Learning to Be an Ally: Promoting Diversity, Equity, and Inclusion in Long-Term Care

A Common Language
As we work to improve diversity, equity, and inclusion (DEI) in PALTC, it helps to have a clear understanding of definitions. I recently read Mary-Frances Winters book, *Inclusive Conversations* (Berrett-Koehler, 2020), and have found this resource to be very helpful as I work to become more knowledgeable of DEI. I use her definitions here.

- **Diversity** is “a mix of differences in any particular setting to include but not necessarily limited to race, religion, ethnicity, gender, sexual orientation, nationality, age, or generation, and job function.” With the support of AMDA – The Society for Post-Acute and Long-Term Care Medicine’s Diversity, Equity, and Inclusion (DEI) Workgroup, this special issue addresses populations we hear less frequently about in PALTC. For example, I have learned more about the unique challenges that Indigenous populations face; a partnership between tribal nursing homes and the Centers for Medicare and Medicaid Services has resulted in surveys having an improved understanding of the importance of culturally appropriate care (see Joanne Kaldy’s article, “The Unique Needs, Challenges of Native American Long-Term Care Residents,” on the first page of this issue).

- **Equity** is “the process by which we achieve fairness, equality, and inclusion that includes reallocation of resources and implementation of policies and structures that work to eliminate historical, systemic disadvantage.” Hannah Murphy Buc’s article in this issue highlights a successful Canadian model to improve equitable treatment of individuals experiencing homelessness who need palliative care services (see “Homelessness and Access to Palliative and End-of-Life Care” on page 10).

- **Inclusion** is “an environment where people feel valued and respected for their uniqueness and feel a sense of belonging.” In this issue, Paige Hector reminds us that even PALTC practitioners, who enjoy working with older adults, should consider strategies to promote an age-inclusive culture (see “Ageism in Post-Acute and Long-Term Care: Is That Possible?” on page nine).

Additionally, next month *Caring for the Ages* will launch a new column, DEI Corner, with the support of the Society’s DEI Workgroup. Stay tuned for our November/December issue, which includes a powerful story of inclusion from Fatima Naqvi, MD, CMD, who describes her relationship with one of her patients.

Promoting DEI in PALTC
I am not an expert in DEI, but I am doing my best to become informed and more intentional about working to promote a sense of belonging through my relationships with my patients, their families, and staff in PALTC. Here are three things that I’ve done:

- **One: Recognizing unconscious bias.** In Maryland, where I live and practice, there is a new requirement for all licensed health care workers to complete an implicit bias training program. Several resources were offered to meet the requirement, but I decided to take the Stanford University School of Medicine’s “Unconscious Bias in Medicine” continuing medical education (CME) activity (https://stanford.io/3e1BvUk). It is free, can be completed online at your own pace, and specifically focuses on identifying bias in health care. We have to recognize our biases before we can hope to correct them.

- **Two: Building inclusivity within a team.** As a new nurse, I had the good fortune to work with a geriatric behavioral health team that was diverse in terms of race, ethnicity, national origin, age, sexual orientation, and religion. The individuals in this particular group were skilled in demonstrating that they cared about the other members’ interests and customs as much as their own. We shared food, learned about and celebrated holidays from different religions and cultures, and learned how to have honest conversations, ask questions, and acknowledge our mistakes. Although that was over 30 years ago, I still cherish the lessons that I learned from this wonderfully diverse group of health care providers:
  - Make it a point to know each of your team members and learn the correct pronunciation of their names.
  - Celebrate and learn about team members’ cultures and traditions.
  - Be intentional about sharing leadership opportunities within the group, and acknowledge that formal education and training alone does not always make us leaders or experts.
  - Promote the development of safe environments and relationships that foster honest discussions about dealing with inequities among team members.

- **Three: Promoting equity in career advancement.** In our goal of achieving person-centered care, many of us work to mitigate health care inequities by providing additional support services and resources that help to level the playing field for our patients. But we may not be as conscious of leveling the playing field for the staff that we work with. We need strategies to address the wage gap and benefits for the PALTC workforce. In addition to tuition remission programs for staff who want to advance their education, it’s also important to recognize and financially reward expert nursing assistants and the nurses who want to remain within their current role. Right now, most career advancement opportunities for these individuals only include changing to an administrative role or changing careers.

Please share with us some of the ways that you promote DEI within your PALTC community.

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