

# HOW CAN HR BE A PART OF THE JOURNEY TO EQUITY, DIVERSITY AND INCLUSION?

A HEALTH CARE HUMAN RESOURCES  
THOUGHT LEADER FORUM

AUGUST 2020

2020 has been a year filled with protests against racial, social and criminal injustice, sparked by the killing of George Floyd. The ongoing pandemic has also amplified the disparities in health care resulting from structural inequities. This confluence of circumstances has made it imperative for health care providers to gain a deeper understanding of our nation's history of oppression and accelerate their efforts to eliminate the systemic racism that continues to put the lives of so many people of color at risk.

# EXECUTIVE SUMMARY

The 2020 Thought Leader Forum was held virtually on August 24, 2020, and was moderated by Alison Bodor, MBA, MS OSTR/L, Program Director for Diversity and Inclusion, Human Resources at Northwestern Memorial Health Care. Special guests for the discussion were Juana S. Slade, CDM, CCF, Chief Diversity Officer and Director of Language Services at AnMed Health, and Donna M. Skurzak, MA, LSW, CDP, Director of Diversity and Inclusion at Cleveland Clinic.

The discussion focused on how HR leaders can proactively be part of the journey to equity, diversity and inclusion for employees, patients and the communities we serve. This executive summary shares expert insights and practical recommendations for understanding the challenges, creating sustained change and measuring progress.

## 2020 THOUGHT LEADER FORUM SPEAKERS



### Juana S. Slade, CDM, CFF

*Chief Diversity Officer and Director of Language Services  
AnMed Health*

Slade has an extensive background and record of achievement in addressing health care disparities and social determinants. Under her leadership, AnMed Health has developed a comprehensive, integrated diversity and inclusion strategy in support of the organization's increasingly diverse patient population and workforce. The health system's transformative work in cultural and linguistic competence has been recognized by the U.S. Department of Health and Human Services Office for Civil Rights, the Robert Wood Johnson Foundation, the South Carolina Hospital Association, the South Carolina Chamber of Commerce and the Institute for Diversity in Health Equity (IFDHE), an affiliate of the American Hospital Association.

In July 2015, AnMed Health was named a finalist for the AHA's Equity of Care Award for its efforts to reduce health care disparities and promote diversity and inclusion among the organization's leadership and staff. In June 2017, AnMed Health's Office of Diversity was named South Carolina Business Partner of the Year by South Carolina Vocational Rehabilitation for its school-to-work transition program for students with special needs.

Slade also received the Calder D. Ehrmann Outstanding Individual Diversity Leadership Award issued by The Riley Institute of Furman University (Greenville, SC) as well as the Fred D. Hobby Diversity Ambassadors Award from the Institute for Diversity in Health Management of the American Hospital Association.



### Donna M. Skurzak, M.A., LSW, DCP

*Director, Diversity & Inclusion  
Cleveland Clinic*

Donna Skurzak is the director of Diversity & Inclusion department at Cleveland Clinic. She anticipates and creates strategies for the Cleveland Clinic system in alignment with health care reform, employee and patient needs. She is an experienced leader possessing the valuable combination of clinical and business expertise across the health care continuum resulting in positive organizational outcomes and bottom line. Cultivates and applies vision, knowledge facilitation, diversity and inclusion to succeed in a competitive health care market. She has the ability to anticipate, strategize, create and execute initiatives for successful results. She excels at systems thinking/expertise, strategic planner, process improvement. Her specialties include: Strategic Planning and Operations; Systems Expertise and Assessment; Diversity, Inclusion, Cultural Competency; Health Literacy; Bioethics; Coaching and Consultation for Practitioners and Executives; Process and Performance Improvement.

Her focus has been to improve the quality of social and demographic data collected from patients and employees, as well as advancing employee cultural competency and sensitivity on disability and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) topics. These efforts have resulted in enhancements to current data collection practices, expanded training available to all employees, and the development of a leadership council at NM to define and measure organizational diversity.

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At the 2020 Thought Leader Forum, panelists explored several key issues, including:

- What is the impact of structural racism on employees, patients and health outcomes?
- How have the COVID-19 pandemic and racial justice protests magnified structural inequities in our society and in health care?
- What intentional steps can HR leaders take to advance – and sustain – diversity, equity and inclusion at all levels of their organization?
- How can HR leaders anticipate and respond to employee concerns, engage them in equity work and create behavioral change?
- What are the best ways to measure progress toward equity and inclusion?

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## Defining Diversity, Equity and Inclusion

The definition of diversity, equity and inclusion (DEI) in health care has evolved and expanded over the past several years. Initially, many health care providers were motivated by the moral and social imperative of “doing the right thing” to make a difference in the lives of people they hired and patients they served.

While this remains a relevant and desirable goal, DEI has also become integral to operational viability as health care transformed from a fee for service to value-based environment. The thought leaders emphasized that hospitals and health care systems need to embrace and invest in DEI to ensure they can recruit, advance and retain employees and successfully manage the health and health outcomes of all patients, irrespective of race, culture, ethnicity, gender, sexual orientation or disability.

The thought leaders observed that the convergence of the pandemic and the social unrest roiling much of the country has raised expectations for generating behavioral change versus merely heightening awareness of DEI issues. Employees and patients alike judge health care institutions by their civility, respect, employee conduct, and support for health equity and equal outcomes for all.

## A New Urgency

From large nationwide health systems to small local hospitals, the pandemic and months of protests have created a new urgency to accelerate DEI efforts within

their organizations and the wider community. COVID-19 has disproportionately affected people of color, painfully highlighting the existing inequities and resulting health care disparities. At the same time, many front-line clinicians and health care employees – already facing elevated stress levels dealing with the pandemic – grappled with hurt, pain and frustration following the killing of George Floyd.

Already deeply committed to DEI, Cleveland Clinic took additional action externally and internally. The CEO issued a public statement supporting the Cleveland City Council when it voted in June 2020 to declare racism a public health crisis, vowing to actively address long-standing structural racism that results in health disparities.

Recognizing how much its own employees were hurting and needed an outlet for their feelings, Cleveland Clinic also quickly launched “Lift Every Voice” listening sessions in the summer. The hour-long facilitated sessions, held virtually, were open to any employee in the health care system and provided safe, supportive forums for discussing racism, bias and inequities. Initially, 10 sessions of 45 participants each were offered every week. They continue to offer sessions twice weekly.

AnMedHealth, a regional system based in Anderson, S.C., took similar steps. They launched “Care Talk,” a 30-minute virtual lunch series co-facilitated by a physician leader and Chief Diversity Officer Juana Slade, to provide an opportunity for employees to discuss top-of-mind topics immediately following George Floyd’s death.

They also created the Inclusion, Diversity, Equity and Awareness (IDEA) – an employee virtual book club. The first selection, *Just Mercy* by Brian Stevenson, founder of the Equal Justice Initiative (EJI), sparked difficult and

“There were times when we used to do trainings and say we weren’t going to train anything out of anybody – we were just raising awareness. Now we really strive for the application.”

*Donna Skurzak*

a commitment by AnMed Health to work with EJI to commemorate local lynching victims as part of its nationwide project.

The thought leaders pointed out that providing opportunities for employees to honestly and openly discuss racism, diversity and inclusion is critical but only a first step. Helping employees to understand and build allyship and express it productively and proactively is also important.

Cleveland Clinic began offering 1.5 hour facilitated anti-racism allyship sessions, “Our Ongoing Journey to End Racism,” not long after launching the listening sessions. Plans are also in the works for an inclusive allyship group that will provide ongoing opportunities for learning and support.

meaningful dialogue on systemic racism and criminal injustice. It also provided an opportunity to engage in community-wide conversation and activism, and included

## Behavioral and Cultural Change Require Commitment – and Persistence

Increasing and sustaining diversity of all types and at all levels of a health care organization requires time, energy and intention. Not surprisingly, commitment from the top plays a key role in driving change. For example, inclusion has officially been part of Cleveland Clinic’s six core values since February 2019, reflecting its importance to the CEO and senior leadership.

“We needed to create the space to acknowledge what we were individually and collectively feeling, and we wanted to have a safe opportunity through which we could do that.”

*Juana Slade*

Human resources leaders are integral to achieving DEI goals, from recruiting, hiring and retention to developing an organization-wide culture of respect and civility.

### *Examine and expand recruiting strategies*

DEI work begins well before employees join health care organizations. To build a more diverse and inclusive workforce, start by taking a close look at your talent pool and recruiting strategies. Key questions to ask include:

- How does the make-up of your organization compare to the make-up of the community you serve?
- Do you repeatedly recruit at the same places and from the same sources?
- What diversity expectations do you set for your external search firms?
- Are you looking carefully within your organization to ensure you grow existing talent?

Employers and candidates are becoming increasingly comfortable interacting on virtual platforms, opening up new recruiting realms – without requiring a big travel budget. In addition to exploring opportunities to widen local recruiting options, consider developing

## Factors Influencing Individual Health

20%  
Medical care

80%  
Social determinants including life expectancy, infant mortality and maternal mortality, mental health, smoking, drug and opioid use, obesity, housing, lead poisoning, crime, literacy and other factors

Source: National Academy of Medicine

relationships with Historically Black Colleges and Universities (HCBUs), if your organization hasn't already done so. Another possibility is to start a local chapter of the Hispanic Nurses Association and/or Black Nurses Association, since networking and relationship-building play such crucial roles in attracting qualified talent.

It can also be helpful to partner with existing organizations and programs. For example, for the

*“We want to work to end systemic and structural racism, to address bias and to certainly have the best health care equity and equality we can for our patients and our outcomes.”*  
*Donna Skurzak*

past five years, AnMed Health has teamed up with Project Search, a school-to-work transition program for students with special needs, started at Cincinnati Children's Hospital Medical Center.

The thought leaders noted the importance of hiring for both fit and impact. While inclusive recruiting is a top priority, it remains equally essential to make sure that candidates have the necessary skills and qualifications. They also emphasized that consistently demonstrating to potential candidates throughout the recruiting process that diversity and inclusion are core values helps make your organization more attractive.

### *Keep retention efforts front and center*

Intentional, meaningful efforts to sustain a diverse workforce must go hand-in-hand with broadening

*“People are realizing they have privilege they didn't know they had. They want to use this voice and energy to engender change.”*  
*Alison Bodor*

recruiting efforts. Once you bring individuals into your organization, you need to make sure they have the right support – and your organization has the right culture – to make them feel welcome and valued.

Strengthening cultural competency across the organization, honing in on unconscious bias, and listening and responding to employee concerns all

contribute to building an inclusive culture based on respect and civility. Ensuring diverse employees are involved in the onboarding process for new hires also helps start things off on a positive note.

In addition, developing leaders' awareness, understanding and skills related to DEI and cultural competency through one-on-one coaching, assessment tools such as the Intercultural Development Inventory®

and other strategies is key. AnMed Health created an internal leadership academy to provide a biennial

opportunity for leaders and emerging leaders to come together to share ideas and successes regarding inclusive recruiting and retention on their teams.

*“Behavioral change is a journey, it's not something that can happen overnight.”*

*Alison Bodor*

## **Recognizing Respect is a Two-Way Street**

Health care organizations pride themselves on their patient-centric cultures. Along with striving to provide high quality care, they recognize that patients expect and deserve to be treated with respect, dignity and compassion by health care providers before, during and after their hospitalization – no matter their race, ethnicity, gender, sexual orientation or disability.

But what happens when patients don't treat employees with civility and respect? This is not a new concern, but it's an ongoing one, especially as our society and communities become increasingly multicultural. Health care organizations need to educate caregivers and team members that even though their job is to care for everyone, racist, sexist or other abusive comments from patients are not acceptable. Clear guidelines and established support mechanisms for employees, including coaching about how to have respectful conversations with patients, are essential, as is the willingness to hold patients accountable for their behavior.

## Set Goals and Measure Progress

As with any commitment to driving change, advancing diversity and equity requires identifying opportunities, setting goals and tracking progress.

With employees, listening carefully to issues that employees raise in diversity program discussions can yield guidance on topics and themes that require deeper dives and additional work. Stratifying engagement scores by race, service area, department or other factors relevant to inclusion can also help

*“It’s our responsibility to make sure that as our society becomes more multicultural, there are not barriers between our team members’ ability to take care of their patients and their ability to have a positive work experience.”*

*Juana Slade*

dissatisfied patients. Partnering with a clinician to evaluate race-stratified patient data and tie it back to outcomes and readmissions can also be illuminating.

Despite the mantra, “you can’t manage what you can’t measure,” quantifying DEI progress can often be challenging. Measuring knowledge before and after employees participate in specific programs and initiatives offers one opportunity. For example, Cleveland Clinic provides a link in the Microsoft Teams chat to a participant survey after every “Lift Every Voice” and allyship session.

identify specific leaders or areas where employees feel their experiences are not equitable so that issues can be addressed.

With patients, analyzing patient experience scores can help pinpoint challenges, for example by correlating dissatisfied employees and

dissatisfied patients. Partnering with a clinician to evaluate race-stratified patient data and tie it back to outcomes and readmissions can also be illuminating.

Despite the mantra, “you can’t manage what you can’t measure,” quantifying DEI progress can often be challenging. Measuring knowledge before and after employees participate in specific programs and initiatives offers one opportunity. For example, Cleveland Clinic provides a link in the Microsoft Teams chat to a participant survey after every “Lift Every Voice” and allyship session.

However, much of DEI work involves difficult-to-measure intangibles, such as helping employees learn the language of anti-racism, allyship and how to get more comfortable having uncomfortable conversations.

*“It’s going to take time to see that diversity and equity have been baked into the character and culture of the organization. It’s not necessarily quantifiable.”*

*Juana Slade*

## Advancing Diversity, Equity and Inclusion is Everyone’s Job

Human resources leaders play a vital role in creating a health care environment that boldly and proudly supports diversity, equity and inclusion. The thought leaders emphasize

that achieving this goal is hard work that requires leading with both head and heart. All initiatives need to be well-planned, strategic and intentional. There must be a willingness to hold employees and patients accountable, and everyone needs to understand that creating an inclusive place to work and receive care is a shared responsibility.

*“If we start by creating a culture of respect and civility, inclusion is part and parcel of that. We have to put our best efforts forward to let everybody know this touches all of us. It’s all our jobs.”*

*Donna Skurzak*

# THOUGHT LEADERS' RECOMMENDED ACTIONS

*HOW TO MAKE REAL PROGRESS TOWARD DIVERSITY, EQUITY AND INCLUSION IN HEALTH CARE*

## 1. Create a culture of respect and civility – for all patients and all employees.

Develop empathic practices that engender a sense of belonging for everyone and allow people to confidently bring their whole selves to work.

## 2. Closely examine your recruiting, retention and professional development strategies.

Make sure equity is integral to hiring, promotion, engagement and succession planning. To get a different pool of candidates, broaden your recruiting horizons. Keep close tabs on your retention rate. Success is more than bringing diverse employees through your doors – it's what you offer them and how you support them once they're hired.

## 3. Carve out safe space for uncomfortable conversation.

Provide safe, supportive opportunities for employees to speak honestly, and be sure to listen carefully. Encourage individuals to gain insight into privilege – whether regarding race, being able-bodied, sexual orientation or other factors – and help them understand that allyship is an action, not a label worn on a button or badge. Make sure every voice is heard and equally respected.

## 4. Focus on results but recognize that change doesn't happen overnight.

We know it takes five to seven years to change a culture. Persistence, intention and strategy are vital for building a more inclusive, equitable environment in our organizations and our communities.

## 5. Understand diversity is visible – and invisible.

Diversity encompasses many different aspects. Some, like race, are apparent. Others, such as gender or intellectual disability, may be invisible.

## 6. Build executive buy-in.

Be willing to speak truth to power about the critical importance of DEI. Understand and explain the business case as well as the moral imperative.

## 7. Be a change agent within your institution and beyond.

Strive to advance diversity and inclusion for your employees and to improve the health and health outcomes of all your patients. The pandemic and racial justice protests have brought DEI issues to the forefront and added a new urgency to integrating behavioral change, creating an anti-racist environment, addressing structural inequities and eliminating health care disparities.



Founded in 1964, the American Society for Health Care Human Resources Administration (ASHHRA) is a professional membership group of the American Hospital Association (AHA) and has approximately 2,000 members nationwide.

ASHHRA leads the way to advance health care HR professionals to become more effective, valued and credible leaders in health care human resources. As the foremost resource for health care human resources, ASHHRA provides timely and critical support through research, learning and knowledge sharing, professional development, products and resources, and opportunities for networking and collaboration. ASHHRA offers the only certification distinguishing health care human resources professionals, the Certified in Healthcare Human Resources (CHHR).

### MISSION

To advance health care through the support and development of a knowledgeable and connected network of human resources professionals by providing innovative resources, tools, and strategies.

### VISION

An inspired community of health care human resources professionals that reaches its highest potential as a catalyst for positive change in an evolving health care landscape.

### VALUES

#### INTEGRITY:

Evidenced in earned trust and pride with a reputation for accountability.

#### LEADERSHIP:

Evidenced in visionary thinking, innovative programs and services, and a passion for excellence

#### COLLABORATION:

Evidenced in mutual respect and multiple insights exchanged in an inclusive professional environment.