first week and dropped by 60% to 10 in the last week. Sixty percent of attendees completed at least half of the training sessions. Participants described a mix of reasons that they did not attend all trainings, including clinic obligations, vacation, and the perception that their organization was at a more advanced level of JEDI-related progress than the training addressed, and therefore the training was not meeting their needs.

Interview Participants

Interviewees were grantees in the Implementation (II, III, and IV), Behavioral Health Care Support, and Psychostimulant Support (I) cohorts. Interviewees represented all cohorts present in the training except Implementation I. Interviewees' organizations ranged in size from less than 50 employees to approximately 1500 employees. Interviewees were more engaged in the trainings than trainees overall in that 6 interview participants (75%) had attended at least half of the sessions.

JEDI Principles: Awareness and Action

We describe ways in which interviewees' understanding of JEDI issues grew and changed during the training, as well as actions interviewees took on those issues.

Shifts in Awareness of JEDI Principles

Through the TA, interviewees' awareness and understanding of JEDI principles changed. They also reported shifts in motivation to address JEDI issues and considered how such principles might apply to their organizations (Table 1).

Table 1. Shifts in RCORP Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative Participants' Awareness of JEDI Principles (October 2022 – November 2022 Training)

Theme	Illustrative quotes
Learning new ideas or practices, or engaging familiar topics more deeply	<p>"And I mean, it [the microaggressions training] really hit home and made me think, like, 'Wow,' I've never thought about the way I talk in that manner before, or how it would be. It's acceptable to talk to a certain demographic of people one way, and then you've got White America over here..."</p> <p>"I think we're putting a lot more intention and really trying to figure out what we can do better and how we can do this. So, it [the training] really has an impact."</p>
Feeling validated when existing practices and knowledge aligned with learning in the training	"We were pretty sure that we have to change policies and the training reinforced that we need to review them and see if we need to make changes."
Feeling motivated to address JEDI issues	"[W]hen I left that session [that introduced the Bias Incident Response Teams JEDI practice], I was like, I need to do that."
Identifying a place to start by seeing how the training applied to an interviewee's work in a way that allowed them to envision how to initiate change	"[W]e haven't moved down a DEI or a JEDI path yet in our organization. And I think where two of us attended I think we're gonna use it to look at our job descriptions and make some revisions, look at our signage and our policies, and also provide education for our own staff going forward. And I think this gave us the tools of where to start."
Thinking about later action after the training to address JEDI issues	"So that [Bias Incident Response Team] was one thing we were thinking of trying to implement, and we feel that would be a great thing to implement."

Actions Taken or Planned After the Training

We describe types of organization-level JEDI practices and associated strategies that interviewees considered implementing or were already beginning to implement, as well as individual-level practices that interviewees said they might use.

Organization-level JEDI Practices

Interviewees planned and began to implement multiple JEDI practices to bring their organizations' work in line with JEDI principles. Strategies focused on three areas:

- Hiring and recruitment practices. These focused on modifying job descriptions to include accessible language that would welcome diverse applicants. Other hiring and recruitment practices included changes in hiring interview processes.
- Employee retention practices. These ranged from recognizing a range of holidays in office diversity calendars to starting various meetings and groups to actively address JEDI issues.
- Practices to support clients and the community. These included activities such as JEDI training for the broader community and ensuring written materials were available in the waiting room to make clients aware of available mental health services.

Table 2 lists practices that interviewees considered or had started implementing in each of the three areas. The detailed descriptions of each practice are derived from the TA session training materials.

Table 2. Organization-level Practices that RCORP Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative Participants Considered Implementing (October 2022 – November 2022 Training)

Practice	Description, derived from JEDI training materials
Hiring and recruitment practices	
Inclusive job descriptions	Using accessible language and language to actively attract members of minoritized groups.
Inclusive interview strategies	Using the phone or email to screen candidates to reduce bias related to race or accent.
Employee retention practices	
Bias Incident Response Teams (BIRTs)	Supporting employees, clients, and partners who are negatively impacted by bias. Such groups do not formally discipline but can make suggestions to leaders and track incident occurrence.
Employee Resource Groups (ERGs)	Employee-led groups supporting employees who share a common, typically minoritized identity (eg, people of color, LGBTQ people, people with disabilities). These groups meet to allow participants to build personal and/or professional support.
Diversity calendars and emails	Recognizing a wider range of holidays.
Employee town halls	Allowing employees to ask questions and voice concerns with organization leaders as well as allowing organization leaders to share important information.
JEDI committees	Committees of employees from across the organization who meet regularly to promote JEDI in organizational policies and practices.
JEDI training	Training on JEDI principles and practices, such as the methods described above in this list.
Practices supporting clients and the community	
JEDI training	Training on JEDI principles and practices provided to the community.
Changing signage	Signage in waiting rooms and elsewhere that is more inclusive of diverse groups of clients or patients.

Enacting Organization-level JEDI Practices

Table 3 lists the strategies that interviewees were using or planned to undertake, as a result of the training, to implement JEDI practices described above.

Table 3. Organization-level Strategies for Change that RCORP JEDI Learning Collaborative Participants Implemented or Planned to Implement (October 2022 – November 2022 Training)

Theme	Illustrative quotes
Assessing feasibility of JEDI practices for their organization	<p>“Well what was most important, I think, out of the whole [training], is these are ideas of things that we could do and we identified of these things, what we don’t do and also what we’re able to do based on our size. ... [W]e talked quite a bit about the employee resource groups ... [but] we’re not a very big organization...we just don’t have a diverse group of veterans or black females to create a group around... So the people that were presenting said, ‘Well, okay then ... every one of these [JEDI practices doesn’t] ... need to be an area of focus [for every organization] ...”</p>
Communicating with leaders or other departments in the organization	<p>“And I shared the training coming up — the JEDI certificate program for organizational change for leaders — with my director, and she has shared with other leadership in the organization, and they’re going to take the training hopefully.”</p>
Working to change the minds of senior leaders	<p>“...and everybody’s White and everybody’s powerful and all the White guys are at the top... So my issue is to switch that [hierarchy] up a little bit and at least bring people and empower the people that we have not empowered, and I know that’s difficult for people at the top. I get that. I know it’s difficult for the board, but they’re gonna have to start doing some heavy lifting...”</p>
Working with colleagues’ discomfort with JEDI issues	<p>“And we have discovered that even because we all say [at our organization] we want to be successful with JEDI, we are not able to safely talk about anything. People’s emotions get carried away.”</p>
Changing policies related to hiring, recruitment, or retention	<p>“We’ve been doing policy review and really looking at HR policies around hiring, which is hiring practices, which is really huge, and also policies around putting structures in place, so people feel that if something does occur to them, if they’ve experienced a microaggression, that they have the opportunity to act and be responded to by members of the team.”</p>
Measuring organizational progress on JEDI issues	<p>“We need to go a little bit further, we need to go a little bit deeper, and we really need to start analyzing our numbers. How many of those ... [employees for whom] English is not their main language are accessing the benefits that we offer for benefitted staff?”</p>
Implementing JEDI strategies aligned with requirements of government and accrediting organizations	<p>“I also think... we need to align our DEI efforts with [accrediting organizations and government mandates] ... obviously... So this information came to me at a really good time because within our DEI efforts, we’re looking at how do we meet all these very specific performance indicators that are gonna be placed upon us by these organizations that we have to be certified through....”</p>
Acting immediately after training to address JEDI issues	<p>“Cause I feel like we started sharing the information from the concepts right away about the program.”</p>

Enacting Individual-level JEDI Practices

While most practices that interviewees discussed involved creating change in their organization or groups within it, some changes involved individual and interpersonal action. Themes describing these practices are listed in Table 4.

Table 4. Individual-level Justice, Equity, Diversity, and Inclusion (JEDI) Practices that RCORP JEDI Learning Collaborative Participants Implemented (October 2022 – November 2022 Training)

Theme	Illustrative quotes
Reflecting about one's thoughts and actions	"But I think what I walk away from personally right now, personally and professionally, is just to take some extra time to be reflective before I speak, and to really, even if I notice something I'm thinking, to document it so that I'm looking at something more. If I write things down, I am looking at those things objectively more easily than a thought in my head that I just, it's a fleeting thought."
Responding to microaggressions	"...I think the other thing that we all talked about, too, is how do we professionally call people out and keep other people in our organizations and in our communities accountable for how they speak to others and how they treat other people. ...I think we had some really great open-ended discussions about what that looks like for each of us."

Training Format and Facilitation

Positive Responses to the Training

Interviewees appreciated how the training was structured for learning, and they said that they valued the training overall (Table 5).

Table 5. What RCORP Justice, Equity, Diversity, and Inclusion (JEDI) Learning Collaborative Participants Appreciated about the Training (October 2022 – November 2022 Training)

Theme	Illustrative quotes
The training's interactivity and division into learning and coaching sessions	"We all came together with our questions and our knowledge and kind of meshed it together. So, if I had an idea, then somebody else would say, 'Yeah, I thought about that, too, but if we did that, what if ... ?' And [that interaction] would take it that step further. That's where I feel like the course was very in-depth and advanced."
Learning concrete steps that individuals and organizations could take to enact JEDI practices	"And learning ... [how to implement a Bias Incident Response Team] was something we could take away directly on I'd say almost step by step what needs to be done."
In-session exercises and conversation prompts to help apply learnings	"I think that because ... [the facilitators] kept it short when you went in the breakout session and they gave you a link to a tool, to 'This is what to talk about.' So it was helpful. It wasn't dead air because...they gave you an outline of what to discuss."
Having web-based and other resources to use and share with colleagues after the training	"[The training] provided resources that we could take away and use and share. ...There was a toolkit and some sample policies and videos...So we can take some of those samples and share them with our HR department to be able to better explain what we learned."
The training as a whole	"It's one of the best trainings that I've attended. I didn't really have any suggestions other than how can we offer it to more people."
The training as a means to address stigma	"[In our program,]... people come prescribed with, unfortunately, stereotypes of people that have substance use disorder. And it's not nice. The stigma is real. So [the value of the training is] using a lot of this information to train around ...[JEDI issues] with these CHWs [community health workers]."
The session trainers	"I really genuinely loved ... [the facilitator, who] ...was amazing. She had such a way of teaching something that could be uncomfortable for people."
The session atmosphere	"I really enjoyed the friendly feel of it, made it easy to learn, easy to ask questions, and easy to take in all of this new information and really apply it later on...it felt like we knew each other...So it was a caring environment, ...a safe space."
The level of complexity of the information and the duration of the training	"I think that ... [the level of information] was great... [W]e had team members who came in with master's degrees [and one member who] is entry-level, and everyone was able to understand and have a positive experience." "I think ... [the sessions] were a decent amount of time."

Suggested Improvements and Critiques

Interview participants generally did not have negative comments about the training. We describe the few suggested improvements and critiques. Some participants wanted more time for discussion, either by ensuring that time for coaching sessions was not used to continue learning sessions, or by lengthening coaching sessions. Other individuals thought it was important for organizational leaders to attend the training, rather than those who had attended, or that their organization needed one-on-one training for it to be useful (one individual gave this response), or that their organization was so far along in their JEDI work that the training was not helpful (one individual gave this response).

DISCUSSION

Participants in the October 2022 to November 2022 RCORP-TA JEDI Learning Collaborative learned about JEDI principles and practices and began to apply what they learned. They encountered new ideas, felt validated about their existing JEDI knowledge, and felt newly motivated to address JEDI issues. Participants learned about and, in some cases, began work to implement new employee hiring, recruitment, and retention practices, as well as practices to support clients and the community. They also learned practices they could apply to their work as individuals, such as being more reflective about their own thoughts and actions.

Participants we interviewed generally had very positive opinions about the training. They appreciated the division of training into coaching and learning sessions, learning about concrete steps they and their organizations could take to implement JEDI practices, and in-session exercises that allowed them to apply what they were learning.

JEDI training may be valuable as a means to address stigma. Interviewees believed that this training would help them address stigma toward various minoritized and stigmatized groups, such as substance-using people, in their organizations and communities. If JEDI training has this effect, it would address a primary issue that grantees have identified as a major challenge/area of need for TA.³

JEDI training may also be a valuable way to address health equity, a major focus of the Biden administration. Research has shown that more diverse healthcare organizations produce more equitable health outcomes.¹ If trainings like the JEDI Learning Collaborative lead to more inclusive and diverse healthcare organizations, such trainings would be important to replicate, particularly as a way to improve workforce recruitment and retention, a challenge for nearly 90.0% of RCORP grantees.²

Limitations

The data represent a sample of eight training attendees, most of whom attended most of the sessions and had very positive opinions about the training. Given the low retention rate of this learning collaborative, the opinions presented here may not be representative of all attendees' experiences.

RECOMMENDATIONS

Technical Assistance

We recommend continuing training because participants appeared to learn about JEDI principles and practices. For some, JEDI issues were partly or entirely new, and the training allowed participants to discover areas where their organizations needed to address these issues and ways they might change as individuals.

In the future, JEDI trainers could alter training based on the interviewee comments. Organizers should consider adjusting the amount of time allocated for learning, coaching, and discussion. Organizers could also consider whether it would be valuable to have homogenous groups of participants in a given training (eg, participants from organizations of the same size). One interviewee noted that the small size of their organization made employee resource groups infeasible (for details, see Table 3).

Data Collection

Longitudinal data collection could address whether participants are able to implement JEDI practices in their organizations, whether they lead to organizational change, and whether change contributes to health equity,¹ addresses workforce issues,² or addresses stigma.³ In addition, since some participants reported colleagues' discomfort with JEDI issues could pose challenges to implementing learnings, future qualitative data collection could elicit more detail about challenges and facilitators that affect whether grantees can implement learnings from JEDI training.

TECHNICAL APPENDIX

All interviews were professionally transcribed. One analyst reviewed all transcripts to develop an initial codebook. A code (a word or short phrase) was assigned to segments of text to summarize or interpret them. The analyst grouped codes into themes, or key features of the data, with one or more codes describing an aspect of each theme. Next, two additional analysts coded a subset of transcripts using the initial codebook and noted where changes to the coding scheme could ensure that the analysis provided a full and consistent representation of data. Analysis team members then discussed cases in which there was disagreement to ensure consistency and achieve consensus. Finally, one analyst applied the final coding scheme to all the transcripts.

REFERENCES

1. Pittman P, Chen C, Erikson C, Salsberg E, Luo Q, Vichare A, Batra S, Burke G. Health workforce for health equity. *Med Care*. 2021;59(10 Suppl 5):S405-S408.
2. Burchim SE, Patterson DG, Andrilla CHA. *RCORP Grantees' Sustained Challenges, Technical Assistance Needs, and Technical Assistance Provided: A Review of the September 2022 Request for Information*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; April 2023.
3. Burchim SE, Andrilla CHA, Patterson DG. *The RCORP-TA Response to RCORP Grantees' Challenges and Needs: A Review of the March 2022 Request for Information and Subsequent Technical Assistance*. Evaluation Brief. WWAMI Rural Health Research Center, University of Washington; December 2022.

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