What more can we do about improving racial equity in providers recruitment?

At Bryan, we are intentionally focusing on identifying and building relationships with providers from underrepresented minorities, including Black, Hispanic/Latino, Southeast Asian and Native American. One specific example is promoting our jobs via the National Medical Association, which is a professional organization for physicians of African descent. Another example is leveraging relationships with Historically Black Colleges and Universities. We have two members of our Bryan Medical Staff that are graduates of Howard University and Meharry Medical College, respectively; and we have a Bryan Board member who has relationships at North Carolina A&T University. (Eric Moss)

- Create sponsorship programs and partnerships with colleges where we are continuing to seek providers of color
- Ensure we have representation of color at our conferences, in our marketing materials, and at the table where recruitment decisions are being made.
- Recruit the family, not just the provider. Show the diversity within the community and continue to build networks so providers will want to come to our small town. (Jennifer Jones)

Human resources or task forces that consist of people of color to recruit providers/staff. When you are met with diversity, someone who looks like you, it compels treatment, consistency and trust in the system. (Nyaduoth Gatkek)

How can you reach individuals who don't have a healthcare provider to be on your task force?

Since this Task Force was initiated by the Nebraska Medical Association via legislative action, it is intended for the primary representation to be physicians. (Eric Moss)

- consistent wellness pop-up clinics throughout Lincoln, held in lower income communities or community centers to encourage patients to have their blood pressures checked, blood sugars and/or diagnostic labs.
- Care management work within hospital settings. If care managers attend clinic days/ pop-up clinics outside of the hospitals specifically to establish setting up primary care providers.
- (Nyaduoth Gatkek)

Does the task force only consist of Providers?

The task force should consist of leaders within healthcare. Including providers, nurses, and individuals who can interpret for our community/ patients of non-English speaking. (Nyaduoth Gatkek)

How are you incorporating, or will you incorporate patient input or feedback within the wider framework of improving better healthcare outcomes since patients are the largest stakeholders?

At Bryan, we have a Patient Family Advisory Council that serves to provide feedback regarding a variety of topics. Our PFAC meets routinely, and we are looking at ways to broaden the diversity within this group's membership. (Eric Moss)

We do review our patient survey and have several patient committees for each of the hospitals to gather input. We also have several providers who are active in the community and often solicit patient feedback and bring this information back to our boards. (Jennifer Jones)

When reestablishing a primary care provider. The intake questions prior to the appointment should consist or include these three questions:

1. The patient's last primary care provider appointment.

2. How many primary care providers have you had, are there gaps in your care?

3.What specific needs would you like addressed or met, and if cultural aspects/ dynamics required within your specific care.

With repeated patient satisfaction surveys at the end of each visit at 3,6 months and one year mark. I believe it is important for new patients and provider relationships to have three appointments in a rolling calendar to establish trust, which will then increase better health outcomes, and decrease health disparities within the community. (Nyaduoth Gatkek)

(For Dr. Naseem.) **What could physicians or other health care professionals be doing in the Lincoln community to help increase and support diversity in the workforce?**

Providers can demonstrate the value of patient centric care by applying culturally and socially relevant approach in their clinical encounters. The improvement in clinical and satisfaction outcomes will be the strongest way to demonstrate and convince others of the value of this approach. Maintaining an aware attitude on recruitment and education opportunities for minorities and contributing to them will help foster a diverse healthcare workforce. (Dr. Ahsan Naseem)

(For Dr. Naseem.) **How would the existing provider workforce benefit from providing culturally competent care?**

There is a vast amount of peer reviewed literature on the benefits of culturally competent care. Outcomes data, patient satisfaction results, reduction in length of stay and complications are well established benefits of this approach. They make the strongest case for education of all healthcare professionals on culturally sensitive and competent care. (Dr. Ahsan Naseem)

(For Eric Mooss). **What could health care institutions be doing in the Lincoln community to help increase and support diversity in the workforce?**

I believe it starts with leadership commitment and understanding that by having a diverse workforce, patients receive better, more culturally competent care. Leaders can also start to understand the diversity of their own workforce by collecting data and identifying gaps between their workforce and the broader community. Once gaps are identified, start to develop action plans to address those gaps and include front-line employees in those action planning sessions. Action plans may include targeted recruitment, building relationships with key community organizations, or creating a talent pipeline for students. (Eric Moss)

(For Nicole and/or Jennifer.) **What are some examples of successful local or national strategies aimed at improving diversity, equity, and inclusion in healthcare?**

Having a designated DEI [Diversity, Equity, and Inculsion] team is definitely a plus. Each organization needs someone who focuses on health equity, systematic racism, community involvement, and employee experience. Someone who can call out what organization may be missing and bring in best practices. A department who can train in these areas and help with follow up and accountability. This department could help to build an equitable strategy/roadmap of DEI short term and long term goals and explain the "why" for each. (Jennifer Jones)

Establishing a training process for staff and normalized standards for the collection of REaL data (Race, Ethnicity, and Language data) from patients to ultimately achieve and exceed quality, safety, and experience goals needed to understand and address the experiences, outcomes, and disparities across different subpopulations. Also, our Women's Health service line has secured funding for research, racial equity & cultural competence training, maternal health bundles, and doula support for mothers of color to address maternal health disparities and infant mortality. We also have partnerships with local schools to participate in our Siembra Salud program which has served as a health career pipeline for Latino and refugee youth. (Nicole Robinson)

(For Nyaduoth Gatkek.) **What additional supports are needed from the community?**

Providers and leaders with non traditional lived experience to provide a broader scope or care. With patient provider interactions, the knowledge attained is not always pertinent, rather lived experience to provide quality care. Quality of care is different for each patient. Trust is what has always been expected. With our providers' knowledge, their history in healthcare is important for patients. Trusting the knowledge and the experience the provider has will reflect on their specific patient provider interaction and needs. (Nyaduoth Gatkek)

(For anyone.) **What has the pandemic taught us about the importance of cultural diversity in health care?**

The pandemic has really taught us how and why representation matters. During the pandemic, our providers spoke to various ethnicities about the importance of the COVID vaccine. We strategically set providers in areas where they mirrored our communities culture and lived experiences so they could build that connection and trust. They were also able to be proactive with questions as this is the community that they were raised in, which in turn helped to ease minds. Having the diversity of thought at the table helped us to connect with the community we serve. (Jennifer Jones)

In my opinion, it has amplified the disadvantages of ethnic minorities and underserved populace in a drastic manner. The losses suffered as well as the challenges of accessing care were a stark reminder of the disparities in healthcare access that so many of our fellow Nebraskans live with. Culturally sensitive and competent care, along with awareness of challenges faced by so many did help reduce the suffering during those trying times. Hopefully, we can achieve a level of reliable and cross-sectional awareness of these issues so that our approach becomes infused with culturally competent care. We can look towards a time when it's simply the standard of care. (Dr. Ahsan Naseem)

The need for more urgent action was certainly highlighted as we realized COVID-19's disproportionate impact on Black, Indigenous, and People of Color (BIPOC) communities experiencing higher numbers in cases, hospitalizations, and deaths as a result of the virus. As Jennifer stated, seeing how our providers were able to build connections and trust with patients in areas where they shared the same culture and lived experiences taught us that representation is extremely important in order to effectively treat and serve ALL of our patients. (Nicole Robinson)

- The pandemic taught many about the importance of mental health. Patients seeking mental health care were met with a lack of diversity within the healthcare. Oftentimes when your mental health is declining, it complicates establishing mental health treatment. Establishing mental health support allows the body to be treated or treatment to follow.
- It is important overall within the healthcare system to have diversity.
- Minorities' lived experience has always been different. Minorities have different home dynamics. It may be a challenge to share or heal from your lived experience to a healthcare provider who does not understand your family dynamics, how you view health or how it was taught.
- Providers who do not have a well verse experience because of lack in the education or diversity should be taught or made available to reflect the population. (Nyaduoth Gatkek)