

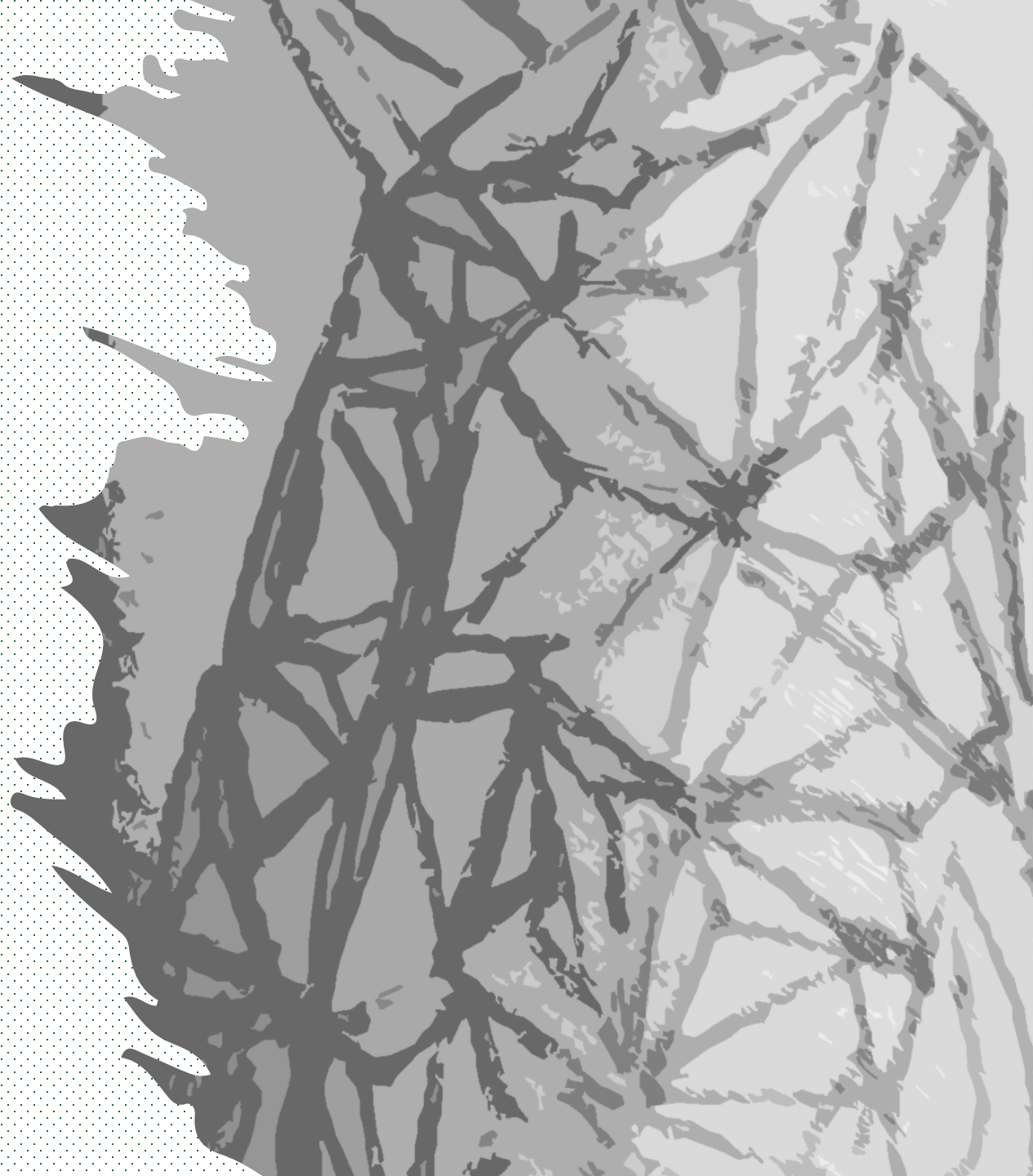


Creating Cultural Transformation through the Art of Belonging

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Speaker Disclosure

- Dr. Diane Sanders-Cepeda is a fulltime employee at UHG/UnitedHealthcare M&R Retiree Solutions



Enhancing our learning Experience Together



We are all learning and we are all teaching each other



We will speak up if we have questions or need clarification about the terminology



We will engage in the session as best we can



We will listen and respond respectfully to the presenters regardless of whether we understand or agree with the content of their presentation

Learning Objectives

- Describe the tools required to cultivate a culture of belonging and the potential impact to our clinical practice and care delivery
- Discuss how we reinforce our PALTC infrastructure by adopting diverse, equitable, and inclusive policies
- Through the discussion of clinical scenarios, explore opportunities to promote equity, address healthcare disparities and foster a sense of belonging





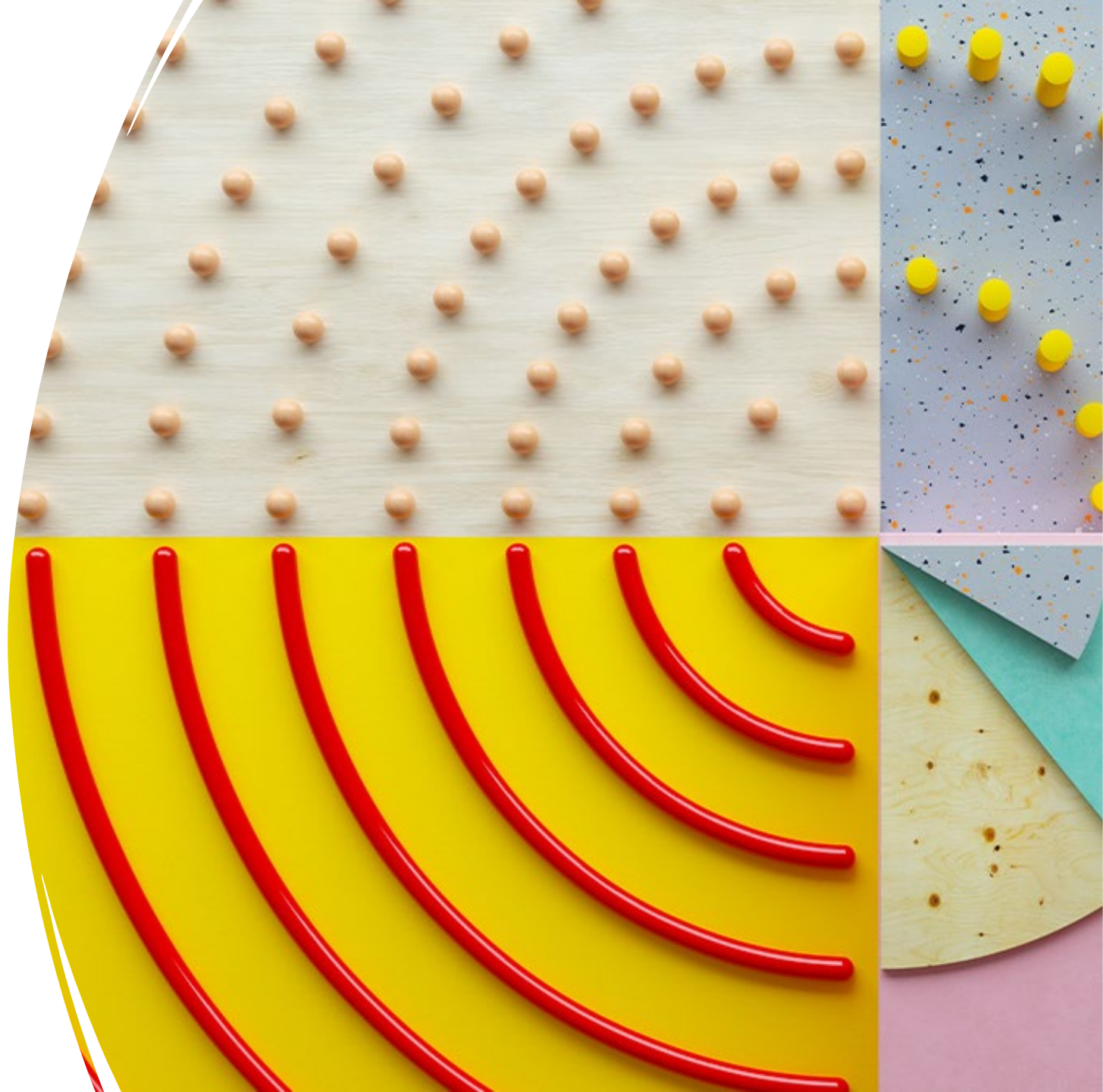
What is Belonging?

Let's start with what it isn't...



Case – At the QAPI Meeting

Belonging



Diversity

Welcoming the dimensions of diversity—backgrounds, identities, experiences and talents—with a focus on intersectionality and traditionally marginalized communities

Addressing historical and systematic barriers, ensuring accountability

Nurturing a culture that enables diversity to thrive

Belonging

The experience of all team members being seen, known, and valued by their colleagues and leaders, so that they feel comfortable bringing their whole self to their work, and able to do their best work

Equity

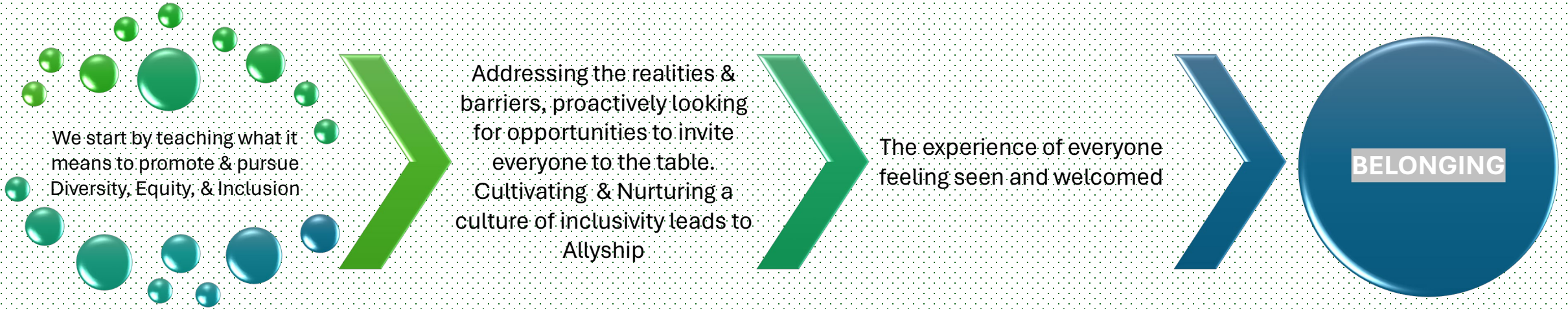
Recognizing that each person on your team comes from different circumstances, and enabling access to the same opportunities for all team members

Inclusion

Ensuring that all employees feel psychologically safe at work and that each person is heard, supported, and respected for the unique background, experience, and perspectives they bring

Proactively inviting everyone to contribute and participate, being an ally

The Journey to Belonging





How attacks on DEI undermine workplace equity and harm BIPOC employees



Navigating the conversations



How do we
overcome our
implicit bias?





International Journal of
*Environmental Research
and Public Health*



Review

Unconscious Bias among Health Professionals: A Scoping Review

Ursula Meidert *, Godela Dönnges, Thomas Bucher, Frank Wieber and Andreas Gerber-Grote 



BRIEF
REPORTS

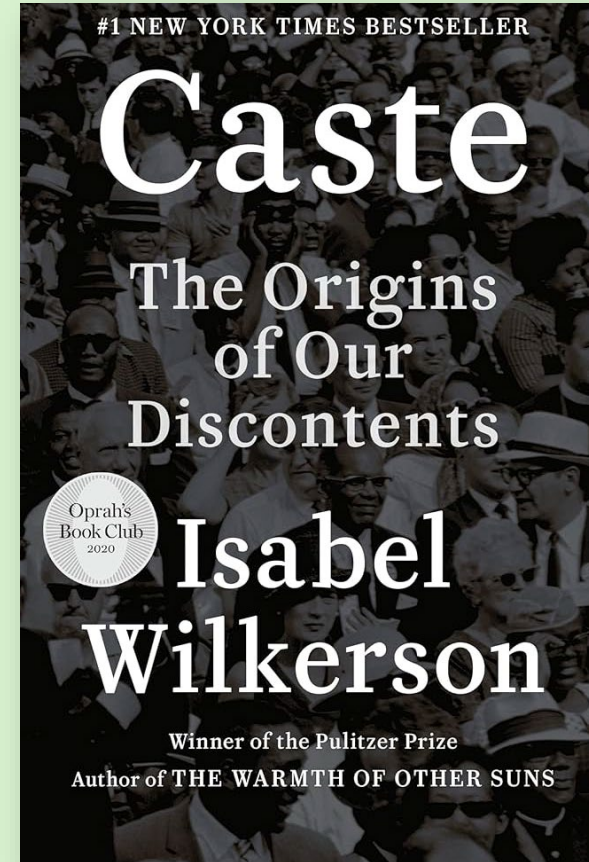


Racism as Experienced by Physicians of Color in the Health Care Setting

Kelly Serafini, PhD; Caitlin Coyer, MS; Joedrecka Brown Speights, MD; Dennis Donovan, PhD;
Jessica Guh, MD; Judy Washington, MD; Carla Ainsworth, MD, MPH

”Empathy is not sympathy....Empathy is not pity...Empathy is...putting yourself in someone else’s shoes and imagining how you would feel.”

By – Isabel Wilkerson, **Caste**





Crash Course in Emotional Intelligence

Emotional Intelligence (EQ) - Claudine Chicheportiche

EMOTIONAL INTELLIGENCE

Emotional Intelligence Management Framework



[Emotional Intelligence \(scooppin.com\)](http://scooppin.com)

The Power of Empathy



Cultivates Emotional Intelligence

The capacity to be aware of self and society, while controlling and expressing emotions, handling relationships and exercising empathy



Encourages Cultural Intelligence


Ability to work in diverse situations

Being Seen: an End-of-life Request





PALTC Infrastructure



“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.”

Dr. Martin Luther King, Jr. (1966)

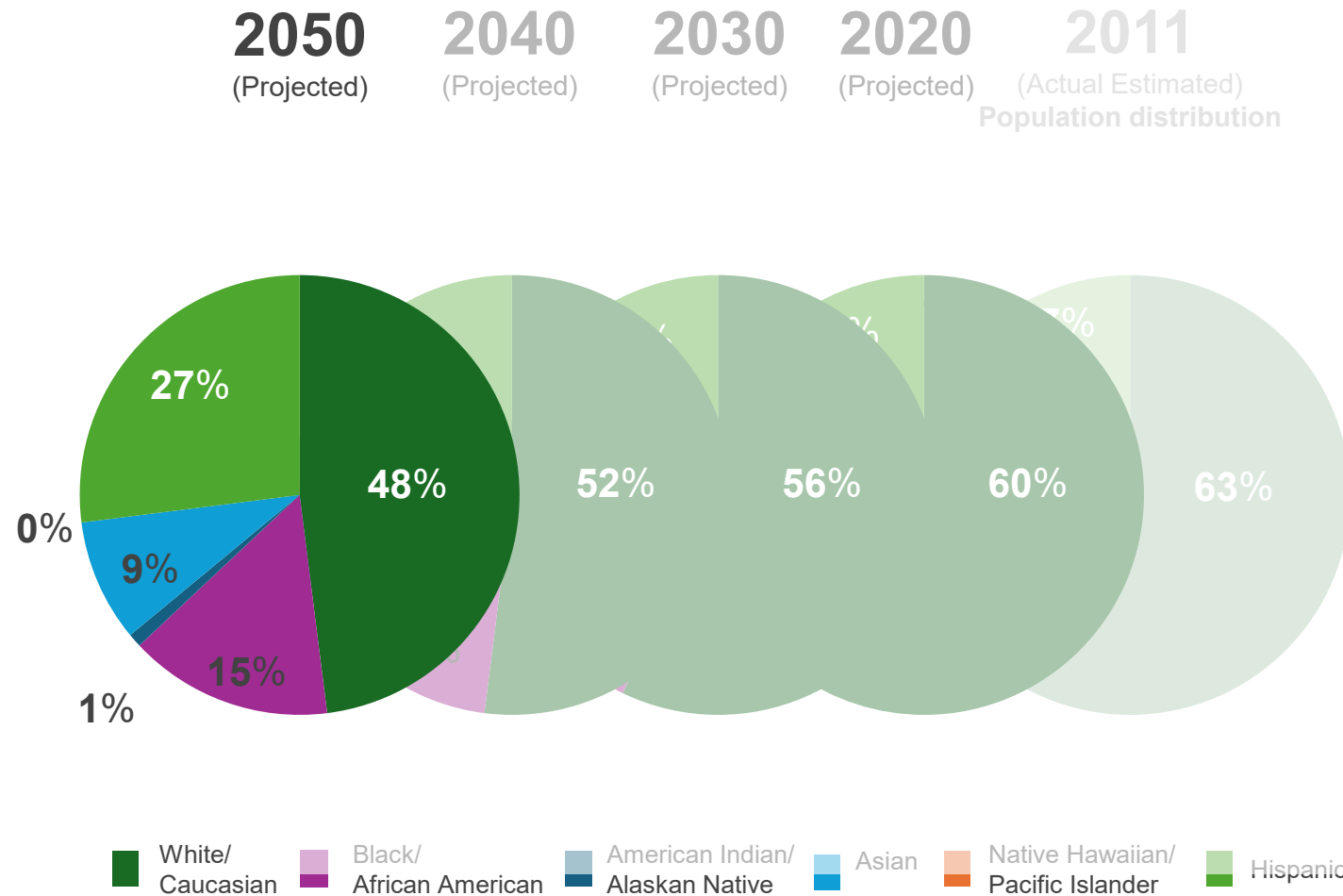
COLORED
WAITING ROOM



Projected U.S. Population Distribution

- By 2050, “Minorities” will comprise the majority of the U.S. population.¹
- Minority births now comprise the majority according to recent Census data.²
- Hispanics, Asians and Blacks/ African American populations will grow at faster rates than other racial/ethnic groups.¹

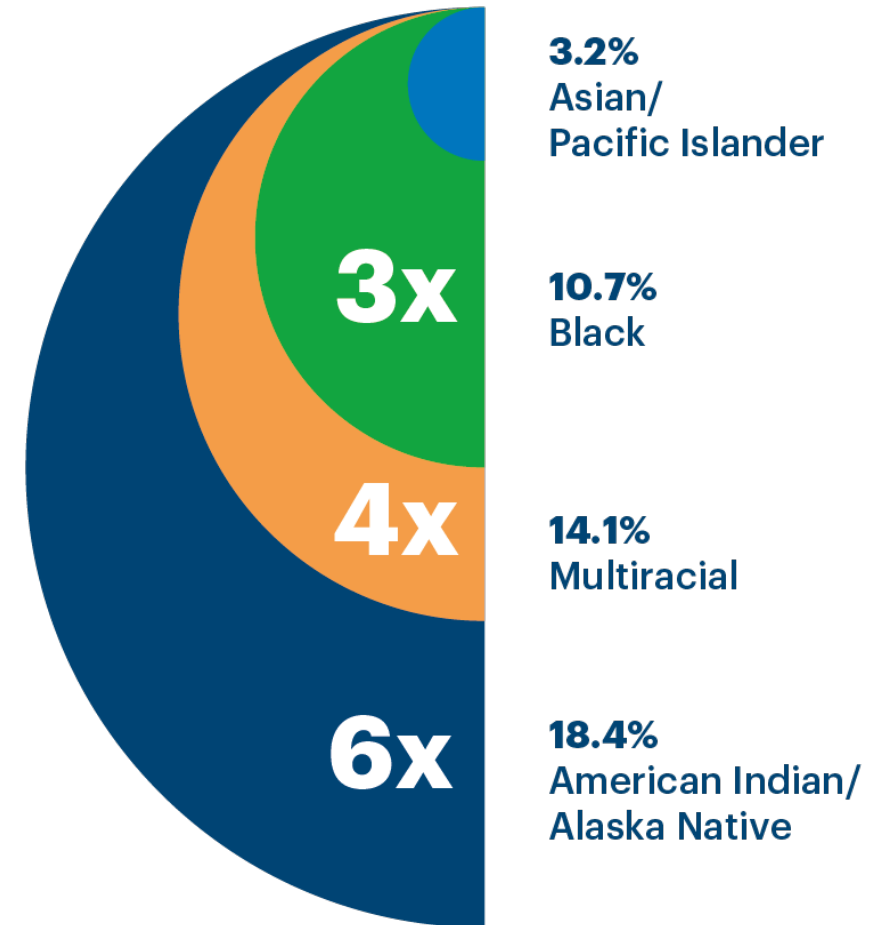
¹ U.S. Census Bureau, Current Estimates Data (v2012) and 2012 National Projections (Updated May 2013). Note: Charts depict non-Hispanic race (includes race alone or in combination) compared to all Hispanics.
² Most Children Younger than Age 1 are Minorities, Census Bureau Reports, U.S. Census Bureau. 17 May 2012.



Persistent disparities in race and ethnicity of those with chronic disease grew even larger in 2017–2019.

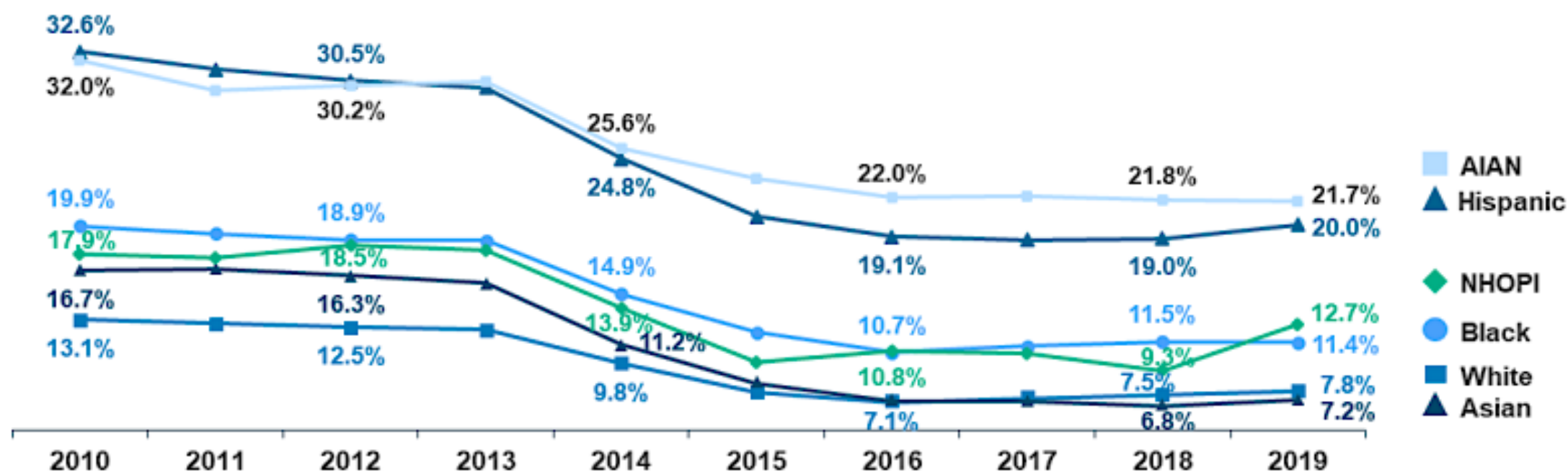
Compared to Asian/Pacific Islander adults (3.2%), the percentage of adults with multiple chronic conditions was 6x higher for American Indian/Alaska Native adults (18.4%), 4x higher for Multiracial adults (14.1%), and 3x higher for Black adults (10.7%).

Source: CDC, Behavioral Risk Factor Surveillance System



People of color face longstanding disparities in health coverage.

Uninsured Rates for the Nonelderly Population by Race and Ethnicity, 2010-2019



NOTE: Includes individuals ages 0 to 64. AIAN refers to American Indians and Alaska Natives, NHOPI refers to Native Hawaiians and Other Pacific Islanders.

SOURCE: KFF analysis of the 2010-2019 American Community Survey.



How Social Risk Impacts Health Outcomes

Social Inequities

- Class; Race/Ethnicity; Immigration status, Gender, sexual orientation

Living Conditions

- Physical, Social, Services, Economics

Institutional Inequities

- Policies, Programs, Practices, laws, regulations...

Behaviors

- Physical Activity, Nutrition, Smoking, Drugs & Alcohol,

Health Outcomes

- Chronic diseases, mortality, life expectancy, Injury, communicable diseases

UPSTREAM

DOWNSTREAM

The background of the image is a top-down view of architectural blueprints. The blueprints are white with black lines and text, showing various floor plans and technical drawings. Scattered across the blueprints are several drafting tools: a pair of compasses on the left, two highlighters (one orange, one green) at the top, and a black pen with its cap off on the right. The entire scene is overlaid with a semi-transparent dark grey filter.

Let's ask ourselves – could I
complete a DEI needs
assessment for my Facility?

Questions to start -

How do you identify SDOH needs for your residents?

When & Where do you document SDOH identification at?

How do you identify past/current traumas and triggers for your residents?

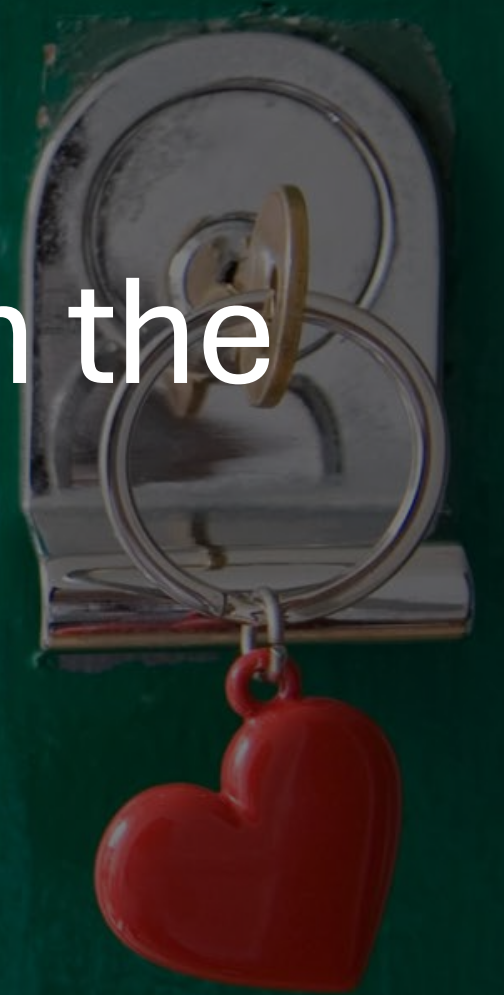
Is there a process for addressing bias with residents, families, staff, & leadership

How do we support our staff who may experience racial slurs, violent or vulgar language or behaviors?

“When you Walk in Purpose...You will
Collide with Destiny...”

By –Bernada Baker

Leading with a Knock on the
door....



Inclusive Leadership Leads to Belonging



**DEEPENING OUR
SELF-AWARENESS**



**FOSTERING
SOCIAL
AWARENESS**



**REVEALING GAPS
IN
UNDERSTANDING**



**LISTENING TO
UNDERSTAND**



**CREATING
CONNECTIONS**



**LEADING WITH
VULNERABILITY**



**INVESTING
RESOURCES**

A 3D maze with a person standing in a path, symbolizing a journey. The maze is composed of dark grey walls and a light grey floor. A small green rectangle is visible in the top left corner. A white horizontal line is positioned below the title.

My Belonging Journey

- Emotional Resilience
- Shared Resilience
- Systemic Hope

*May our Purpose be
Belonging...and our
Destiny be Together....*

From me to you...



Questions



Thank you for your time!

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