Diversity, equity, and inclusion in home infusion

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Background
Diversity, equity and inclusion (DEI) are important for healthcare organizations to prioritize for their employees. Studies show diversity in the workforce enhances access to care, reduces health disparities, and improves quality of care for underserved populations.1 Many organizations have made DEI a priority by creating a diverse leadership team, creating a team that represents their community, and providing resources for their employees to grow in DEI.

There are various studies investigating components of DEI amongst clinicians such as the National Pharmacist Workforce Study (NPWS). This study periodically examines the pharmacist workforce, most recently in 2022. During the 2022 NPWS, questions regarding DEI were included.2 However, there is limited data surrounding DEI in home infusion (HI).

Purpose
The purpose of this study is to determine the demographic characteristics of the HI workforce and to explore employee’s assessment of and experiences with DEI efforts implemented in their organization.

Methods
An anonymous online 12-question survey was created and distributed from 12/1/23-1/3/24. Survey demographic parameters and DEI questions were modeled after the NPWS. Target audience included all current HI employees nationally. A link to the survey was sent to HI employees by email and professional discussion platforms. Employees who were not currently working in HI were excluded. The responses were analyzed using descriptive statistics.

Results
A total of 99 responses were included in the results based on exclusion criteria. Demographics showed:
- Region: 47% South, 20% West, 17% Northeast, 15% Midwest
- Tenure: 25% 5-9 years, 22% 10-19 years, 23% 20 years or more
- Position: 25% Leadership, 21% Dietitians, 19% Pharmacists, 13% Nurses
- Age: 31% 45-54, 24% 35-44, 24% 55-64
- Gender: 81% female, 18% male, 1% prefer not to say
- Sexual orientation: 88% heterosexual/straight, 4% prefer not to say, 3% asexual
- Religion: 37% Christian/Protestant/Methodist/Lutheran/Baptist, 28% Catholic, 22% atheist/agnostic/nothing in particular, 8% prefer not to say/other, 2% Buddhist, 1% Jewish

Greater than 50% of respondents strongly agreed (chart 1) my employer values diversity (58.6%), leadership at my employer understands diversity is critical to our future success (54.5%), people from all backgrounds and with a range of identities and abilities have equitable opportunities to advance their career growth (50.5%), people from all backgrounds and with a range of identities and abilities have equal access to appropriate benefits and representation (60.6%), and I feel respected by my colleagues (59.6%).

When asked about DEI the majority selected yes, their primary employer (chart 2): created a DEI Committee that will develop and implement DEI-related activities (69.1%), has DEI training/activities available to all employees (85.4%), requires all employees to participate in DEI training/activities (71.1%), is actively trying to hire a more diverse workforce (70.7%), and has been successful in hiring a more diverse workforce (81.9%).

Discussion
While the survey response was positive, demographic representation could have been more diverse. The US has become a melting pot and healthcare professionals should mirror similar demographics.3 Results lacked diversity in roles outside of clinicians and leaders, specifically in sales, revenue cycle management, operations and finance. Gender was largely weighted with female respondents and no representation from non-binary/non-conforming or transgender. In regards to sexual orientation, no respondents identified as lesbian, bisexual, or queer. Responders lacked diversity in race with no representation from American Indian, Alaska Native, Native Hawaiian or Other Pacific Islander, and few from Asian and Black or African American. In addition, there were minimal Hispanic or Latino responses. No respondents were Mormon, Greek or Russian Orthodox, Muslim, or Hindu.

Based on results, the industry understands the importance of DEI is focused on improvement, and offering programs and training for employees to enhance DEI knowledge. Organizations are actively trying to hire a more diverse workforce and ensuring their employees feel a sense of belonging. While most of the responses showed a positive perspective of DEI within the HI workforce, it is important to consider the survey demographics and diversity limits. The DEI results may be more falsely positive due to the disproportionate distribution of survey participants in role, gender, sexual orientation, race and ethnicity.

Conclusions
Healthcare organizations have been shown to improve performance, patient care, and financials by prioritizing DEI. Home infusion is no different. This exploration of demographics and DEI experiences is the first step in an enhanced HI workforce. Further research should focus on casting a wider net to include a greater response rate and diverse group. Authors suggest this survey should be offered periodically like the NPWS to compare changes within the industry.

References:

Chart 1. Diversity, equity, and inclusion home infusion employer perceptions

Chart 2. Diversity, equity, and inclusion home infusion employer initiatives