

Episode 144.

Five barriers & pathways to DEI, discussed in the context of healthcare delivery. With Professor Laura Morgan Roberts, Dr. Randall Morgan & Dr. Mary O'Connor.

In a recent white paper, "Normalize DEI in Your Organization," professors at the University of Virginia Darden School of Business discuss common barriers to real progress in DEI, and offer evidence-based steps that can help transform DEI efforts from siloed side-projects to core systems embraced throughout an organization's culture and practices. For this episode of the podcast, one of the authors, a UVA Professor, explores the findings of the white paper with two surgeons, one of whom is her father. Together they discuss the importance of inter-generational change, "positive weirdness" and some unique aspects of DEI in healthcare.

The white paper references the following framework of five barriers and pathways to DEI:

- 1) The Identity Regulation Barrier
- 2) The Authority Barrier
- 3) The Things Are Working Well for Me Barrier
- 4) The Inertia Barrier
- 5) The Motivation Barrier

Five pathways to DEI:

- 1) Build a More Inclusive Hiring Process
- 2) Design for Intelligent Inclusion
- 3) Enable Mindful Conversations
- 4) Empower Mentorship and Sponsorship
- 5) Leverage Identity

Featuring Professor Laura Morgan Roberts, Associate Professor of Business Administration, Darden Business School, & CEO and Founder, The Alignment Quest Enterprise, LLC; Randall C. Morgan, Jr., M.D., M.B.A., Clinical Associate Professor of Orthopedic Surgery at Florida State School of Medicine, President & CEO, Cobb Institute; and episode host Mary O'Connor, MD, Co-Founder and Chief Medical Officer, Vori Health, & Chair, Movement is Life.

Dr. Mary O'Connor (Host): Welcome to this latest episode of the Health Disparities Podcast. My name is Dr. Mary O'Connor, and I am honored to serve as Chair of the Movement Is Life Board of Directors. My day job is co-founder and chief Medical Officer of Vori Health.

Today we're discussing barriers and pathways to diversity, equity, and inclusion in organizations and referring to a new white paper from Darden Business School, which is in Charlottesville, Virginia, a city which witnessed a horrible rally of extreme right-wing organizations in 2017 resulting in violence and tragedy. Darden Business School, part of the University of Virginia is at the forefront of graduate education in DEI. Darden offers a program called Leading Diversity for Senior Management and leaders wishing to bring improvement in DEI to their organizations and has some notable DEI thought leaders on its faculty. According to writer Molly Mitchell at the Darden Report Online diversity, equity, and inclusion efforts in the corporate world remain a vortex of passion, malaise, hope and cynicism, despite overwhelming evidence that diverse and inclusive workplaces simply perform better. When the research science consensus on the

morally right thing to do and the financial bottom line all agree that diversity leads to better outcomes, one might think that getting it right makes top billing on the priority list, but even so many organizations face both internal and external resistance when it comes to these efforts. In a new white paper that I earlier referenced, professors at the University of Virginia Darden School of Business discuss common barriers to real progress in DEI and offer evidence-based steps that can help transform DEI efforts from siloed side projects to core systems embraced throughout an organization's culture and practices. This white paper features insights from professors Laura Morgan Roberts, Martin N. Davidson, Tony Irving, Lily Powell, and Melissa Thomas Hunt, and includes discussion of five major barriers to effective DEI initiatives and explores five paths to better results. Today on the podcast, we're going to discuss some of these barriers and pathways mainly in the context of healthcare. So, I'm delighted to have with us today from the Darden Business School, Professor Laura Morgan Roberts, Associate Professor of Business Administration, who has previously served on the faculties of Harvard Business School and Antioch University's Graduate School of Leadership and Change. And her consulting focus is on the science of maximizing human potential in diverse organizations and communities. Welcome Professor Roberts. Thank you for joining us today.

Professor Laura Roberts: Thank you for having me.

Dr. O'Connor: And bringing the medical context to the conversation and much more, I'm delighted to welcome Dr. Randall Morgan, who, like me is an orthopedic surgeon and like me is in the small minority of orthopedic surgeons who are either female or a person of color. Dr. Morgan is also the executive director of the Cobb Institute, and I should add, because this is a family affair, just happens to be the father of Professor Roberts. So, welcome Dr. Randall Morgan.

Dr. Randall Morgan: Oh, thank you very much, Mary and it's my pleasure to be here with you and with Laura, today.

Dr. Mary O'Connor: And I think this is our first podcast of a parent, a child people on the podcast. I mean, you're groundbreaking, the two of you, and I think that's just so amazing, you know, as a parent that now you, Randall are doing this podcast with your daughter who now is a professor at the University of Virginia and has such expertise in this space, a space where you have been advancing equity in orthopedics your entire career. I want us, the three of us, to start with a bit of a brainstorm and ask what are the most important benefits of having a diverse, inclusive, and representative workforce and leadership, Professor Roberts?

Professor Laura Roberts: Let's start with the idea of legacy. Since we talked about the fact that I'm blessed and fortunate to have a very close familial connection to a leader in the space of health equity who has been a trailblazer around diversity and representation. He was the first in many respects, which he can share in our conversation today, so many stages in the journey of medical studies, of undergraduate studies and in now in health equity leadership. For me and my generation, I'm quite open and upfront about the fact that, you know, everything that we are able to contribute now and anything that we do that one might think is a bold and innovative contribution in service of diversity, we do that through the privilege and benefit of the legacy that was created by those who came before

us. It really helps to not have to be the first. It really helps to not have to be the only. It helps the individuals who have been minoritized in many ways in their careers. For me, as a woman, it helps for you to be in the senior executive leadership positions that you've held and to continue to be such a public voice, Mary, and it continually helps for the future generations for them to be able to draw upon and benefit all that comes from our representation today and our continued work today. So, I do take a long-term perspective on that question. What's the real benefit? Many people take a short-term perspective on that question. What's the benefit? They want to know, what's the payoff? What's the short-term payoff in terms of performance, in terms of profitability, in terms of patient care? Diversity, equity and inclusion does not often generate the short-term benefits that people would like to see. It requires a long-term sustained and often intergenerational investment for us to see those returns. Yes, they will pay off in terms of health, vitality, economic sustainability and growth for our society. They do create more just, fair organizations and communities, but only when we invest over time across generations. So, thank you so much for holding space for this conversation today. Look forward to listening and learning from both of you.

Dr. Mary O'Connor: Thank you so much, Dr. Morgan.

Dr. Randall Morgan: Yes. Well, thank you Laura, Professor Morgan Roberts for your compliments. And as Laura knows, I didn't exactly walk out on an island and start by myself either. I have lots of family members who were leaders and trailblazers as well, so that it became easy for me because I just followed the pathway, but I never had a fear that the pathway would lead to the right place, nor did I have a fear that I would be successful in navigating the pathway. And so, I think that that's really the thing that I've learned because those who are providing the diversity, the equity and being included have to have a certain amount of confidence in order to work within an organization and to grow and not be intimidated in that organization. And also, it's a long-term process. It's not a short-term process at all, and it requires a lot of confidence, and it requires patience, and it requires that staying power.

Now, who benefits? Well, the organization will benefit, or the department, as Mary knows, or the team, I was an athlete. We both were athletes in college. It will be assured of relevancy among its peers if it does a good job with diversity, equity, and inclusion, because there's so many organizations that yet today are not doing a very good job. And they've been called out on it oftentimes, but they're unable to correct even in real time. So, it hasn't become the priority even today. So, I think that's extremely important, and also a perpetual learning environment can be created within an organization, if there's true diversity and equity and inclusion because everybody learns and everybody benefits. When I went to college, I learned an awful lot at Grinnell College in Iowa. One, I learned how to survive in Iowa winters, which were even colder than Gary. Also, sometimes I thought I was a cornstalk, but other than that, I learned for the first time to be in classes where there were no African Americans at all except me. I learned to meet with people who were from various nations, people who were, whose parents had been a part of World War II and Latvia and Estonia and Russia and Germany, and people from Canada, and people from California and Minnesota and that was a lot to take in. And so, I was getting an education in both ethnic and geographic diversity when I was a college student. But of course,

I didn't realize that until later. So, I think that just the environment, a perpetual learning environment is, should be a goal of any organization that wants to really make an advance with regard to diversity, equity, and inclusion.

Dr. Mary O'Connor: Laura, I want to turn to you because I've seen some statements by DEI experts about concerns that organizations are pulling back on DEI particularly as the economy slows down and, you know, there's concern about a recession, people are losing their jobs or perhaps maybe this is just a cyclic, you know, that there's a cycle to these efforts and we're at one point there's more effort and then it backs off a little bit only to cycle through to ramp up again. So, what are you seeing in terms of engagement from organizations, and do you think things are generally improving in terms of efforts towards DEI across different workforces?

Professor Laura Roberts: Yes, I have to say that to get up every day and keep doing the work. I mean, there have been a host of articles. I think there was one in the mainstream press just this week, the latest iteration. Do DEI trainings even work?

Dr. Mary O'Connor: Yes

Professor Laura Roberts: Maybe they hurt or harm the organizations. You've probably seen those. In the healthcare context, you would say, does one doctor's visit really help someone to heal their system, particularly if they're ailing, if they have come, you know, and they're presenting multiple symptoms, many of which have never been examined, much less treated is one visit to a doctor or one consultation, or even one surgical procedure going to magically solve a host of interrelated problems? Of course not. But when it comes to diversity, equity, inclusion, we expect a maximal return with a minimal investment. The difference, over the past two years, was that due to social and public pressure, we had seen to the cyclical, in the cyclical nature of this, we had seen 50 years ago in the mid 20th century civil rights movement, we saw a lot of public commitment. We saw political commitment, and in the past two years, we actually saw a lot of corporate dollars, a lot of grant money, a lot of promises, a lot of commitments. Some say to the tune of 50 billion, that number is outdated. It far exceeds the 50 billion dollar note that was associated with the summer of 2020. So, we did see a robust set of commitments that was then associated with hiring. We've seen the position of chief diversity officer or similar executive roles across organizations, including healthcare, become one of the highest, if not the highest growing position according to LinkedIn and other job boards. That's progress, right? Having people strategically lead this work, having resources, having the public have an eye toward diversity, equity, inclusion initiatives and efforts. But again, we have to invest in a sustained and continuous manner in order to truly see the payoff on those investments. And this is where we begin to get a little bit discouraged perhaps sometimes, we can get a bit dismayed because when we have economic pressures like a recession, we saw this happen earlier in the 21st century, the programs and the positions that were cut first were those that people didn't consider to be core to the business. The nice to have, but not need to have positions and roles like chief diversity officers, like programs for pipeline development, for continued inclusion, for accountability metrics to continue to resolve pay equity. So, all of that is coming into play now, and it is affecting the momentum that we had seen previously.

The last thing that I think it's important for us to mention I talked about public opinion. I talked about corporate and philanthropic investment in this work, but I also mentioned politics and the body politic today in the 21st century is also grappling with deep division discord and outright resistance and retrenchment against many of the efforts that have been made over the past couple of years. So, much of that is happening at the local and state level. But I tell my colleagues who lead organizations, if there are now children around the country who are not learning about diverse communities, who are not learning about diverse family structures, who may be in more multicultural and diverse environments, but are not allowed to talk about those differences or not being taught about the context and the history of these differences and inequality in our societies, who do you think you're going to be when they show up in your workforce? How are we going to interact with one another? How are we going to have that organization where we can maximize the benefits of diversity in the way that Dr. Morgan mentioned, where we're learning from and learning across differences? I'm concerned that we're not investing at multiple phases, whether it's in the workplace or in the school yard, that we're not investing in the skills and capabilities that we need to be able to learn from and across those differences.

Dr. Mary O'Connor: Wow. Great, great comments, Laura. Thank you so much. Randall, what about the healthcare workforce? I'm very interested in your thoughts on that. I think we can both speak from personal experiences that orthopedics is not anywhere close to being representative of the population in terms race, ethnicity, and gender. And do you see things moving in the right direction there? Are we making any progress? And why do you see diversity, equity, and inclusion as being so important in terms of a healthcare workforce? I know, I bunched a couple of questions there together.

Dr. Randall Morgan: Well, thank you for the question. And it really requires some study actually to try to answer fairly the question, or shall I say accurately the question. I think that we know that there are more individuals of color who are physicians than there were 50 years ago, but in terms of a percentage of our population, maybe not, so. We know that at certain times there are increased numbers of individuals who are admitted to medical school or who are obtaining residency training in some specialties that are heretofore they were not able to accomplish. But how many are they, and what is the impact that they are having on healthcare in general in the United States by one or two or three more residents in plastic surgery than there were two years ago? Is that really moving the needle? So, that's why I'm saying in terms of a practical view, I'm not sure that we're totally moving in the right direction. I imagine the needle is moving a micro amount, but I think that we still have a ways to go. So, I would say this is a very difficult question to assess. The major benefit of DEI in medicine is to create better outcomes for the average patient. I don't think that's happened yet. So, in spite of having increases in our diversity across the board and cultural sensitivity and so forth, I'm not sure if we look at all of our patients in the United States, even and certainly in the world, I'm not sure that the outcomes are better for the average patient. Another benefit is to provide culturally diverse options for patients to benefit from when they seek a medical professional. And that's difficult to measure as well, and these in terms of the numbers. But we know when there is concordance of a provider or a physician and a patient, the patients do better. There's no question about that. So that's why we keep striving to be more diverse

in every specialty in medicine, not just orthopedics. And so there are other areas that we could talk about, but I think it's so important to continue to keep our foot on the gas with regard to increasing the number of the representing minorities and women who are practicing in orthopedic surgery.

Dr. Mary O'Connor: Dr. Morgan, I could not agree with you more on that point. It's very, very important, especially as we are the most underrepresented surgical subspecialty in the country. So, and yet we treat, you know, one of the most common clinical conditions, joint pain or musculoskeletal conditions. So, I mean, it's ever more important for us. Okay. I want to turn to the white paper because it is just fascinating. So, Professor Roberts before we walk through the findings of the paper in general, I just want to say that I particularly like the idea of practice expressing your own positive weirdness. It provides permission for others to bring out their weird. I love that. I love that. Could you like, expand on that a little bit for our listeners?

Professor Laura Roberts: We have to attribute that particular frame to my colleague, Professor Martin Davidson, who has been examining that idea, that concept of positive weirdness for several years. He advances a framework on leveraging difference that thinks about how differences are assets and resources for individuals and organizations, not problems to be solved. In fact, a few years ago, well, maybe more than a few years ago, at this point, but he and I co-edited a book along with Simmons College President Lynn Wooten, Positive Organizing In A Global Society where we try to identify the different ways that people consider difference itself or deviance as a liability, a problem to be solved, an issue or challenge to be fixed and said, well, what if we turn that on its head and really try to examine and explore how we could gauge all of, or engage all of these differences as valuable resources. So, in the positive weird and embrace the positive weird, it follows that same train of thought. It's that we often, in group settings and team settings, we identify individuals who stand out in some way, and we problematize that, you know, they become ostracized, isolated, perhaps ridiculed but not regarded for the unique strengths and perspectives that they can bring into an organization. So, it's simply saying, we all have some ways in which we don't fit in. We are all a little weird in some context in some ways. And what if we identified, acknowledged, and celebrated that? And instead of investing so much energy in trying to assimilate, trying to fit into the dominant culture, the dominant context, how everybody thinks that healthcare providers should look, should act, should behave, draw upon the unique components of your own identities, because that's what's going to enable you to have a deeper engagement with your work and a deeper engagement with other people in your community, be it your colleagues or your patients. I also talk about positive deviance, which is a spinoff from the positive, weird, the positive, weird is, well, that's maybe my introverted personality characteristics. Maybe I'm a little quirky. Maybe my interests are unique or quirky. Positive deviance is a decided choice that you make. Instead of assimilating, I'm going to exercise leadership in this space by departing from the norm in an honorable way. So, I'm not going to just go along with business as usual. If I see an ethical violation, if I see something that's happening that is working against diversity, equity, inclusion, or justice, I'm going to speak out against that.

Dr. Mary O'Connor: That's excellent. Dr. Morgan, anything you'd like to add to that?

Dr. Randall Morgan: The important thing is to realize that these concepts of weirdness and divergence, shall we say, can occur in any organization. And you can have an organization that is homogeneous with regard to race or ethnicity and still have hiccups within the organization because of the way that people either accept or not accept differences in terms of personality, thought, intellect style and otherwise. So that when we think of DEI, we don't always just have to think of, you know, well, here we're trying to integrate this place that's never been integrated before. The integration comes with integration of ideas and not necessarily colors. So, I think that's important just in looking at all of what we're speaking of today. And so, this is something that's important for everyone and not just for those who happen to be of color.

Dr. Mary O'Connor: I love that comment and I think that, you know, it's the same thought process when we think about different work styles and personality styles and conflicts that we can have with each other, as opposed to looking at how those particular styles of that individual can compliment an area where you are not as strong. Right. And I'll just share a short story because it really was so impactful to me when I first started to learn about these different work styles and personality styles, I was chair of the orthopedic department at Mayo Clinic in Florida, and one of my partners, I won't name his name, but if he's listening, he'd probably recognize himself, was a very strong analytical personality type data, data, data. And I would be oftentimes in a strong driver mode. So, we're having a department meeting, and here's the agenda and here's the information that I've pulled for the meeting. And then my partner would say, would typically say, ask questions that would prompt the need for more data, which would frustrate me because I wanted in driver mode to reach consensus and the decision of the team, the group, and move on. So, when I realized what was happening, and there's this conflict between me when I'm in driver mode and this person being in a very strong analytic mode where they want more and more data, I said, okay, this is all right. I will ask him ahead of the department meeting, please look at this information that I have, because you are so good with data, better with data, more interested in data than I am. So, if you see some gaps in the data that I've already been able to find to address this particular problem, please let me know so I can get it before the department meeting, because we need to make a decision at the meeting when we're all together. Now, what have I done? I've respected his need for more data, I've given him a chance to go through it, right? And identify if there's any big gaps. And so now we go to the department meeting, everything's good, we can actually make a decision. And if there was a gap, you know, something that I didn't see that he picked up on better for the team, that we have more information to consider. So, this shifting of my mindset to this is a strength that he's pushing back against me because this is his work style, the way he views things. Once I got my head in that space, it was so much better. So, it's this concept again of its diversity in thought. It's diversity in culture and background because people bring their life experiences into that filtering process, right? And, that all matters, at the end of the day, if we're going to make good decisions, especially in healthcare, with how we take care of people.

Professor Laura Roberts: That's a great example.

Dr. Randall Morgan: Exactly.

Professor Laura Roberts: Really, really powerful. I've been advising some senior executives on their DEI initiatives over the past few years and one area has been hiring and promotions processes. We have found that oftentimes when it's time to make that decision about who is going to advance to the senior executive level in the organization, the organization has a bias toward what you're calling the drivers, right?

Dr. Mary O'Connor: Absolutely.

Professor Laura Roberts: And those who have played a critical role on the analytics side, but may because of their individual personality or because of their cultural context, right? Maybe this is a global corporation and they're not western, maybe they don't speak English as their first language. And so, they may not be as vocal as assertive or as concrete in the way that they make recommendations and the pace through which they share their evaluations and speak. You know, all of that gets encoded as executive presence. I don't know if they really have the executive presence. I'm not sure if they could hold their own among the other members of the senior executive team and they don't get promoted. And that is when this, we, we start to understand this commonality around inequity and inequality. Are there some individuals who are disproportionately affected by that dynamic? Yes. A woman of color who is very analytical and very introverted is going to struggle because people say she does not have the skills necessary to build relationships and advance within the organization or to the other extreme, maybe they say she's too aggressive, she's too abrasive, she's, you know, now she's violating the stereotypes so we have of women and how women should show up in these organizations. So, you're trying to thread this needle so that you can prove that you align with whatever this idealized image is of the perfect leader, the perfect executive, the person who should be in that senior level position. So how do we intervene? We have to start intervening at the level of the team in the same way that you spoke of Mary. It has to be about acknowledging and valuing the strengths and providing opportunities for different people to contribute even at that level. And then in sponsorship, to advocate for those individuals when hiring and promotion decisions are being made and not let stereotypes, you know, exclude them or limit their opportunities to be able to grow and advance within the organization or their careers.

Dr. Mary O'Connor: And I'll just add that we build in this systemic discrimination as well. If we look at the way we do typical reports where we have the executive summary, the executive summary is for the driver, because the driver just wants the bullet points and the appendix where all the data gets put is for that analytical. So just by the way that we frame it, we say the person who wants the executive summary is a better leader or a higher-level person in some way, the person who wants or needs, right? They need that appendix. Why do they need that? Why don't they trust the executive summary? I mean, there's, you see there's this subtle demeaning right of different styles of different diverse approaches. But, okay, let's get back. I want to get back to the white paper because it's really so amazing and you, and the other authors Professor Roberts talk about the five most important barriers to adoption of DEI that you discuss in the paper. And I'd ask you to walk us through and summarize the meaning of these five areas, identity regulation barrier, authority barrier, the things aren't working well for me

barrier, the inertia barrier and motivation barrier. So, if you could just briefly frame those.

Professor Laura Roberts: They're all interrelated. I would say they're all components of the same broader storyline. And the storyline that we're telling here are that the people who tend to have the highest ranking, the most power within an organization and who are most happy within an organization are members of the dominant group. And in most of the organizations in the US and in many other parts of the world, that dominant group are white cisgender men. So why, that's where the five challenges come in. Understanding first, this identity regulation challenge is what we were just speaking of before, is that we have this prototype about who is the right candidate for success, for leadership, for advancement in this organization. And if you don't align with and embody or fit into that prototype, then it's your job to convince other members of the organization that you can assimilate. You can embody these same characteristics so that they will bet on you. So, we are talking about creating a more inclusive, equitable organization that invites diverse perspectives. When you have people of difference in your organization who feel that their primary task is to prove to you that they deserve to be there and they can fit in, how likely is it that they are actually going to express a divergent opinion? They're going to try to show you that they're a team player, they'll go along with the party line. So, identity regulation is that core mechanism that then starts to drive some of these other barriers and challenges. So, the authority, barrier and challenge, this is the one that probably intrigues me the most. This is what happens when a non prototypical person actually gets in the position of leadership. How do other people respond to them? How do they interact with them? How do they what I will call in a sociological sense, I'm getting intellectual here, but they do deference. And I say it that way because it's a, we're all enacting these scripts and these roles. And so, I treat people who I think are powerful and have some influence and authority. I treat them in a certain way. I give them a certain amount of deference. But if somebody's there and I don't think they legitimately hold the power, then I'm not going to do deference toward them.

Dr. Mary O'Connor: Oh, well, we've experienced that I mean, as a woman leader, I mean, Randall, as a person of color who's a leader, there's no question that, you know, we've lived that scenario. I'm sorry, keep going.

Professor Laura Roberts: Absolutely.

Randall Every day.

Professor Laura Roberts: Every day. When I wrote my dissertation on the experiences of black medical students and their racial and professional identity development, you know, one of their key challenges was just constantly being mistaken for the lowest status member of the healthcare provision team. And I don't say this to be demeaning to the individuals who work low wage.

Dr. Mary O'Connor: Yeah, environmental services.

Professor Laura Roberts: Exactly, but environmental services, very diverse, quote/unquote, if you're talking about the representation of women and non-white men at those

levels of the healthcare workforce, we see a lot of diversity. So, you have medical students, you have practicing physicians who are coming in with their respective expertise, trying to work with patient families, but the patient is not responsive and continues to demand to see the doctor or the real doctor. And I know that's painful and unfortunately it doesn't stop in medical school. And I'm sure you all have stories and stories and then getting into formal positions of leadership. It just gets even more pronounced. So, why can't we change? We've got the data. I told you about my dissertation, that was over 20 years ago, same stories now looking at different contexts, same stories. It's not for a lack of data. Why aren't we changing? This is the third barrier. The things are working pretty well for me barrier. Like if I'm a driver, then yeah, thank you. Give me the executive summary. Recognize all the ways that I contribute to the work. And if the vast majority of us are drivers, then we're not likely to be sensitized to the fact that those who are more deliberative and deeply analytical, they may be slower to decision making, but bringing value but you know, by and large, the situation works well for me. There was an incident when we all, as a global society, had to let go of that things are working well for me barrier when we had the full wake up call that if things aren't working well for other people, that is, if your neighbors are contracting COVID, you are likely to be impacted as well. So, maybe you should be concerned about the experiences and the vulnerability of the people on the margins because they're not going to just suffer in isolation. But all of these issues of discrimination and inequality operate like a pandemic. They do spread and affect others, but we have to make a compelling case so that people understand that. If not, then we get to barrier number four, which is the inertia barrier. It's, you know, keeping it as a priority. And when something is a priority, it means that I value it. When I value something, I value something. If I value it, then I'm placing a value on it. Meaning I'm willing to give something up for it. I'm willing to sacrifice, I'm going to give my time, I'm going to give my resources, I'm going to put the best minds around this challenge. If I'm not doing that, then yes, I'm going to have black history month after women's history month after MLK Day. Oh, okay. Now we've added Juneteenth in there, but we're not seeing the systemic change. The last is the motivation barrier and it flows. Why do things remain, objects in motion stay in motion, objects at rest stay at rest unless you give them some compelling incentive to change course or to shift directions. And where are the incentives? The positive incentives in terms of the PR and the award, the diversity champion awards and the recognitions and the magazine covers. We have a lot more of those now than we had 20 years ago, 50 years ago. But the negative incentives, you know, the penalties. Our desire and willingness as leaders to hold people accountable for discriminating, oppressing, treating people unfairly within the organizations or even within the patient population. Unfortunately, that hasn't gained much traction. You know, there may be a verbal comment, maybe a little side, you know, slap on the wrist here or there but if people don't see, and this is, you know, what I've learned from my consulting and organizations, you can make all the promises, have all the programs and do all of the philanthropy that you want but if you have some toxic workers in your organization that are continuing to spread that vitriol like a virus, and they're not checked or removed from the system, then you don't have the internal credibility or the legitimacy to support that inclusion and equity within healthcare right now. We're all very concerned about attrition. We've talked so much about attraction and what will get people into stronger leadership positions in healthcare, but even in the lower wage and essential work of healthcare. But

attrition is a huge problem right now for the healthcare workforce. So, if people don't feel valued and engaged, they will go somewhere else and that's where motivation barrier has to be addressed.

Dr. Mary O'Connor: Randall?

Dr. Randall Morgan: This just explains why the C-suite is so important if it's corporate and the chairman of the department is so important, if we're looking at medicine or the hospital administrator is so important because all of the DEI programs will fail if the environment is not appropriate to make them thrive. And if there's not the leadership from the top. Conversely, the most toxic situations can be turned around at a relatively short period of time with a real leader, a visionary leader, a leader who will always stand for what is right and is not at all intimidated by, you know, negativism or frankly sometimes ignorance. So, I think that these barriers are all real. But in order to overcome the barriers, the best way is through top leadership, in my view.

Professor Laura Roberts: Agree with everything you said and never met a senior executive, a C-suite leader, executive level director, who just woke up one day and said things have to change without being prompted by members of the organization. And I would go farther, usually some grassroots activism that has raised a level of consciousness and awareness, or having a close relationship with someone in the organization who helps them to understand the need for their action and for their change. So, just because we're saying that it starts at the top and that the executive level leadership is essential, which it is, and I agree wholeheartedly, it doesn't mean there's no role in driving change for other people throughout the system and throughout the community. We just have to be clear about what we're asking for and how we can have influence so that we can, you know, raise the awareness and get the commitment and motivation from the senior leaders.

Dr. Randall Morgan: But they're more empowered. That's kind of the point that I was making all the other steps fall into place, if you have created that environment. And I'll ask Mary, because Mary's been a department chair in orthopedics, a distinguished career, and what would a Dr. Wayne Southwick and Henry Mankin and Freddie Fu, what do you think they have in common? And I know these are names that most people would not know, but Mary knows who they are and knows their legacy. And with regard to DEI in their various departments, the differences that they made, how does this relate to our discussion?

Dr. Mary O'Connor: Each of those individuals, those gentlemen who are great orthopedic leaders encouraged, sought out, promoted, sponsored, right, didn't just mentor individuals, but sponsored individuals for personal growth and wanted a diverse department. They already saw the value of diversity earlier than most and that's one reason why they were all great leaders. And, you know, certainly we simply need more of that in the orthopedic space. Okay. But I do want to pull us back a little bit because we're going to start running tight on time with our podcast. And just Laura, ask you, if there's any other comments that you want to add about the pathways that you talk about in the white paper on DEI, some of which you touched on with your prior comments, but again, building a more inclusive hiring, but just for emphasis, because I think it's good for our listeners to hear this, again. Building a more inclusive hiring process, designing for intelligent inclusion,

enabling mindful conversations. I particularly love that one. Empowering mentorship and sponsorship and leveraging identity. And I just want, I'm just going to tell a short, very short story about enabling mindful conversations. My oldest daughter lives in New York City, and we sometimes have different viewpoints on things. And one day we got on the conversation of defund the police, for which she puts forth the police is militarized, they should be defunded and I, being the mother of a daughter, a single daughter in New York City said, and who are you going to call if you hear a gunshot outside your apartment? Like, help me understand how you are safe. Which really opened up the space for a very great conversation about opportunities to make things better with community policing. But yet her actually, I'm like I made communication progress here. Like your safety matters to me. The police are like, who protects you? I don't know what defund the police means. If there are no police to protect you, help me as your mother understand this. So, it's really like enlarging that space so that we can have a conversation that allows people to share their perspectives and their concerns to create a more positive path forward. Right?

Professor Laura Roberts: Well, there's a both and in how we drive change. So, first, I'll say that on get to the macro level and then we can work our way down to the individuals. But you know, both and in driving change is that there are some fundamental elements of our system that are just flawed by design and continue to reproduce and in fact exacerbate inequalities. And so, those systems need to be reimaged and re-envisioned. What are the incentive structures and what are the accountability mechanisms in place that would ensure that you know, back into the medical care outside of the criminal justice space and the policing space but in healthcare that physicians are providing the best possible care and that the average patient can come in and trust that the healthcare system, you know, from providers to ancillary care staff to insurers is going to do their best to try to help this individual live a long, vital and healthy life. And we know, unfortunately, that they're currently a number of barriers to that. So, you know, one of the things that I always enjoy about the Movement Is Life conference is to hear about different initiatives throughout local communities that involve partnerships among stakeholders to try to build different systems and different ways of promoting health, and sometimes you really have to get all the way outside of the box because the box is only going to change, but so much when you're in it, if you truly want to advance those outcomes. But let's say you're also working within the system while you're agitating around it. And this is where the five practices come in. So yes, let's be more inclusive in our hiring. Let's not just focus on our biases or our narrow prototypes. Let's stop expecting people to come in and, you know, check all of their differences at the door, what makes them unique and special at the door, but invite those different perspectives and cultural backgrounds that can enhance the work. Let's prepare ourselves to learn about and learn across differences. So, the mindful conversation is, I don't just go to my gut reaction, which is deny, defend, disengage, but instead I acknowledge this person's truth. I affirm their right to live and desire, and then we act in a way to try to co-create that better future for all of us to flourish. Mentoring and sponsorship, we talked about that. Giving the example of these other department chairs who historically have engaged in a lot of mentorship and sponsorship. I personally have benefited from a lot of that, and I know my father has as well, and he's still blessed to be very close to some of his lifelong mentors and so am I. There's no price tag on that. And finally, leverage your identity as a resource. You know, if

you feel like you have to apologize for who you are for your story, for your journey, for the way you show up, then you won't be able to drive change in a way that's more inclusive and that embraces those diversities, those differences in an equitable manner. So, learn how to leverage your own identity as a resource that enhances the quality of your work and of your relationships.

Dr. Mary O'Connor: Well, that was just an excellent summary, Dr. Morgan.

Dr. Randall Morgan: Well, I think DEI discussions relate to organizations, teams, sometimes even nations. What are actionable steps that demonstrate progress and improvement and all organizations maybe to show the business case which can occur a result of diversity, equity, and inclusion or maybe even a wellness case, or maybe even unhappiness case, but in some ways an improvement in a way of life for all because of DEI considerations. And so there are some organizations that I have been a part of and continue to be a part of that I think have had unique ways of contributing, shall I say, in orthopedic surgery, certainly the Nth Dimensions program which was developed by Dr. Bonnie Simpson Mason when it was clear that medical students needed better information and better strategies to be competitive for orthopedic residencies, and that it couldn't just start the day before they made the application. It had to start several years before. And so, this had to be a parallel effort while they were still in medical school, but it proved that it would work. So, it proved that it is possible to make change if there's a village working with students. And so that that can change the course of admission to medical school. And so, the statistics have been mind boggling over the last 10 to 15 years and continue to be successful. I've been involved with the Gladden Society, the J Robert Gladden Society in Orthopedics, and that's an organization that was founded by my mentors and I was a young founder as well. But it taught me how to traverse the practice of orthopedic surgery and really how to be successful. That was an unwritten textbook that I was able to use to be successful in my field all because of that organization and not because of any particular thing that I did. And then finally, I think the Movement Is Life program is as Laura has mentioned, really talking about how we have to relate to the community. And though we're looking at organizations being more diverse, equitable, and inclusive, it's always for a purpose, not for the organization. Disney's probably not going to have more people visit Disney World because of the fact that it is conscious of diversity, equity, inclusion, because that's a function of how many people can fit into Disney or afford to go to Disney, but maybe their experience is totally different and more impactful and more enjoyable because of the DEI principles that Disney has and the success for those who work at Disney in other fields when they choose to, to go off that training and opportunity that they've had. So that would be my analyses of how DEI and organizations fit together and how they have a symbiotic relationship.

Dr. Mary O'Connor: Thank you so much, Dr. Morgan. Professor Roberts closing thoughts.

Professor Laura Roberts: So, I'll put on my professor hat to close and encourage us to embrace the power of continued learning. One of the things that we know about adult learning is that it's often catalyzed by what we call disorienting dilemmas that we often operate in life through a sense of familiarity, habits and routines. Many of them are somewhat unconscious and we think we know how the world works. And so, we kind of move through life on autopilot based on that

understanding. But when it comes to learning about and learning across differences, it's core to the work of DEI for us to be humble and open to pause and reflect, to be intensely curious, ready to check our ego aside and come to the space with a willingness to learn and to listen and to keep having our worldview turned upside down and expanded so that we can do this work. That's difficult for many leaders because they want to feel like they got it right, they have the right answer, they're the authority, they're the expert. But in my opinion, the best leaders in this space are the ones who are intensely curious. And so, I hope that our conversation today has helped to peak some of that curiosity and that you'll continue with your learning journey from here. Thank you so much for having me.

Dr. Mary O'Connor: Oh, well, thank both of you so much. This has been fantastic. We will for our listeners include a link to the white paper from the Darden Business School in the transcript and on the podcast website, so you can easily find the white paper that we've been referencing. So, I just want to thank Dr. Randall Morgan, who is a member of our Movement, Is Life Steering Committee, and Professor Laura Morgan Roberts who is a professor in the Darden School of Business at the University of Virginia. Again, thank you so much for joining us for this podcast on DEI and why it's so important that we continue to recognize that lifelong learning about diverse thoughts and diverse people and different ways of thinking are what will help us find solutions and embracing those differences as those positive deviance moments that you mentioned Professor Roberts, I think is so powerful. So, on behalf of Movement Is Life and our Health Disparities podcast series, thank you so much. And to our listeners, thank you for joining us.

"Normalize DEI in Your Organization" (link to article & White Paper):

<https://news.darden.virginia.edu/2022/09/02/new-white-paper-normalize-dei/>

"Positive Organizing in a Global Society"

<https://www.amazon.com/Positive-Organizing-Global-Society-Roberts/dp/1848725760>

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