# Serving the Community Through the Lens of Inclusion, Diversity, and Health Equity

**Margarita Diaz, MSN, RN**

**Director, Inclusion, Diversity and Health Equity**

**The Office of Inclusion & Diversity/Human Resources**

*"We must be embracing to all, treat all, employ all, and see value in all."*

*Akram Boutros, MD, FACHE*

*President and Chief Executive Officer*

# METROHEALTH GOALS FOR RACIAL EQUITY & INCLUSION

## BUILDING SUSTAINABLE EQUITY

- Improve Black and other minority representation at senior levels of the organization

- Improve leadership representation of underrepresented groups

- Focus on hiring, retention, and promotion at all levels for Black and other minorities

- Enhance hiring, retention, and promotion of diverse candidates for Medical Staff

- Create a stronger sense of inclusion and belonging for our Black and other minority staff in particular, and all employees in general

- Eliminate or substantially reduce health disparities among our patients

- Support regional efforts to reduce mental and physical health disparities

- Promote economic equity and participation in all our activities

- Establish a range of anti-bias and anti-racism educational programs for all employees

MetroHealth

# Who Are We and Who Do We Serve

To continually improve the health of our community and its diverse populations by fostering an inclusive and engaging workforce, which delivers the highest quality of care to people representing all dimensions of diversity.





**In the _Employee_ population we work with:**

- **70%-White**
- **19%- African American**
- **5%- Asian/ Native Hawaiian/ Pacific Islander**
- **4%- Hispanic/ Latino**
- **2%- Other**

**In the _Patient_ populations we serve:**

- **44% White**
- **37% African American**
- **10% Hispanic / Latino**
- **1% Asian**
- **8% Other**

# Culture Matters

## Culture in Society

- Culture is the sum total of the way people live and guides decisions and actions of a group through time.

- Culture Includes: Values, beliefs, language, ways of thinking, communication styles, behavioral norms, and so on…

## Culture in Healthcare

- Influences:

  Patients' healthcare beliefs,

  Practices and attitudes toward care

  Trust in the system and in the individual providers



- Cultural *differences* impact how people receive, understand and act upon health information and healthcare services.

- The culture we create is empathetic to the many dimensions of any individual

## Cultural Competence

*Is the ongoing capacity of healthcare systems, organizations and professionals to provide for diverse patient populations and high quality care that is safe, patient and family-centered, evidence-based and equitable, The National Quality Forum.*

## Why Cultural Competence in Health Care

End misunderstandings in diagnosis or in treatment planning that may arise from differences in culture

Improve patient adherences with treatments

End health care disparities

# What Drives Health?

There are many factors that influence how long and how well we live--- from the quality of our homes and the safety of our neighborhoods to the opportunities we have for good jobs and education.

| Economic Stability | Neighborhood and Physical Environment | Education | Food | Community and Social Context | Health Care System |
|---|---|---|---|---|---|
| Employment | Housing | Literacy | Hunger | Social integration | Health coverage |
| Income | Transportation | Language | Access to healthy options | Support systems | Provider availability |
| Expenses | Safety | Early childhood education | | Community engagement | Provider linguistic and cultural competency |
| Debt | Parks | Vocational training | | Discrimination | Quality of care |
| Medical bills | Playgrounds | Higher education | | | |
| Support | Walkability | | | | |

## Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

# Equality Vs Health Equity

Health equity is achieved when every person has opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

https://www.cdc.gov/chronicdisease/healthequity/index.htm

# Culturally Competent Model for Care Delivery at MetroHealth

- Culturally competent health care systems acknowledge and incorporate:

    - Importance of culture

    - Assessment of cross-cultural relations

    - Recognition of potential impact of cultural differences

    - Expansions of cultural knowledge

    - Adaption of services to meet culturally unique needs

    - Increased diversity of workforce and leadership

    - Strategies to promote diversity in all hiring and recruitment

    - Assessment of bias, stereotypes and prejudice in organizational and leaders' behaviors

# Health Equity Is……….

- **Create a safe space for patients**

- **Attitude of inclusivity where patients feel welcomed**

- **Working together with your patient for a common goal**

- **Recognize differences are okay**

- **Empathy by recognizing challenges**

- **Ongoing conversations**

- **Culture of acceptance/compassion**

- **Listen to the patient**

- **Build trusting relationships**

At MetroHealth
Health Equity
Looks Like.......

# Inclusion, Diversity, and Equity Foundations

## National CLAS Standards

Standards for "Culturally and Linguistically Appropriate Services: these are 15 National Standards acknowledged and integrated by The Joint Commission that include:

-Fostering Cultural Competence

-Ensuring Language Access-

-Reflecting and Respecting Diversity

-**Collecting Diversity Data**

-Building Community Partnerships

-**Benchmarking, Planning and Evaluating**

## Equity of Care

Equity of Care Pledge to Act Framework

**Increasing the collection and use of race, ethnicity, language preference and other socio-demographic data to inform programming and outcomes**

Increasing cultural competency training to increase culturally competent care

Increasing diversity in leadership and governance to reflect the communities we serve

## The Joint Commission

Standards that address:

-Language

-Culture

-Health Literacy

-Cross-cultural Communication

-Cultural Competence

-Patient and Family-Centered Care

# Health Care Disparities

- Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. *Healthy People 20/20*

**Many LGBT people feel unwelcome in health care settings and avoid care in order to avoid uncomfortable or stigmatizing experiences.**

*Makadon, HJ, Mayer, KH, Potter, J, Goldhammer, H, 2015*

# SOGI- (Sexual Orientation and Gender Identity) & Preferred Name

To **improve the patient experience and better support patient-centered care** it is easier to see a patient's preferred name.

Patient Lists or the patient header, shows the patient's preferred name if a preferred name has been documented.

This is especially important for transgender or nonbinary patients, but also helps improve the patient experience for any patient with a preferred name that differs from their legal name.

### Locations  and options for listing for Preferred Name

| Location | Name | Gender |
|---|---|---|
| Inpatient Labels | Legal Name Only | Legal Sex |
| Lab Labels | Legal Name Only | Legal Sex |
| Prescriptions | Legal Name Only | Legal Sex |
| Pharmacy Labels | Legal Name Only | Legal Sex |
| Patient Headers | Legal Name w/Preferred Name | Gender(if data is on record)<br>Legal(if no gender filled in)<br>Birth Sex(if data is on record) |
| Patient Workspace Tab | Legal Name w/Preferred Name in Quotes | N/A |
| After Visit Summaries/Discharge Instructions | Legal Name w/Preferred Name | N/A |
| Patient Lists | Legal Name w/Preferred Name in Quotes | N/A |
| Unit Manager | Legal Name w/Preferred Name in Quotes | N/A |

# Collection of Race, Ethnicity and Language REaL Data

- **To train hospital staff on *accurate* collection of REAL**

- **Accurate data reduces health disparities**

- **To measure is to know: if you cannot measure it, you cannot improve it**

- **Provide insight into population health**

# FIRST YEAR CLEVELAND AWARENESS CAMPAIGN

# Through Programming Our Teams Become IDE Aware and Prepare

- Co-creating a Culturally Competent MetroHealth
- Unconscious Bias in the Workplace
- SafeZone Training ( LGBTQ)
- Best in Class (BIC) Leadership Program- Inclusive Leadership
- Engaging a Diverse Workforce
- Strengths Finders- "Team of Me; All of Us"
- Cultural Competence Series (4 short sessions)
- "Ask Every Patient REaL" in EPIC Cadence
- Nurse Education / Competency Days- Nurse Education
- New Employee Orientation
- Online educational modules for all staff
- Customized training, orientation or coaching sessions
- Values Orientations
- Schwartz Rounds- I&D cases
- "Creating Space" for Critical Dialogue Series
- Nursing and I&D partnership
- Graduate Medical Education (GME) and I&D partnership for new resident orientation
- TeamSTEPPS- integration of Inclusion and Diversity and language access resources

**Wellness goes beyond medical care. We must expand our reach because…**

# Health happens in communities

- Imagine a community where we see the full picture of our patients and their lives beyond the walls of MetroHealth or any health system

- Imagine a community without barriers between health and social services where people can be e-connected to the services they need with closed-loop communication

- Imagine a community where we can identify and eliminate potential barriers to health and well-being based on evidence to better allocate time and resources

# Improved **Health** through **Opportunity**, **Partnership** and **Empowerment**
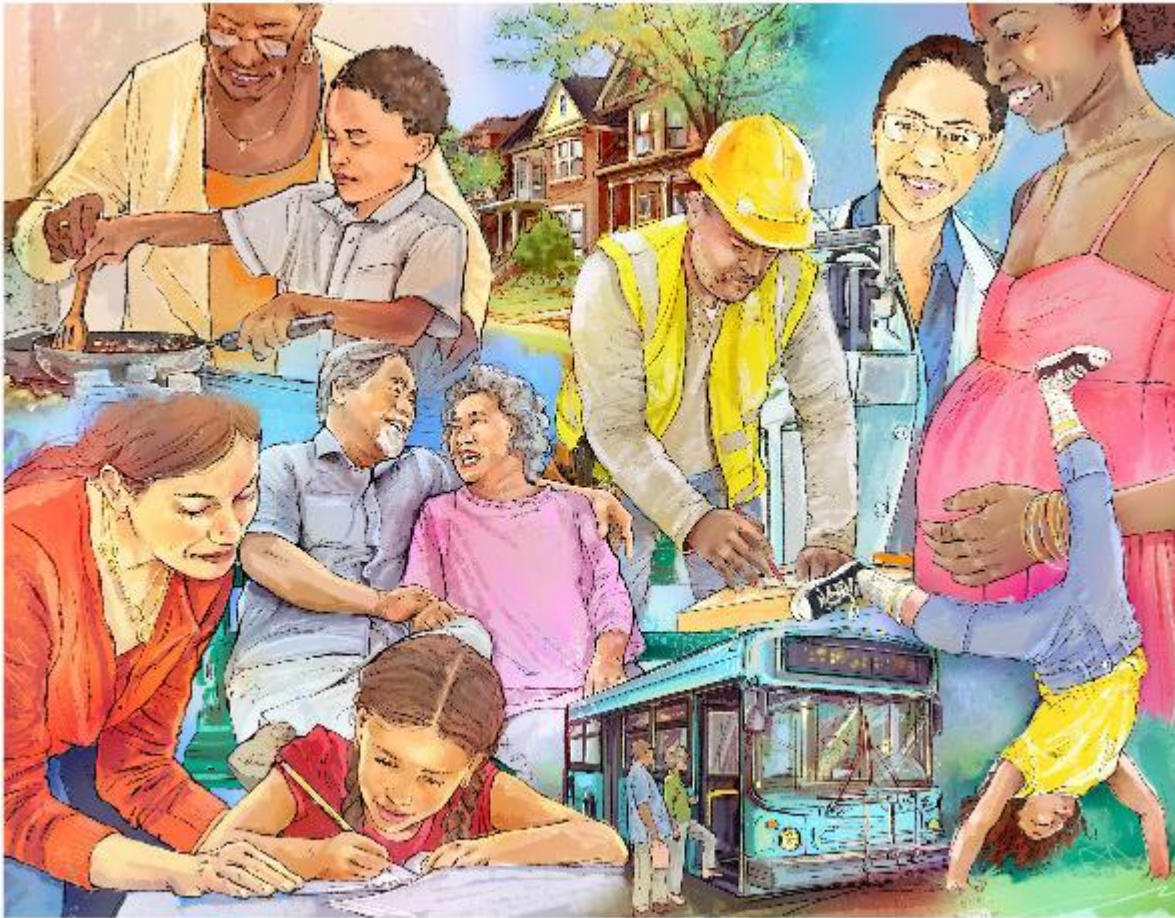


Improve the **health** of populations by leading efforts to address social and economic barriers to good health

Identify and promote **opportunities** for change in practice, learning and policy

Develop and nurture **partnerships** to make the greatest impact for individuals, neighborhoods and communities

Co-create a self-sustaining community where everyone is **empowered** to live their healthiest life

# The Journey and Continuum

## Acquiring Cultural Competence:

1. Starts with Awareness/ Self-Awareness

2. Grows with Knowledge

3. Is enhanced with specific Skills

4. Sharpened with Cross-Cultural Encounters

**We consciously and unconsciously bring the elephant with us…**

# Seven Steps to Identify and Address Unconscious Bias

1. Recognize that **YOU** have biases.

2. Identify what those biases are.

3. Explore and unpack your biases.

4. Systematically address your biases.

5. Look for areas of common interest.

6. Get rid of your biases.

7. Be mindful of "bias kickback."

*(Based on the work of Howard Ross, Cook Ross, Inc.).*



Conscious Mind

The Unconscious
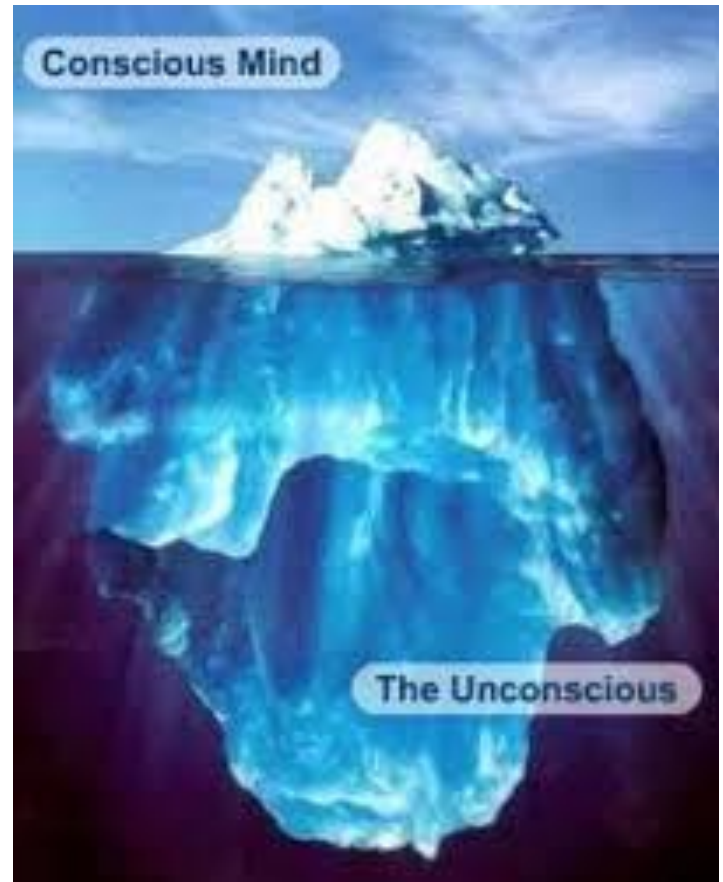
# Keys to Success

- Collect race, ethnicity and language preference data
- Identify and report disparities
- Provide culturally and linguistically competent care
- Develop culturally competent disease management programs
- Increase diversity and minority workforce pipelines
- Involve the community
- Make cultural competency an institutional priority

# Culturally Competent Patient Centered Care



# Leads to Health Equity