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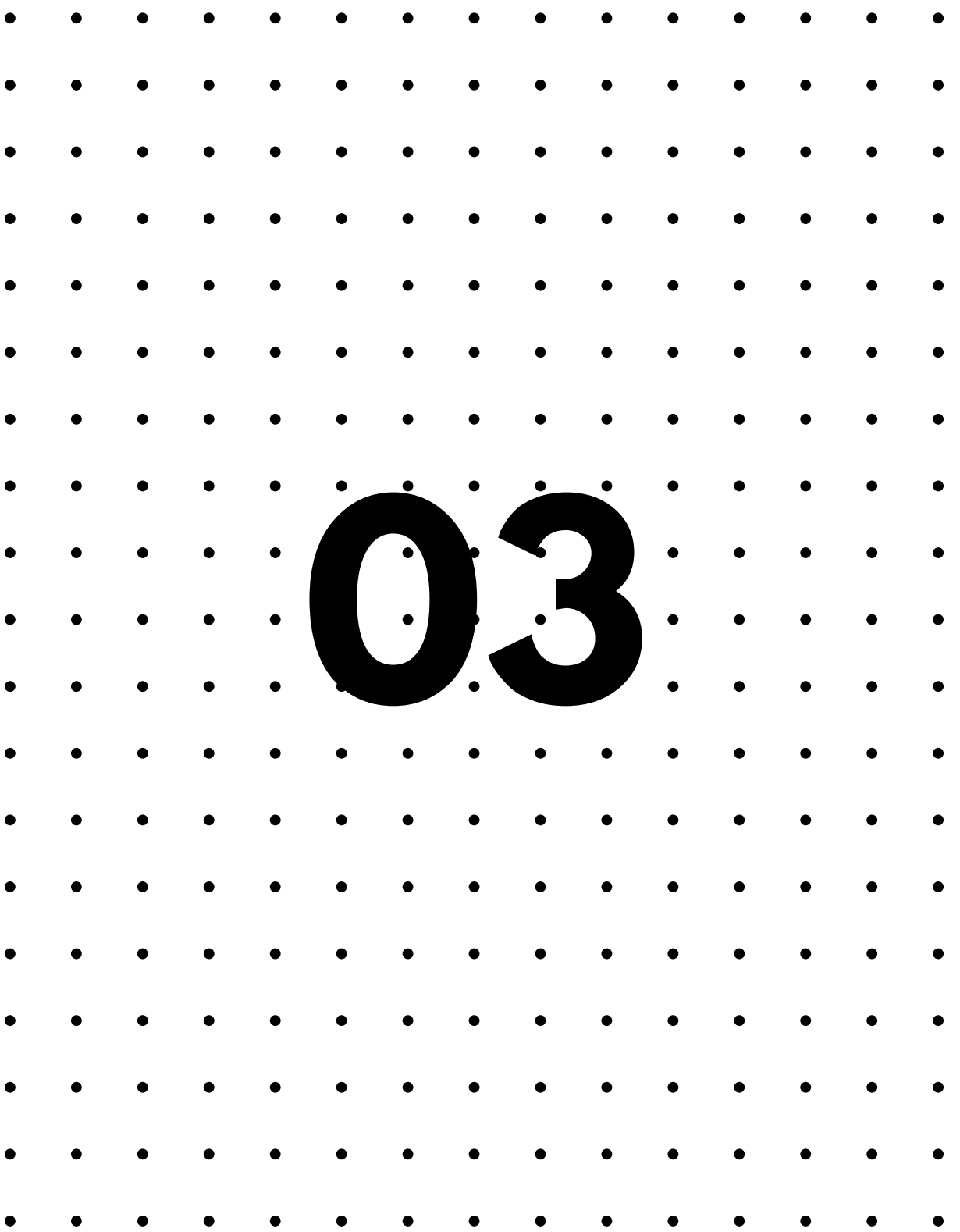
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# 03

# What does it do?

*The Playbook for DEI* was created with the purpose of mapping how DEI broadly works across healthcare systems, identifying how it relates to patients directly in care settings, and providing guidance on how to integrate design and DEI to:

1. Cultivate healthcare that centers the needs, experiences, and backgrounds of all patients
2. Prioritize methods that are transferrable and adaptable to different health environments
3. Generate approaches that heal, empower, and connect patients and care providers
4. Create solutions that are sustainable and grounded in local communities

# 04

# Introduction

The concepts of diversity, equity, and inclusion (DEI) have become prominent in many areas of healthcare. They are more visible in healthcare due to many patients' expressing challenges in fully accessing healthcare or feeling excluded in clinical encounters based on their personal attributes such as social class, race, disability, or religion. Not only is the differential treatment of patients itself problematic, it is well documented that poor health access and exclusion from healthcare are known to contribute to preventable differences in health outcomes, also known as *health disparities*.

Just as the terms DEI have taken center-stage in many health environments, health organizations also convey that diversity, equity, and inclusion represent core values that they wish to embody. By referencing these terms, organizations emphasize the importance of compassion and empathy in how they wish to engage with patients, how they envision patient care experiences, and in how they design health environments and health tools. Through emphasizing these aspects of patient health, organizations seek to cultivate welcoming, accessible, and inclusive care for patients of all backgrounds.

INTRODUCTION





In practice, the application of DEI in healthcare is complex, and does not always live up to its stated goals. Patients may encounter different barriers to receiving the care they deserve. Some challenges to accessing care arise from interpersonal interactions with those working in healthcare facilities. Even though many organizations emphasize DEI training for employees, patients may be treated differently based on personal biases of staff and health providers. In addition, the health environment, may also determine whether a patient feels included or can access care. Accessibility and inclusivity with the health environment is informed by factors such as the design of health facilities, the kind of furniture, technologies, and what resources are available.



06

# Design Challenge

*How might we foreground diversity, equity, and inclusion (DEI) in all sites of patient care and all patient interactions?*



DESIGN CHALLENGE





# Defining DEI

Diversity, equity, and inclusion (DEI) refers to:

- values
- approaches
- practices

that are designed to acknowledge and welcome different individuals, including people of different races, ethnicities, genders, sexual orientations, ages, abilities, and religions. DEI work also recognizes that along with different individuals come a variety of experiences and perspectives.

08

DEFINING DEI



09

# DEI & Healthcare

Key Issues

DEI & HEALTHCARE













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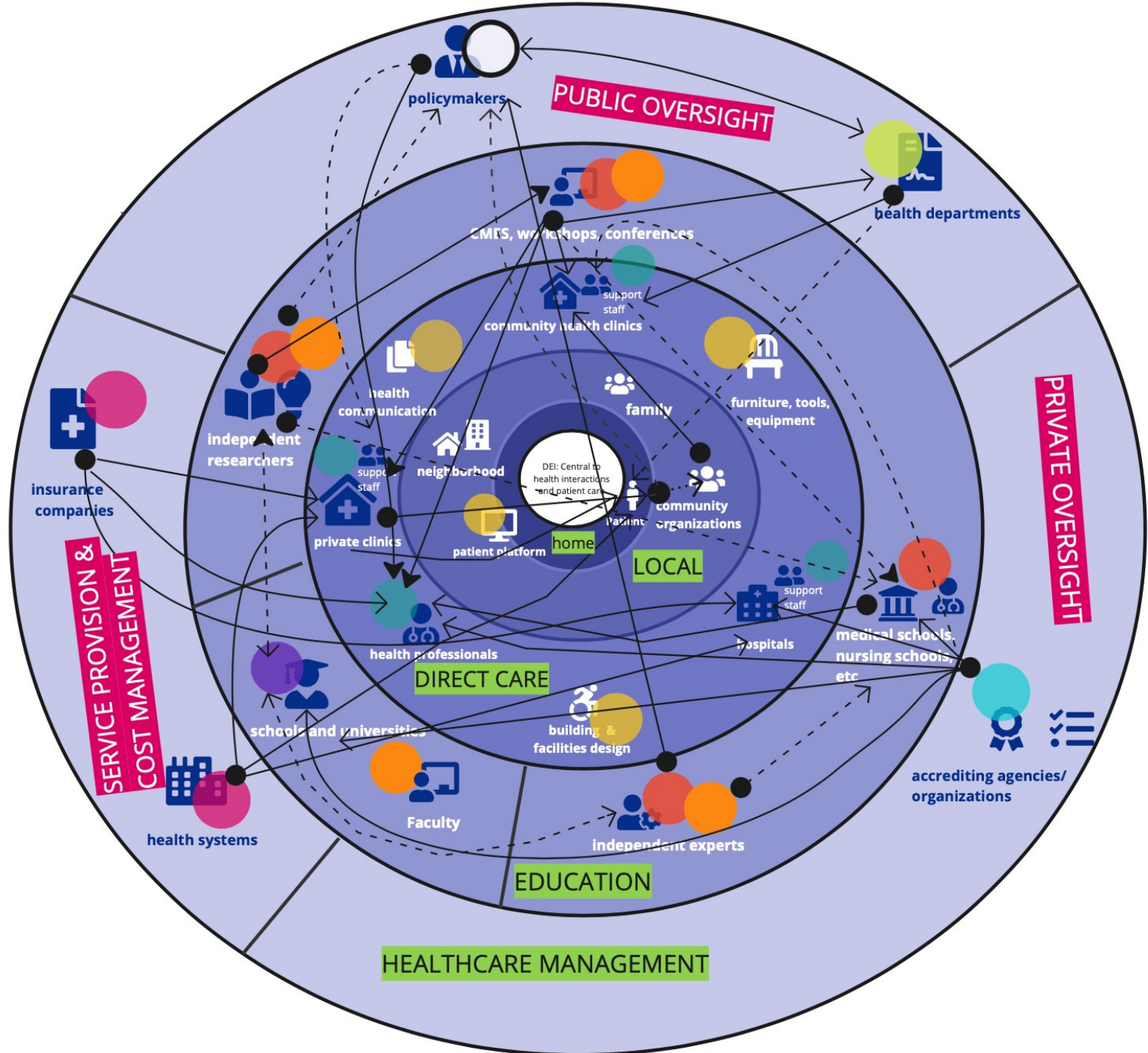
# Framing the Challenge

# The Healthcare Ecosystem

Diversity, equity, and inclusion (DEI) encompasses more than single interactions between patients and providers. The challenges and issues concerning DEI and healthcare are embedded within a complex ecosystem containing numerous variables including people, actions, values, cultures, and places.

However, addressing *patient needs* for accessible and inclusive care requires narrowing the focus to those healthcare places and spaces that patients most frequently navigate and engage with.

**THE HEALTHCARE ECOSYSTEM**

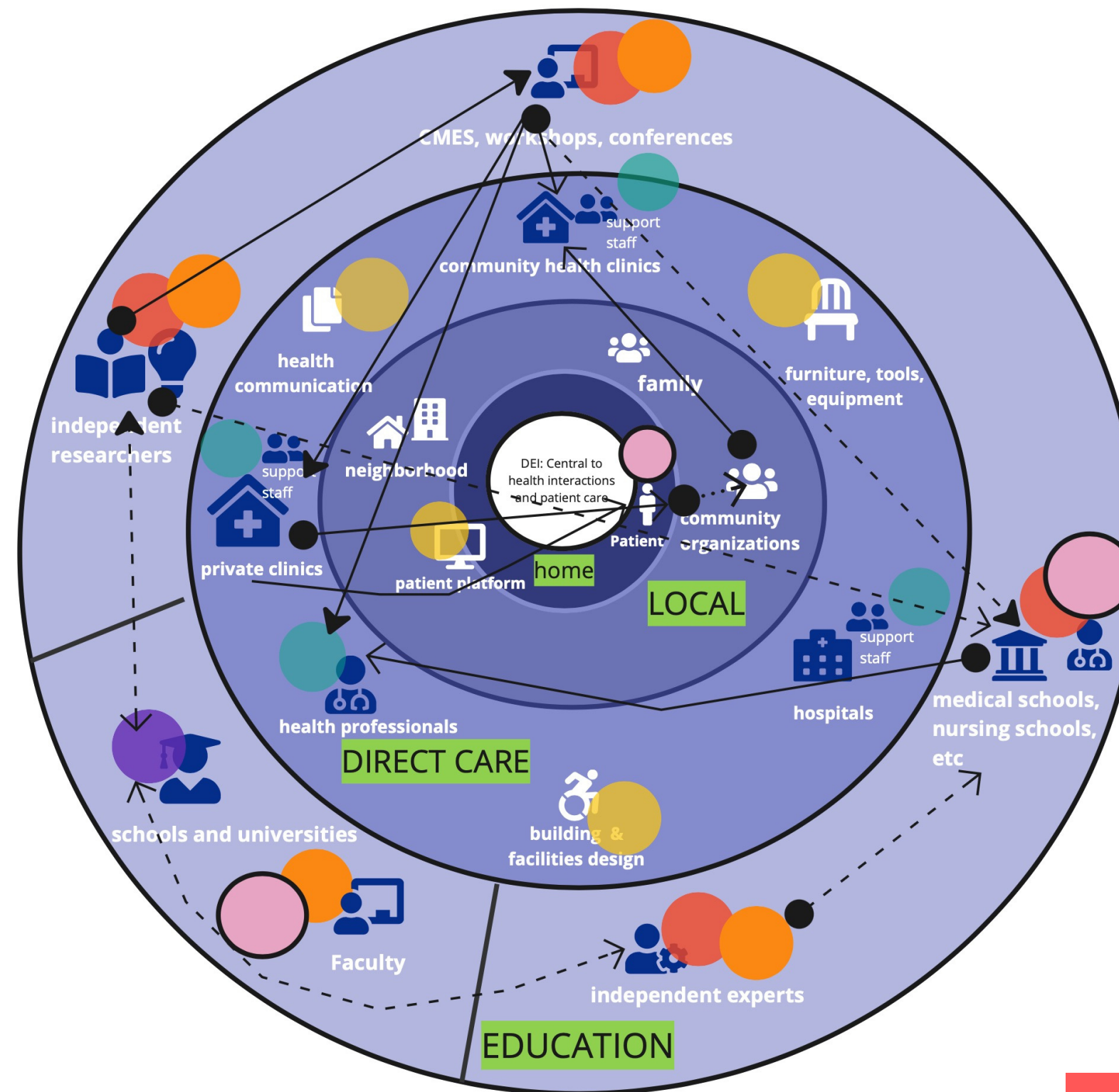


- Key**
- Artifacts/tools/resources: promote or constrain accessible/inclusive patient care
  - Interpersonal opportunities for bias /exclusion
  - Educate health professionals
  - Pipeline to medical school, health professions, and professional degrees
  - Regulate healthcare costs
  - Regulate Education
  - Safeguard population health
  - Shape rules and regulations
  - Educate healthcare system workforce (not health professionals)
  - → Direct influence
  - - - -> Indirect influence



# Looking Closer: Painpoints

- Patients report experiencing bias, exclusion and discrimination in encounters with staff and health providers at the places where they receive direct care or have health interactions including hospitals, health clinics, or even through patient online portals
- The building and facilities design of places of care, as well as available furniture, tools, equipment, and communication resources in these places can also determine whether it is accessible and inclusive for all patients.



**Key**

- Artifacts/tools/resources: promote or constrain accessible/inclusive patient care
- Interpersonal opportunities for bias /exclusion
- Educate health professionals
- Pipeline to medical school, health professions, and professional degrees
- Educate healthcare system workforce (not health professionals)
- Direct influence
- - - Indirect influence
- Opportunity Areas

miro

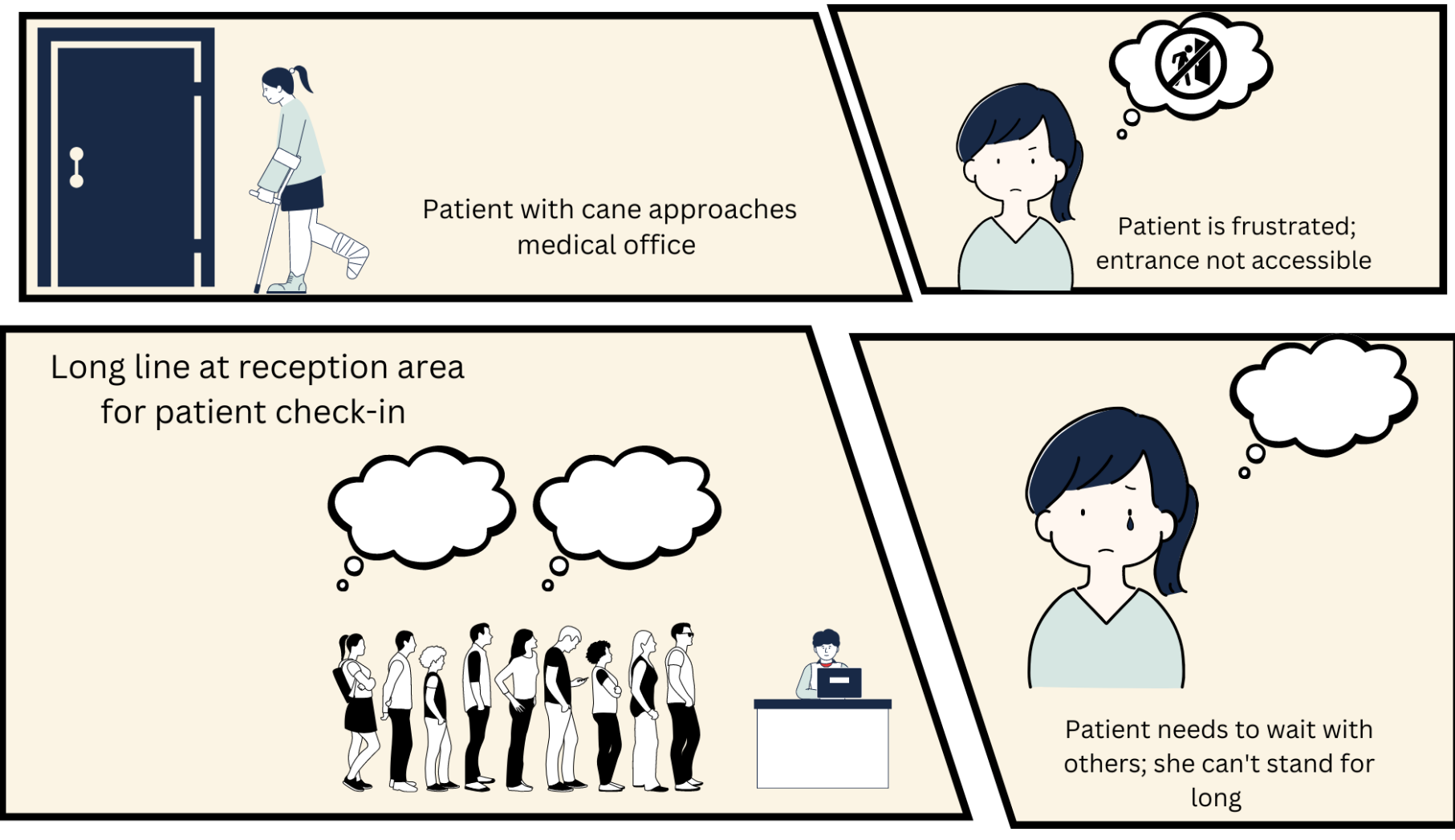
**LOOKING CLOSER: PAINPOINTS**

# Seeing From the Patient's Perspective

Patient voices help to convey what it feels like when healthcare is not accessible, inclusive, or welcoming



DISABILITY AND INACCESSIBILITY

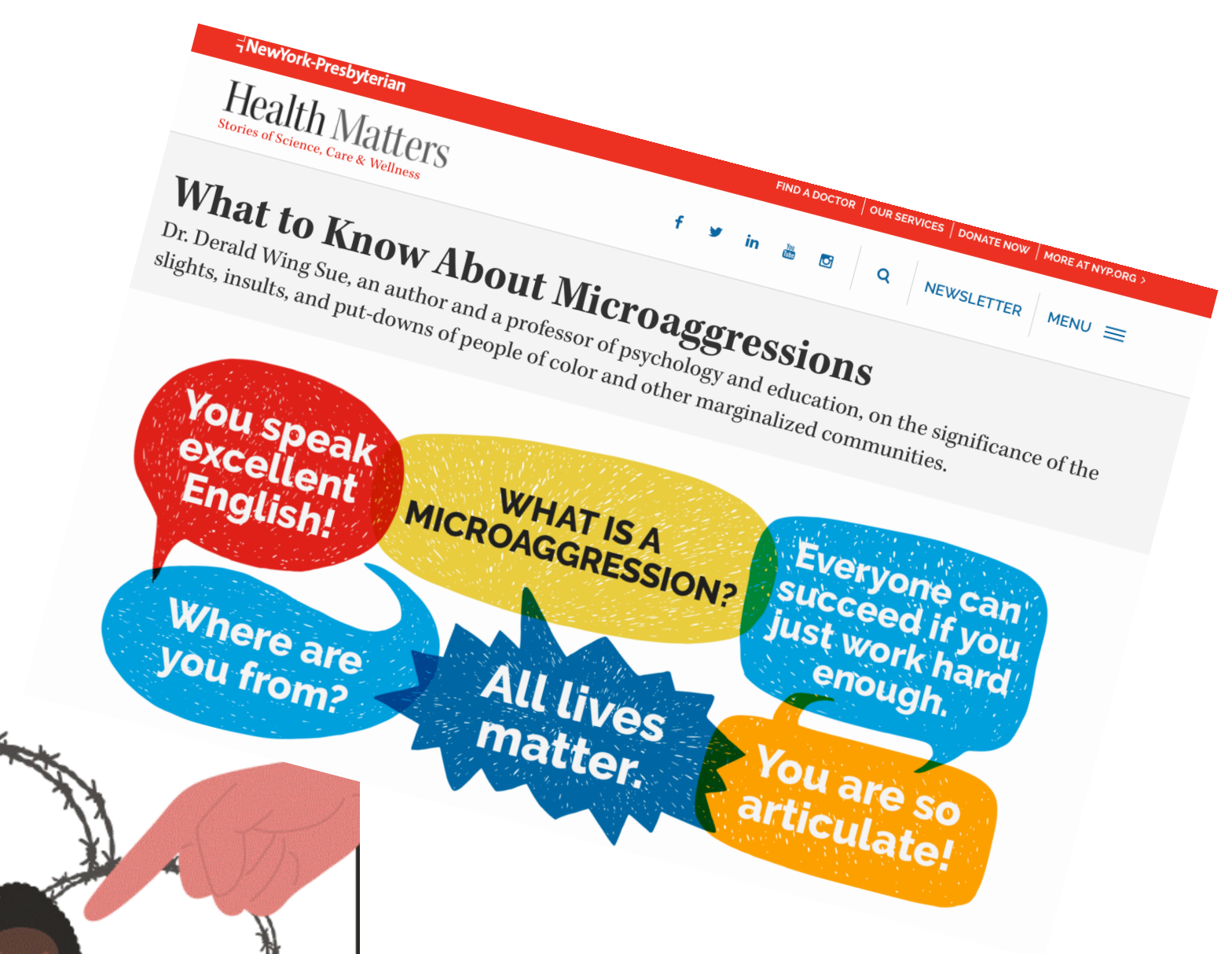




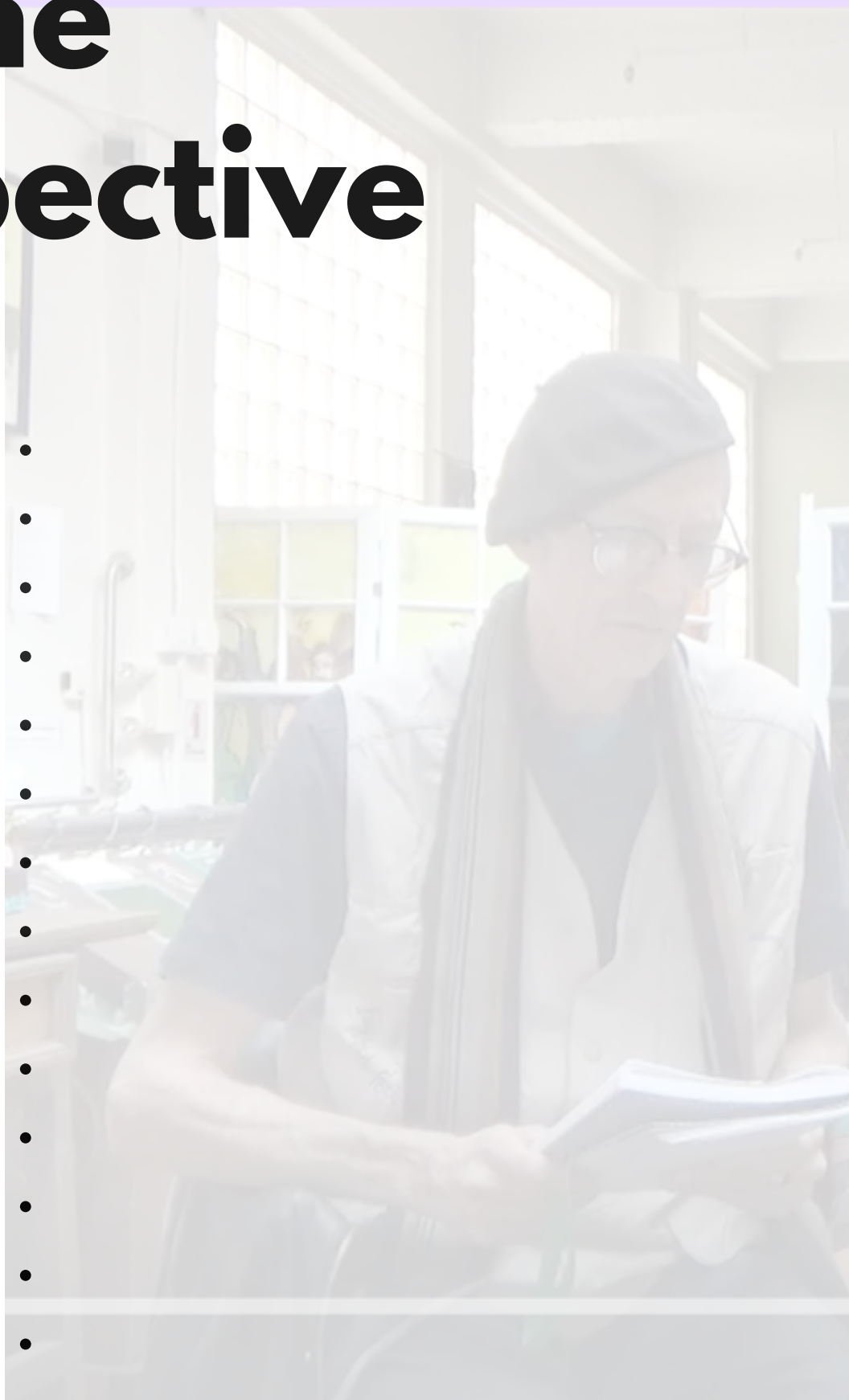
# Seeing From the Patient's Perspective



MICROAGGRESSIONS AND BIASES



# Seeing From the Patient's Perspective



Years ago,  
I remember walking up a flight of stairs in the Mission  
District with hope in my heart,  
The doctor, the doctor's office at the top of the stairs,  
Would be able to cure the pain in my right foot  
That I had been suffering for years  
In the deep smart part of me, though, I knew  
I would fail  
I had no credentials, no money, no connections  
Without these three things, you cease to exist  
As a human being in the human world  
But I was not going to let this fact defeat me without a  
fight  
So I continued climbing up those stairs until I reached  
the top  
And an overly polite receptionist took my name and

HOMELESSNESS AND EXCLUSION



# 19

## Program Goals

GOALS

**EDUCATION.** Focus on continuing education for staff and health providers for consistent knowledge and practices relating to DEI and healthcare and to uphold a high standard of healthcare for all patients.

**PATIENTS & COMMUNITIES MATTER.** Find opportunities for patient and local communities to provide input, share their stories, help with decision-making and planning.

# 20

## DESIGN PRINCIPLES

# Design Principles

**Start with the individual.** EACH PATIENT AND INDIVIDUAL WORKING IN THE HEALTH CARE ECOSYSTEM HAS UNIQUE PERSPECTIVES, KNOWLEDGES, EXPERIENCES, AND NEEDS. Health systems can successfully create and implement DEI by consistently connecting, listening to, and involving the input of all.

**Collaborative.** LEVERAGE THE POTENTIAL OF STAKEHOLDER, USER, AND COMMUNITY PERSPECTIVES TO DRIVE INNOVATION. Creating innovative and impactful strategies requires broad collaboration involving community organizations, family members, health professionals, experts, policies, practices, and laws.

**Clarity and Flexibility.** ESTABLISH AND COMMUNICATE CLEAR DEI DEFINITIONS AND OBJECTIVES, BUT BE OPEN TO REVISIT. To promote a better understanding of responsibilities and mutual understanding between stakeholders and users, DEI definition and objectives should be established and clearly communicated cross-sectionally. Definitions and objectives should be continually re-evaluated in terms of appropriateness and relevance. If any updates are deemed necessary, they must be clearly communicated to all users and stakeholders.



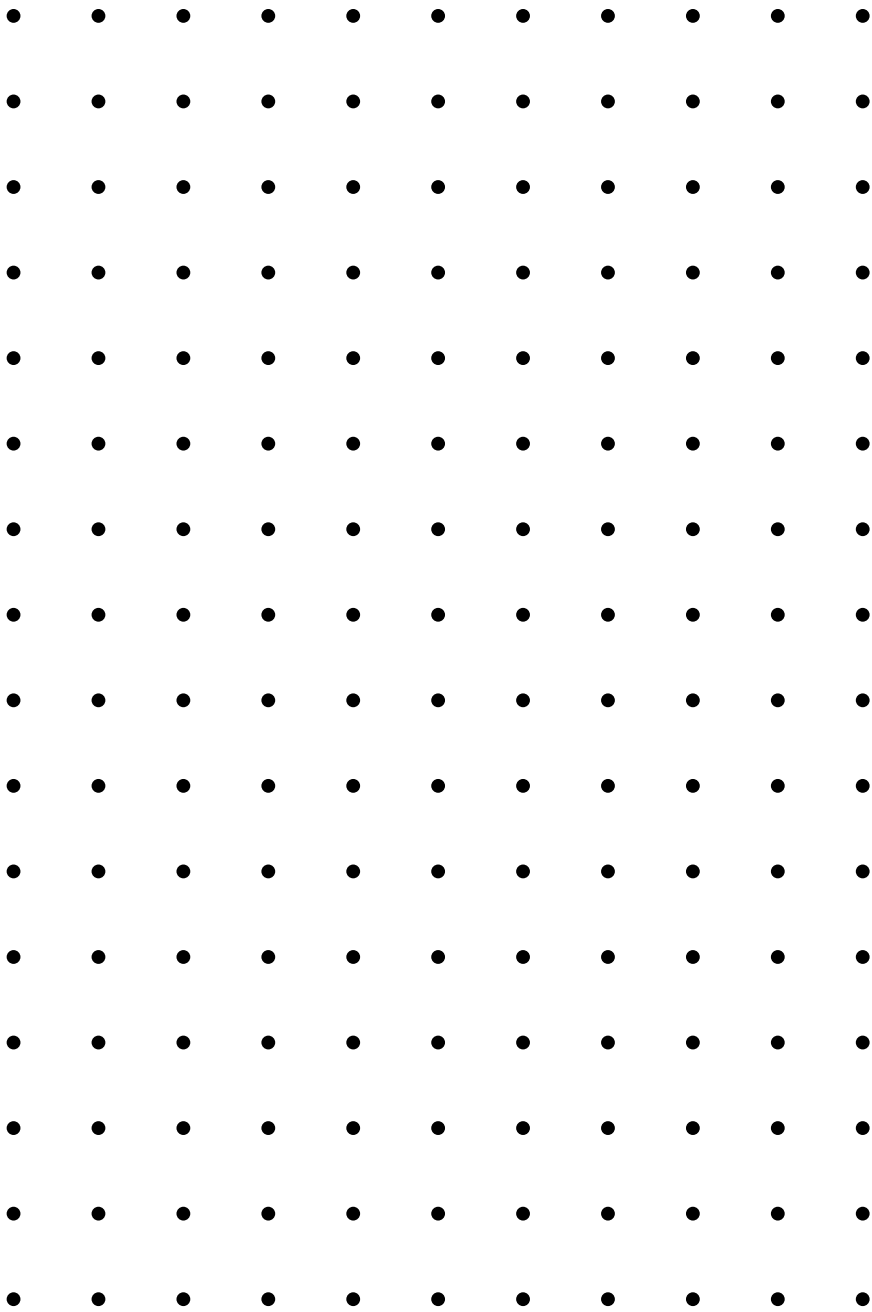
# 21

# Design Principles

**Impact.** FOCUS ON MOVING BEYOND WORDS AND IDEALS TO TANGIBLE IMPACT. DEI needs to be approached by health organizations and providers as more than more than words or ideals. Creating impactful opportunities for belonging and inclusion for stakeholders and users in health settings requires a holistic approach.

**Connection.** LOOK TO CREATE OPPORTUNITIES FOR CONNECTION BETWEEN HEALTH PROVIDERS AND PATIENT. To cultivate care that is truly patient-centered, where providers understand the unique needs, backgrounds, and experiences of patients, more opportunities must be built into clinical encounters to develop meaningful connections between health providers and patients.

# Re-Envisioning DEI & Patient Care



RE-ENVISIONING PATIENT CARE

A decorative graphic consisting of a grid of small black dots. The dots are arranged in a pattern that roughly forms the numbers '2' and '3' in the upper left quadrant. The rest of the grid is a regular pattern of dots.

# 23

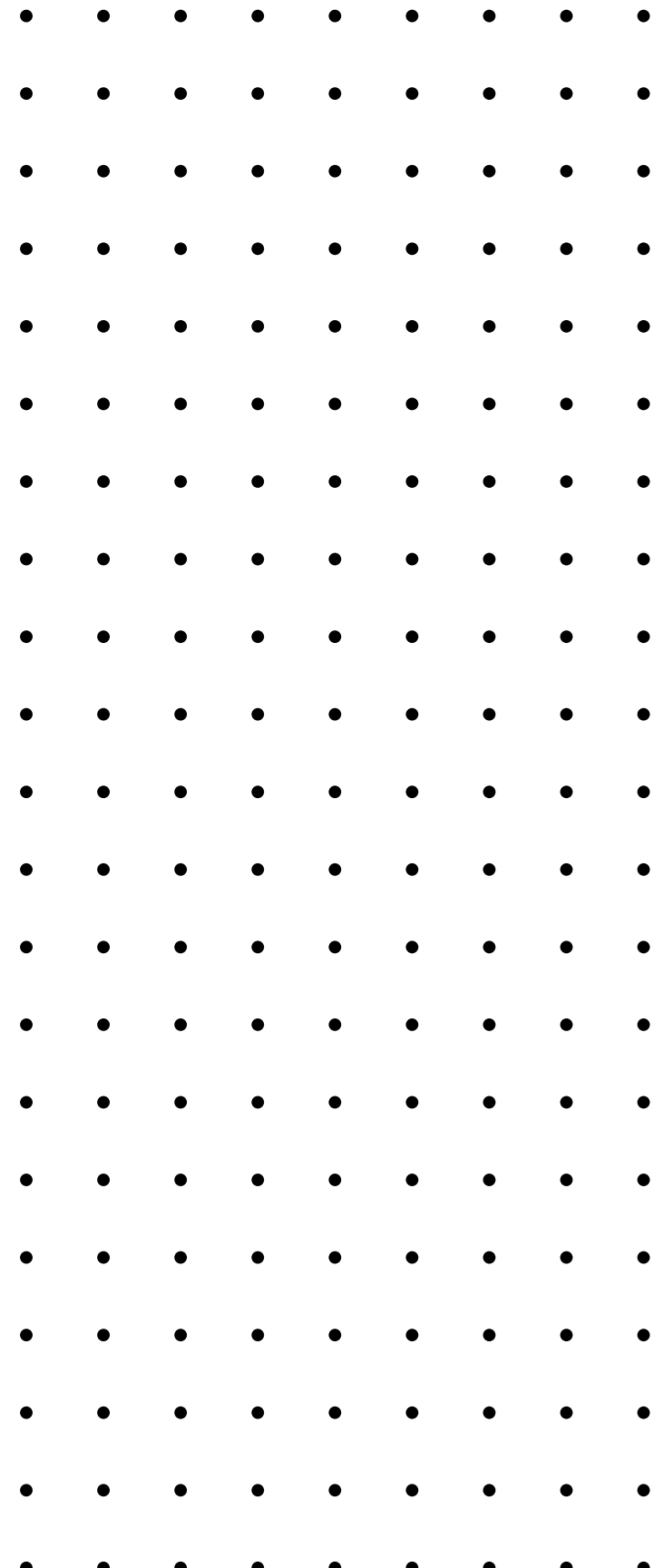
# Opportunity

We envision inclusive and accessible care environments built on care ethics\*, where all units and staff are regularly trained and collaborate with patients and communities to provide care that is mindful, receptive, and respectful of all patient needs, backgrounds, and perspectives.

*\*Care ethics emphasizes the importance of emotions such as sympathy, empathy, and compassion to help individuals be more attentive and responsive to the needs of others and to imagine circumstances from the perspective of others*



# What it Can Look Like



## EDUCATION

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### DEI Commitment & Awareness

#### DIRECTIONS

*Directions: Use this checklist to reflect on your overall commitment to DEI in your practice and ways to communicate your values. This checklist is not exhaustive and providers should consider additional plans that may be relevant to their practice and the patient community.*

Overview. Providers committed to advancing DEI should keep in mind a number of actions and approaches that can be integrated into their practices and also into community engagement.

- **Concepts.**  
Health providers and their staff should demonstrate awareness that the understanding of DEI is constantly being updated, and keep track of these changes. Where possible, possible newer concepts should be integrated into health materials and in the language used by providers and their staff.
- **Integration.**  
Think about all points of contact with patients and consider what ways do you or could you automatically include a DEI perspective in your clinical encounters?
- **Trainings, Workshops, Discussions.**  
Health providers should look for regular opportunities for dialogue on DEI and health among staff and consider the possibility of offering training opportunities or workshops for staff to demonstrate that DEI is a value.
- **Active listening.**  
This is a conscious effort to not just hear the words that a patient is saying. It involves understanding the complete message your patient is communicating. Active listening requires close attention to non-verbal communication, as certain actions can convey clear messages to patients about your openness. It is also important to eliminate any unnecessary distractions and to check and see if the patient has any remaining questions that have been unanswered or input to share.



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### Design and Environment

#### DIRECTIONS

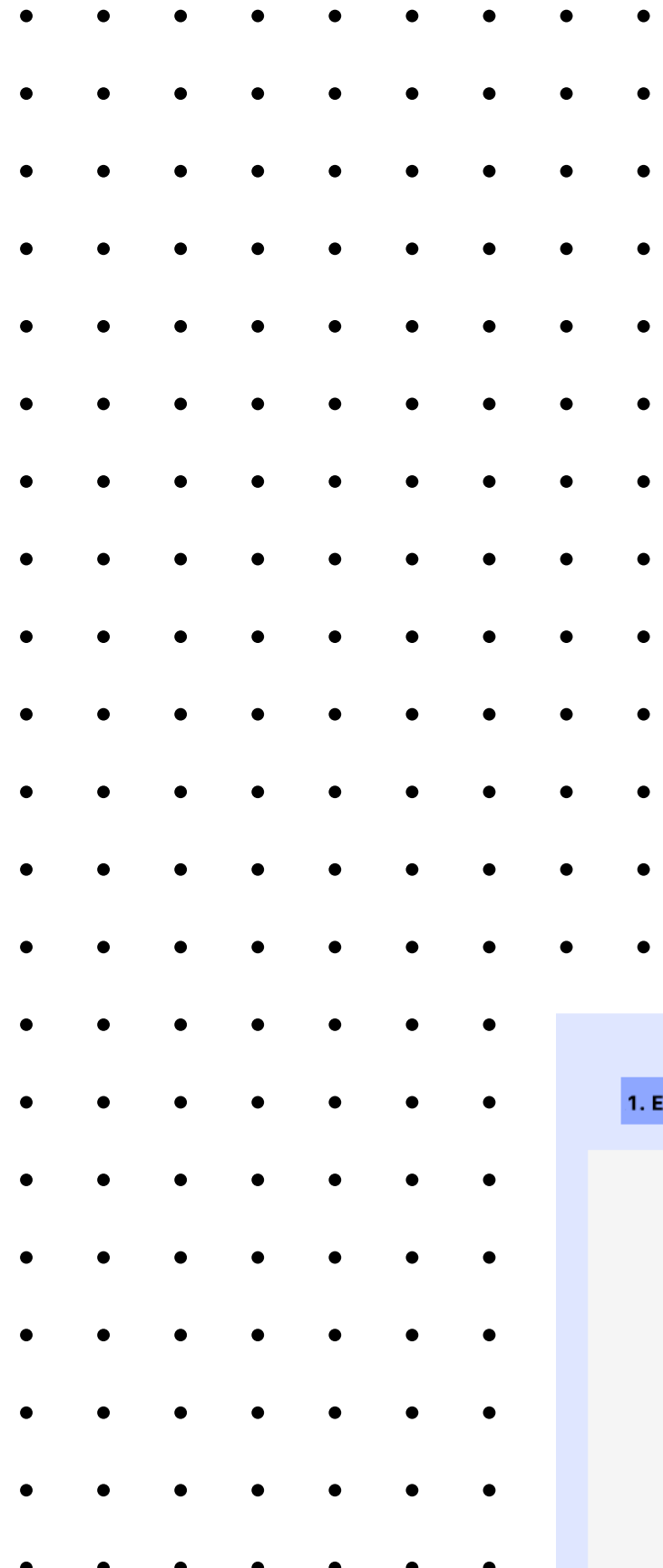
*Directions: Use this checklist to reflect on different aspects of DEI in design in clinical and online environments. This checklist is not exhaustive and providers should consider additional factors that may be relevant to their practice and the patient community.*

Overview. Whether through tangible or less tangible factors, the design and other features of clinics and online environments, including websites and online portals, can have significant effects on how patients feel, and alter their relationship with health providers. To promote positive patient experiences, providers should evaluate different aspects of clinical and online environments, to cultivate environments that are therapeutic and welcoming. This checklist shares some factors a health provider may want to consider as they assess the design of their clinical environments and online environments.

- **Evaluate.**  
Create opportunities to find out whether your existing clinical and online environments promote positive or therapeutic experiences for your patients of diverse backgrounds
  - ▶ Consider formally or informally surveying patients on their perceptions and reactions to different design elements of your website and clinic, including colors.
- **Function and Role.**  
To assess the design of your clinical and online environments, evaluate the role of each environment. Determine whether the design or features of the environments best match the function and role
- **Accessibility.**  
Review state and federal laws for compliance checklists and regulatory requirements for health facilities and web accessibility



# What it Can Look Like



PATIENT INPUT

## Inclusive Design in Health Facilities



### 1. Example

Let's walk through the process of a patient with limited mobility navigating a physical therapy office.



#### Arrival



A patient with limited ability arrives at a physical therapy office. She likes her providers, but dreads the visit due to access issues. The problem starts before she enters; there is no accessible door button.

#### Enter



The entrance and reception areas are narrow and crowded. The patient has to wait to check in, even though she can't stand for long.

#### Navigate



The patient has challenges navigating and accessing common spaces. Halls are narrow, the waiting area is poorly configured, and the bathroom is lacking grab bars and other supports. She notes additional accessibility issues that other patients may face.

#### Communicate



The patient shares her experience with staff and providers, and offers suggestions for making the office more accessible.

#### Involve



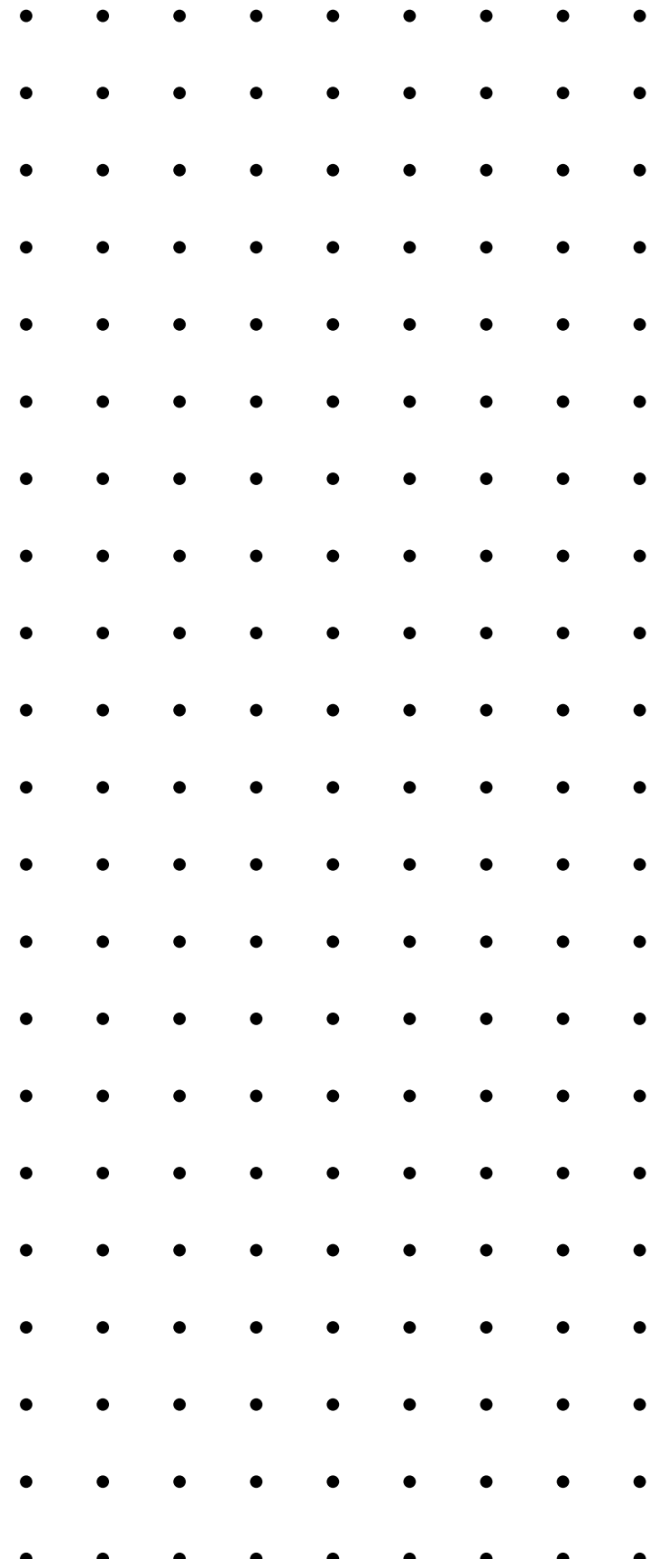
The health facility listens to the patient's recommendations and then solicits feedback from other patients to better understand access challenges other patients face.

#### Implement



The health facility implements changes and is able to create a more inclusive experience for all patients.

# What it Can Look Like



## PATIENT STORIES

STORY BRIDGE

What is StoryBridge Browse StoryBridge Submit Search

### STORYBRIDGE

A multimedia collection of stories & conversations on health equity. For everyone invested in improving health for all.

Access

Polite People  
View story

If She Only Had the Time  
Access

Magic Wand  
Disability

Health Disparities in the Deaf Community  
Access

# 26

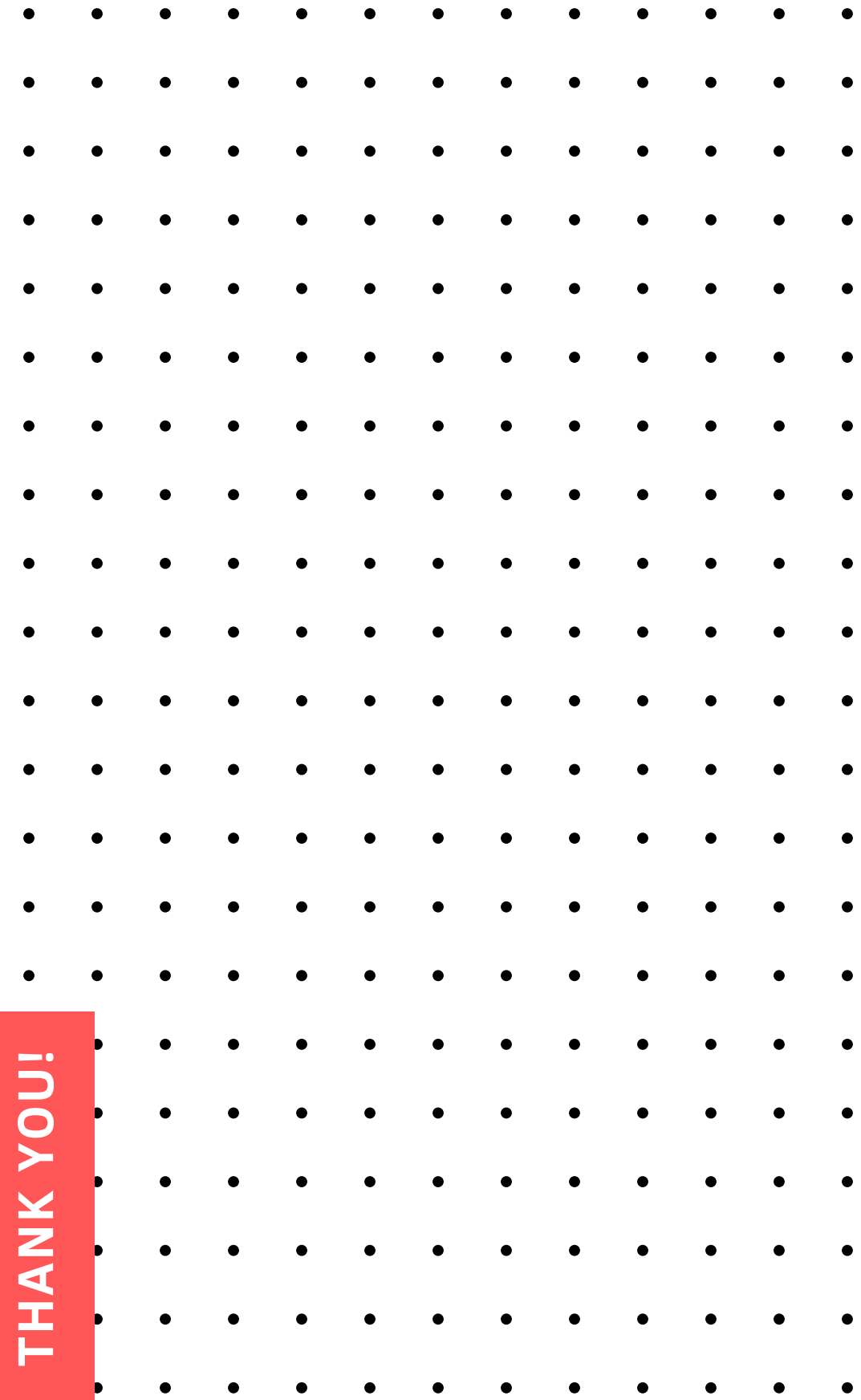
# Assessing Success

**PATIENTS.** To evaluate patient experiences with updated programs:

- Surveys (in clinics, hospitals, and online)
- Interviews
- Input from patient advisory boards
- Input from health navigators

**Health Providers and staff.** To evaluate health providers and staff experiences with programs:

- Surveys
- Interviews
- Internal discussions
- Community discussions



**Playbook for DEI: Designing Accessible  
and Inclusive (Human- Centered) Healthcare**

**Thank you!**

**THANK YOU!**