

Unveiling Diversity, Equity, and Inclusion in Healthcare: Bridging the Gap for Marginalized Communities

Jeremy Garcia

Desert Vista High School, Phoenix, Arizona, United States of America

Abstract: *This article delves into the critical issues of diversity, equity, and inclusion DEI within the healthcare industry. The seamless integration of these concepts is explored, emphasizing their importance in fostering a fair and unbiased healthcare environment. Drawing on personal experiences and data analysis, the article highlights how disparities in resources, education, and opportunities impact marginalized communities, particularly Hispanics, leading to a significant gap in medical representation. The lack of diversity in healthcare is not only a matter of statistics but also an impediment to better patient care and outcomes. The article presents the views of experts, showcasing the significance of representation in improving patient experiences and care delivery. Through personal anecdotes and insights from healthcare professionals, the article underscores the transformative potential of embracing DEI in healthcare. It concludes with a call to action for systematic change through increased access to education, financial aid, and recruitment strategies, ultimately leading to a more inclusive and excellent healthcare industry.*

Keywords: Diversity, Equity, Inclusion, Healthcare Disparities, Marginalized Communities

Diversity, equity, and inclusion. Three words held so closely together in value by varying companies, organizations, and people for a common goal that has been the center of a hot topic for decades now. Demystifying this statement can be daunting as it is so heavily integrated. Diversity is the core of demographics in the present day because of what seems as such as a simple conversation is an issue society has been pronouncing in the modern workplace. Making a systemic change in the workplace creates a more impartial community. Equitable is of the same aspect, any profession should have the needs to be able to provide services and does not vary because of the quality of the characteristics of race, ethnicity, or socioeconomic status. Inclusion isn't the sole duty of just allowing someone to participate, that's minimalist, it is providing opportunities and giving the same chances for success. Consequently, what does this do in such a crucial industry like health care? What possibilities or connections is the nation missing out on with the absence of these marginalized groups that are capable of potentially helping or bridging a patient that is similar? The null of minorities in DE & I should be the focus for occupational attainability in all areas of medicine.

How is this seen on a personal standpoint, or an individual experience from a high schooler that lives in Arizona, such as me in a predominantly white, middle-class relatively high-income and partially underrepresented community? My high school is in the Tempe Union District that essentially hold a higher prestige in education such as being listed an "A" level school or having the ability to provide extensive resources in certain affiliated career paths. For instance, my school is considered a college prep school which primarily means that you are required to take a certain number of classes to ensure graduation and are even offered advanced classes to further drive your education to cut into college tuition or specialized classes for a major you potentially want to pursue. This obviously causes for not only an increase in separation from peers in surrounding districts or around the state, but also widening the gap

between the opportunities accessible for lower-income families, such as those of the Hispanic origin. For comparison, in one of the largest counties comprised of Hispanic or Spanish origin in Arizona, the city of Yuma suffers from much lower resources, education, and even health insurance. An initial question naturally is asked of where does this stem from? Limited financial resources available, academic and structural disadvantages due to unqualified teachers or lack of knowledge in medical care, and undesired competency for training or programs. Correspondingly to these insufficient resources, the dropout rate is a totaling twenty-five percent before getting a high school diploma (towncharts). Evidently cutting the chances of a smooth path to medical school or even pre-med for that matter. But what is also an unmistakable contrivance to be seen is the data analysis derived from attainment of a bachelor's degree or higher breakout by race. Inside the documentation transparency shows the high end of white achieving this at a thirty seven percent count, but Hispanics contrasting the lowest acquisition totaling roughly fifteen percent (towncharts). How an ethnic group could live in the same county, but fronted by a different outcome? Across the country opportunity varies even just by neighborhoods, but where the difference blankets are housing segregation. The refurbishment of new communities and the demolishment of old ones to represent a higher standing community and bringing upon privilege carrying a stature held above others is the issue. This acknowledgement must be focused on the cultural disparities because they don't misalign with the obvious results, portraying how this demographic remains in this physician gap.

Many ponder if it truly is worth discussing an issue about cultural representation. What does it matter if the white group dominates the healthcare industry, as they are statistically the most qualified in the nation. Viewing it from a different narrative can concur a perspective. In the U. S. 5.8-8.86% of physicians are comprised of Latinos and 6.7% in Arizona (Masterfile, 2019). These numbers aren't just statistics purely for the display of sabbatical, but to

Volume 12 Issue 8, August 2023

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

further emphasize a message of this lack of involvement. In an article about specifically the lack of Latina presence by Jocelyn Schlossberg, provides an analysis of this absence being discussed by two highly respected individuals: Dr. Carrie Byington an executive vice president of UCLA and Dr. Yohualli Anaya, an assistant clinical professor in the department of family medicine at David Geffen Medical School. Schlossberg examines the improvement of this gender diversity before the passing of Title IX, but also showcases the “Stark gaps remain for Latina physicians” and provides commentary from the Center for the Study of Latino Health and Culture that “it could take up to 500 years to close the physician gap” (Schlossberg, 2022). Not only the conversation of diversification appears, but what further efficiencies could happen with a substantial change as such? For example, Dr. Byington was the only Spanish-speaking physician in Salt Lake City when she arrived in the early 1990s and started a clinic for Latino immigrants. She said having a physician that shares the patient’s life experience and understands the dynamics of having a family with mixed immigration status and how that impacts medical care, is just one example of the importance of representation (Schlossberg, 2022). In accordance with my own experience working at Banner Gateway Medical Center, I can recall an incident where a Hispanic family seemed to be of blithe while enjoying their time with a nurse who was conversing Spanish. A carefree attitude and a site of gleefulness all while being on the Oncology floor and going through an extremely unfortunate situation.

Following this accessory, I desired to get personal anecdotes through anonymous supporters from my workplace at Banner Health in which they review specific questions and provide feedback about what they perceive in the status of this issue.

What do diversity, equity, and inclusion mean to you and how do they relate to your working environment in healthcare? “Every person is an individual with different genetics and experiences. It is this diversity that makes us stronger. We leverage these differences when making business decisions to come up with solutions that better serve our patients.” Describe how your career has been enhanced by exposure to diverse people, places, or experiences? Volunteers approach volunteering and tasks differently based on many aspects including age, gender, education, cultural upbringing, and experiences. Our volunteers are as diverse as the patients and staff that we assist. We are always on the lookout as to how to make our volunteer program stand out so we look for different ideas. The best place to find these ideas is from our diverse volunteers that have many ideas and opinions. An example within Volunteer Management is the different attitudes, values and strengths associated with different generations. A Traditionalist (b 1922-1945) will volunteer because they like an organization and will be loyal to an organization for years. A Generation Z (b 1996-2015) will volunteer for purpose or development and will move on from an organization that does not meet their goals. Why is diversity relevant in healthcare careers? Diversity makes a stronger healthcare company whose employees see issues from different standpoints and make better decisions. These questions all share a relevancy in change and not only for

the sake of being inclusive, but the effectiveness with the results that follow. Diversity fuels the un-carrier spirit not just a silhouette for affirmative action. These experiences drive industries forward and deliver strengths not mentioned of before but will change with notoriety.

In closing, the full revolution is the focus of occupational attainability in all areas of medicine. Being committed to doing the best work means a company shall champion diversity, innovate new opportunities, and fabricate a new environment as a settlement for all. With credible and esteemed evidence creating a more equitable world gives more substantial benefits across industries and interdependent relationships. These associations make one of the loudest statements in healthcare, from the beginning of education and throughout grade school to just trying to obtain an associate or bachelor’s degree is just one of the economic roadblocks. For the assurance of individuals in Hispanic families of origin there are strong morals and foundations that can be hard to leave, so as we move forward, a concerted effort to provide scholarships, financial aid, and targeted support can pave the way for marginalized communities to excel in healthcare careers. The power of representation cannot be understated, as diverse healthcare professionals bring unique insights that resonate with patient’s diverse backgrounds. Through these comprehensive changes, the healthcare industry can truly fulfill its mission of providing exceptional care that transcends boundaries and empowers all individuals, creating a brighter and more equitable future for healthcare.

References

- [1] Schlossberg, Jocelyn Apodaca. “How the Lack of Latina Physicians Has Decades-Long Effects.” UCLA Health System, 6 Apr. 2022, www.uclahealth.org/news/latina-physicians-shortage-health-equity.
- [2] “Maricopa County Arizona Education Data.” Towncharts Education Data, www.towncharts.com/Arizona/Education/Maricopa-County-AZ-Education-data.html. Accessed 29 June 2023.
- [3] Arizona Physician Workforce Profile - AAMC, Dec. 2019, www.aamc.org/media/58126/download