Building Leaders: An Equity & Inclusion Lens in Healthcare

by Rosa M. Colon-Kolacko, Ph.D., MBA, CDM, SHRM-SCP and Nkanta Nicholas Hines, Sr., MSc., MBA

The role of equity, diversity, and inclusion (EDI) in the transformation of healthcare delivery requires attention and new frameworks of sustainable solutions to drive more culturally competent care models. Equity is defined as the just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Addressing demographic shifts, diversification of talent, and social determinants of health impact have become critical elements in how care is delivered.

ROSA M. COLON-KOLACKO – Ph.D., MBA, CDM, SHRM-SCP is the former NYC Health + Hospitals, Senior Vice President and Chief People Officer of NYC Health + Hospitals and is the President and Principal Consultant of Global Learning and Diversity Partners, LLC.

NKANTA NICHOLAS HINES, SR. – MSc. MBA currently serves as the President/CEO of Capital Strategy Group, LLC and is also the Healthcare Vertical Leader - The Center for Creative Leadership.

F

FOR THE LAST 25 YEARS achieving diversity in governance bodies and C-suites has been cited in many articles as a healthcare industry imperative, but we have made limited progress. We have not increased the number of diverse clinical providers to catch up with the needs of the growing demographics of patients, due to affordability and access to medical school education. The Institute of Diversity and Health Equity has monitored these statistics observing very minimum progress as part of their bi-annual Benchmarking Survey. Minority leadership in C-Suites grew from less than 2% in 1992 to 11% in 2015 when patient diversity represents more than 29%.

Empowering leaders with tools and capabilities to navigate the shifts within our society is critical to shaping the current and future models of healthcare service delivery. However, redefining the role of leaders is needed to make equity a priority in organizations and this is something where not many organizations have invested much attention.[1]

Providing culturally competent care requires a different mindset and more intense expectations from leaders. In addition, focusing on workforce demands, community needs, and navigating the societal forces of EDI, healthcare organizations are challenged to do all of these well. Additionally, consumers are more active in their own care and provider network organizations seek to adapt and deliver affordable, accessible, and value-added healthcare services. The role of EDI in the transformation of healthcare which demands higher quality, better access and improved reliability, requires new frameworks and sustainable solutions to drive better patient satisfaction through equitable and inclusive care models.

Integral to overcoming this industry pressure is the courage, capacity, and ability of leaders making critical decisions amidst this massive landscape transformation. Cultural competency skills are must-haves to provide compassionate care, improve access and outcomes, and achieve equity. Racial, ethnic, linguistic, national origin, sexual orientation, gender identity, religion, and many other differences are increasingly acknowledged. This is activated by engaging with diverse groups in the community to better understand their social determinants of health and building a common agenda so that we are not only delivering high quality services but addressing disparate treatment when healthcare services are provided. Addressing inequities and improving health outcomes of not only affluent individuals – and valued communities, but also communities of color, will drive overall healthier communities. Healthcare quality metrics, community health and healthcare outcomes have not kept up with this increasing awareness of diversity. Patients who identify with minority and historically marginalized communities frequently have worse health outcomes.

There is need for a call to action for leaders with a new set of behaviors, values, and attitudes — essentially, new ways of leading. Effective leadership development is critically important in the preparation of key decision makers to embrace, affirm, and act according to the needs of patients and society.[2] According to the 2019 Diversity Inc. Book: The Failed Promise of a Billion-Dollar Business, companies were spending $8 billion annually on diversity efforts and majority of this investment is on training.[3] There has been limited focus on addressing leaders' hidden institutional and systemic racism in addition to unconscious bias training. Google, reportedly spent $114 million on diversity programs in 2014 and $150 million in 2015, yet in 2019 Blacks made up only 2 percent of its tech workforce.[4] It is clear now, however, that training and good intentions, by themselves, are insufficient.

Organizations have long pursued building inclusive workplaces with minimal measurable progress. Leadership development and academic programs also have not adapted their approaches to address the need to build inclusive leaders with an equity lens as the key enabler to make significant and sustainable progress in EDI efforts.

Building an equity lens in leaders allows them to implement their own diversity practice to redesign policies and services to reduce systemic barriers and develop more effective processes, deliver more value, and engage more deeply. Their leadership style and presence are evermore enhanced and informed to strategically position their influence and behaviors for the betterment of underserved populations due to their increased focus on these societal forces.

The COVID-19 pandemic has raised the visibility and consequences of systemic racism and health disparities with the majority of cases and fatalities among Blacks and other minorities. While there is an abundance of research and thought leadership on the problem, there is limited research on how to prepare leaders to do the work of racial equity and belonging to build inclusive workplaces and society.

Courageous leadership is mandatory when integrating EDI as the foundation for population health management and human capital strategies in healthcare delivery. Leaders should be prepared to lead with equity and inclusion for the challenges faced in pursuit of a healthier society.

Perspective

Most recently, the societal disruptions of demographic shifts that have impacted healthcare and its need to adjust have been highlighted through a global health crisis and racial turmoil across the world. As leadership is required now more than ever, the capacity of individuals to balance social and business pressures depends on their preparation, experience, and resilience. The societal pressures have been elevated to mandate equitable and inclusive practices across all industries. In healthcare, providers and administrators make most wellness decisions for patients.

There are multiple biases factored into those decisions, including economic, ethnicity, race, origin, gender, sexual preferences/orientation, and disabilities.

Implicit bias has contributed to the development of care models that compromise the health outcomes of marginalized groups. This force of human discrimination dictates the allocation of resources and treatment options based on those prejudices. Healthcare leaders are demanded to build cultures of appreciation for differences to prevent inequities in care and drive the overall improved health of communities that they serve. Are these leaders equipped with the knowledge, skill, and ability to develop the people, processes, and systems that provide equitable and inclusive services for all? Research shows that many organizations aren't prepared with systemic policies and procedures to drive fair treatment practices for those patients that need it the most. Recently, the New England Journal of Medicine published a report that says the provision of care is unequal and unfairly distributed through the redirection of medical resources away from Black patients, and those same patients were denied treatment options available to white patients.[5]

Why does this happen?

Traditionally, underserved communities, primarily filled with people of color, and the lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) population are predisposed to biases and unfounded perceptions resulting in unconscious deliberations of less than optimal treatment options. Courageous leaders make fair decisions, go against the grain, and stand up for fairness. Without leadership development steeped in emotional and socially conscious principles, our expectation of healthcare leaders to shift and course correct will be met with disappointment. The organizational and institutional racism that exists over generations of oppression creep into the most human-oriented profession of medicine and people-service industry of healthcare at an alarming rate.

Even prior to the social and racial injustice demonstrations, the COVID-19 death rate among Blacks stood at 50.3 per 100,000—compared to 20.7 for white people, 22.9 for Latinos, and 22.7 for Asian Americans. Though Black people comprise just 13% of the U.S. population, they account for nearly a quarter of the country's COVID-19 deaths, according to the U.S. Centers for Disease Control and Prevention.[6] As intimidating as it may be, sustainable organizational structures with the culture, policies, mindsets, and behaviors to treat everyone equally is possible with the right focus, accountability and internal training.

Healthcare organizations face two critical challenges as they adapt to the new healthcare landscape, deciding how to change and then successfully implementing that change (Hines, et.al). Facing multiple industry disruptions, cultural and digital transformations, regulatory and reimbursement shifts, and talent wars are all layered with the societal awareness of broken systems that are leading to health disparities, increased impact of the social determinants of health, and the undeniable racially motivated behaviors leading to inequitable and restricted care delivered to patients and their families.

Knowing the challenges and the change required is only the beginning. Healthcare leaders must also implement change. System-wide cultural, business, and clinical transformation is one of the most challenging initiatives any healthcare organization can take on. The cultural competence necessary to deliver unbiased care effectively and efficiently to everyone requires a systemic shift in ideology, capacity of leaders, and accountability initiatives. In healthcare, the dismantling of institutional racism, racist-cultures, and implicit bias begins by focusing on the patient. Quality, reliability, and value-oriented care models with metrics that align with known areas of disparity amongst marginalized populations are a start to the transformation. Some observations of our journey implementing diversity and equity strategies will be relevant to share:

Key Findings

1. Limited Progress

Many organizational initiatives focus on process, structure, and training; yet there is limited evidence of progress across statistically significant data points. Research shows that racial, ethnic, linguistic, origin, gender, sex, and religious differences are increasingly acknowledged, yet not fully appreciated.

2. Strategies alone to achieve Inclusion are not enough

Increasingly, companies are acknowledging that diversity and inclusion is not enough to foster a culture of equity; employees seek to feel respected and valued, but also need a sense of belonging. But what is belonging exactly, and how can companies achieve it? According to a CNN 2007 study where they argue that because we are humans we need to belong; to one another, to our friends and families, to our culture and country, to our world. The concept of belonging becomes more complex since individuals have multiple elements of diversity within them and never have we paid attention to all those elements that can enable a sense of belonging. The concept of intersectionality emerged as a key component of this work.

3. Absence of Inclusion and Equity

Throughout the research, it was evident that there is a critical lack of initiatives that lead with equity or inclusion. Historical and ineffective practices are based on academic theory, key performance indicators that count people versus the transformation of cultures, and trainings which are not inclusive of measurable and action-oriented strategies.

4. Impact of Equity

A large percentage of the financial burden from not addressing inequities in care and the social determinants of health can be reversed through a more inclusive and equitable leadership and work culture in healthcare service delivery. Developing a racial equity culture requires a continuum of leadership development that highlights leaderships' responsibility and accountability, the cultural shifts required for change, and the challenge of assuring that everyone in the care process are working toward a new normal of awareness within a culture of appreciation.

In the last few decades there has been much discussion and many well-intended efforts to boost diversity in leadership and correct inequities. Progress, however, has been slow, the wins fleeting, and the obstacles subtle and entrenched. That data is actively reflecting this lethargic movement, and recognition of the disparities are increasing in presence through the current health crisis. Exacerbating the community health reality is the social upheaval because of racial injustices inflicted upon minority communities. Discriminatory patient care models, inequitable medical practices and restricted resource allocations are contributors to the societal burden we all bear. Overcoming these pressures will require endurance and leadership development shifts to include a more coordinated and intentionally designed ecosystem of health services through an equitable and inclusive lens.

Overcoming these challenges will require endurance and leadership development shifts to include a more coordinated and intentionally designed ecosystem of health services through an

equitable and inclusive lens. A healthier society is the result of leaders that are adequately prepared to develop strategies and build integrated Equity and Diversity initiatives that foster racial equity, inclusion, and a sense of belonging.

Equality & Inclusion Lens

Importance of Inclusion Strategies to Integrate Equity Initiatives

Despite civil rights laws and other improvements, current disparities are as bad as, and sometimes worse, than they were before civil rights legislation was passed. We need to examine the systems and processes in which we all live today and go beyond a discussion at a higher level about discrimination. To normalize dialogue, we must build a shared understanding and definitions of racial equity and institutional and systemic racism, have the courage to have the conversation and systemically evaluate the situation, paying closer attention to the role of leadership.[7]

Leaders with an equity lens agree that society, at large, stands to benefit from systemically advancing economic, political and social well-being for everyone, not just those who have historically benefited. When leaders don't have an equity lens, systemic issues that exists in work and HR practices; for example talent sourcing, recruitment, identification of talent, and participation in leadership development that sidelines underrepresented talent from rising to the top of echelon of leadership in organizations become invisible. This includes gender differences. From the education and leadership development point of view there are new competencies being introduced to help individuals and organizations set behavioral expectations to help build a culture of inclusion and deliver culturally competent healthcare. Equity, diversity and inclusion research recently has focused on definitions, practices, awards and workplaces, linguistic services connected with disparities, culture of health, inclusive leadership, neuroscience of inclusion, racial equity and evolution of culture of humility among other things. We can say that the role of leadership in equity may be a gap that has not been fully addressed. According to 2018 Deloitte review, the inclusion

revolution "workplace leaders around the world tell us that they are ill-equipped to navigate these swirling waters."[8]

Organizational approaches to address equity and diversity challenges has been process focused with the introduction of new roles and structures. One example of that in healthcare is the Government Office of Minority Health including the implementation of Cultural and Linguistic Standards (CLAS) to provide clear expectations for health systems to improve diversity in governance and ensure adequately the provision of linguistic services to ensure the provision of culturally competent care.

The concept of inverse care suggests that the availability of solid clinical care tends to vary inversely with the actual need for it by the patient population receiving the care. The populations who need good medical care the most are often the least likely to receive it. Demographic and socioeconomic differences in populations require that aspects of care be addressed to achieve equity, and they can be improved by these actions:

- ***Acknowledge*** *that there is a lack of a common practical leadership development programs, a curriculum and framework to prepare leaders for leading with equity in their daily work.*
- ***Define*** *a common Equity, Diversity, and Inclusion (EDI) body of knowledge and competencies as the foundation to build a diversity practice with an equity lens.*
- ***Research and document*** *best practices and design a leadership equity-driven playbook to guide leaders to embed equity in strategy and execution while measuring the financial burden of inequitable resource allotment.*

The drivers of change in healthcare are those leaders that are closest to patients, the providers. Research proves that through training and experiential occurrences, many providers still reserve an unconscious and organizational bias when making legitimate decisions around care for non-white patients. This is influenced by the organization in which they serve, the guiding principles and

values of that entity, along with their understanding of societal differences amongst the community they serve.

In one revealing study called the Implicit Association Test, participants are asked to look at a combination of facial expressions and words on a computer screen, rating each as either good or bad with the touch of a key. The self-administered test is capable of identifying even a millisecond's delay when assigning positive or negative attributes to people of different races. Consistently, white test takers associate white faces with "good" attributes and Black faces with "bad" ones. Although doctors are certain they treat all patients the same, regardless of race, the numbers don't lie. Two out of three clinicians were found to have an implicit bias against African Americans, despite the majority having denied any racial prejudices during the self-evaluation phase of the test[9] (Pearl MD). Dr. Darrell Gray, a gastroenterologist at Ohio State and the medical director for the National African American Male Wellness Initiative, believes doctors need to come to grips with prejudices they may not even know they have. (Pearl MD)

It is inevitable that healthcare delivery systems will fall short of engaging, recruiting, and retaining high caliber minority talent. A recent McKinsey report noted that Black employees are underrepresented in seven of the eight highest paying industries and five of the eight fastest growing industries.[10] Healthcare is one of the world's fastest growing industries due to technological and medical advancements, a growing and aging population, and accessibility to healthcare financing. Therefore, the need for exceptional talent is growing. Additionally, as reimbursement and quality measures include more population health metrics, understanding the racial, ethnic, economic, and linguistic differences amongst the community is raised in visibility and value, healthcare organizations are challenged to have adequate minority representation in leadership to drive decisions that benefit the full spectrum of demographics served. McKinsey reports that because they are likely to be excluded from information networks about high-potential professions, fields, and opportunities, Black professionals tend to take supportive roles in

established industries instead of roles in high-growth industries. The industry of health and healthcare has a visual shortage of minorities in leadership with profit and loss responsibilities and people leadership roles. They face discrimination at a remarkable level. A 2015 study found that Black workers are "subject to more scrutiny" or held to a "higher standard" than white workers. Black workers make up 13 percent of the U.S. workforce, but racial discrimination against this group accounts for 26 percent of all claims filed with the U.S. Equal Employment Opportunity Commission and its partner agencies.[11] This is reflective systems, policies, bias and institutional perceptions that block the most relevant leaders from attaining leadership roles. To address the social pressures and disparities in care, a more equitable allocation of resources and availability of programmatic solutions that will shift the inequities in care provision, requiring minority leaders that can relate to community and patient needs is needed more than ever.

More equitable outcomes begin with more inclusive practices, diverse leadership teams, and community connections that activate solutions to healthcare disparities through an equity lens. Leaders need to be equipped with the knowledge, skill, ability, and behaviors to institute this change and adequate leadership development, based in EDI, is one of the keys to success.

Leadership Development Gaps

As the industry of healthcare requires more from its leaders and providers, regulator influence and expectations of high quality and reliable services are an additional pressure on the performance of key decision makers. Understanding the differences amongst the people they serve and developing structures that deliver equitable and inclusive care to everyone are the beginning of the cultural transformation organizations are experiencing within the healthcare landscape. Patient satisfaction scores, digital transformations, reimbursement model shifts, and payer relationships are critical areas of focus within the operations of health delivery networks. These operational demands are paired

with the social movements toward reducing healthcare disparities, dismantling of institutional racism within patient care models, and the increased cost of healthcare due to the lack of strategy to reduce disparities in underserved communities. In a recent 2020 study at Harvard, "The Key to Inclusive Leadership," the importance of visible commitment was highlighted. As leaders seek to deliver on their oath to care for everyone, there are critical leadership gaps that must be addressed. Whether a clinical provider or administrator, there is evidence that an authentic commitment to diversity, willingness to challenge the status quo, or a desire to hold everyone accountable to make diversity and inclusion a personal and organizational priority is lacking.

Harvard Business Review states that "while conventional diversity, equity, and inclusion initiatives focus on employee engagement and belonging, today's challenges reach far beyond marginalization in the workplace." The sidelining of core root cause issues is not tolerated any longer, structural systems, bias and societal discrimination practices must be overhauled to better serve patients and their families. This begins with appropriate leadership development, programmatic investment in people and their capabilities to build the capacity to lead social transformation and appreciate differences within our society.

Opportunities:

- Develop learning pathways for true EDI efforts not only for diversity practitioners, but for leaders. This is fundamental to the cultural transformation required in many organizations, especially considering lack of a common body of knowledge and consensus on (EDI) skills and competencies.
- Integrate Equity, Diversity and Inclusion strategies as the foundation for population health management, human capital, and healthcare delivery strategies within the leader's role.
- Provide accountability within new and emerging roles like that of the Chief Diversity and Equity officers to own the strategy and include senior leaders in the responsibility of delivering change.

- Be a sponsor and champion for EDI. Leaders also must unlearn old approaches and learn new skills as part of their jobs to advocate for racial equity.
- Integrate diversity and inclusion programs with corporate strategy, not just being a peripheral initiative. Often, EDI is not integrated with equity initiatives, limiting the ability to address racial equity and healthcare disparities; including those programs with funding will accelerate progress at a meaningful rate, population health management emergence to increase access to care and address disparities should be connected to or in collaboration with diversity offices.

Call to Action

Reimagine the role of leaders through an equity lens

The Academy of Management states that how organizations respond to large-scale, diversity-related events that receive significant media attention can either help employees feel psychologically safe or contribute to racial identity threat and mistrust of institutions of authority.[12] Recently, many leaders have dug deep into their social and emotional wells of experience and thoughts to respond accordingly with the forces impacting the world from a health and social injustice perspective. Too many times, leaders' experiences are not enough to address systemic inequities. This has been highlighted in the healthcare industry where minority groups are impacted at an exponentially higher rate than other races by COVID-19, racial justice issues, and institutional racism at the structural and policy level. For leaders to reverse the data trends of costly healthcare inequities within underserved communities and amongst minority populations, the role of leaders needs a fundamental and monumental shift. A transformation to lead through a lens of equity and inclusion while driving the development of cultures of appreciation for all human differences.

Proposed Steps:

- Redefine the role of leadership to address systemic inequities, with expectations of transforming culture and addressing systemic racism with clear and frequently measured accountability metrics.
- Understand that leadership development is not an isolated HR process. It must be a strategic imperative for organizations to reeducate and recalibrate what leaders do in organizations from understanding their own unconscious bias and taking action to address their biases, to assess their function's policies and practices to identify system racism and create new equitable models of care.
- Embrace diversity, inclusions, and equity; not to only apply it in specific circumstances, but as a leadership practice to utilize it as a critical component of day-to-day work.
- Make EDI a priority for healthcare organizations and partner with academia, medical schools and American College of Healthcare Executives (ACHE) to agree on that the new body of knowledge required to provide services to address disparities and include disparate treatment is not limited to the clinical experience but to include the EDI leadership skills required to build an equity environment. For example, focusing on emerging competencies such as cultural competence, culturally competent care, and culture of humility is essential.
- Partner internally with learning and development functions and externally with leadership advisors to redesign how training is created and delivered and focus on diversity and inclusion demographics and workplace cultures. Leadership education, from onboarding should include the connection between equity, institutionalized racism, and inclusion best practices to set the foundation and address community health disparities.

Reflections

History teaches us that courageous leadership is only one component to drive systemic change. In the healthcare industry,

policy, laws, structure, and social awareness are also factors that contribute to the societal mindset that shift behaviors leading to institutional transformation. Patient safety, reliability of care and quality of delivery are the hallmarks of health and healthcare service provision. Yet, there are known disparities in care distribution. This is primarily due to conscious and unconscious biases toward marginalized groups within our population. Correcting this historical human discrimination, as with most revolutions, begins with leadership. The capabilities of healthcare leaders span across the traditional boundaries of transactional – fee for service care, and extends into the community with concern and metrics around the value of care supplied to everyone, regardless of any other identifiers that historically have altered care delivery in a discriminatory fashion.

Harvard Business Review recently released a segment that called for "Acknowledgement," "Affirmation," and "Action." Recognition of the disparities, the root causes, operationally, systemically, and human oriented drivers that have denied adequate and fair treatment for all community members. Identify with the oppressed groups as their plight has been heavy and generational, affirming through empathy and intelligence will provide a foundation for leading the change required. Executing strategies that include leadership development with an EDI lens and approach will deliver the focus healthcare leaders require to embrace the societal realities and own the organizational cultural transformation. Without addressing the vital, interrelated aspects of equity and inclusion, healthcare organizations will be challenged to deliver high quality treatment and outcomes.

Millions of healthcare workers have risked their lives to save the lives of patients, those that look like them and those that traditionally don't receive equal treatment; pandemics like COVID-19 bring out the best in people as we all are suffering in some meaningful way. Coming together without prejudice is a silver lining to such an impactful global health crisis. Those same workers should be empowered with the development to make racial equity a reality, inclusive behaviors the norm, and strategies

that put people first without any level of systemic oppression that results in disparities within those same communities.

Our society is multi-racial, with a large spectrum of differences from generational, to sexual orientation and preferences, so our local communities are microcosms of the world. Research shows that because cultural differences aren't fully appreciated, it leads to disproportionate health outcomes within underserved groups. This paradigm must shift, and it is our individual and collective responsibility to drive platforms of respect and equity for a healthier society. It starts with leaders, their capacity to institute change, appreciate and celebrate differences, and build cultures of equity and inclusion through diverse talent to represent the interests of their patients and produce high quality outcomes for every patient, every time. A healthier society awaits.

Notes

1 – Colon-Kolacko, R., Hines, N. and Martinez, A. "3 Keys to Health System Success in the 2020's". Retrieved May 15, 2020 from https://www.ccl.org/articles/white-papers/us-health-system-success/

2 – Ibid

3 – Pamela Newkirk's "Diversity, Inc.: The Failed Promise of a Billion-Dollar Business

4 – 2019. https://www.washingtonpost.com/outlook/despite-spending-billions-companies-cant-buy-diversity/2019/11/21/d8907b92-fb1a-11e9-ac8c-8eced29ca6ef_story.html

5 – Vyas, D., Eisenstein, L., Jones, D. "Hidden in Plain Sight – Reconsidering the Use of Race Correction in Clinical Algorithms". Retrieved June 17, 2020 from https://www.nejm.org/doi/full/10.1056/NEJMms2004740

6 – Pearl, Robert MD. "Coronavirus Deaths Show How Little Black Lives Matter In American Healthcare". Retrieved June 15, 2020 from https://www.forbes.com/sites/robertpearl/2020/06/15/coronavirus-black-lives-matter-healthcare/#5407809a6257

7 – Colon-Kolacko, R., Hines, N. and Martinez, A. "3 Keys to Health System Success in the 2020's". Retrieved May 15, 2020 from https://www.ccl.org/articles/white-papers/us-health-system-success/

8 – The Diversity and Inclusion Revolution – Eight Poweful Truths, https://www2.deloitte.com/content/dam/insights/us/articles/4209_Diversity-and-inclusion-revolution/DI_Diversity-and-inclusion-revolution.pdf

9 – State of the Science: Implicit Bias Review http://kirwaninstitute.osu.edu/wp-content/uploads/2014/03/2014-implicit-bias.pdf

10 – Noel, N., Wright, J. "Black Workers Face Higher Levels of Workplace Attrition at Every Level. Retrieved Jun 19, 2020 from https://www.mckinsey.com/featured-insights/coronavirus-leading-through-the-crisis/charting-the-path-to-the-next-normal/black-workers-face-higher-levels-of-workplace-attrition-at-every-level?cid=other-eml-alt-mip-mck&hlkid=3ea0f412df9d403ab66f240d92d0d4e6&hctky=11880728&hdpid=0093721c-4993-44bb-babb-8306e78589a6

11 – The Economic Impact of Closing The Racial Wealth Gap https://www.mckinsey.com/industries/public-sector/our-insights/the-economic-impact-of-closing-the-racial-wealth-gap#

12 – Leigh, A., Melwani, S. "#BlackEmployeesMatter: Mega-Threats, Identity Fusion, and Enacting Positive Deviance in Organizations". Retrieved June 1, 2020 from Academy of Management publication. https://journals.aom.org/doi/full/10.5465/amr.2017.0127