**Looking Inward:**
**Improving an Agency's**
**Outward Impact**

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**Objectives**

- Learners will distinguish the difference between explicit (conscious) and implicit (unconscious) bias
- Learners will be able to identify subtle acts of exclusion and the impact on health care
- Learners will examine the development of 6 focus areas and the impact on the organization's practice, policies, and structure
- Learners will evaluate an agency's organizational practice/policies and the effect on employees and patient care
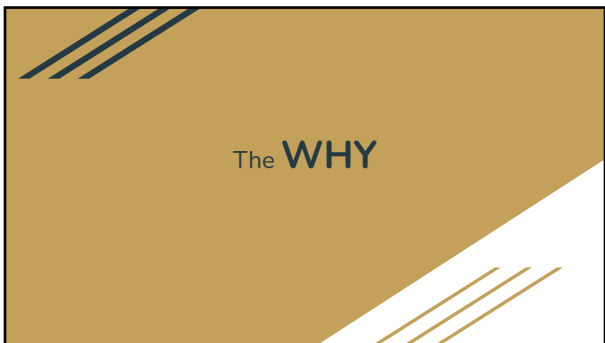
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The **WHY**

**The Social Climate in 2020**

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The **HOW**

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**How were we presenting as an agency...**

...to our Patients
...to our Employees
...to our Partners

BELONGING?

Diversity
Equity
Inclusion

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| Characteristics | Population in 2020 | | | |
|---|---|---|---|---|
| | Patients (%) | Employees (%) | Board (%) | Community (%) |
| Male | 49 | 11 | 46 | 49 |
| Female | 51 | 89 | 54 | 51 |
| Native American | 0.3 | 0.8 | 0 | NA |
| Asian | 1.7 | 0.8 | 0 | NA |
| Black or AA | 8.6 | 13 | 4 | 12 |
| Hispanic/Latino | 2.3 | 3.4 | 0 | 10 |
| Caucasian | 86.1 | 79.3 | 96 | 68 |
| Biracial/Multiracial | NA | 2.7 | NA | 5 |

The WHAT

## Explicit (Conscious) and Implicit (Unconscious) Bias

**Explicit**

Is the traditional idea of bias. Individuals are conscious of their prejudice and awareness towards certain group

Explicit social bias involves attitudes, beliefs & knowledge and we have the ability to resist social stereotype thinking

**Implicit**

Is the involuntary attitude that influences an individual's perception for a group or person

Implicit social bias is an automatic or negative preference for a group based on one's unconscious thoughts (understanding Bias) ref 6

## Microaggression

For Microaggression there is a break down of 3 different types:

- Microinsults: rude, subtle, insensitive comments
- Microassaults: behaviors that intentionally harm--(some define this as with intent)
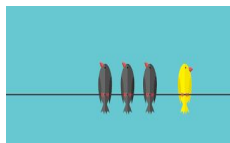- Microinvalidation: ignore or invalidate the experiences or identity of people from a marginalized group

## Subtle Acts of Exclusion (SAE)

- Both of these acts are not small and can contribute to normalizing exclusion in our workplace
- The words or actions of these acts spring from our explicit or implicit bias
- It can take many forms from exaggerate stereotypes to backhanded compliments, objectication, and they can be subtle and damaging to your coworkers or patients

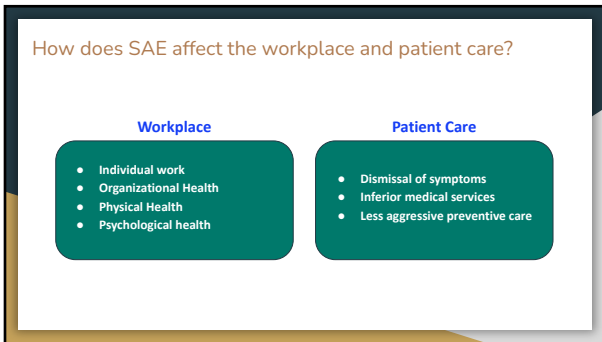How does SAE affect the workplace and patient care?

**Workplace**
- Individual work
- Organizational Health
- Physical Health
- Psychological health

**Patient Care**
- Dismissal of symptoms
- Inferior medical services
- Less aggressive preventive care

The **FOCUS**
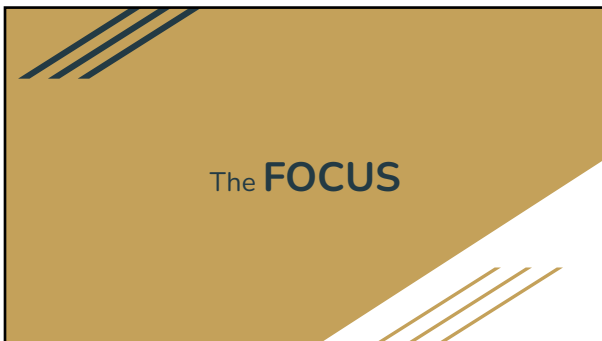
## What was our FOCUS?

1. Patient Care
2. Business Practices
3. Staff and Management Education
4. Internal & External Communication
5. Recruitment Practices
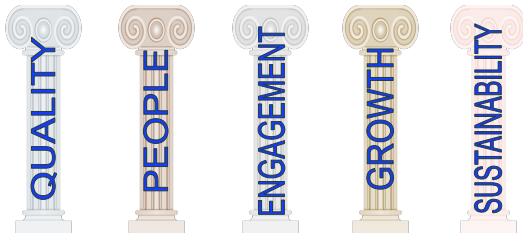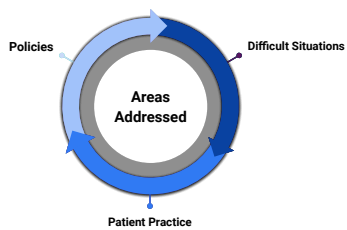6. Board Leadership
7. Gender Inclusion

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## 5 Pillars

QUALITY · PEOPLE · ENGAGEMENT · GROWTH · SUSTAINABILITY

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## Patient Care

Areas Addressed

Policies · Difficult Situations · Patient Practice

## Business Practices

**What we are doing**

- Developed a statement and policy on focusing our practices to help support and promote the fairness and inclusiveness with working with vendors of diversity. We share this policy with our vendors
- We reached out to our current vendors to ask about their DEI policies
- We have attended expos and chamber of commerces to look for opportunities to find more diverse suppliers/vendors.
- Ensuring financial operation policies regarding patients & families do not include bias language

## Staff & Management Education

**Surveys**

- At work I feel comfortable being myself?
- If I raised a concern about ethics & integrity, I am confident my employer would do what is right?
- Everyone at this company is treated fairly regardless of their differences?
- My company treasures diverse opinions & ideas?

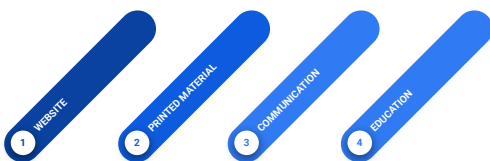## Internal & External Communication

**Checklist:**

1. WEBSITE
2. PRINTED MATERIAL
3. COMMUNICATION
4. EDUCATION

## Recruitment Practices

We focused on our website showing our commitment to inclusion.

We took a hard look at where we were recruiting prospective employees.

**DIVERSITY**

Our diversity defines us.
It binds us.
It makes us great.

We revised our hiring process to align with a multigenerational workforce.

We focused on building relationships with local nursing programs.

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## Board Leadership

**RESPECT is a Guiding Principle**

*The Boards of Kansas City Hospice & Palliative Care accept, value, and celebrate the worth of all persons. To that end, we individually and collectively pledge to create and implement diversity, equity and inclusion strategies that identify and welcome members who represent cultures, ethnicities and demographics reflective of the communities we serve. This will allow us to have a wider spectrum of ideas and viewpoints when providing governance and strategic oversight for the organization. Our unwavering commitment to diversity, equity and inclusion defines us, binds us, and is fundamental to our excellence and success.*

- Focus on the diversity of our Board
- Board Members are engaged in gender inclusion training
- Ongoing educational classes provided to them on DEI subjects
- Ongoing support of the DEI group

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## Gender Inclusion

- Employee, board, and community workshops on Gender Inclusion Care
- Ongoing education to staff on gender inclusion verbiage for patients and employees
- Developing a grief support group for LGBTQ+ families
- Encourage proper pronouns for employees/patients/families

# Where are we now?

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## How did the agency look in 2023

| Characteristics | Population in 2023 | | | |
| --- | --- | --- | --- | --- |
| | Patients (%) | Employees (%) | Board (%) | Community (%) |
| Male | 49 | 9.7 | 52 | 48.5 |
| Female | 51 | 90 | 48 | 51.5 |
| Non-binary | 0 | 0.3 | 0 | NA |
| Native American | 1.6 | 0.6 | 0 | 0.6 |
| Asian | 1.7 | 1.1 | 0 | 3.1 |
| Black or AA | 8.6 | 11.4 | 14 | 12.0 |
| Hispanic/Latino | 2.6 | 4.4 | 0 | 10.5 |
| Caucasian | 83.9 | 79.8 | 86 | 70.9 |
| Biracial/Multiracial | 1.6 (unk) | 2.8 | 0 | 2.8 |

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# The Conclusion

## Five Take Away Points

1. This has to be an ongoing commitment. The social climate is ever changing. Be engaged and aware.

2. Ongoing education is important to dissect the impact of bias and SAE in healthcare and the workforce.

3. Do not fall into a trap of "cookie cutter" education and policies. Evolve. Be aware of cultural humility.

4. The impact has to align with the agency's focus areas and structure.

5. Provide a safe space to celebrate the victories and the failures.

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DIVERSITY

We don't just accept differences—we celebrate them, we support them, and we thrive on them for the benefit of our employees, our patients, and our community