

## Organization Aligns Diversity & Inclusion to Principles of Human Dignity and Respect for Human Life

A regional healthcare organization with 30,000 employees in the Western U.S. was founded more than 100 years ago under the principles of upholding human dignity and respect for human life. Therefore, the organization sees diversity and inclusion as supporting the needs of underserved populations, which changes based on societal and economic circumstances. This research note is based on an interview with the diversity and inclusion leader of the organization.

### Current State

The organization's diversity and inclusion program is based on four pillars:

- **Community Needs.** Understanding the environmental and social conditions that drive healthcare needs and targeting healthcare programs to meet those needs and fill any voids that may exist.
- **Availability and Equity of Healthcare Outcomes.** Providing access to healthcare and ensuring there are no disparities in health outcomes between different patient communities, particularly those who are traditionally underserved.
- **Supply Chain Diversity.** Working with company-owned businesses to ensure the diversity of management and employees aligns with the organization's mission. It also entails working with suppliers with diverse ownership and providing any assistance they may need in understanding and meeting healthcare and compliance standards (reporting, invoices, HIPPA, etc.) needed to work with the organization.
- **Associate Diversity.** Ensuring that the entire organization — from the board of directors and top leaders to all employee levels — reflects the composition of the communities the organizations serves and that they have equal opportunities to develop and grow.

### Complexities

The organization's biggest challenges are in the Associate Diversity pillar, particularly in hiring and retaining a diverse group of mid-level managers. Among senior leaders, individual contributors and entry-level positions, the organization is very representative of their communities. The organization has focused on developing programs to create a diverse talent pipeline to reduce the diversity gap among mid-levels.

Like many organizations, this one has experienced a surge in retirements and struggled to rebuild a diverse pipeline fast enough to prevent diversity gaps among mid-levels.

Another factor is the competition within the healthcare market for leadership talent, particularly in clinical roles. It can be difficult for the not-for-profit organization to compete with compensation and perks offered by competitors who are better able to be creative and deviate from budgets to recruit mid-level leaders. There are also generational issues — fewer younger professionals aspire to management because of a greater focus on work-life balance.

For this organization, diversity and inclusion is integral to its mission and philosophy of healthcare but also helps to drive business outcomes aligned with the organization's mission. The top priorities include:

- **Improving health** for all segments of the population, not just help people recovering from illness.
- **Driving down the cost of healthcare.** This includes identifying areas where preventative care can prevent more drastic healthcare needs and ensuring the communities have access to that preventative care.
- **Building an inclusive workforce** whose diversity of thinking drives better patient care and outcomes.
- **Helping employees find deep meaning and purpose in their work.**

This organization does not operate in communities with large minority populations, so the focus on diversity is focused more on inclusive healthcare and serving the entire community than it is on racial, ethnic or gender-identity issues. This is important to understand because there is a tendency to define diversity and inclusion around those issues but D&I is more expansive than that and this organization is appropriately focused on D&I issues relevant to its mission and the communities it serves.

For example, the organization does not have a diversity council but has nursing and clinical councils focused on providing equitable and inclusive healthcare, including an inclusive environment for healthcare workers.

Because it is a Catholic organization, leaders also are focused on ensuring that people of different religions feel included and understand that the goals of the organization are around serving all religions and the entire community.

### Critical Initiatives

The organization's mission generates a variety of different programs, including:

- Paid internships for people of color pursuing graduate-level healthcare studies.
- Paid internships for high school students to give them exposure, confidence and practice working in a business or clinical environment. Third-party partners teach students the soft skills and technical skills they need for entry-level business, clinical or coding jobs.
- A variety of programs for people with disabilities.
- Programs for veterans who want to enter the healthcare field.
- Targeted recruitment of persons of color for a variety of leadership roles.
- Conversion of all public information materials from English into Spanish and, in some markets, several other languages.
- A commitment to filling at least 50% of leadership positions from within the organization.
- A host of targeted talent development programs for diverse employee populations.
- Cultural competency training aimed at helping employees deliver patient care and internal communication and relationship-building among employees of different cultures and backgrounds.

The organization is about to kick off a mentorship program sponsored by all senior executives. Engagement surveys show employees want and need help and advice more than training programs or certificate programs. The organization believes the mentorship program will help with retention of key employees and mentors.

The organization is in the process of converting to an enterprise talent management system from largely manual processes, which should help immensely with program management and measurement, which is now done largely through spreadsheets. "The question is how quickly we can leverage the power of technology to improve our processes," the D&I leader said.

Recruiting people of diversity can be challenging in some of the communities this organization serves. So, it has specific strategies in terms of verbal and visual messaging aimed at all types of diversity, from people of color to generations, people with disabilities, and ethnic backgrounds.

"We are very conscious about how we present ourselves visually," the D&I leader said. "We want to be accurate in our portrayal. For example, we don't use stock photos. We use photos of our associates. And our narrative is built very much around the individual person. When we talk about coming to work for us, we focus on individuals – what *you* could do to find meaning and purpose; what impact *you* could have in the community by working for us; and how *you* will experience your day – for different jobs or job roles. So, our narrative is intended to attract people in an inclusive way."

### Insights

This organization's mission and story is instructive for an approach to diversity and inclusion that aligns completely with its mission, philosophy and history. D&I often focuses on racial, ethnic and gender issues and is highly focused on the workforce. This organization's focus is on both the workforce and the patient community. As a faith-based organization, part of its responsibility is demonstrating that it is inclusive of all religions and belief systems among patients and employees.

The communities served by this regional healthcare organization are not as racially and ethnically diverse as they are generationally and economically diverse. This is not to say racial, ethnic and gender issues are de-emphasized; in fact, there are some good programs in place. The organization does adhere to conventional predispositions about D&I but to its principles and purpose.

*-Claude Werder, Senior Vice President and Principal HCM Analyst, Brandon Hall Group*

## Public Health Institution Focuses on Racial and Social Justice and Governance

### Overview

This organization is a public health institution positioned as a healthcare safety net in a large metro area. It sees itself as uniquely positioned to serve a diverse community and is focused on social and racial justices for its patients and employees over technology and talent acquisition.

**This report is based on an interview with the Assistant VP of the hospital in charge of diversity, equity and inclusion.**

### Background

We are unique because 80% of our workforce identifies in one of the underrepresented groups. Upwards of 40% of our workforce is African-American Black. 19% of our workforce identifies Latino and we have over 20% of our staff that identify as Asian. Also, our staff is about 70% female.

### Talent Acquisition and Technology

This does not mean we don't have to maintain a diverse talent pipeline. We are a high turnover industry and we have to leverage technology to work with a number of sourcing components to maintain a strong pipeline.

But we have decided to get away from an external system and are building our own talent acquisition solution that will be implemented sometime in 2021. We believe this will enable us

to better manage the talent pool that is interested in working at Health and Hospitals. We want to get away from leveraging outside vendors. Our own proprietary system will allow any hiring manager across our system of 11 hospitals and scores of clinics to work within one system rather than a patchwork of integrated systems that we have been working with that are not always as truly integrated as we would like to believe they are. So we are doing a lot of work on the technology end, but there's also a lot of work and figuring out the processes and workstream that allow a candidate who has shown interest to be in this system for consideration.

We are creating a system that can look at capabilities and allow us to filter a number of key capabilities we hire for and want to see in candidates. Whether it is specific competencies or job categories or titles, or the many specific languages that we need certain staff members to speak, as we serve a constituency that speaks close to 90 languages or dialects. So we believe our needs are unique enough that we need our own system to customize to our needs. What we want to do is keep our talent information within the organization.

We've kind of done a cost-benefit analysis and realized that it's much cheaper for us to build out and preserve the system than to pay an outside vendor to hold that information. Now, the functionality may not be fancy at first, in our first iteration, but it will get the job done and eventually in a couple of years we will have it customized at a level that we don't believe any vendor could do given our unique levels of diversity.

### **Q: Does your high level of diversity include representative numbers toward the top of the organization?**

Well, there is always room for improvement, but we are in pretty good shape there as well. We are unique in the fact that we have a good representation of female and underrepresented groups sitting at top leadership positions. Our chief public health administrator is a Black African American female. Our systemwide chief medical officer is also an African American female. Our chief nursing executive is an African American female and many of our CEOs come from underrepresented groups.

Our opportunities for improvement lie in the type of leadership we provide in these tumultuous times. How can our leaders best represent the diversity of our employees and patient population in the context of support for social and racial justice that is so important to our employee population and our patients? How do we embed support for social and racial justice within the strategic priorities for our organization? Much of our workforce and our patients have lived the experiences that have created a wedge in our society. So, our approach to everything has to take that into consideration.

For example, we have an Equity and Access Council and one of our needs is to bring in more of the clinical/medical leadership to our equity and diversity and inclusion work. The clinical leadership is not as involved or, tuned in if you will, to the issues facing patients as the HR team, or even the executive team, or community and social work team.

#### **This Organization's Unique Situation**

Equity and inclusion are not just about law enforcement issues and economic issues. Those issues have an impact on health – there's a high morbidity rate for these diverse populations, you know, and in 2020 there are great disparities in healthcare coverage for the populations we serve, There are considerable disparities and poor outcomes for the Black and Latino individuals in our city. We see these patterns time and time again, and we believe our organization – though we certainly are trying our best to improve these outcomes – can find more opportunities where we can push a lot of our clinical work to integrate equity much more deliberately and intentionally. We have always had a focus on this, but now, in this moment, there is much more heightened attention to making sure that we make a better and more meaningful contribution.

In general, I think it is important for your clients to know that D&I in healthcare has a much different focus than in other sectors. I once worked for a technology company, and D&I in that environment is a much different animal. Our mission is to provide comprehensive health services. We are a safety net institution, so we are designed to care about the most vulnerable in our city. So, D&I is about providing service to the community we serve, to all the populations amid all their different conditions. This is much different than just hiring a diverse staff. It is more complex to be inclusive of all the vulnerable populations that we must service. There is a different feel, a different focus. It's understanding and responding to the hardships that are difficult for most people to imagine, even some members of underrepresented groups on our staff that have much more education and make much more money than the people they treat. Once you have ascended to a certain level, no matter how hard you try, you lose some touch and perspective from the places you may have come from.

So, as I think I alluded to but maybe not in enough detail, that we have actually, in our strategic organization plan, included social and racial justice as a foundational pillar of our mission, which I think speaks volumes about the organization's commitment. It is really our reason for being, if you really think about it.

*-Claude Werder, Senior Vice President and Principal HCM Analyst, Brandon Hall Group*

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