

DIVERSITY, EQUITY, AND INCLUSION

Healthcare's Social Dilemma

How you should prioritize diversity, equity, and inclusion efforts. And why you must.

Healthcare organizations have a growing responsibility to improve diversity, equity, and inclusion (DEI) efforts not only for their employees, but also to better serve patients and their families. DEI has been a recent focus for many businesses and organizations across the world. But the healthcare industry has a particularly unique opportunity to make a greater impact, as it directly affects a broad set of patient health outcomes and quality of life in a profound way.

IN TERMS OF HEALTHCARE, DEI EFFORTS HELP ORGANIZATIONS ADDRESS:



Diversity

Understanding the background of employees and patients being served, including culture, gender, sexual orientation, religious beliefs, and socioeconomic status. Also, hiring and retaining a workforce that is representative of the patient population served.



Equity

Ensuring healthcare workers have what they need to do their jobs and patients have what they need in and out of treatment settings to effectively benefit from best practices in treatment (not to be confused with equality).



Inclusion

Giving both employees and patients a voice to help provide/receive high-quality care, and encouraging the presence of a diverse healthcare staff in the treatment experience of patients.

A photograph of three people—two women and one man—sitting around a table in a meeting. They are looking at a laptop screen. The image is overlaid with a teal gradient.

The Unsettling Current State

With great opportunity comes great responsibility, and the healthcare industry is unfortunately falling short in terms of ensuring DEI for both industry associates and patients. The two certainly go hand in hand, as patients will continue to be misrepresented if healthcare leaders themselves don't embody or adopt similar backgrounds and beliefs. Without a strong presence of DEI, healthcare workers, patients, and their families will continue to suffer, as noted in the following examples.

LACK OF FEMALE LEADERSHIP

In 2020, the Fortune 500 list set a record high of female chief executives. The problem? Out of 500 companies on the list, only 37 were led by female CEOs.¹ Even more concerning—presently, there are no female Black or Latina CEOs of Fortune 500 companies.² Of those 500 companies, 45 are within the healthcare industry.³

Despite a recent study by S&P Global showing that organizations with females in leadership roles are more profitable, female executives remain incredibly underrepresented.⁴ Without an increase in female leadership, healthcare organizations (and other industries) will continue to lack vision and viewpoints that accurately reflect their employee and patient (or consumer) populations.

LACK OF HEALTH EQUITY

For the first time in our history, the U.S. is raising a generation of children who may live sicker and shorter lives than their parents.⁵ Data shows life expectancy is correlated with where someone lives with first-of-its-kind neighborhood-level data.⁶ While a person's diet, genes, and habits greatly influence their health, a growing body of evidence proves that zip codes are predictors of life expectancy.

Neighborhoods within cities facing significantly lower life expectancy rates (sometimes 30 years' difference) are challenged with poverty, subpar social services, and unemployment—factors that aren't affecting majority white neighborhoods to the same degree.⁷ The contrast between the neighborhoods' life expectancy rates is telling, as healthcare leaders and communities work to understand how to improve quality healthcare access where race, poverty, and health are tightly intertwined.

LACK OF PROVIDER DIVERSITY

By 2060, just 36% of all children will be single-race non-Hispanic white, compared with 52% today.⁸ However, while the racial and ethnic diversity of the U.S. population continues to increase, the physician workforce has been diversifying at a much slower speed and uneven course.⁹ A recent Nurse.com [Nurse Salary Research Report](#) also found that while 78% of registered nurses were white, only 9% were Black, and only 6% were Latinx.

While the conflicting speed in which the overall population and providers are diversifying may not seem problematic at face value, data suggests that marginalized racial and ethnic patients who have a choice are more likely to select healthcare professionals of their own racial or ethnic background.¹⁰ Addressing this issue can help identify geographical locations that would benefit the most from increasing providers with specific primary care specialties,

race, and ethnicity. Doing so might increase preventative health treatment if individuals are able to receive treatment from a provider who makes them feel safe, comfortable, and understood.

LACK OF CULTURAL COMPETENCE

For healthcare workers and those they care for, the care being provided and received is viewed through a cultural lens. An individual's cultural affiliations can affect where and how they seek care, how they describe symptoms, how they select treatment options, and whether they follow care recommendations.¹¹ The same goes for care providers, making cultural competence doubly important.

Cultural competence is also linked with health literacy, an acknowledgement that a mutual understanding between patients and providers calls for the integration of culturally, linguistically competent and health-literate approaches.¹¹ Safe, high-quality care is dependent upon an exchange of understanding and trust between providers and patients. Without clear, effective, and mutual communication, safe patient care is in jeopardy.



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LACK OF IDD-FOCUSED CARE

Providing healthcare for people with intellectual and developmental disabilities (IDD) requires understanding multiple factors and specific training. Despite improvements in the quality of life and quality of medical care for individuals with IDD, information about the unique needs and experiences of people with IDD has not yet entered mainstream medical education or practice.

Understanding a person who does not use words to communicate or uses limited language requires time and creativity and, unfortunately, diagnostic labels and overshadowing can get in the way of communication and effective care. Perhaps the biggest challenge for caregivers—observing behavior and interpreting what is being communicated takes patience and often a great deal of time, both which can be hard to come by in the current healthcare system.

LACK OF LGBTQIA-FOCUSED CARE

In a nationally representative survey conducted by the Center for American Progress (CAP) in 2017, 8% of lesbian, gay, and bisexual respondents and 29% of transgender respondents reported that a healthcare provider had refused to see them because of their sexual orientation or gender identity in the past year. Over the same period, 9% of lesbian, gay, and bisexual respondents and 21% of transgender respondents said a provider had used harsh or abusive language when they sought medical care.¹²

The lack of LGBTQIA-focused care (lesbian, gay, bisexual, transgender, queer, intersex, asexual) leaves many individuals less willing to seek out healthcare, which can have permanent negative effects. For example, a transgender patient being repeatedly misgendered and discharged early, only to continue self-inflicting harm or possible suicide attempts. Other individuals may go without medications or treatment that would otherwise improve their overall health out of fear of receiving judgement or discrimination from a care provider.



Where to Start DEI Efforts

While the previous examples detail significant problems with DEI efforts for the healthcare industry at large, individual organizations can take steps to immediately benefit their associates and patients, which will in turn lead to positive change for the larger healthcare community.

By working to bolster DEI efforts, healthcare organizations have a unique opportunity to improve the lives of those providing and receiving care. Given that this is such an important responsibility, it can be difficult to know where to begin. The following strategies help outline key factors to consider as healthcare organizations approach DEI efforts.

1

Know your baseline. Thoroughly assessing your organization's culture in relationship to DEI will help determine how well you're currently performing and provide an indication of how far you need to go.

Example: Using patient and employee surveys or focus groups can help organizations learn more about the current perception of DEI.

2

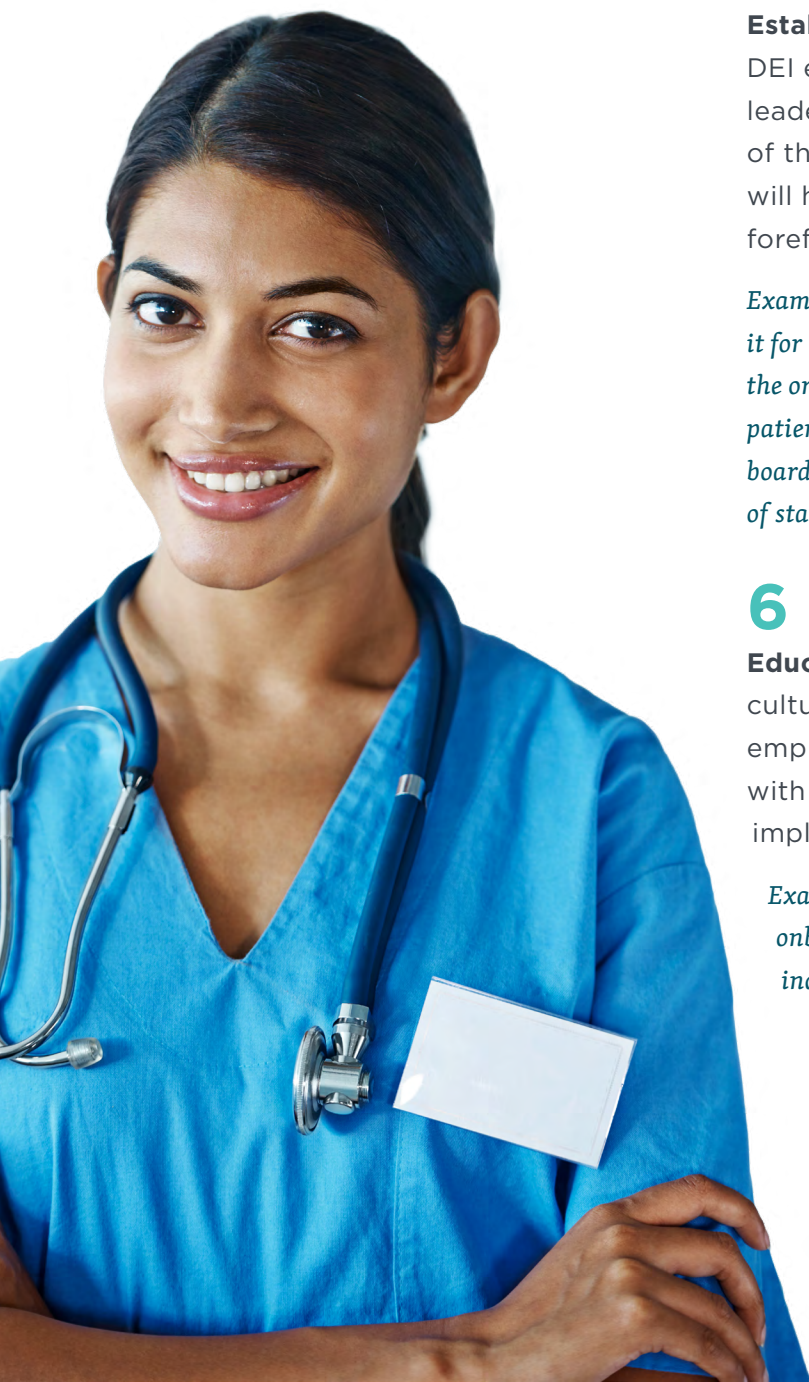
Identify indicators of success. By selecting two to three factors that can be focused on over a fixed time period (e.g., six months or one year), your organization can implement targeted interventions and best practices to drive the success of DEI.

Example: Creating a goal to increase the number of staff members that are bilingual by 12% in one year to provide better care for non-English speaking patients.

3

Measure success. Tracking progress is key. Whether goals are creative around hiring, brand, or experience, routine progress checks should also be defined and scheduled on an ongoing basis to help quickly shift efforts if necessary and be sure objectives are being met.

Example: Gauging the number of training sessions for DEI education or increasing the retention of candidates with diverse backgrounds.



4

Bring everyone in. Understanding the organization-wide reach of DEI efforts cannot be overstated. While the Human Resources Department plays an obvious role in recruitment and hiring practices, don't forget about the less obvious roles/departments that indirectly affect DEI.

Example: Consider the visuals used in marketing or the accessibility of information and services for various populations, such as having patient education materials available in multiple languages.

5

Establish leadership commitment. To truly impact DEI efforts in a meaningful and lasting way, executive leaders must fully commit and set the tone for the rest of the organization to follow. Channels for feedback will help to keep authenticity and accountability at the forefront of these efforts.

Example: Having leaders sign a commitment letter and displaying it for employees and patients alike sends a strong message that the organization takes DEI improvement seriously. Also having patient community representative on your organization's advisory board helps to ensure that leadership is informed by a variety of stakeholders.

6

Educate effectively. Providing education such as cultural competency training as a requirement for employees is a great place to start. Vetted training with qualified instructors is key to minimizing implicit bias.

Example: Include required education as part of new hire onboarding and orientation. Additional courses can also be included and scheduled for follow-up training as needed.



Example Topics for Training on DEI

As part of an ongoing training plan, healthcare leaders should consider incorporating DEI education for all employees into part of the organization's culture. To address DEI efforts, organizations should provide training on a wide variety of topics that include, but are not limited to:

- + Changing populations of the U.S.
- + Demographics of the organization's patient populations
- + Health disparities related to diverse populations
- + Aspects of diverse cultures such as languages, religions, spiritual practices, traditions, customs, beliefs, preferences, and values
- + How culture influences attitudes, behaviors, and expectations related to health, medications, treatment regimens, healthcare, and healthcare providers
- + Communication skills such as teach-back, plain language, verbal, and written instruction methods, interviewing, non-verbal communication and knowledge confirmation
- + How and when to utilize interpreter services
- + How to address confidentiality concerns
- + How to meet diverse needs of patients with disabilities and/or cognitive or mental health impairments

Small Changes, Big Impact

Cultivating a diverse and inclusive environment will go a long way in positively affecting healthcare workers and patients alike. Aside from the larger-scale examples already shared, organizations can quickly incorporate additional DEI efforts into part of the culture—often with minimal effort and few resources. Some quick ways to foster DEI in an organization include:

- 1 Expand your candidate pool by asking employees to refer individuals with diverse backgrounds.
- 2 Visibly share the organization's commitment to DEI culture for employees and candidates.
- 3 Start an employee resource group (ERG) to foster inclusion, open conversations around diversity, and give employees a sense of belonging.
- 4 Provide unconscious bias education through an external consultant (to minimize risk of internal bias from someone already within the organization).
- 5 Offer implicit association training and assessment for associates to understand their own biases.
- 6 Encourage gender pronouns in email signatures to avoid assumptions that might make employees feel isolated or misunderstood.
- 7 Use inclusive language on signage in buildings for restrooms, locker rooms, etc. (“for those who identify as male or female”).
- 8 Provide tuition reimbursement opportunities to those from different socio-economic backgrounds pursuing an advanced degree or professional certificate.
- 9 Ensure parity between same- and different-sex spousal and partner coverage.
- 10 Offer transgender-inclusive healthcare coverage.
- 11 Provide a designated space for nursing mothers to pump breast milk.
- 12 Schedule DEI conversations as part of ongoing meetings for managers to communicate with their teams.
- 13 Supply free resources to employees (such as one free book per quarter) on current DEI topics.
- 14 Consult with organizations that specialize in DEI communication and marketing to ensure internal and external messaging and imagery is representative and inclusive.
- 15 Provide employment to people with intellectual and developmental disabilities.

PUTTING DEI INTO PRACTICE

Improving DEI is becoming an increasingly important component of healthcare delivery. By understanding how DEI affects both employees and patients, healthcare organizations can improve workplace culture while providing better care. Ensuring DEI efforts are in place and effective will help healthcare organizations improve communication, increase patient satisfaction, and ultimately deliver higher-quality care.

As the U.S. continues to grow in diversity, so also grows the healthcare industry's responsibility to foster DEI within communities and organizations. While getting started is perhaps the hardest and most important step, focusing on DEI must remain a priority for it to become embedded in an organization's culture.

PREVIEW A COURSE

“An organization’s commitment to ensuring diversity, equity, and inclusion is not a policy or procedure—it’s not a singular task or a box to be checked. DEI efforts take hold when, and only when, people come together and stay focused on standing for—and with—one another for as long as it takes.”

KELLI SLADE

Director of Diversity, Equity, and Inclusion, Relias

ABOUT RELIAS

For more than 11,000 healthcare organizations and 4.5 million caregivers, Relias continues to help clients deliver better clinical and financial outcomes by reducing variation in care. Our platform employs performance metrics and assessments to reveal specific gaps in skills and addresses them with targeted, personalized and engaging learning.

Motivated by our mission to measurably improve the lives of the most vulnerable members of society and those who care for them, Relias educates healthcare professionals on how to provide better care for marginalized populations, including how to better serve LGBTQIA individuals, addressing social determinants of health such as racism, and improving communication with individuals with intellectual and developmental disabilities. Relias encourages its clients to value diversity through cultural competence classes that are included in its library of over 7,000 online courses, all of which focus on meeting and/or exceeding ADA & WCAG 2.0 standards of accessibility.

We help healthcare organizations, their people, and those under their care, get better. Better at identifying problems, addressing them with better knowledge and skills, and better outcomes for all. Let us help you get better: relias.com.

Sources

1. Hinchliffe, E. (2020, May 20). The number of women running Fortune 500 companies hits an all-time record. *Fortune*. Retrieved October 22, 2020, from <https://fortune.com/2020/05/18/women-ceos-fortune-500-2020>
2. Pooja Jain-Link, T. (2020, January 13). 5 Strategies for Creating an Inclusive Workplace. *Harvard Business Review*. Retrieved October 22, 2020, from <https://hbr.org/2020/01/5-strategies-for-creating-an-inclusive-workplace>
3. *The 45 health care companies that made this year's Fortune 500*. (2020, May 19). Advisory Board. Retrieved October 22, 2020, from <https://www.advisory.com/daily-briefing/2020/05/19/fortune-500>
4. Sandberg, D. (2019, October 16). When Women Lead, Firms Win. *S&P Global* (Rep.). Retrieved October 22, 2020, from https://www.spglobal.com/division_assets/images/special-editorial/iif-2019/whenwomenlead.pdf
5. *Life Expectancy: Could where you live influence how long you live?* (2020, March 25). Robert Wood Johnson Foundation. Retrieved October 22, 2020, from <https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html>
6. *U.S. Small-area Life Expectancy Estimates Project: Methodology and Results Summary* (Rep.). (2018, September). Retrieved October 22, 2020, from National Center For Health Statistics Vital and Health Statistics website: https://www.cdc.gov/nchs/data/series/sr_02/sr02_181.pdf
7. Ducharme, J., & Wolfson, E. (2019, June 17). Your ZIP Code Might Determine How Long You Live—and the Difference Could Be Decades. *Time*. Retrieved October 22, 2020, from <https://time.com/5608268/zip-code-health>
8. Colby, Sandra L., & Ortman, Jennifer M. (2015, March). Projections of the Size and Composition of the U.S. Population: 2014 – 2016. Retrieved October 22, 2020, from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>
9. Saha, S., Taggart, S. H., Komaromy, M., & Bindman, A. B. (2000, July/August). Do patients choose physicians of their own race?. *Health affairs (Project Hope)*, 19(4), 76–83. <https://doi.org/10.1377/hlthaff.19.4.76>
10. Xierali, I. M., & Nivet, M. A. (2018). The Racial and Ethnic Composition and Distribution of Primary Care Physicians. *Journal of health care for the poor and underserved*, 29(1), 556–570. <https://doi.org/10.1353/hpu.2018.0036>
11. Andrulis, D. P., & Brach, C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations. *American journal of health behavior*, 31 Suppl 1(Suppl 1), S122–S133. <https://pubmed.ncbi.nlm.nih.gov/17931131>
12. Mirza, S.A. & Rooney, C. (2018, January 18). Discrimination Prevents LGBTQ People from Accessing Health Care. *Center for American Progress*. Retrieved October, 22, 2020 from <https://www.americanprogress.org/issues/lgbtq-rights/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care>