



Society for Health Care  
Strategy & Market  
Development<sup>SM</sup>

# DEIB Challenges and Opportunities for Small & Rural Hospitals: Insights from SHSMD's Member Meet-Up



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## Starting the Conversation

We had the pleasure of facilitating this Member Meet-Up in April to discuss what challenges exist in small and rural health care organizations to implement **diversity, equity, inclusion and belonging (DEIB) initiatives**. We were joined by other SHSMD members from small and rural facilities and those allied to the field.

We kicked-off the meet-up by discussing our own rural organizations' journeys with DEIB. In short, both organizations still have work to do to meet DEIB goals. As Terri eloquently stated, **"We need to start the conversation somewhere and we're in this together."**

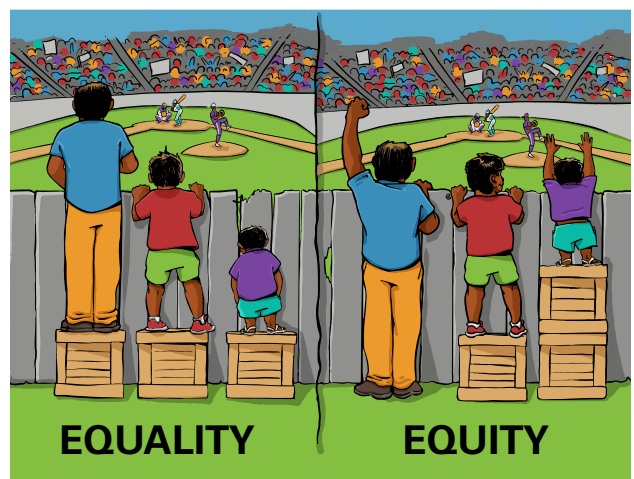


[Wayne HealthCare](#) has a diversity and inclusion statement. As a part of Wayne HealthCare's new strategic plan, they will include goals to meet [CMS's Hospital Commitment to Health Equity](#) requirement. [Brookings Health System](#) added a commitment to health equity statement in their latest strategic plan to meet CMS's requirement. Brookings Health also began document and web language translation thanks to grant funds. Both organizations have yet to develop a formal DEIB strategy and policy.

## Equality vs. Equity

We also discussed the **difference between equality vs. equity** and showed the [Interaction Institute for Social Change's illustration by Artist Angus Maguire](#). As the graphic illustrates, patients are not all at the same level. Each person needs to receive care differently. The investment to achieve the same care results for every individual is different. The same holds true professionally in the workplace. Not everyone starts with the same advantages others have.

We polled attendees to see if their small and rural organizations had a DEIB strategy and policy. Most either did not have a strategy or policy or were unsure if their organization had either. It led into our first discussion question about what challenges exist in rural and small health care organizations to implement DEIB initiatives.



*Interaction Institute for Social Change | Artist: Angus Maguire.*

# 1 CHALLENGE

## Perception That Diversity Efforts Are Not Needed

For organizations that serve homogenous communities, a general perception can be that diversity efforts do not apply or are not needed. Because everyone sees a similar, predominant outward appearance, sameness is assumed. In reality, diversity still exists even in that population. Not everyone has the same education, holds the same beliefs, or has the same economic background.

# 2 CHALLENGE

## Association with Political Perspectives & Biases

DEIB often is associated with people's political perspectives and biases. Some believe DEIB is focused just on people of color or the LGBTQIA+ community. DEIB's true intent is to acknowledge the whole person. A need exists to develop the correct lexicon for everyone to have a substantive conversation about DEIB. An understanding must be built in organizations that DEIB is not about minority vs. majority or haves vs. have-nots. DEIB is a leadership and professional competency that adds value to how individuals interact with others.

# 3 CHALLENGE

## Feeling a Sense of Inclusion & Belonging

People who have historically faced discrimination and exclusion due to race, gender, ability, sexuality or identity often do not always feel a sense of inclusion and belonging in some small and rural communities. That community shortfall may make it challenging for them to live and work in these areas. DEIB skills can build awareness of people different than us and challenge people to step outside their comfort zone to include others. One participant shared how they challenged their hospital board's perception regarding the need to reach Spanish-speaking residents in their community. They demonstrated success by launching a Spanish-language podcast featuring their bi-lingual medical experts which is more highly listened to than their equivalent English-language podcast.

## Whose Role Is It to Lead DEIB Efforts?

We next discussed what role is responsible inside small and rural organizations for spearheading DEIB/DEI initiatives. Many participants stated they do not have a designated DEIB champion inside their organization. In some cases, whoever in an organization leads CMS compliance by default also leads health equity efforts to meet CMS regulations. Even when DEIB is not the official assigned responsibility of a specific person in the organization, **a self-appointed champion can use their seat at the table to start conversations about DEIB with the board, physicians and community to initiate change.**

Because individuals in small and rural organizations manage multiple responsibilities often with limited resources, DEIB efforts may be put to the side even though they are important. For organizations that do have metrics and dashboards to measure DEIB, the implementation can still be a struggle. A gap may exist between strategy and the needs of day-to-day operations. One example a participant shared was Pride Month. The challenge they face is how to find a way to celebrate and acknowledge a social value that is polarized in the community without unsettling both sides. The potential to polarize the community makes management hesitant and results in no action to demonstrate inclusivity despite their policy.



## DEIB CHAMPION

# Strategy, Marketing & Communications Involvement

Our final discussion question asked at what level are strategy, marketing and communications involved with DEIB in rural and small health organizations. Strategy and marcom roles are often assigned additional projects within rural and small facilities with the expectation they can singularly handle the projects. **Organizational efforts around DEIB need to be intentional and strategic.** Marketing, communications, and human resources must advocate the involvement of other areas when they are asked to craft DEIB materials.

If strategy, marketing and communications roles do not own DEIB for an organization, they can still advocate for DEIB. Strategy and marcom teams can be more intentional about their own goals and what they can control to **move the DEIB needle in the right direction.**



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## DEIB Resources

We concluded our discussion with a list of resources that can help small and rural hospitals in their DEIB journey. Those include:

- ▶ CMS: [Hospital Commitment to Health Equity Structural Measure Specifications](#)
- ▶ IFDHE: [Diversity & Inclusion Tab](#)
  - o IFDHE Summer Enrichment Program
  - o IFDHE Executive Certificate in Diversity & Health Equity
  - o [AHA's Health Equity Roadmap + Transformation Assessment for Hospitals](#)
- ▶ SHSMD: [Diversity, Equity, Inclusion & Belonging Resources](#)
- ▶ Webinar: [Equity, Diversity & Inclusion: 21st Century Connections for 21st Century Success](#)
- ▶ Webinar: [Creating Communications & Engagement Guidelines for Transgender Care](#)
- ▶ [Optimizing Transgender Care Resource Toolkit](#)
- ▶ [National Association of Health Services Executives](#)
- ▶ [American Marketing Association's Best Practices Guide to Inclusive Marketing](#)

Participants offered additional resources, including:

- ▶ Chartis Centers for Research and Advancement
  - o [Health Equity & Belonging](#)
  - o [Rural Health](#)
- ▶ The Deloitte Health Equity Institute
- ▶ *Equity, Equality, & Justice for All* by William Jahmal Miller, MHA

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## Interested in talking about other challenges rural and small health care facilities face?

As representatives on [SHSMD's Advisory Board](#), we'd love to hear from you. Feel free to contact us at: [jyoder@brookingshealth.org](mailto: jyoder@brookingshealth.org) and [Terri.Flood@waynehealthcare.org](mailto: Terri.Flood@waynehealthcare.org).