



## Engaging Staff to Be Equity-Minded: A Conversation with Public Sector Leaders

An increased focus – arguably overdue – on diversity, equity and inclusion has taken place across US workplaces. For the public sector the opportunity is two-fold. Public sector health leaders can work to develop an agency culture that values equity and inclusion in the workplace and they can work to improve equitable access and outcomes for Medicaid beneficiaries.

As part of the Public Sector Leadership Consortium’s [Leadership Forward](#) series, NAMD spoke with **Womazetta Jones**, Secretary, Rhode Island’s Executive Office of Health and Human Services, and **Karen Kimsey**, Former Director, Virginia Department of Medical Assistance Services, about leadership strategies that advance equity within their agency and through stakeholder engagement.

*Comments edited for clarity.*

**Kimsey:** You have to meet people where they are, even when they’re really tough conversations — especially when they’re tough conversations. That’s when you meet with stakeholders or staff more frequently and keep them close to work as hard as you can with them. We’re not only seeking their feedback, but incorporating their input and then demonstrating to them that we’ve heard them, even if we may not always agree on the approach that we’re going to take. The important part is that people feel heard and that their thoughts are taken into account.

**Jones:** When I approach race equity work — as well as fighting against racial injustices — I always say, we need to create a safe space for everyone. One person should not feel like if they say one thing “wrong,” they’ll be labeled as a racist. We need to recognize that they are just trying to understand and learn, and conversely, people of color in the conversation should not be labeled as stereotypes as they contribute to the discussion.

We need to create racial equity teams within our organizations. I am very blessed to be leading our equity work here in Rhode Island and our equity council, which is made up of all of our communities of color — actual people in the community — not just organized stakeholders. We need to look at how we’re creating that space. I need to push, but I need to have partners with me helping in that journey — individuals of color should lead in this equity space. We need all people in this space as a part of our leadership team.

And we need to be honest with ourselves, and ask ourselves when we create policies or procedures: what role, if any, has race played in it? Just be honest about it. If the response is “that’s what the federal government or the state has set up,” that’s not an excuse for continuing to do the wrong thing.

**Jones:** One of the things that I’ve done is require each of the departments within the secretariat to create a race equity council, which will report up to a governance council that I will be co-chairing. This is to ensure that the Health and Human Services secretariat as a whole is marching in the same direction of addressing racial inequities and injustice. Because one thing that is very clear with the positive COVID-



19 cases in Rhode Island, about 60 percent are within our communities of color and that is rooted in historic, systemic racism.

**Kimsey:** Almost two years ago we formed a diversity and inclusion council in our agency. It was an organic group that came together based on some events happening in our state and its leadership at the time. We needed a central place for people to share their thoughts. From there, we formed a staff-elected council to represent the collective voice of our agency.

We worked through some really tough meetings together, and we collectively formed a charter for the council, which has now been in place for a full year. The council helped us create an internal review process to address issues facing the agency. We are beginning to look at policies that we have in place in our agency, both internally as we relate to our agency employees, and also from our program's perspective. From an equity lens, it's really important as a Medicaid program to ensure people can gain access to health coverage. Many people have been turned down or denied for whatever reason or are ostracized or discriminated against and therefore do not feel comfortable applying.

This interview is a portion of a larger conversation found in an [accompanying podcast](#), available in the [Apple Podcast store](#).

Topics discussed in this article align with [Framework for Public Sector Leadership](#) domain, Engaging and Motivating People. Core competencies of the domain include: collaborating and working in teams; developing, directing and delegating; managing conflict and negotiating; and communicating with internal and external audiences

The framework is product of the Public Sector Leadership Consortium whose partners, NAMD, the [Center for Health Care Strategies](#) and the [Milbank Memorial Fund](#), work to strengthen the capacity of public sector leaders, particularly those in state government.