Stanford Medicine Partners journey in creating an IDHE strategic plan

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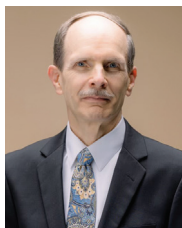
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Abstract   Inclusion, Diversity, and Health Equity (IDHE) are important strategies that healthcare organisations must address to ensure that the communities they serve are heard, well represented and cared for in the most appropriate way. At Stanford Medicine Partners (SMP), a medical foundation founded by Stanford University School of Medicine and Stanford Health Care (SHC), we embraced and committed to having a diverse workforce through creation of a culture of inclusion, professional fulfilment and respect. In caring for a diverse population throughout the San Francisco Bay Area, we are unified by excellence as the standard of care, and, together, we are healing humanity through

science and compassion one patient at a time. We recognised the importance of creating a clear roadmap and development of a strategic plan to set the foundation, practical vision and strategies needed to advance IDHE initiatives. This paper will share our strategies of elevating IDHE as a Strategic Priority; Positioning the Organisation as an IDHE Thought Partner; Investing in Our People; and Measuring for Accountability and Success and in Creating New Ways to Seek a Balanced Input on Solving IDHE Matters and Developing Mechanisms to Measure the IDHE Culture. These four strategies have guided us in co-creating an action plan with specific measurable accomplishments related to each strategy. Learnings have centred around developing progressive, inclusive processes; advancing continuous, comprehensive learning and development; providing effective and meaningful IDHE events and activities; implementing an IDHE dashboard tool; creating IDHE leadership programmes for under-represented staff; and forming strategic partnerships to address medical disparities. And we have seen the value and benefit of incorporating diversity, equity and inclusion into the organisation's values through a creative strategic planning process and three-year plan.

HISTORY OF STANFORD MEDICINE PARTNERS

University HealthCare Alliance, doing business as Stanford Medicine Partners (SMP), is a medical foundation that was created over a decade ago out of the aspiration of Stanford Health Care (SHC) and Stanford School of Medicine to partner together with local, high-quality providers to provide a greater range of leading-edge healthcare services to patients within the San Francisco Bay Area. Being an organisation that is human-centred, and discovery-led, Stanford Medicine's integrated strategic priorities are to be value focused, digitally driven and uniquely Stanford. SMP has embraced this framework, and it has guided the organisation in the evolution of better addressing patients' needs to access a system of care in new and different ways. In working with a diverse population — ranging from Silicon Valley tech employees to the working poor and high-risk populations — Stanford's model looks to create transformative strategies that address the triple aim, such as team management, innovation, change management and creation of a healthy patient.

In Stanford Medicine's Integrated Strategic Plan, an enabler under its value focused strategy is to 'Invest in our people and community by fostering a compassionate, diverse, and inclusive culture that empowers and develops our people and strengthens our community. And a vital performance indicator is measuring diversity along with value (quality, patient experience, and cost)'.[1]

SMP is an affiliate of SHC and functions as a 1206L medical foundation and a 501(c)3 non-profit public benefit corporation established on 1st January, 2011. It partners with two medical groups (University Medical Partners and Menlo Medical Group) to provide care to over 250,000 patients. With 1,200 employees and 420 community-based and faculty providers representing 34 specialties in 65 locations in four San Francisco Bay counties, it also partners with an Independent Practice Association (IPA) with 1,100 providers and collectively provides over 1 million patient visits per year.

SMP'S LANDSCAPE

With 7.5 million people living in a nine-county area, the San Francisco Bay Area's population is ethnically diverse, and half of the

region's residents are Hispanic, Asian, African American or Pacific Islander. As a large metropolitan area, daily commutes can average up to 2 hours each way by car, subway, bus and/or train with San Francisco having some of the most expensive housing and rent costs in the world. With some of SMP's clinics located in Silicon Valley, it draws talent from all over the world with highly educated and a large telecommuter base. SMP's providers speak 27 different languages, and 50 per cent of the providers work part-time.

CREATING A CULTURE OF RESPECT

With dedicated resources, a renewed leadership focus, continuous improvement of workflows, refined metrics and learning from others, this model has gone through numerous iterations and pilots. While many organisations have inclusion and diversity initiatives, it is important that the approach to fostering an environment of inclusion and diversity must begin with an understanding of what it means to respect and honour all people and be prepared to meet the realities of the experience of our co-workers, patients and the community at large. To do this, we need to acknowledge the biases and anxieties that influence decision-making, dialogue, inclusion and ultimately the effectiveness of an organisation.

What does a culture of respect look like in the workplace? We believe it looks like a place where employees are encouraged to be themselves and where respect is a significant factor in how we communicate and interact. This is a very important issue in today's society highlighted by recent events, such as Black Lives Matter, the social movement against sexual harassment and abuse (#MeToo movement), the killing of black people by police with no accountability and the increase in racial intolerance encouraged by the rhetoric from some of our leaders.

The #MeToo movement came about as a result of women coming forward to report experiences of sexual harassment and sexual abuse. The phrase was initially coined by

Tarana Burke, a civil rights activist from New York, who aimed to raise awareness on sexual harassment and abuse. The hashtag #MeToo went viral. In 2017, an ABC News poll found that 54 per cent of American women report receiving unwanted and inappropriate sexual advances with 95 per cent indicating that the behaviour goes unpunished. However, preliminary data from the Equal Employment Opportunity Commission (EEOC) indicates that there was more than a 12 per cent increase in sexual harassment charges over the fiscal year (FY) 2017. Overall, the EEOC recovered almost US$70m for sexual harassment victims in FY2018, up from US$47.5m in FY17.[2]

Training on handling harassment based on protected classes as well as sexual harassment has been mandated in the state of California since 2004. The law also requires that employers provide a 2-hour sexual harassment prevention training to all supervisors every two years. In 2017, Senate Bill 396 expanded the existing training requirements to include content on gender identity, gender expression and sexual orientation. Recent laws have further expanded this requirement to include individual contributors as well.

While training does increase awareness and provide examples of inappropriate behaviours, we are not sure that it makes a difference in the prevention of harassment in the workplace.

In organisations, staff often complain about harassment and experiencing a hostile work environment. While some of these claims can be attributed to a disgruntled employee, often it is a result of repeated abuse, lack of support, bullying, finger-pointing and blame. Hostile work environments can be damaging to an individual's confidence, and although not all forms of workplace hostility rise to the level of legal action, this behaviour is indicative of an undercurrent of a complete lack of respect and an inability to disagree with one another appropriately. Healthy conflict

is a good thing but being discourteous and humiliating others is yet another.

Several years ago, our organisation was tasked with building a culture of respect so that our employees feel valued, with their contributions being recognised, and there is an expectation of respectful behaviour by our leaders.

As we began our journey, we knew that it was important for our leaders to communicate their commitment to this effort. One of the first things we did was produce a video featuring our senior leaders, directors and managers, with the purpose of empowering our employees to speak up if they experienced or witnessed disrespectful or inappropriate behaviour. As a result, we received reports from employees that revealed some employees felt there was an undercurrent of discrimination that appeared to be at the root of many the complaints.

Ultimately our culture initiative evolved into our Inclusion, Diversity, and Health Equity (IDHE) Steering Committee. This committee began with an idea that IDHE was the evolution of our culture initiative with the objective of advancing a climate of inclusion as well as acceptance that embraces the whole person.

One of the first issues the committee took on was metrics. We were really not sure of the status of the organisation's culture. Do our employees feel included, valued and respected? We did not have a clear picture, and we knew that moving forward on an initiative of such importance would be ill-advised without data. Our first step was to conduct an electronic, confidential IDHE Survey (Figure 1) through an independent vendor, and we followed up on that survey with a voluntary, in-person listening tour. The data that we obtained was not particularly surprising as we were made aware of anecdotal information in pockets of the organisation that pointed towards what the survey revealed. The belief that our organisation was very diverse was supported in the survey results; however, there was much more emphasis from survey participants on the experience of not feeling valued and of not having an environment that shows respect.

While we were beginning our effort to advance the IDHE initiative, the George Floyd incident happened. The world watched as a black man was murdered by a police officer on the streets of Minneapolis. This incident ignited demonstrations all over the world, but moreover it surfaced deep-seated

	SURVEY QUESTION	% Negative*
A4	I have frequent conversations about power and privilege with my colleagues.	36.3
A15	Our compensation systems are implemented fairly.	24.9
A14	In my work environment, career advancement is equally accessible for all.	24.1
A16	I see a diverse group of employees advancing.	17.3
A11	In my work environment, we do a good job in providing training programs that promote diversity and inclusion.	15.1

*Survey Questions with the highest percentage of disagree or strongly disagree
**All items are same as lowest scoring survey items

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A Better Care Experience

Figure 1   Opportunities for improvement

emotions around racial and social injustice. Corporate America began to make a commitment to changing their practices and policies. Many organisations began to make public statements supporting the Black Lives Matter movement and demonstrating their commitment to addressing racial injustice both within their organisations as well as the community at large. Many created positions such as those of Inclusion & Diversity Officers to lead inclusion efforts within their organisations.

A survey from JUST Capitol found that the large majority of Americans either somewhat favoured or strongly favoured CEOs responding to the protests with a statement about ending police violence (84 per cent), promoting peaceful protests (84 per cent), elevating diversity and inclusion in the workplace (78 per cent), condemning racial inequity (75 per cent) and condemning police killings of unarmed Black people (73 per cent).[3]

Title VII of the Civil Rights Act of 1964 prohibits discrimination based on race, colour, religion, gender, pregnancy or national origin. This was the most significant piece of legislation since the Civil War. This act created a major shift in the workplace and sent a clear message of inclusion. In California, the Fair Employment & Housing Act (FEHA) provides employees protection from discrimination based on age, ancestry, marital status, medical condition, disability, national origin, physical and mental disability, religion, sex or sexual orientation. While we can create policies and provide training on what behaviours constitute harassment and discrimination, Title VII works more as a foundation for how we treat each other.

SMP acted swiftly and took a very strong position on the matter, using the platform of the IDHE Steering Committee, while our President and CEO expanded the role of the Vice President of Human Resources to include responsibility for IDHE. The committee accelerated its efforts and moved quickly to begin work on a strategic plan

and consider activities that would continue to advance inclusion and diversity, such as reviewing our hiring and compensation polices, creating employee resource groups and developing training to educate staff and leaders.

Respect is an important requirement for a healthy work environment. Being respected and valued promotes a positive work culture where employees are loyal, fulfilled and motivated to perform at their best. Those who are not respectful to others pose a risk to the health of the University Healthcare Alliance (UHA). This has been established as a value with a focus on inclusion and belonging and setting expectations for the staff.

Leadership reviewed current processes, including reporting mechanisms and investigation process as they related to sexual harassment, discrimination, workplace violence and non-retaliation, and they came to a consensus that such matters are industry-wide risks and that there are opportunities to identify improvements with focus on establishing a broader corporate culture, integrity and compliance.

The first component of our corporate culture initiative is *complaint resolution*. We implemented an enhanced reporting process that allows for multiple channels where employees can report concerns, including an anonymous hotline option as well as through email to our Compliance Officer. Our comprehensive investigation and follow-up process ensure that staff feel heard and that their concerns are addressed. In addition, the implementation of a climate assessment process allows us to gather information from employees with different perspectives and insights about their experiences in the workplace.

The second component of our corporate culture initiative is *training and education*. Education consists of our new IDHE Training series, along with the additional training sessions that we offer in HealthStream. This year we introduced human resources Presents (similar to SHC), a webinar

that occurs once a month. It provides an opportunity to share information around human resources policies and procedures with leaders across the organisation. We are creating a handbook and continue to refine our policies.

The third component is *strategic and operational engagement*. The launch of our employee engagement platform has allowed us to engage employees in a way that focuses on their strengths and empowers our leaders to improve employee performance and engagement with frequent check-ins and using real-time information to better support their teams.

We also have a very committed and robust workgroup developing *new leader onboarding*. We believe that this initiative will fulfil our vision of cultivating collaborative servant leadership development and supporting the success of our new leaders.

SMP's strategic plan

The members of SMP's IDHE Steering Committee initiated a comprehensive three-year strategic planning process by examining both data from a survey (Figure 1) and information gathered during a listening tour. Our opportunities for improvement reflected the concerns of the staff, and the listening tour provided interpretations and perceptions to allow for a deeper understanding of the survey results.

The overall conclusion from the listening tour indicated that the staff perceive that SMP has had some success in the area of inclusion and diversity, but they also feel that there are many opportunities for the organisation to create a more diverse and inclusive environment. There also is an expectation that whatever programmes or initiatives that are implemented should have a real impact and are sustainable. Significant themes are reflected in Figure 2.

With this information and 18 hours of work, the committee developed a three-year strategic plan along with a diversity statement:

'We support a diverse workforce through creation of a culture of inclusion and professional fulfilment. We care for a diverse population throughout the Bay Area, unified by one standard of care, excellence. Together, we are healing humanity through science and compassion one patient at a time'.

The committee performed a current state analysis focusing on trends external to the organisation that may have an impact on UHA as well as an internal assessment to allow the team to identify and prioritise strengths and opportunities for SMP's future direction.

- UHA is a diverse environment (8)
- Recently, there has been an increased awareness related to inclusion and diversity (13)
- Staff voice is not valued in this hierarchical environment, resulting in a fear of speaking up and staff feeling unheard (5)
- There are several successful IDHE actions and events that UHA is doing now (13)
- Training and mentorship is needed to support staff and leaders in being allies to people of different identities (10)
- UHA is experienced as an unwelcoming environment for women, single parents, nursing mothers, LGBTQ and non-Christian stakeholders (11)
- Participants expect consistent and fair HR policies and practices (6)
- Participants are concerned about the longevity and impact of IDHE efforts (8)
- Diversity in leadership and providers is inadequate (7)
- UHA should consider more community outreach and patient insurance options (5)

Figure 2   Thematic outcomes

The committee collaborated to create a shared vision of what they wanted to see in three years as a result of their collective actions. The elements of the vision are shown in Table 1. After creating the shared vision, the committee then named six blocks that would prevent the vision from becoming a reality (Table 2).

Strategy 1: Elevating IDHE as a strategic priority
Creating an IDHE department
Make IDHE a department with full-time employees to mitigate competing priorities and solidify the organisation's commitment to IDHE

Table 1: Elements of Vision.

Progressive, Inclusive Processes	Continuous Comprehensive Learning and Development
Strategic Partnerships to Address Medical Disparities	Comprehensive IDHE Policies and Procedures
An IDHE Dashboard Tool	IDHE Leadership Programmes for Under-represented Staff
Actionable Values Serving as a Moral Compass	An IDHE Advisory Commission
Inclusive Work Environment through Connection	Impactful and Meaningful IDHE Events & Activities

Table 2: Blocks to the Vision.

Debilitating fear that inhibits creativity, free self-expression and diversity of thought	Enterprise alignment blocks forming IDHE into a sustainable pillar of the organisation
Competing priorities limit IDHE resources	Strong commitment to speed and action impedes collaboration
Indifference blocks prioritisation and valuing of IDHE	Imbalance between tasks and people hinders the transformation of IDHE into an organisational value

Figure 3   IDHE Commitment and Strategies

Aligning policies with IDHE values

Review and revise policies for inclusive and diverse focus

Strategy 2: Investing in our people
Developing leaders

Establish IDHE leadership programmes for under-represented staff

Educating stakeholders

Educate our staff, beginning with leadership, on true history, through coaching and professional development

Strategy 3: Measuring for accountability and success
Developing a new way to seek balanced input in solving IDHE matters

Create an IDHE advisory commission

Developing mechanisms to measure IDHE culture

Create a dashboard or toolkit to effectively measure IDHE initiative

Strategy 4: Positioning the organisation as an IDHE thought leader in the community
Connecting people

Launch and operationalise Employee Resource Groups (ERGs)

Developing partnerships

Identify our 'what' and then map partnership opportunities across our communities

Developing a reputation as an IDHE thought leader

Market UHA as a diversity leader

"The single most important contributor to organisational health is building a culture of trust. I think a leader's two most important responsibilities are to create a clear vision and culture of trust and respect to achieve that vision. What I have learned through various career chapters is that a culture of trust is also essential to achieving and sustaining great performance results. The SMP leadership team believes the organisation is made better every day in service to our patients and each other when we all feel psychologically safe, are willing to surface opinions, and treat others respectfully. Each of us will undoubtedly experience conflict with a colleague or another person over a difference of opinion, a misunderstanding, or an inappropriate interaction. If we can all remember our responsibility to one another and calibrate our actions and reactions through these three lenses of psychological safety, responsibility to lean in and surface our point of view, and respectful words and actions, we will build and strengthen a culture of trust each day."

Catherine Krna, SMP President and CEO, June 2022

By sharing our healthcare organisation's journey in developing an IDHE strategy, we hope that there is an understanding of the opportunities and challenges in creating an IDHE department, to review how to humanise inclusion and diversity efforts, to explore how health equity can be incorporated into organisational priorities and to evaluate how the lessons learned can be applied to one's own organisation.

Taking action

The four strategies will guide the IDHE Steering Committee's activities for the next three years. Each year the committee will co-create an action plan with specific, measurable accomplishments related to each strategy. The action plan is created in a calendar format and organised by quarters. Action teams are created to execute the action plan. Action teams meet

regularly to monitor progress and report accomplishments and challenges.

Connecting the strategic plan to UHA's operational priorities

Advancing IDHE is part of the people strategy in UHA's FY21 Operational Plan. The work of the IDHE Steering Committee as outlined in this strategic plan is an essential element of the successful execution of the organisation's priorities. The practical vision we want to see in place in the next three to five years as a result of our collective actions are as follows:

- Progressive, inclusive processes
- Continuous, comprehensive learning and development
- Strategic partnerships to address medical disparities
- Comprehensive IDHE policies and procedures
- An IDHE dashboard tool
- Comprehensive IDHE leadership programmes for under-represented staff
- Actionable values serving as a moral compass
- An IDHE Advisory Commission
- Inclusive work environment through connection
- Impactful and meaningful IDHE events and activities

THE LESSONS WE HAVE LEARNED IN THE PROCESS

While much of the work done conveys a sense of hope and promise, there continues to be fear of staff to freely express themselves based on long-standing historical oppression and discrimination. While the data reflected a diverse workforce, it also highlighted the lack of representation in certain leadership categories. Now that the strategic plan is in place, there are concerns around sustaining IDHE efforts because it requires ongoing, continuous efforts to change the culture and disband long-held biases and assumptions. We have also recognised that data collection is complex and basing programmes on inaccurate data can lead to misappropriated resources. In addition, there are high expectations from staff to see action from the IDHE Steering Committee. Also, IDHE training is extremely important for success since there continues to be a lack of understanding of unconscious bias and white privilege. Recognising all of these challenges and issues has raised our consciousness on the gaps that need to be effectively addressed with our leadership and staff.

CONCLUSION

The development of SMP's strategic plan has been life changing for the organisation and has provided a roadmap with well-defined priorities and areas of focus. It is not a 'one and done' effort and has opened up the door to new discoveries and challenges to explore. The development of this plan has helped foster a workplace where a diverse community is celebrated and all people are included, respected, valued and appreciated as our most valuable assets. Together we will continue on our journey to incorporate diversity, equity and inclusion into the organisation's systems, policies, practices, behaviours and attitudes towards contributing to the physical, emotional and professional fulfilment of all.

References

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