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PRACTITIONER APPLICATION: Blueprint for Sustainable Change in Diversity Management and Cultural Competence: Lessons From the National Center for Healthcare Leadership Diversity Demonstration Project

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In setting out to address the question of how healthcare leaders can build a sustainable infrastructure for diversity management and cultural competence, Dreachslin, Weech-Maldonado, Gail, Epané, and Wainio outline a solid framework for hospitals and health systems to adapt.

The authors clearly articulate the business case for diversity affirmed by the American College of Healthcare Executives' Statement on Diversity, which recognizes diversity as both an ethical and business imperative (American College of Healthcare Executives, 2012). It is disappointing to read the researchers' finding that few healthcare leaders are dedicating resources to diversity management and cultural competence, and it is striking that less than 14% of board members and executives are minorities. Hospital leaders can learn from their Federally Qualified Community Health Center colleagues who have done a better job of ensuring diversity at the board level. At least 50% of a Federally Qualified Community Health Center's board must include patients of the center and must reflect the demographics of the population the center serves (Health Services & Resources Administration, 2016).

Building a culture of diversity, inclusion, and respect has long been a focal point at Duke Regional Hospital. Engagement of system leadership is critical to successful diversity efforts, yet the authors found that neither intervention hospital in their research garnered strong system level support. At our system, where diversity is a core value, we formed diversity leadership groups (DLGs) at our hospitals in the early 2000s and quickly identified the need for a unifying system DLG. The system DLG sets strategy and promotes sharing of best practices whereas entity DLGs coordinate activities locally. We've found that this approach supports system oversight while respecting and embracing local culture.

I agree with the study's recommendation to engage all levels in diversity training. Diversity and cultural competence training is a requirement for all employees in the Duke University Health System; at Duke Regional, two of us on the executive leadership team are master trainers. Our hospital leadership is intentional in ensuring a diverse pool of candidates when recruiting, and we keep diversity at the forefront in succession planning.

Our hospital has implemented all six of the recommendations the authors identified. Ideally, they would have more thoroughly addressed the use of analytics to measure outcomes. At Duke Regional, for example, we monitor our progress in our annual work culture survey, which consistently includes this statement about diversity: "My entity values employees from different backgrounds." The rating by survey respondents improved to 4.45 on a 5-point scale in 2016, up from 4.15 in 2009. Still, we know we need to do a better job of identifying metrics for improvement and, ultimately, improving outcomes in patient care. That's why we are focused on collecting valid demographic data to better identify and reduce disparities in care.

As the authors suggest, diversity must not become a "flavor of the day" initiative. Diversity needs to be embedded in the culture of the organization and consistently nurtured so that employees and providers feel valued and respected as individuals. This, in turn, will help ensure that our patients and their loved ones receive the best, most culturally appropriate care.

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