

## Supplemental materials for:

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## Supplemental Appendices 1 and 2, and Supplemental Tables 1-3

### Supplemental Appendix 1. Terminology

1. Race and Ethnicity<sup>1,2</sup>: While both race and ethnicity have definitions relating to origin and shared cultures, race and ethnicity are social constructs that continue to evolve and that do not hold any biological meaning. However, racial and ethnic identity of individuals is an important lens to examine inequities and racism related to health, opportunity, and power dynamics.
2. Persons of Color (POC)<sup>3</sup>: This term refers to individuals that self-identify as belonging to racial and/or ethnic groups other than White, non-Hispanic. While terms such as racial-ethnic minority could also be utilized within the study context, referring to the differential power dynamics within clinical care teams, the term was chosen to reflect the preferred terminology of participants in the study that identified as Black, Asian, American Indian/Alaskan Native, or Hispanic (which included Latino/a, Mexican, or other Spanish origin).
3. Racially-Ethnically Minoritized<sup>4</sup>: This terminology is used to recognize the active role of structural racism and oppression in categorizing persons who identify as ethnicities or races other than White, non-Hispanic as being part of a minority, or non-majority. Using the term ‘minoritized’ rather than ‘minority’ shifts the perspective to acknowledge the historical and current systems and policies that in the United States have led to persons identifying as non-White being in the minority, rather than due to a false impression of the identity as something lesser or minority.
4. Safety-Net Healthcare System<sup>5</sup>: Refers to a United States healthcare system that provides a significant level of care to populations that are on Medicaid or who are uninsured.

5. Community Health Clinics: Refers to clinics based in the community serving populations with limited access to care. In the community clinic healthcare system in the current study, the community health clinics are also federally qualified health centers (FQHCs).
6. Diversity, Equity, and Inclusion (DEI): Diversity- All the visible and invisible ways in which people differ, including the characteristics that make one individual or group different from another. Equity- Fair treatment, access, and opportunity for all people. Inclusion- The intentional act of creating environments in which all individuals and groups feel a sense of belonging, respect, support, and value, allowing them to fully participate.
7. Support Staff: Term used to refer to clinical staff who are in support roles for medical providers or clinical leadership. Includes medical assistants, front desk clerks, care navigators, nurses, and social workers and behavioral health consultants
8. Critical Ideological Framework<sup>6,7</sup>: A qualitative research paradigm describing the disruption of the status quo by raising consciousness and utilizing knowledge around power dynamics driven by societal norms. This paradigm promotes advocacy for those less powerful in the system, as well as continual learning and critical dialogue to lead to meaningful systemic change.

## References

1. Oxford English Dictionary. Accessed Nov 16, 2023. <https://www.oed.com/>
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4. Black C, Cerdeña JP, Spearman-McCarthy EV. I am not your minority. *Lancet Reg Health Am*. 2023;19:100464. [10.1016/j.lana.2023.100464](https://doi.org/10.1016/j.lana.2023.100464)
5. Institute of Medicine Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers; Lewin ME, Altman S, eds. *America's Health Care Safety Net: Intact but Endangered*. National Academies Press; 2000.
6. Denzin NK, Lincoln YS. *Handbook of Qualitative Research*. Sage; 2002.
7. King JA, Stevahn L. *Interactive Evaluation Practice: Mastering the Interpersonal Dynamics of Program Evaluation*. SAGE Publications, Inc; 2013.

## Supplemental Appendix 2. Interview Guide\*

When you talk with friends or family about what it is like working at \*\* day-to-day, what do you say?

- a. When you have a difficult day, what is it about that day that makes it difficult?
  - b. When you have a good day, what is it about that day that makes it good?
2. Have you ever experienced or witnessed treatment of other staff members that made you uncomfortable?
  - a. If so, could you share an example? How did this affect you?
  - b. Do you think this had anything to do with race or ethnicity or other identity factors?
  - c. Do you know of anyone who has left \*\* because of the way they were treated, if so, how did this affect you?
  - d. Do you feel like you can address experiences like this with the people involved or with management? If not, why not? What would need to happen in order for you to feel like you could?
3. Have you ever witnessed treatment **of** patients that made you uncomfortable?
  - a. If so, could you share an example? How did this affect you?
  - b. Do you think this had anything to do with race or ethnicity or other identity factors (such as homelessness or disability or anything else)?
  - c. Do you feel like you can address experiences like this with the people involved or with management? If not, why not? What would need to happen in order for you to feel like you could?
4. Have you ever experienced or witnessed treatment **from** patients that made you uncomfortable?
  - a. If so, could you share an example? How did this affect you?
  - b. Do you think this had anything to do with race or ethnicity or other identity factors?
  - c. Do you feel like you can address experiences like this with the people involved or with management? If not, why not? What would need to happen in order for you to feel like you could?
5. Is there anything about your work environment that doesn't feel emotionally or psychologically safe?
  - a. What do you need to feel trust, safety, and valued by your colleagues, your manager, and our system?

- b. Do you think employee training would help? What do you think would make it meaningful?
- 6. Do you experience any differences in trust, safety, and value when among colleagues who share your background versus among other colleagues?
  - a. If you do experience differences, what do you think is getting in the way of this happening?
- 7. What changes in leadership would you like to see, if any?
- 8. If you had one wish or ask, for \*\* to improve the experience of staff members with minority identities, what would that be?
- 9. Anything else you'd like me to know or you'd like to share?
  - a. What was it like for me to ask you these questions today?

*\*Questions were partly informed by Nair & Adetayo (2019); Wingfield & Chavez (2020); Rathert & May (2007); Tucker & Edmondson (2003); Wynia et al. (2012); and Winters (2020)*

<b>Supplemental Table 1. Participant Demographics (N=60). Values are count and proportion unless otherwise noted.</b>		
<b>Characteristic</b>	<b>N</b>	<b>%</b>
<b>Age, years</b>		
18-25	3	5
26-40	36	60
41-55	20	33
≥ 55	1	2
<b>Gender identity</b>		
Female	50	83
Male	10	17
<b>Race/Ethnicity<sup>a</sup></b>		
Hispanic <sup>b</sup>	20	33
White, Non-Hispanic <sup>c</sup>	19	32
Black/African American, Non-Hispanic	10	17
Other, Non-Hispanic <sup>d</sup>	6	10
More than one Race/Ethnicity	5	8
<b>Sexual orientation</b>		
Straight/Heterosexual	55	92
LGBTQIA+ <sup>e</sup>	3	5
No Answer/Prefer Not to Answer	2	3
<b>First language learned</b>		
English	36	60
Spanish	18	30
Other	6	10
<b>Role in clinic</b>		
Support Staff	42	70%
Medical Assistant	11	18
Front Desk Clerk	10	17
Care Navigator	6	10
Nurse	6	10
Other Support Staff	9	15
Medical Providers/Leadership	18	30%
Medical Provider <sup>f</sup>	10	17
Clinic Leadership <sup>g</sup>	8	13
<b>Years at clinic, median (range)</b>	<b>6.5</b>	<b>(1-22)</b>
<b>Socioeconomic status</b>		
Lower Class/Low Income	9	15
Working Class	19	32
Middle Class	13	22

Upper Middle Class	16	27
Upper Class	3	5
<b>Ability status</b>		
Disabled	3	5
Able Bodied	57	95
<b>Religion</b>		
None	26	43
Christian	27	45
Other <sup>h</sup>	7	12
<p><sup>a</sup>Race/Ethnicity was self-reported by participants using their own terms (categorical choices were not offered). Self-reported terms were collapsed to commonly-used categories for analysis: <sup>b</sup>Hispanic includes participants who self-identified as Hispanic, Latino, Latina, Latinx, or Mexican and did not report non-White race; <sup>c</sup>White includes participants who identified as White or Caucasian and did not identify as Hispanic. <sup>d</sup>Other includes participants who self-identified as Asian, Asian American Pacific Islander, or Native Hawaiian</p> <p><sup>e</sup>LGTBQIA+ refers to participants who identified as Lesbian, Gay, Transexual, Bisexual, Queer, Intersex, Asexual, or Other non-Heterosexual, non-Cisgender Orientation</p> <p><sup>f</sup>Medical Providers includes Physicians and Advanced Practice Providers</p> <p><sup>g</sup>Clinic Leadership includes Nurse Practice Managers, Nurse Leads, Medical Assistant Leads, and Clerical Supervisors</p> <p><sup>h</sup>Other religions include Buddhist Hindu, Jewish, Mormon, and Muslim</p>		

Supplemental Table 2. Themes and Subthemes with Illustrative Quotations	
Themes and subthemes	Illustrative quotes
<b>People of Color (POC) Face Hidden Challenges</b>	
Emotional labor is constantly demanded	<p>“I'm careful about how I approach things with [my White peer] because I don't want to seem too aggressive, and I think when I'm passionate, I do come off that way. So I have to be careful about how I say things and what I say.”  <i>POC Leadership (Participant 28)</i></p>
	<p>“I can't lie to you and be like, 'Oh I'm happy, that didn't affect me.' Yes, I'm upset, but I'm going to keep going, and I'm going to put on a good face... because yes, we will treat [patients] the same and we will be nice to them, but maybe us on the inside, we're not okay.”  <i>POC Staff Member (Participant 17)</i></p>
	<p>“[There is] some blaming, frustration directed at the patient; most of our providers here are very privileged, and most patients don't have that same privilege. I try not to let it get to me. But yes, it does affect me.”  <i>POC Staff Member (Participant 27)</i></p>
	<p>“I look at [my White peers] like, 'You've got to be out of your mind if you're going to complain about something like that. That comes from a space of entitlement.' I don't tell them that, but that's the way I'm feeling, you know, like, 'You should see what I see.'”  <i>POC Leadership (Participant 7)</i></p>
Tearfulness or hardening from compelled accommodation	<p>“I'm an adult, and I need to pay bills. So I have to suck it up. I'm gonna suck it up.”  <i>POC Staff Member (Participant 32)</i></p>
	<p>“I will say I had a moment where I just had a complete breakdown because [I'm regularly asked to make] change, on top of change, on top of change. I was just like, 'This is ridiculous,' and I felt like I couldn't do anything about it. And I literally cried.”  <i>POC Staff Member (Participant 29)</i></p>

	<p>“I want to voice [race, ethnicity and role related concerns], but a lot of it really comes with a lot of emotions tied to it... almost feeling [the clerks’ and medical assistants’] frustrations, and the emotions sort of piled up on me. It’s so difficult to articulate without getting emotional.”  <i>POC Medical Provider (Participant 20)</i></p>
	<p>“I don’t want to risk my job. I have to only bring up the major [race, ethnicity and role related incidents], not the daily ones. You say to yourself, 'Just ignore it, don’t pay attention to that,' until you feel like you are dreading going to work. Then you need to tell your supervisor.”  <i>POC Staff Member (Participant 21)</i></p>
	<p>“ You have to put on a facade so that people will treat you okay. Like if you bring up these concerns you’ll be seen as problematic and you kind of just have to bottle everything.”  <i>POC Staff Member (Participant 18)</i></p>
Speaking up without response results in demoralization	<p>"So I was asked to put in a [race, ethnicity and role related] complaint. My management told me they were wanting this particular patient to be put on a behavior contract. That way if it were to happen again, we would have it on file. So I did submit [a complaint], and it was actually declined from upper management.”  <i>POC Staff Member (Participant 4)</i></p>
	<p>"We definitely all feel that we can't talk about [race, ethnicity and role related incidents] with upper management, they haven't ever done anything about it. So it's one of those 'talking ‘till you're blue in the face' situations, and you just try to handle things in clinic if you're able to.”  <i>POC Leadership (Participant 8)</i></p>
	<p>“I voiced all of my opinions, how [I felt] uncomfortable and unsafe here, and unsupported by the organization as a Person of Color.... and all of my information fell on deaf ears, because nothing took place in response.”  <i>POC Leadership (Participant 7)</i></p>
	<p>"I even went straight to HR [with a race, ethnicity and role related incident], and I felt like I wasn't being heard. It felt like everything I was saying was just going in one ear and out the other."  <i>POC Staff Member (Participant 15)</i></p>
<b>Racial Discrimination Persists</b>	

Microaggressions prevent inclusion	<p>“She made a comment that was like, 'This is so common, the young Latina moms, they don't want to finish school. I don't know how to make them see that it's more important to finish,' like very much like putting her values as a priority, as opposed to the patient's values as a priority.”</p> <p><i>White Staff Member (Participant 51)</i></p>
	<p>“I've seen this multiple times in our cohort of residents. There's two Black women, and providers who are non-Black often mix them up. These two women look nothing alike, and it kills me.”</p> <p><i>White Medical Provider (Participant 48)</i></p>
	<p>“It's different to say or talk about my goal to be a nurse with people who are the same [race] as me. I have been belittled by White co-workers, they don't believe I'll get through it.”</p> <p><i>POC Staff Member (Participant 12)</i></p>
	<p>“[They] made a comment about how big this family was, or you know, how irresponsible it was for this patient to have all these kids. And it definitely was a cringe moment for me... I was sitting there thinking, 'Oh my gosh, what would they say about my mother?' She had 6 kids.”</p> <p><i>POC Staff Member (Participant 35)</i></p>
Bias in policies sustains inequity	<p>“I think there's a lot of fear in our organization that has trickled down to the way this clinic runs. If you are a certain person in a certain job group, or in a certain socioeconomic status, I think it's perceived that you can get away with stuff.”</p> <p><i>POC Staff Member (Participant 1)</i></p>
	<p>“They are asked to enforce [the dress code] with providers as well, but it's not enforced, they won't get told to go home. Yet I have to send clerks home for this issue. [Also] if a provider calls in 17 times a year, no problem, but there's corrective action for an MA.”</p> <p><i>POC Leadership (Participant 25)</i></p>
	<p>"There was a time where [a White staff member] was out on PTO for a whole week, and I expressed that [we] need a support from the float team.... and [we] didn't get the support. But then when I called off last minute, they were able to find coverage that same day [at the request of the White staff member].”</p> <p><i>POC Staff Member (Participant 27)</i></p>

	<p>"I've seen White girls wearing the exact same thing...I asked other people, 'Hey, did you get talked to about dress code?' And I was the only one." <i>POC Staff Member (Participant 39)</i></p>
	<p>"There is marginalization built into the system that minorities will experience based on the level of where they are in the hierarchy... MAs have to clock in and clock out; if they are breastfeeding, they're not getting paid for that... but our physicians block one or two slots out of their schedule as salaried staff members, so they can pump." <i>POC Medical Provider (Participant 20)</i></p>
<b>Power Dynamics Perpetuate Inaction</b>	
Positional privilege suppresses roles with less power	<p>"It would be nice to see less of a divide, less of a hierarchy [on our team]. I know my place. I don't know if that can change, but it would be nice if it could." <i>POC Staff Member (Participant 37)</i></p>
	<p>"When we try to create this idea in our mind that it's just as easy for medical assistants to talk during a 50-person meeting as it is for physicians...that's a nice thought but probably not that easy." <i>White Medical Provider (Participant 60)</i></p>
	<p>"RNs get away with a lot more [than other staff]. I would say something to a patient, but if I do, then I'm the bad guy. But a nurse, nothing happens." <i>POC Staff Member (Participant 24)</i></p>
	<p>"When we're working with doctors who are perceived to be intimidatingly smart and educated, I don't always feel equipped to...address [race, ethnicity and role related incidents]. So I feel like you need a ton of evidence and articles and all the things." <i>White Staff Member (Participant 51)</i></p>
Systemic protection excludes POC Support Staff	<p>"I knew I was getting thrown under the bus. I wasn't going to be helped or protected as I should be by my superior." <i>POC Staff Member (Participant 3)</i></p>
	<p>"The experience [of a race, ethnicity and role related incident] for me was disheartening, but it was a reality check to see how privilege operates and how protected some people are by this organization." <i>POC Staff Member (Participant 34)</i></p>
	<p>"I feel like HR is there more [to protect] managers, not staff members."</p>

	<i>POC Staff Member (Participant 16)</i>
	"If you speak up, you get injured... I see other staff say they feel sick, but feel like they can't say anything to their manager." <i>POC Staff Member (Participant 11)</i>
	"I feel like I can't complain about [race, ethnicity and role related incidents] because I'm a Woman of Color." <i>POC Staff Member (Participant 12)</i>
White fragility closes conversation	"Maybe they'll hear you [when naming a race, ethnicity and role related incident], but then there'll be some sort of like passive aggressive stuff that happens later because of it... Like they'll say, 'That's not what I meant.' And then yeah, it will just be weird for like a while until it blows over." <i>POC Staff Member (Participant 18)</i>
	"I've tried to address [race, ethnicity and role related incidents] with [White co-worker]. I think [they] also get defensive and don't hear what I'm trying to say. It might be because I'm also a [Person of Color]. So I stopped bringing it up, and I feel like for anybody above [them], they don't want to deal with it." <i>POC Leadership (Participant 28)</i>
	"I've heard some people might treat other people differently, and sometimes I feel like I'm a little oblivious to it. Or maybe I try to rationalize why they're thinking that or why they're doing that action, like, 'Well, maybe they have a good reason for doing that.'" <i>White Leadership (Participant 59)</i>
	"I would be worried that people would get so defensive [about a race, ethnicity and role related incident] that then the conversation can't be productive, because they would just be saying, 'I'm not racist,' and you'd be like, 'No, I get it.' And then I don't really know what to do from there." <i>White Medical Provider (Participant 48)</i>
	"I don't know how to fix [racism]. But I think we could just all be supportive of everyone, and that includes White people. I know the world may hate us right now, but I don't think we're bad people." <i>White Staff Member (Participant 54)</i>
Helplessness paralyzes everyone	"I feel like I could have done something [about a race, ethnicity and role related incident] but I honestly didn't believe anything would have happened." <i>POC Staff Member (Participant 10)</i>

	<p>“To be honest, I wouldn't know how to even lead [a response to a race, ethnicity and role related incident] or do that in my own clinic, like with a staff meeting; I wouldn't even know how to touch that.”  <i>White Leadership (Participant 2)</i></p>
	<p>“There is only so much you can say, in terms of feedback, before you might get in trouble. [clinic leadership] asks for feedback, but they don't want to do anything that's going to bring negative attention to [the organization], and that feels awful.”  <i>POC Medical Provider (Participant 22)</i></p>
	<p>“I think there's a lot of, for myself, White guilt, White privilege. I think there's just been a lot of lived [racial minority] trauma, whether it's direct or systems based, that has been a big deal, that I don't really know how to fix.”  <i>White Medical Provider (Participant 57)</i></p>
	<p>“I felt helpless, like I couldn't do much. She felt discriminated against by [clinic leadership] and would tell me. I didn't really know what to do, like how to how to address that besides getting really frustrated.”  <i>White Staff Member (Participant 50)</i></p>
<b>Interpersonal Actions Foster Safety and Equity</b>	
Fairness and trust are established through action	<p>"My preceptor was really great...specifically saying that female Providers of Color get [verbally abused by patients] the worst. He really acknowledged my experience and said, 'You should just make someone else his PCP.'"  <i>POC Medical Provider (Participant 22)</i></p>
	<p>"There's no personal relationship [with management]. I think if we were to build that, it would help with trust."  <i>POC Staff Member (Participant 18)</i></p>
	<p>"Yes, actually, I have had some [race, ethnicity and role related incidents], and [my manager] has been very supportive. Sometimes she'll come to me just to check in like, ‘Are you doing okay? I could see it on your face.’"  <i>POC Staff Member (Participant 36)</i></p>
	<p>"Physicians and nurses will have their moments when they belittle me and us as MAs. But our manager here is awesome. She addresses it every time and gets it taken care of."  <i>POC Staff Member (Participant 24)</i></p>

	<p>"I just need people to practice what they preach, if they want me to feel safe. They let me know I'm safe through their actions."  <i>POC Leadership (Participant 7)</i></p>
Intentional inclusion and recognition make a difference	<p>"[Clinic leadership] is really trying to create a positive atmosphere... Just basically including everybody and giving recognition for what they do for each other as a team within the clinic is huge."  <i>POC Staff Member (Participant 34)</i></p>
	<p>"[Staff members] confide in me just because I'm friendly with them. It's nothing special about me, other than, you know, I make an effort to be friendly with them."  <i>POC Medical Provider (Participant 23)</i></p>
	<p>"To realize that, you know, we're all a team. Whether you're a heart surgeon or a janitor...without one, the wheel does not spin. So...everyone, no matter what position, has value and is needed here."  <i>POC Staff Member (Participant 4)</i></p>
	<p>"My other clinical person talked to me about [race, ethnicity and role related incidents I have perpetrated]. Since then, I feel like I've tried to be more conscious of my language and tone when I'm talking with staff members to make everyone feel as comfortable as possible."  <i>White Medical Provider (Participant 60)</i></p>
Quick response to patient aggression helps establish safety	<p>"The provider I worked with would see it and put an end to it, basically holding that patient accountable. Like, 'You know, we work as a team. If you can't show her respect, then I can't treat you.'"  <i>POC Staff Member (Participant 5)</i></p>
	<p>"Our attending addressed [the race, ethnicity and role related incident] in the moment. She called the patient out on it, and then checked in with my senior and all of us about it. And she offered to see the person alone afterwards, so that was good."  <i>POC Medical Provider (Participant 6)</i></p>
	<p>"I feel like when there are patients that are escalated, my supervisor does come out and she helps out. She always believes that we shouldn't get mistreated by anybody. So she always comes out."  <i>POC Staff Member (Participant 30)</i></p>
	<p>"[Clinic leadership] came out and pulled the patient aside and addressed [the race, ethnicity and role related incident]. She completely had my back and made sure to confirm with the patient that that type of behavior and language will not be tolerated."  <i>POC Staff Member (Participant 4)</i></p>
<b>System-Level Change for Cultural Shift</b>	

Safe space and time cultivate community building	<p>“There was heavy [race, ethnicity and role related] conversation there, there were tears, there were hugs. It was so good, but we didn’t get any follow up from it. There’s no time for that stuff in our team meetings. There’s so much agenda that has to happen.”  <i>POC Leadership (Participant 8)</i></p>
	<p>“Our leadership is trying to do a lot, have our own DEI committee. But [it] needs to come from higher up. We need something more interactive. Maybe having a team that goes to every clinic, or representatives at every clinic.”  <i>POC Staff Member (Participant 10)</i></p>
	<p>“I think more frequent [race, ethnicity and role related] conversations [would be helpful], but also getting to actually know your staff would be something I would like to see.”  <i>POC Staff Member (Participant 27)</i></p>
	<p>“Just connecting to the people I work with, that gives me a sense of joy.”  <i>White Staff Member (Participant 52)</i></p>
	<p>“There are places where people don’t feel safe. So let’s talk about that. I think even just like, where are [those] places...naming what’s true, even though it’s hard.”  <i>White Staff Member (Participant 55)</i></p>
New DEI reporting mechanism essential for trust	<p>"It's pretty hard to figure out who to go to [with race, ethnicity and role related incidents] within the structure because teams change all the time."  <i>POC Medical Provider (Participant 6)</i></p>
	<p>"I think the hard thing is that when you report things here at [clinic], even if you use the [reporting system], it comes back to your own department, and there's no discretion because a lot of managers and supervisors are friends with each other."  <i>POC Staff Member (Participant 39)</i></p>
	<p>“If you don't feel confident going to your immediate manager, then I know there's a [reporting system], but then what happens after that is I think what people are missing. There’s not a clear understanding of what goes into that decision making.”  <i>White Staff Member (Participant 53)</i></p>
	<p>“I’ve heard in the past, other people would say something to HR about [race, ethnicity and role related incidents], and nothing would get done.”  <i>POC Staff Member (Participant 10)</i></p>

Plea for more action demonstrating anti-racism	<p>"We hear a lot of, 'Well it's in the works,' or, 'This is happening.' But there's never any action behind these things that are being said."</p> <p><i>POC Staff Member (Participant 5)</i></p>
	<p>"It seems like they're trying to move in the right direction, it's just very, very slow."</p> <p><i>POC Staff Member (Participant 13)</i></p>
	<p>"I just need to see that we put our money where our mouth is. I do get a sense that there are a lot of [DEI] initiatives in place, but I don't know beyond the surface of the initiatives."</p> <p><i>POC Staff Member (Participant 35)</i></p>
	<p>"Actions always speak louder than words, as we know, and I feel like there's been a lot of talk, especially with upper leadership and the executives. I think it would be nice to actually see some [DEI related changes] happening for our staff for support."</p> <p><i>White Leadership (Participant 47)</i></p>

<b>Supplemental Table 3. Challenges and Opportunities</b>		
<b>Theme</b>	<b>Challenge</b>	<b>Opportunity</b>
<b>Hidden Challenges Faced by People of Color (POC)</b>	Strong fear of invalidation, retaliation or nothing being done when race, ethnicity and role incidents occur	Establish and disseminate trusted expert pathway for reporting race, ethnicity and role related incidents
<b>Racial Discrimination Persists</b>	Race-based harm goes unaddressed because it is typically unintentional and those involved lack the skills and confidence to address	Hold protected space for recurring, relationship-based, interactive DEI-related intervention for teams
<b>Power Dynamics Perpetuate Inaction</b>	Status quo is maintained due to over-representation of POC in roles with less power	Include representatives across levels, roles, and identities in the creation and ongoing execution of DEI initiatives
<b>Interpersonal Actions Foster Safety and Equity</b>	Leaders lack knowledge of what is helpful and time to authentically engage in reparative ways	Reserve time for trainings targeted at increasing corrective and protective factors for clinic leadership
<b>System-Level Change for Cultural Shift</b>	Organizational leadership is perceived as not taking meaningful action in ways POC staff members repeatedly ask	Reallocate funding to prioritize DEI initiatives directly impacting the experience of POC staff members