We all need to 'do something' to fight inequities and get healthcare right, for every patient, every time

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Sadly, the COVID-19 pandemic, coupled with the high-profile tragic deaths of a number of Black Americans this year, are stark and painful reminders of the deep-seated racial inequities and systemic racism that persist today—not only in our society but within our healthcare industry as well.

Racism is unjust, unlawful and increasingly showing itself to be a deadly disease contributing to distrust in our U.S. healthcare system. It results in suboptimal care, shorter life expectancy, and a higher incidence of chronic conditions among people of color. Fighting this disease requires our condemnation, action and a sense of urgency within the healthcare industry to stop at nothing to reverse these health disparities once and for all. As the late Rep. John Lewis said so eloquently, "If you see something that is not right, not just, not fair, you have to say something. You have to do something."

At TriHealth, we have been "doing something" to foster diversity, equity and inclusion within our culture since our founding in 1995, when our system designated its core values as respecting all people, valuing differences and responding to community needs. Since that time, our diversity, equity and inclusion work has been centered around the belief that real and lasting change is born from open and honest dialogue, awareness, understanding, more inclusive and equitable opportunities, and zero tolerance for discrimination or injustice of any kind.

Our progress has earned TriHealth a spot on DiversityInc's Top 50 Hospitals and Health Systems in the nation for the past several years. Our diversity advisory councils were nationally recognized in 2013 as a best practice for team member engagement. In 2017, we launched goals aimed at increasing diversity in governance, leadership, our physician/provider community, and supply chain spending.

The events of 2020 affirmed the vital importance of this work and spurred us to move even faster and further. Initially we relied on our open culture and strong communication channels to begin honest and sometimes hard conversations with team members, physicians and leaders about racism and how to address it. We chose to take a multipronged approach to accelerate meaningful progress—from new diversity hiring goals tied to executive incentive compensation, to development of new employee resource groups, to new cultural competence and implicit bias training.

Our goal is to more than double our historic hiring rate of Black and minority leaders—and we are linking that goal to compensation incentives to help ensure we do so. That will help us reflect the rich diversity of the community we serve, while giving our system's 12,000 employees room to grow professionally. This fiscal year, our 13 CEOs and their direct reports will have a 10% weighted individual incentive goal for diversity hiring. All leader candidate pools also are now required to include at least one qualified minority—and we're exceeding this goal just three months into our new fiscal year. Next year, diversity hiring salary goals will extend to all of our roughly 140 senior leaders.

COVID-19 taught us, as an industry, we can overcome any and every challenge—often without a "playbook"— by sharing in the responsibility and sacrifice necessary to carry out our mission of service to the community. We must now apply this same "failure is not an option" approach to eradicating health disparities and the disease that causes them—systemic racism. This work is essential to building back trust in some of the communities we serve.

We're proud to join our industry colleagues in advancing this work, and we look forward to the day when equality prevails, assuring that every American—including and especially Black Americans and communities of color—can expect and experience open access to the highest quality care and best possible health outcomes, always.

How Racial Equity in Healthcare Starts in the C-Suite (and Boardroom)
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