

HLNDV Spring Institute – May 18, 2018

Diversity in Healthcare Management: Value-Added Business Sense

Highlights by Mia Gonzales Dean, MBA, MS PT, FACHE

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Panel Discussion Moderator:

David Boyd Williams - Director, Global Security, Sodexo

Panelists:

Rita Adeniran, DNP, RN, NEA-BC, FAAN - Assistant Clinical Professor, Drexel University

Dana Beckton - Director, Diversity and Inclusion, Christiana Care Health System

Paul Yakulis - Senior Vice President, Human Resource Management, Main Line Health

It is an impossible task to encapsulate the energy, enthusiasm and wisdom imparted in this lively and animated panel discussion, but I will endeavor to do so. Our expert moderator, David Boyd Williams provided a helpful contextual frame to the discussion: **“Diversity is a reality. Inclusion is a choice.”**

Each panelist spoke to the strategic choices organizations make when it comes to designing the infrastructure regarding healthcare diversity & inclusion (D&I) efforts. Paul Yakulis described Main Line Health’s decision to forgo a C-Suite Executive (i.e. Chief Diversity Officer), in part, out of fear that the balance of their health system leadership might inadvertently abdicate individual ownership for D&I matters due to a single leader holding this title. Instead, they took more of a local approach by creating Main Line Health’s D&I strategy around the attainment of salient goals, objectives and timelines for completion of various phases of their D&I programming.

Main Line Health has implemented multiple aspects of this programming – too numerous to list here (sounds like another newsletter update could be in the works!), but some are as follows: efforts to enhance diversity of its Executive Board; establishment of a D&I Team Charter; hosting diverse interns in a healthcare career academy; partnerships with local medical schools, 9<sup>th</sup> grade students and vendors to work on healthcare projects together to introduce them to healthcare careers and develop mentor-protégé relationships with future clinical and healthcare leaders; medical practice-specific customization to better serve the LGBTQ community and educating patients about the importance of food for wellness via the Lankenau Farmers’ Initiative.

In contrast, Dana Beckton of Christiana Care Health System happens to hold the formal title of Director, Diversity and Inclusion for her health system, but she mentioned that she has a team of two individuals in her department: herself and one other staff person. Dana described Christiana’s focus on creating, developing and nurturing Employee Resource Groups that help identify priority areas of focus pertaining to D&I at the health system level, and also provide organic focus groups when diverse perspectives are being sought for health system initiatives.

Dana aptly pointed out that when most healthcare organizations exclude their Environmental Services and Food Services workforce, organizational diversity for the balance of the workforce is quite a bit less diverse than when they are included. Dana further offered that an assessment of how diverse any group is – is highly dependent upon the lens in which the individual is looking at the group.

Christiana Care places a primary emphasis on helping to improve health equity through its workforce and workplace community partnerships. She encouraged the meeting participants to learn how their

respective organizations recruit and retain staff. One example she shared was encouraging the organization to partner with diverse schools to bring in a diverse student population. In this instance, schools with significant minority representation should be considered. Christiana Care also strives to build economic stability by educating children about career opportunities in healthcare and encouraging them to consider these career paths.

Dr. Adeniran asked the healthcare executives in the room, “Do we allow people to bring their *true selves* to work?” She mused that most people bring the “Survival You” to work – the persona that others will feel comfortable with. She thoughtfully shared a real example of an employee making a decision whether or not to display a family photograph in case others may not approve of what this family or partner looked like. In this instance, the “Survival You” may opt not to display a photograph at all out of fear of what others may think or ways in which they may be treated differently as a result.

Dr. Adeniran emphasized the importance of leadership at the top or in the C-Suites in providing tangible support to the importance of Diversity & Inclusion within the organization: “We all say we love diversity, yet we have no budget for it.” She further conveyed the importance of educating the healthcare organization in cultural competency in order to “...truly meet the unique needs of our patients.” Along with cultural competency, she advised, there has to be education and understanding regarding each individual’s unconscious biases. She felt that everyone in healthcare can be culturally competent but they, first, have to possess the desire to be culturally competent. The absence of this desire will make the desired end-result suspect or, at a minimum, a greater challenge to achieve.

David Boyd Williams expressed Sodexo’s success in creating a company-wide philosophy in making Diversity & Inclusion an organizational priority through its strategic imperative to achieve fully gender-balanced teams throughout the organization by 2025. Currently, 50% of Sodexo’s Board of Directors consists of women executives.

Sodexo also takes a quantitative and qualitative approach to measuring its organization’s execution on its company-wide strategy of Diversity and Inclusion through its institution of a Diversity & Inclusion Scorecard which measures each leader’s efforts to enhance the diversity & inclusion of his/her team through talent acquisition performance metrics, as well as some qualitative measures. These scorecard results are measured monthly and results are tied to the leadership bonus structure. Various attributes of the Sodexo D&I Scorecard measure leadership performance on recruitment, retention, promotion, leadership in D&I, as well as, knowledge on diversity & inclusion topics.

The Panelists left the crowd energized and excited about continuing the Diversity & Inclusion discussion in healthcare. We look forward to continuing the dialogue on this very important topic and hope to hear more about salient business results from healthcare organizations that have embraced D&I as an organizational priority and some would argue, “necessity” in this ever-evolving healthcare landscape.