Diversity and Inclusion

Listening Session
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LISTEN TO LEARN

On November 11, 2020, TNHIMSS conducted its first listening session related to the topic of Diversity and Inclusion.

CHANGE STARTS HERE

There have been too many recent events highlighting inequality, injustice, and racial inequities.

Unfortunately, these recent events are not isolated incidents. Far too frequently, these senseless, tragic events are rooted in racial injustice and inequality. The time for change is now and starts with us.

MISSION

TN HIMSS works to improve healthcare by providing leadership for professional growth, workforce development and advocacy related to health information technology. We align expertise and resources to grow our region's HIT talent pool and knowledge base. Members include HIT professionals, clinicians and business leaders.

The Tennessee Chapter of HIMSS, as well as HIMSS National, firmly stands against all forms of racial bias, injustice, and inequality. In May, the Board of Directors drafted and approved the following statement.

As a mission-driven member association, dedicated to transforming health and healthcare, through the utilization of information and technology, we have a responsibility to reject all forms of prejudice and address the inequities people face every day. We owe it to our members, our sponsors, our ambassadors, our communities, and ourselves to take a very clear stance and condemn these acts of violence, which represent a blatant disregard for basic human rights. We must stand up for all individuals regardless of age, gender, race, creed, or national origin.

HEALTHCARE DISPARITY AND COVID-19

Race is a significant determinant of health, with long-standing disparities related to access to health services and less than satisfactory health outcomes. The COVID-19 pandemic has further highlighted the issue of racial disparity and inequality in healthcare. Due to historic, systemic poverty and other social determinants of health, many of the most vulnerable live in communities where shared housing puts residents at additional risks. Further, members of some racial and ethnic minority groups disproportionately represent "essential workers" with the inability to work from home increasing the likelihood of exposure to COVID-19 and have less flexibility or access to seek medical care. Racial minorities also experience higher rates of chronic disease increasing risk for severe illness due to COVID-19.

Information relative to COVID-19 continues to unfold as the virus impacts communities across our state and county. Recent research has indicated that while only one in five counties is disproportionately black, these counties have accounted for nearly half of the COVID-19 cases and 58% of COVID-19 deaths.

RESEARCH AND BENCHMARKS

According to the Bureau of Labor Statistics in 2019, the healthcare industry's workforce is predominantly female. In terms of race, a different story emerges with a disproportionate number of black females employed in the Home Health industry and least employed in Dental and Chiropractic offices. Hispanic females appear to be the most disadvantaged with a lower percentage of workers in every category except for Dental offices.

Health Care Industry	Gender/Women	Race/Black	Race/Asian	Race/Hispanic
Health care and social assistance	166.2%	143.9%	106.2%	80.7%
Hospitals	159.4%	130.1%	136.9%	61.4%
Health services, except hospitals	167.2%	147.2%	95.4%	84.7%
Offices of physicians	161.1%	69.1%	95.4%	92.0%
Offices of dentists	175.7%	39.8%	115.4%	106.8%
Offices of chiropractors	127.9%	37.4%	61.5%	67.0%
Offices of optometrists	154.9%	71.5%	76.9%	83.0%
Offices of other health practitioners	174.7%	77.2%	84.6%	54.5%
Outpatient care centers	164.0%	119.5%	101.5%	85.2%
Home health care services	188.3%	248.0%	93.8%	104.5%
Other health care services	148.7%	155.3%	126.2%	79.0%
Nursing care facilities (skilled nursing facilities)	178.1%	224.4%	66.2%	71.6%
Residential care facilities, except skilled nursing facilities	161.7%	194.3%	73.8%	71.6%

Source: https://www.bls.gov/cps/cpsaat18.htm

WOMEN IN HEALTH IT

As previously stated, statistics report women as significantly outnumbering men in the health and care workforce. For women in health IT, however, it's a different story. Recently, there's been a gradual rise in women's participation in the digital health workforce. Nonetheless, women are still underrepresented in health information and technology and tend to be recognized less for their contributions. As in most industries, there is a disappointing representation of women in executive management positions, and this ratio is likely the highest in healthcare. Achieving gender parity and equal chances for career growth between men and women is still a distant reality for most of

us. The webinar below explores ways to increase the diversity of roles and to ensure equal prospects to leadership positions in the healthcare IT industry by highlighting the results of the Women in Health IT EMEA Annual Survey.

Webinar: https://www.himss.org/resources/achieving-gender-parity-digital-health-workforce-webinar

HEALTH IT COMPENSATION

Based on the feedback from 885 U.S. health information and technology professionals, the findings yield these notable themes:

- Consistent with previous HIMSS Compensation Surveys, the average salary of health IT professionals continues to increase - albeit at a slower pace than during the first few years of the study period.
- There is a myriad of compensation disparities among select population groups. Evidence suggests that on average both females and minorities are paid less than their respective peers.

Source:
https://www.himss.org/sites/hde/files/d7/u132196/2018_HIMSS_US_Compensation_Survey_Final_Report.pdf

LISTENING SESSION

The following questions were posed to TNHIMSS members across the State of Tennessee during our Listening Session:

1. Do you feel the value of healthcare is diminished because of the lack of diversity of healthcare professionals?

   Responses:
   o Yes, the lack of diversity among healthcare providers can affect the quality of care delivered to minority populations, especially in rural areas.
   o It also affects the patient experience because some patients are more comfortable with someone who looks like them or can speak their language.

2. What should be our goals, as a statewide organization, to elevate the awareness of our diversity and inclusion initiatives?

   Responses:
   - One goal should be to increase efforts throughout Middle, West, and East TN, in order to gain support from organizations and members who live in those respective areas.
   - Another goal is to partner with minority focused organizations, within the major cities, and coordinate joint events that would increase our presence and garner support.

3. Do we believe diversity and inclusion will be more about attracting an expanded audience of members and sponsors based on age, ethnicity, etc. or about their topics of interest? Or both?

   Responses:

   - Yes, topics should align with overall strategic efforts of TNHIMSS and be the same.
   - TNHIMMS should create a model of what we are trying to achieve.
   - Both, TNHIMMS should attract an expanding audience and have relevant topics of interest.

4. How do you rate the current efforts of TN HIMSS as a chapter to focus on Diversity and Inclusion?

   Responses:
   - TNHIMMS is doing a great job. We are the first chapter to put forth a strategy and commitment to D&I.
   - We continue to lead by example by working with affiliates, sponsors, and members to execute on our diversity and inclusion efforts.
   - We should focus on expanding our efforts across the state to be more inclusive of all HIT workers.
   - We should identify the differences in access to care across the state of TN, and then develop action items to address education needs.

5. How can we connect more tenured members with younger members to help support our D&I efforts?

   Responses:
   - We can increase our mentorship/mentee opportunities among our board members and members.
   - We can find ways to have more open discussions, during our events, to increase the communication opportunities for members and board members.

6. Given our complete transition to virtual in 2020, do we think our audience going forward – traditional and those coming in through D&I – will want us to continue a higher presence of virtual events? Would this allow us to reach a larger audience?

   Responses:
     o Yes, keep things virtual until further notice.
     o Yes, by implementing a hybrid approach that meets current social distancing and symptom checking requirements.
     o We should add break out rooms during our D&I focused events to increase networking and engagement during virtual events.
     o Virtual events make it easier for those in other parts of the state to participate.

7. How do we become agents of change for healthcare leadership?

   Responses:
     o We need to continue to lead by example and expand on our current D&I goals and initiatives.
     o We should add D&I to the careers section of the HIT Accelerator curriculum.

8. How do we identify, engage, and support diversity within technology solutions and protect against access issues related to the majority of staff who are building solutions are not women or minorities?

   Responses:
     o We can increase engagement with technology vendors to ensure the information/data used is culturally sensitive and serves the need of the entire population.
     o We should define what role HIT will play in the distribution of the new COVID vaccine.
     o We recommend that D&I information be included on point of intake forms for patients and providers.

9. How can we get all of TN more involved in our D&I efforts? Although, the majority of the members are based in Middle Tennessee, we would like to provide the same opportunities across the State of Tennessee.

   Responses:
     o We can hold events and educational seminars that are statewide and focus on input from all regions of TN.
     o We can partner with local Universities to create more visibility and develop alliances that support diversity and inclusion within Health IT.

SUMMARY AND RECOMMENDATIONS

TNHIMSS will take a proactive role in thought leadership on the topic of diversity and inclusion in Health Information Technology across the state of Tennessee.

TNHIMSS will do the following:

- o   Publish research and disseminate information
- o   Offer webinars and seminars on the topic
- o   Use podcasts and our website as channels for communication
- o   Advocate for equal and fair treatment for all genders, races and ethnicities
- o   Work with Tennessee State Legislature to identify and enact legislation