



DEI in Health Systems: Fostering an Inclusive Environment for a Healthier Future

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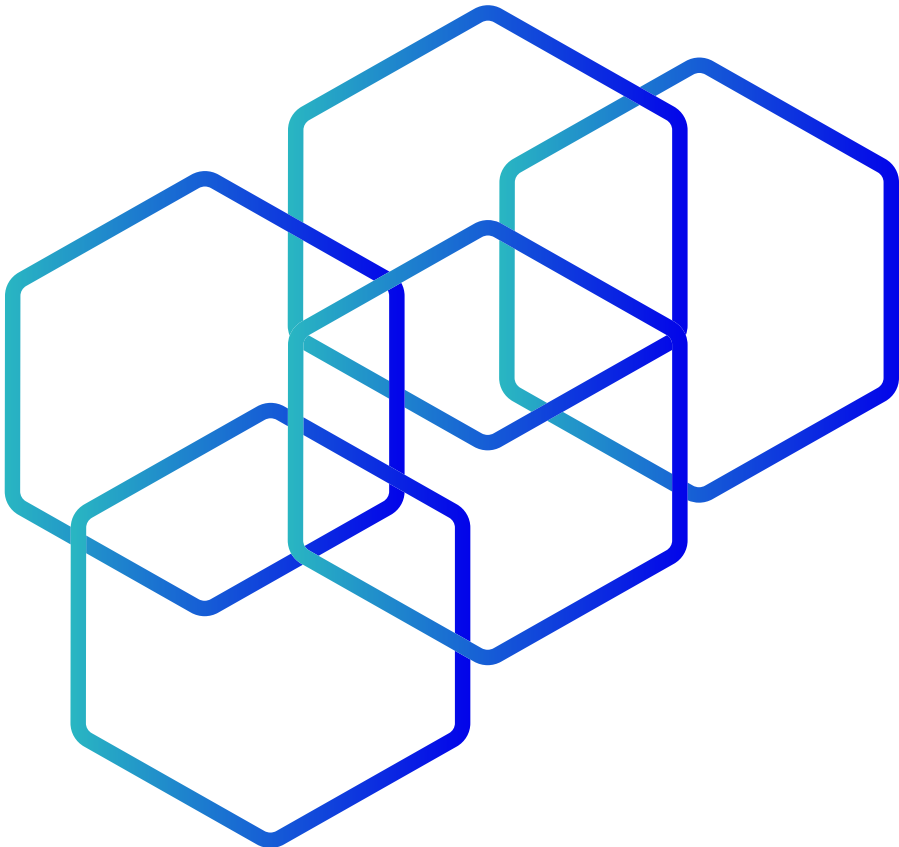
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Introduction

A Healthgrades Healthcare Marketers Survey found that 70% of marketers identified DEI as a key investment area in their 2022 marketing strategy.¹ But do health system marketers understand how diverse populations access and utilize healthcare?

The patient journey isn't a universal experience. Studies have shown that White patients tend to be healthier and enjoy greater access to medical services than Black and non-Black patients of color, many of whom already suffer from economic, political, and social inequities. The CDC reports that social determinants of health, such as where a person lives, their occupation, and available resources, contribute to [60% of health outcomes](#).

While hospitals and medical practices have been establishing initiatives to better prioritize diversity, equity, and inclusion (DEI) within the healthcare space, there's still room for improvement. How can health system marketers ensure that their DEI programming is effectively helping historically underserved populations acquire the care they need? This report will explore how Black and non-Black people of color (POC)² find and access their care, how these patients feel about their care experiences, and what health systems can do to promote equity and inclusivity.

"Communities of color have unique needs and meeting those needs requires unique and intentional solutions. We can't neglect segments of our population and call our solutions inclusive."

Faye McCray

Head of Health Equity & Social Impact

Healthgrades



¹: Source: Healthgrades Healthcare Marketers Survey, n=111, April 8, 2022 - May 19, 2022

²: "Non-Black POC" refers to individuals of Asian or Indian, Hispanic or Latino/Latina/Latinx, Middle Eastern or North African, Native American or Alaskan Native, or Native Hawaiian or Pacific Islander descent. For clarification purposes, we will refer to Black people or African Americans exclusively, as there is significant statistical data specific to their healthcare experience.

Why DEI Matters

DEI matters because the prevalence of both explicit and unintentional bias in healthcare has serious consequences for BIPOC³ patients. According to the Kaiser Family Foundation, around [70% of Black adults](#) feel that the medical system unfairly discriminates against them because of their racial and ethnic background. Unfortunately, treatment outcomes support this claim. A 20-year cumulative study by the University of Pennsylvania concluded that Black patients are [22% less likely](#) than White patients to receive adequate treatment for pain management. This occurrence stems from a [long-held stereotype](#) that Black individuals have thicker skin or a less sensitive nervous system, making them more tolerant of pain. Healthgrades' research also corroborates this finding — 25% of Black respondents to a recent Healthgrades study reported that doctors hadn't taken their pain seriously in the past.⁴

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Non-Black POC also experience challenges that impact the quality of their care. A recent study from the Associated Press-NORC Center for Public Affairs Research found that nearly [60%](#) of Hispanic adults have struggled to communicate with their doctor because of a language or cultural barrier.

Patients who see a doctor of their same race are more likely to rate their doctor highly than patients who see a doctor of a different race.

Considering DEI and social determinants of health help doctors and health systems provide better care to patients of color, and positively impacts patients' compliance and satisfaction with their care. A 2020 study from the University of Pennsylvania found that patients who see a doctor of their same race are more likely to rate their doctor highly than patients who see a doctor of a different race. Further, when researchers asked patients to rate how likely they would be to recommend their physician to others, about [88%](#) of patient-physician pairs of the same race received the maximum score.

³: "BIPOC" is an acronym for "Black, Indigenous, and people of color."

In this piece, it will denote both Black and non-Black POC patients.

⁴: Infosurv and Healthgrades BIPOC Healthcare Attitudes Study, n=604, July 2022

Insights From the Healthgrades BIPOC Healthcare Attitudes Survey

Diversity can also have a dramatic impact on healthcare decisions. In 2018, researchers from Stanford Medical School and the University of California, Berkeley designed an experiment with Bridge Clinical Research to explore the effect of race on the demand for preventive care among Black men. The [study](#) found that Black men are more likely to agree to preventive services—like having their BMI or blood pressure measured—if their doctor is Black. Also, only the participants who saw a Black doctor agreed to more invasive services that required a blood sample or injection. For Black men, who are statistically [less likely](#) to seek routine and preventative care than other racial groups, having a doctor they trust can have a significant impact on patient outcomes.

Providing patient-centric care starts with identifying what BIPOC patients expect, want, and need in terms of healthcare. Being mindful of the importance of DEI can help health system marketers better understand their target audiences so they can tailor their outreach to be culturally competent and compassionate. Where do you start?



In collaboration with Infosurv, Healthgrades surveyed White and BIPOC patients to analyze how patient sentiments differ across races and ethnicities.⁵ The 20-question survey was completed by a participant pool of over 600 U.S. patients equally distributed across states, income level, gender identity, sexual orientation, and age.⁶

Regardless of race or ethnicity, the majority of respondents trust their doctors. Overall, 78% of BIPOC patients agree with the statement "I have a doctor that I trust completely." Still, they're also 150% more likely than White respondents to disagree with that statement. While it is impossible to pinpoint which factors are responsible for persistent health disparities, these sentiments do clue us in to which pain points need to be addressed.

Below are some key takeaways from the current state of DEI in healthcare that marketers should keep in mind.

Impact of Doctor's Race on Patient Experience

Our research found that while most respondents feel their healthcare options are representative of their communities, White respondents are 32% more likely than BIPOC respondents to feel this way. Although the study showed that most patients don't think it's essential to be of the same race or ethnicity as their doctor, it's worth noting that only **25% of BIPOC respondents saw a healthcare professional in the past year who was of the same race or ethnicity compared to 64% of White respondents.**

⁵: Infosurv and Healthgrades BIPOC Healthcare Attitudes Study, n=604, July 2022

⁶: Responses are categorized into three racial groups: White patients (total: 200), Black patients (total: 189), and non-Black POC patients (total: 215).

Still, there are stark discrepancies in the quantities of White doctors and BIPOC doctors employed, indicating a lack of racial and ethnic diversity within the professional healthcare field that can affect quality of care.

Access to Care

Our study also showed that Hispanic patients are more likely to forgo treatment because of impending costs, with 33% confirming they've avoided seeking healthcare in the past two years due to cost concerns compared to under 20% of Black or White respondents. While the majority of all respondents feel they have access to high-quality care in their area, non-Black patients of color (77%) are less likely than Black (83%) or White (85%) patients to agree.



33% of Hispanic patients have avoided seeking healthcare in the past two years due to cost concerns compared to under 20% of Black or White respondents.

Sources of Healthcare Information

Although weighted slightly differently across races/ethnicities, the top three sources of healthcare information for all groups are professional healthcare recommendations, family members, and health system websites. Additionally, White patients rely more on referrals from physicians than Black or non-Black patients of color, and non-Black patients of color rely more on familial recommendations than White or Black patients.



Our data shows that health systems are making significant strides in implementing DEI measures to boost patient satisfaction and accessibility. Yet, treatment outcomes remain inconsistent across racial and ethnic groups due to issues like wide employment gaps between White and BIPOC healthcare professionals.

In 2018, only 3.6% of full-time medical school faculty in the US were Black, and 5.5% were Hispanic. Likewise, these groups are underrepresented among medical school enrollees, with only 7.3% identifying as Black and 6.5% as Hispanic, demonstrating a lack of BIPOC representation in the next generation of doctors.

How Are Health Systems Prioritizing DEI and Serving BIPOC Patients?

As seen in our study, this means that BIPOC patients are often limited when it comes to finding doctors like them. Closing this educational gap would help doctors become more culturally competent so that all patients receive outstanding care regardless of their racial identity.

Equal opportunity hiring measures, educational opportunities, and financial assistance programs are working, albeit slowly. The Association of American Medical Colleges reports that [diversity has grown](#) among medical school applicants, students, and graduates since 1980 and continues to grow today.

In addition to hiring more BIPOC healthcare professionals, health systems can also address DEI needs by investing in [interpreter services](#). A 2016 survey found that only 56% of hospitals in the United States offered translation services, despite 97% of physicians seeing patients who have difficulty understanding English. For patients who don't speak English or for whom English is their second language, having their doctor's orders get lost in translation can mean the difference between life and death. Translation services provide patients with better care, but there are real benefits for hospitals as well. A [2017 study](#) found that an academic hospital could save approximately \$161,404 each month by providing access to interpreter services and avoiding readmissions as a result.

Community outreach and organizational partnerships also boost hospitals' DEI efforts. The Endocrine Society, for instance, recently launched its [EndoCares program](#), which brings educational content, specialists, and medical exams to underserved communities. This program makes preventative healthcare more accessible and helps doctors better understand some patients' healthcare access barriers.

[Kaiser Permanente](#), a collective of national health systems, is also working to address the social, economic, and opportunistic hurdles affecting many BIPOC patients by providing loans and toolkits to help build up BIPOC-owned businesses. Additionally, the organization is devoted to mending the long-lasting effects of [adverse childhood events](#), finding that trauma leads to a higher prevalence of suicidal thoughts, poorer health, and a shorter lifespan.

Hospitals and medical practices are gathering patient feedback to resolve ongoing health disparities and enhance their quality of care. Still, it's worth noting that implementing DEI initiatives isn't a journey with an endpoint. DEI initiatives are most successful when they are part of a health system's core philosophy, shaping how doctors, specialists, and staff commit to delivering exceptional care.

Five Ways to Make Your Hospital's Marketing More Inclusive

Systemic racism and social injustices cannot be addressed with a one-size-fits-all solution, but hospital marketers should ensure their strategy reflects lived experiences of their local community. From the advertisements prospective patients encounter during their search for care to the doctors they book appointments with, here are five ways marketers can better serve and resonate with diverse audiences.

1. Use Content to Elevate Marginalized Communities

Illustrating that your health system is aware of healthcare disparities while informing site visitors of how BIPOC patients experience healthcare differently brings awareness to systemic issues. Creating blog posts, articles, videos, and guides that discuss specific chronic conditions and their prevalence in certain communities equips patients with the data they need to make informed decisions about their health and gives them the confidence to appoint with your hospital. Also, make sure that all patients in your local community can access your content by translating it into the most common languages understood by your patients.

For deeper insight, form a diverse marketing team that can speak to relevant DEI topics. A [2021 report](#) from the Association of National Advertisers (ANA) shows that agencies are hiring more BIPOC candidates, with BIPOC marketers making up 31% of the industry—a number that has been increasing since 2019. Messaging that incorporates a marketer's personal experience can motivate a patient to choose one health system over another.

2. Insist on Diverse Casting for Video Content

Similarly, video content, such as advertisements, patient and physician interviews, and explainer clips, should mirror what the healthcare experience is like (and should be like) for BIPOC patients. Nothing is more reassuring to a patient than feeling seen and heard. Demonstrate that your health system understands how marginalized communities experience care differently. Don't be afraid to showcase your ongoing efforts to ensure that patients of all backgrounds receive the care they deserve.

3. Perform Frequent Gap Analysis

Being DEI-focused means taking accountability for your health system's shortcomings. While frequent misdiagnoses, lingering biases, and insensitive language are obvious examples of situations that should be corrected, a lack of representation in content and staff members should also be flagged. The goal of DEI is to ensure all patients feel included in the healthcare space, so although you may think your strategy is hitting all of the right notes, some patients may feel otherwise. Collect patient feedback regularly to align your DEI mission with patient expectations.

4. Invest in Regular Internal Training

As with any initiative, DEI efforts are only as strong as the support they gather. Top-to-bottom alignment with DEI goals yields feasible and practical measures that can be applied in any role, from a high-level executive to a nursing assistant. Cultural competency and healthcare equity training keeps DEI top of mind for all employees and fosters better patient experiences across the board.

Plus, recent research has shown that both patients and doctors see the value in additional training. Healthgrades' BIPOC Healthcare Attitudes Survey found that Black patients and non-Black patients of color are 47% more likely to think their doctors need training to improve their ability to care for patients of different cultural or racial backgrounds.⁷ In a separate Healthgrades study of healthcare professionals, 24% of doctors surveyed also agree that they need more training to provide the best possible care.⁸

Just one hour of [healthcare equity training](#) from [OutCare](#), the nation's leading resource in LGBTQ+ healthcare, leads to a more than 50% increase in competency, a 150% increase in preparedness, and a 133% increase in knowledge. Healthgrades has partnered with OutCare to increase cultural competency within our network through data sharing, education, training, and other initiatives.

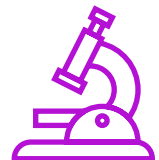
One Hour of Healthcare Equity Training Leads To:



50%
increase in
competency



150%
increase in
preparedness



133%
increase in
knowledge

5. Take Ownership of Healthgrades Profiles

A reliable way to attract BIPOC patients is to meet them where they are in their healthcare search. A 2021 MARS study shows that 57% of BIPOC consumers turn to the internet first when researching health and wellness compared to 53% of White consumers.⁹ With millions of patients visiting Healthgrades each month, [claiming your free Healthgrades profile](#) allows your health system to update staff photos, upload promotional videos, and highlight your care philosophies to reflect your team's cultural competencies.

⁷: Infosur and Healthgrades BIPOC Healthcare Attitudes Study, n=604, July 2022

⁸: Healthgrades Cultural Competency Physicians Study, July 2022

⁹: MARS Consumer Health Study 2021, General US Population

Expand Your DEI Mission with Healthgrades

Addressing racial and socioeconomic disparities in the healthcare industry may seem daunting, but it's vital work. Patients appreciate the intention behind DEI objectives and notice when hospitals and medical practices are doing their best to be as inclusive as possible. After all, any step towards a diverse, equitable, and inclusive future is a win for everyone.

Healthgrades is committed to connecting all patients with the right doctor for them. Along the way, we provide patients with the resources they need to make the best healthcare decisions. From our Spanish Language PatientConnect Hub to our inclusive editorial language and content, Healthgrades is devoted to making medical information [accessible](#) for all.

Healthgrades [advertising solutions](#) can help connect your team to the largest population of healthcare consumers searching for care online. [Contact us](#) today to learn how we can work together to make high-quality care more attainable for everyone.

