

The Core Value of Diversity

An Interview with Stephen C. Haskins, MD, Chief Medical Diversity Officer, HSS

EDITORS' NOTE *Dr. Stephen Haskins is Chief Medical Diversity Officer in the Office of Diversity, Equity and Inclusion and a board-certified anesthesiologist at HSS. He earned his MD at New York University School of Medicine and completed his residency at Weill Cornell Medical College where he served as Chief Resident in his final year. Upon completion of his residency, he spent one year as an HSS Regional Anesthesiology & Acute Pain Medicine fellow. During Dr. Haskins' fellowship he helped to coordinate and teach a point-of-care Transthoracic Echocardiography (TTE) course – Focus Assessed Transthoracic Echocardiography (FATE) – for the Department of Anesthesiology, Critical Care & Pain Management. He also obtained additional training in other point-of-care ultrasonography, including lung and abdominal. As an anesthesiologist, Dr. Haskins leads the Department's point-of-care ultrasound education. He has published noteworthy work regarding the evolving role ultrasonography plays in anesthesia and critical care in the peri-operative setting in addition to a series of review articles on the importance of point-of-care ultrasound for regional anesthesiologists and pain medicine specialists in Regional Anesthesia and Pain Management.*



Dr. Stephen C. Haskins

How do you define the new role of Chief Medical Diversity Officer at HSS?

I define the role of Chief Medical Diversity Officer as a principal advocate and catalyst for advancing the three foundational goals associated with our core value of Diversity. These goals are “Universal Respect,” ensuring every member of the HSS community feels respected, safe, and comfortable at HSS; addressing “Disparities of Care” through improved communication and access to care and prevention in our community; and promoting “Diversity in Leadership” as we aim for diversity and representation at all levels of the organization. Whenever an opportunity or initiative presents itself, I look back to these foundational goals as a guiding light to ensure our efforts and resources are best utilized to advance our mission.

Although I hold a physician-leadership role, I believe it is essential to be involved in

and/or supportive of all work done through the Office of Diversity, Equity, and Inclusion (DEI) at HSS. Therefore, I serve as a core member on a team of leaders who support each other's work by utilizing our institutional knowledge and influence to affect change.

What are your priorities for leading the advancement of diversity, equity and inclusion at HSS?

As a founding member of HSS' Office of DEI, my priority is to help lay the foundation and build a

framework to support all ongoing and future efforts. This foundation has manifested itself in several ways. For example, when it comes to our foundational goal of “Diversity in Leadership,” we have focused on collecting robust and reliable demographic data to accurately measure the impact of any effort. Whenever possible, we aspire to create data-driven initiatives to support the creation of measurable goals.

For our goal of “Universal Respect,” in addition to putting policies and procedures in place to ensure that employees are protected, we have also helped to create safe and inclusive spaces through Employee Resource Groups (ERGs). ERGs provide a venue for all members of the HSS community to have a safe and supportive environment where they can have challenging conversations and also celebrate their uniqueness. ERGs also shed light on the importance of shared experiences and intersectionality. The focus on demographic data collection and the creation of ERGs are just two examples of how we are working to build a foundation for the future.

What can be done to attract more diverse candidates to the medical profession?

One of the reliable approaches we have embraced is the creation of pipeline programs that identify talented underrepresented minorities with academic and professional promise and provide them with early exposure to the medical field. Our Associate Chief Medical Diversity Officer, Dr. Daphne Scott, has championed this work through our Summer Premedical Internship Program.

This program gives underrepresented students the invaluable resources of networking and mentoring paired with the ability to see their future selves as medical professionals by

working closely with successful underrepresented minority physicians at HSS. We aim to inspire the next generation to pursue a career in musculoskeletal health by opening our doors to these talented students and cultivating them early in their academic and professional careers.

How is HSS addressing disparities in care?

HSS is committed to addressing disparities in care. The most exciting development on that front is the new role of a Chief Equity Officer, which is being led by Jillian Rose-Smith, PhD. She will be working to build an institute for health equity that further leverages the enterprise's resources to help advance access to care for our communities. HSS aims to be a world leader in all that it does, and we are now building the infrastructure to improve access and address many of the health disparities that exist in musculoskeletal care.

What advice do you have for other healthcare leaders seeking to advance DEI at their own organizations?

Cultural change is one of the hardest things to achieve in any organization, and DEI work almost always involves addressing culture. When we first embarked on this journey, we were incredibly fortunate to have the unwavering support of our leaders, including the Board of Trustees, CEO Lou Shapiro, President Dr. Bryan Kelly, and several other leaders featured in this issue. That support from the top down made it possible to progress as quickly as we have in the last few years. For example, the pipeline program we launched last year was largely funded by Scott Kapnick, a Board member.

The HSS leadership team has been directly involved in curating our DEI structure and has helped inform and shape many of our initiatives. Their involvement has been an undeniable boon to our efforts. I mention this because a significant focus of DEI work is to elevate and advocate for minority and marginalized communities. When advocating for these communities, a common perception is that hospital leadership is a barrier to progress, not a supporter. However, when looking to advance DEI work, engaging with leadership in the process and, when appropriate, aligning the work with the priorities of the institution can accelerate efforts and their eventual impact on culture. ●