

Health Equity

An Interview with **Sharonne N. Hayes, M.D.**,
Medical Director-Office of Diversity and Inclusion, Mayo Clinic

EDITORS' NOTE *Dr. Sharonne Hayes is a cardiologist and Professor of Cardiovascular Medicine. She has more than 25 years of experience in treating complex heart and blood vessel conditions in the Women's Heart Clinic, Pericardial Diseases Clinic and general consultative cardiovascular medicine in both hospital and outpatient settings. Her clinical and research focus areas include sex- and gender-based cardiology and caring for a wide variety of cardiovascular conditions that occur primarily in women spanning prevention, diagnosis and treatments across the lifespan. Dr. Hayes was a clinical and research cardiovascular fellow and resident with the Mayo Clinic College of Medicine, and received her M.D. and B.S. from Northwestern University.*



Sharonne N. Hayes

INSTITUTION BRIEF *Mayo Clinic (mayoclinic.org) is a not-for-profit organization committed to clinical practice, education and research, and providing expert, comprehensive care to patients with serious and complex illnesses. Mayo Clinic has major campuses in Rochester, Minnesota; Scottsdale and Phoenix, Arizona; and Jacksonville, Florida. The Mayo Clinic Health System serves more than 60 communities in Iowa, Minnesota, and Wisconsin. Mayo Clinic cares for more than one million people a year.*

Will you discuss your diversity and inclusion role at Mayo Clinic?

When this role was created in 2010, I had the opportunity to work with leadership to create priorities. We already had a diversity and inclusion focus for more than a decade, but there had not been a senior physician leader in the role.

We currently have a huge emphasis on health equity and optimum care for all patients. Our core value is that the needs of the patient come first, so a big part of this process is making sure "all" really means "all" when we're talking about patients, no matter what their race or ethnicity, sexual orientation, gender identity, or whether they are people with disabilities.

We're focused on all those who come to have their care at Mayo but also to being part of the solution on a national level in terms of addressing health inequity and disparities. This focus helps promote the infrastructure and the people to move our ideas forward.

We have an Office of Health Disparities Research that is more externally focused and has projects that address a number of immigrant population health issues, and reducing disparities in outcomes and care among African Americans, Native Americans and Hispanics, for instance.

We also have an Office of Health Equity and Inclusion, which focuses on making sure the care delivered and the outcomes of that care for our Mayo Clinic patients result in equitable outcomes for all.

For instance, sometimes that might mean making sure that women and African American people get the same great guideline-based care for their heart attacks as men and sometimes that means we must recognize that we need to treat some patients differently in order for them all to have the same outcomes.

The other areas of focus are increasing the diversity of our patients, making sure we are relevant and culturally appropriate for all patients who would seek us out, as well as making an inclusive environment for our employees.

One thing we have strived for is that every employee and staff member at Mayo Clinic feels fully included in the workplace. Ideally we will have a workforce representative of the patients we care for and the composition of our leadership will reflect the make-up of our workforce.

We have strategies in place for all of these goals.

How critical are metrics to track impact of these efforts?

We need metrics. I have found it to be highly effective in moving the dial to have the metrics, the data collection and the benchmarks to provide to my colleagues at leadership levels, but also more broadly.

In 2015, we undertook a climate assessment, which was based on how employees felt about working here. More than 40,000 employees participated in this and we got some great insights which gave us the motivation and data to move forward.

We also addressed the question of pay equity by gender and race/ethnicity among physicians. We have believed for a long time that our salary model is the best way to go about tackling this issue. Last year, we commissioned an external audit to make sure we were following our rules and they found that for the same

work, for instance, a non-invasive cardiologist like me, had no difference in compensation whether one was a woman, man, or a racial or ethnic minority.

Physicians and scientists are data driven and we are competitive, so the ODI office has been putting together a dashboard for our department chairs that annually tells them a number of things about their staff such as the percentage of race/ethnicity/gender, their attrition and hiring rates, and progress towards academic advancement. These are compared to national benchmarks.

These reports have helped them understand where they can do better.

When you are part of an organization that is consistently recognized as an industry innovator, how do you make sure not to fall into a complacent mindset?

We don't ever sit on our laurels. Healthcare is rapidly changing and we must anticipate change and be proactive. Sitting still, in any department, means that there will always be others doing excellent work who will be waiting to take our place.

I have presented the academic rank gap internally, which is very motivating for my colleagues because we want to be above average and a role model for other academic medical centers.

Our culture works for us in that we always look to find ways to improve.

How important is it to have buy-in from senior leadership for your work?

Our leaders are actively involved in this work. The leadership sets the tone that this is more than something that is nice to have; it is critical.

When I took this role, my concerns were about how effective I would be in this newly created position, but it was communicated to me that I would be fully supported, and I have been.

Are there moments when you can reflect and celebrate the wins?

It's sometimes hard to remember to reflect when there is always so much more to be done, but my team, which is very small, does reflect when someone has a win. When our first female Vice President of Mayo Clinic was appointed, I was very proud. It meant a lot to me and my colleagues and I eagerly shared the news on social media and internally. We have to reflect on the small wins or it can seem like an overwhelming job. ●