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Diversity in Catholic Health Care

Diversity has become a vital concern of the Catholic health ministry. In view of that fact, Health Progress will publish a series of interviews with people who have undertaken significant leadership roles in fostering diversity in their organizations and communities.

The interviews were conducted by Everard O. Rutledge, PhD, FACHE, vice president, community health, Bon Secours Health System, Marriottsville, MD. His first conversation was with Sr. Karin Dufault, SP, RN, PhD, vice president, mission leadership, Providence Health System, Seattle.

Rutledge: Why is diversity an important issue for Catholic health care providers?

Sr. Karin: I think there are many reasons why it's important. The first, I would say, is that to call ourselves Catholic health care providers we must be grounded in the healing ministry of Jesus, and basic to Jesus' message was "love and service to all people." It was a very inclusive example that he gave, and we do believe that God created everyone in God's image and that each person has inherent dignity and worth. Jesus' example encourages us to be an inclusive community helping to ensure that everyone has his or her basic needs met and can contribute his or her gifts to the common good.

So the principles of Christian love and justice call us to be concerned about issues of diversity. Our theological foundations, as well as our mission and values, require attention to diversity and the creation of systems and structures that support an environment of genuine respect for individual differences.

There's another reason why, in my opinion, diversity is an important issue. The demographics



Sr. Karin

of our communities tell us how important it is. The cities and rural areas where Catholic health care services are present have growing populations of first- and second-generation immigrant (sometimes refugee) men, women, and children from many countries.

What were formerly minority groups are becoming the majority in some communities, counties, and states. To provide adequate health care, we must be able to communicate with the people we serve and understand the impact of their cultures on health. And in addition to racial and ethnic diversity, there are, we now see, many other types of diversity that influence the values, beliefs, preferences, and choices of the people we serve and affect their health.

Then, too, as the demographics change in our communities, we need to have workforces, medical staffs, and boards that match those changes. We need to be representative of our communities for several reasons:

- To better serve the diverse population by having people who speak the language and understand the culture of the people we serve
- To provide work opportunities to a diverse group of people, thus providing them with an opportunity for meaningful contribution to the community
- To enrich the workplace with an array of skills and a variety of ways of looking at issues, which will both make us more creative and help us celebrate the contribution of each person to our mission
- To put our values into action by modeling a diverse workforce that can create a welcoming and supportive community for all
- To provide opportunities across the spectrum

for enhancing diversity, including diversity in clinical professional positions as well as in middle and senior leadership positions, all of which will open to us perspectives that might otherwise not be considered

- To increase our awareness of ethnic and racial disparities in health care services and help us address them

- To help us grow in cultural competence, in relation to both our patients and to our workforces

I'm sure there are many more reasons as well, but these are the reasons that seem really important to me.

Rutledge: *What mission considerations are central to our role as providers?*

Sr. Karin: In addition to what I've said already, I believe that our primary Catholic health care mission requires us to have particular concern for the poor and the vulnerable and to be advocates for those in our society whose needs are not adequately addressed. As providers of care, we often have an opportunity to identify individuals and groups that are most vulnerable by virtue of their medical conditions or their social and/or economic situations. Among them, people of color, people whose first language is not English, and people who are undocumented are often disproportionately represented. We have a responsibility, a Gospel imperative, to look beyond the immediate problem presented to us, to respond to the whole person and use our knowledge, often in connection with other resources in the community, including other church ministries, to enhance that person's well-being.

In addition, our mission encourages us, as we look at enhancing the diversity of our workforces, to support needy students who are preparing for health care careers. As a matter of justice, we also have a responsibility to identify any manifestations of racism—even any suspicions of racism—in our organizations and to work to eradicate them. We also need to try to have a positive impact on social policies that enhance quality of life for the vulnerable.

Rutledge: *Are there market considerations that the Catholic health ministry should consider when undertaking diversity initiatives? What are the challenges that we have in health care generally in making sure that we are able to maintain our mission during these troubled times?*

Sr. Karin: I believe that we must understand the environment in the development of all of our initiatives, including diversity initiatives. That means

that we do have to be aware of the market considerations. Among those market considerations, I think, are an understanding of the demographics of our communities, the met and unmet needs of the various segments of the population, and the other demographic elements of the people we are currently serving. We need to understand and develop the business case for diversity initiatives. We must understand that whatever we do will affect the return on our investments—not only financially, which is important—but also in terms of patient, physician, and employee satisfaction; the strengthening of our mission; the building of trust through community relationships; and contributing to a stronger and healthier community.

Rutledge: *The Catholic Health Association has a Diversity Committee, of which you are the chairperson. What is the charge given to the committee and how will it influence our ministry and our respective strategies?*

Sr. Karin: CHA's special Diversity Committee was established more than five years ago to propose concrete messages that would help increase the racial and ethnic diversity of both the association's committees and its board of trustees. Currently, as the result of conscious efforts on the part of member systems to nominate diverse candidates, the association's committees and board are enriched by a diversity of people, perspectives, experiences, and creativity.

Throughout the ministry, a heightened aware-

Websites Related to Diversity

Other information concerning diversity in health care can be obtained from the following websites:

www.diversityinc.com/

www.hospitalconnect.com/hret/programs/disparities.html

www.hrpress-diversity.com/healthlst.html

www.cookcross.com

<http://ncmhd.nih.gov>

www.omhrc.gov

www.OMHRC.gov/CLAS

www.lom.edu/report.asp?id=4475

www.diversityconnection.org/

www.kff.org/minorityhealth/

www.ethnomed.org

www.conference-board.org/knowledge/moreDetail.cfm?id=9

www.wbgh.org/programs/cphs/disparities/

www.criticalmeasures.net/

ness of the importance of diversity and implementation of many initiatives has resulted in traditionally underrepresented groups having greater opportunities to contribute in leadership positions. The Diversity Committee is currently identifying some of the ministry's leading practices in this area and developing ways of sharing these practices across systems. The committee is interested in learning about health care systems and institutions that are strengthening the diversity of their boards and implementing successful recruitment and retention practices for diversity among middle and senior leadership positions.

We are interested in learning how our organizations consciously create cultures of inclusiveness as part of the fabric of Catholic health care. We are also learning from CHA membership in the Institute for Diversity and Health Management and have also met with Catholic Charities USA's Diversity Committee, with which we shared our experience in this area. We are identifying other resources that may be helpful to our members; some of these resources will be highlighted in this series of *Health Progress* articles. In addition, we would like to identify a diverse pool of people—board members, former board members, and potential board members—whom systems might consult.

Another area of great interest to us is learning more about studies showing ethnic and racial disparities in health care delivery; we want to address concerns raised in these studies. We are participating in the American Hospital Association's Leadership Circles, which focus on eliminating ethnic and racial disparity in health care. Recognizing that the ministry needs to make progress in this area, we hope that our continued work will aid that progress.

Rutledge: *Are there issues in our ministry that might compromise or challenge successful implementation of diversity initiatives?*

Sr. Karin: There are a lot of potential challenges, and we need to develop ways of minimizing them. One such challenge would be the lack of a shared vision concerning diversity. Another could be a lack of leadership—the absence of a diversity champion, for example, or a general lack of leadership commitment. To make implementation of diversity successful, we really need commitment at the senior levels of our organizations.

In some systems or facilities, competition from other priorities for human and financial resources may slow or block diversity efforts. In other organizations, a diversity initiative may have been started but eventually failed because of a lack of sustained effort. Diversity isn't a one-time deal or

a program; it's a philosophy, a way of being, part of the culture.

Some organizations may have defined diversity too narrowly. Others may have been too quick to judge diversity efforts as unsuccessful. In still other organizations, people have seen such efforts as threats to their positions, their competence, or their power.

Those are things that, because they could compromise a diversity initiative, should be addressed at the beginning of the initiative.

Rutledge: *What advice would you give your colleagues regarding diversity and cultural competency?*

Sr. Karin: My advice would be to have senior leaders take time to scrutinize the reality currently existing in our organizations, as it relates to inclusiveness. We need to ensure that our employee satisfaction surveys are constructed in a way to keep us aware of perceptions in the organization concerning a diverse workforce and cultural competence. We also need to invest the resources that enable us to consult experts: people who have successfully enhanced the diversity of their own workforces and boards of directors; once we have seen how others have succeeded, we can apply those methods to our own settings.

We must also raise consciousness by including diversity in our strategic plans and strategic agendas, linking it very closely to our mission and our core values as Catholic health care organizations. Being able to understand just how diverse our communities are is very important. In addition, diversity initiatives give us a great opportunity to help people belonging to ethnic, racial, and other minorities to advance in their careers. We can, for example, create scholarships for members of minorities in our schools of nursing. We certainly should be seeking diverse people to train as managers. Management is definitely one area where we need to improve.

The main thing for us to remember is that a wide variety of human beings have wonderful gifts to offer the Catholic health ministry. We must prepare ourselves to receive those gifts. □

Future articles in this series will touch on:

- *Diversity in governance*
- *Diversity and health care management*
- *Diversity basics: How to implement a diversity program at an institution*
- *Promoting diversity in multi-institutional settings*