

Workforce Professional Development Series: Diversity, Equity, and Inclusion among Health Professionals

March 16, 2023 | 2-3 PM ET

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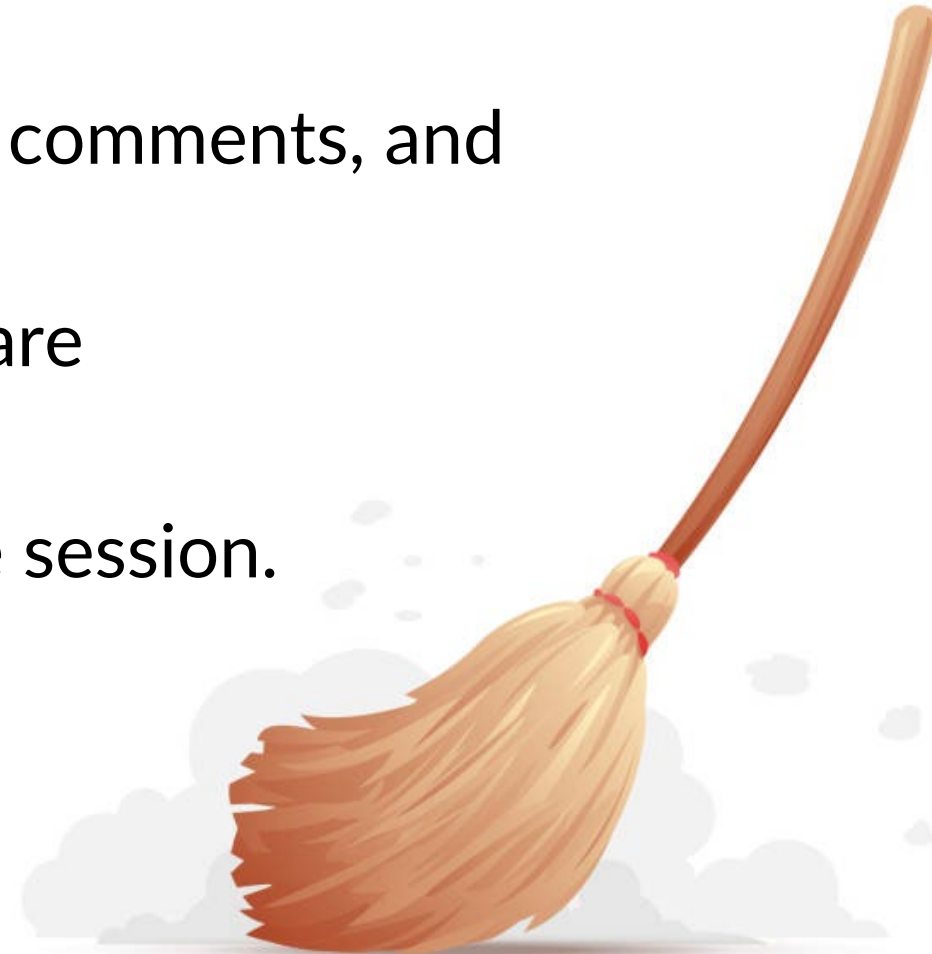
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WEBINAR HOUSEKEEPING



- This session is being recorded. The recording and slide deck will be shared with registrants via email.
- Use the **chat** box to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the **evaluation** after the session.



ABOUT ME



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LEARNING OBJECTIVES



- Become familiar with the current state of racial and ethnic diversity in the clinical workforce
- Learn about efforts to increase diversity in the clinical workforce
- Describe steps to establish more inclusive healthcare work environments

WHAT IS JEDI?



DEFINITIONS



(Social) Justice: An analysis of how power, privilege, and oppression impact the experience of our social identities.

Equity: The notion of being fair and impartial as an individual engages with an organization or system. Acknowledgement that **not everyone has been afforded the same resources and treatment while also working to remedy this fact.**

Diversity: Having a **variety of social identities** (sex, race, gender, class, religion, ability, health, ethnicity, migration history and many others) that spend time in shared spaces, communities, institutions or society.

Inclusion: The notion that an organization or system is welcoming to new populations and/or identities. This new **presence is not merely tolerated but expected to contribute meaningfully.**



Racial and Ethnic Diversity in the Healthcare Workforce

Racial and Ethnic Representation in Health Diagnosing and Treating Practitioners



Table 2. Workforce Estimates of Health Diagnosing and Treating Practitioners Based on 2019 American Community Survey Data

Practitioner	Race/ethnicity, % (SE) [95% CI]			
	White	Black	Native American	Hispanic
Advanced practice registered nurse	79.4 (1.10) [77.15-81.47]	7.3 (0.87) [5.80-9.22]	0.3 (0.16) [0.12-0.84]	5.5 (0.58) [4.45-6.74]
Dentist	68.7 (1.52) [65.60-71.56]	4.4 (0.88) [2.95-6.49]	0.1 (0.05) [0.01-0.29]	5.7 (0.72) [4.43-7.28]
Pharmacist	65.4 (1.09) [63.22-67.51]	7.5 (0.72) [6.23-9.07]	0.2 (0.08) [0.07-0.45]	3.7 (0.41) [2.99-4.63]
Physician	62.4 (0.65) [61.06-63.63]	5.2 (0.37) [4.50-5.96]	0.1 (0.05) [0.047-.26]	6.9 (0.35) [6.27-7.65]
Physician assistant	75.9 (1.46) [72.97-78.68]	4.5 (0.82) [3.11-6.39]	0.5 (0.24) [0.23-1.29]	7.3 (0.87) [5.77-9.21]
Occupational therapist	80.5 (1.42) [77.60-83.16]	6.1 (1.03) [4.35-8.45]	0.2 (0.17) [0.02-1.19]	5.2 (0.78) [3.90-7.0]
Physical therapist	76.7 (1.06) [74.54-78.71]	3.3 (0.48) [2.50-4.41]	0 (0.02) [0-0.16]	3.3 (0.42) [2.62-4.27]
Respiratory therapist	66.3 (2.03) [62.19-70.16]	11.4 (1.48) [8.81-14.66]	0.9 (0.56) [0.29-2.98]	10.8 (1.34) [8.45-13.73]
Speech-language pathologist	84.4 (1.15) [82.00-86.52]	4.7 (0.78) [3.37-6.47]	0.5 (0.28) [0.20-1.48]	6.4 (0.74) [5.10-8.03]
Registered nurse	68.9 (0.38) [68.17-69.64]	11.3 (0.29) [10.75-11.91]	0.4 (0.05) [0.29-0.47]	7.8 (0.22) [7.33-8.21]

From: Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. JAMA Netw Open. 2021;4(3):e213789.
doi:10.1001/jamanetworkopen.2021.3789

Diversity Index (Current and Projected)



Table 3. Health Workforce Diversity Index for the 2019 Health Care Workforce and Educational Pipeline

Occupation	White			Black			Hispanic			Native American		
	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c	Workforce ^a	Pipeline ^b	Change ^c
Advanced practice registered nurse	1.31	1.17	-0.14	0.61	1.03	0.42	0.30	0.53	0.23	0.56	0.70	0.14
Dentist	1.13	1.04	-0.10	0.36	0.36	0.00	0.31	0.46	0.15	0.09	0.40	0.30
Pharmacist	1.08	0.98	-0.10	0.62	0.70	0.07	0.20	0.31	0.10	0.31	0.53	0.21
Physician	1.03	1.09	0.06	0.43	0.43	0.00	0.38	0.40	0.02	0.19	0.51	0.32
Physician assistant	1.26	1.42	0.16	0.37	0.23	-0.14	0.40	0.37	-0.03	0.94	0.48	-0.47
Occupational therapist	1.33	1.44	0.10	0.50	0.31	-0.20	0.29	0.36	0.07	0.30	0.24	-0.06
Physical therapist	1.27	1.40	0.13	0.28	0.23	-0.04	0.18	0.33	0.15	0.04	0.36	0.32
Respiratory therapist	1.10	1.00	-0.10	0.94	0.97	0.03	0.60	0.89	0.30	1.64	1.05	-0.59
Speech-language pathologist	1.39	1.45	0.06	0.39	0.28	-0.11	0.35	0.50	0.14	0.96	0.54	-0.42
Registered nurse	1.14	1.20	0.06	0.94	0.82	-0.11	0.43	0.64	0.21	0.65	0.81	0.17

From: Salsberg E, Richwine C, Westergaard S, et al. Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce. JAMA Netw Open. 2021;4(3):e213789.
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The Importance of Representation

Why Representation Matters



- Diversity can bridge needs for culturally and linguistically appropriate care
- Provider and patient racial concordance may contribute to better patient satisfaction, patient choice, quality of care, trust
- Inclusive programming that is tailored to the needs of minoritized communities (representation in program development and decision-making)





BARRIERS TO INCREASING DIVERSITY IN HEALTH PROFESSIONS EDUCATION

- Cost
- Academic preparation
- Unwelcoming campus climates
- Lack of social and emotional support

Source: Council on Graduate Medical Education. (2016). [Resource Paper: Supporting Diversity in Medical Education.](#)

Increasing Diversity in Health Professions

What works



- Academic enrichment programs
 - summer programs focused on orienting incoming medical students for academic and social life in medical school
 - practicum experience and internships
 - research and conference opportunities
 - academic advising
 - study tips and exam preparation (including advice for taking notes during class, writing application essays, or preparing for admissions interviews)
 - assistance with residency placements
- Financial support (including living expenses)
- Social supports/mentorships
- Institutional support for JEDI initiatives

Source: Urban Institute. (May 2022). [Improving and Expanding Programs to Support a Diverse Health Care Workforce.](#)

Increasing Diversity in Health Professions Federal Programs



- Centers of Excellence
- Scholarships for Disadvantaged Students
- Health Careers Opportunity Program (HCOP)
- Faculty Loan Repayment Program (FLRP)



Increasing Diversity in Health Professions

HRSA Centers of Excellence (COE)



- Recruit, train, and retain underrepresented minority (URM) students and faculty at health professions schools
- Programs improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health
- Facilitate faculty and student research on health issues particularly affecting URM groups
- Provide training at community-based health facilities that serve a significant number of under-represented minority individuals

Increasing Diversity in Health Professions Designated COEs



Grantees are designated by the HHS secretary as a COE

- Center of Excellence in Under-Represented Minority Health Professions Education (includes HBCUs)
- Hispanic Center of Excellence in Health Professions Education
- Native American Center of Excellence in Health Professions Education

Increasing Diversity in Health Professions Scholarships for Disadvantaged Students



- Grants to eligible nursing and health professions schools for use in awarding scholarships to students from disadvantaged backgrounds who have financial need, many of whom are URM students
- Federal government pays up to \$40,000 towards scholarship to help pay for tuition, reasonable educational expenses, reasonable living expenses
- Academic institution matches federal contribution
- Priority to eligible entities based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities

Increasing Diversity in Health Professions

Health Careers Opportunity Program (HCOP)



Increase the diversity of the non-nursing health professions workforce by providing grants that improve the recruitment into the health professions and enhance the academic preparation of students from economically and educationally disadvantaged backgrounds.

- Programs to develop skills needed to successfully compete for, enter and graduate from an allied health or health professions school.
- Tailored enrichment programs designed to address the academic and social needs of trainees from disadvantaged backgrounds.
- Provide opportunities for community-based health professions training, emphasizing experiences in underserved communities.

Increasing Diversity in Health Professions Faculty Loan Repayment Program (FLRP)



- Loan repayment assistance for health profession graduates from disadvantaged backgrounds who serve as faculty at an eligible health professions college or university for a minimum of two years
- Federal government pays up to \$30,000 towards tuition costs and educational institution matches that cost
- Two-year commitment to serve as faculty at their educational institution



Discrimination After Entering the Workforce



59.4% of medical trainees had experienced at least one form of harassment or discrimination during their training

Among residents only, 63.4% experienced harassment or discrimination

Source: Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic medicine : journal of the Association of American Medical Colleges*, 89(5), 817–827. <https://doi.org/10.1097/ACM.0000000000000200>

Discrimination among Health Professional Trainees



Common sources of harassment according to a systematic review of literature

- Consultants (cited by 34.4% of respondents)
- Patients or patients' families (21.9%)
- Nurses (15.6%)
- Fellows/residents (15.6%)
- Others (faculty, interns, and students, 3.1%)

Source: Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic medicine : journal of the Association of American Medical Colleges*, 89(5), 817–827. <https://doi.org/10.1097/ACM.0000000000000200>

Discrimination among Health Professional Trainees



What does discrimination look like?

- Overwork
- Withholding professional development opportunities
- Non-educational tasks
- Verbal abuse
- Specialty-choice discrimination
- Neglect
- Gender/racial insensitivity

Sources :Averbuch, T., Eliya, Y., & Van Spall, H. G. C. (2021). Systematic review of academic bullying in medical settings: dynamics and consequences. *BMJ open*, 11(7), e043256. <https://doi.org/10.1136/bmjopen-2020-043256>

Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic medicine : journal of the Association of American Medical Colleges*, 89(5), 817–827. <https://doi.org/10.1097/ACM.0000000000000200>

Kulaylat, A. N., Qin, D., Sun, S. X., Hollenbeak, C. S., Schubart, J. R., Aboud, A. J., Flemming, D. J., Dillon, P. W., Bollard, E. R., & Han, D. C. (2017). Perceptions of mistreatment among trainees vary at different stages of clinical training. *BMC medical education*, 17(1), 14. <https://doi.org/10.1186/s12909-016-0853-4>

Discrimination among Health Professional Trainees



Trainees who have experienced harassment and discrimination:

- Are less likely to complete assignments or provide optimal patient care
- Have more emotional health problems
- Experience disruptions in family life and social responsibility
- Experience depression, anxiety, insomnia, and appetite loss
- Are more likely to drink alcohol for escape

Source: Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic medicine : journal of the Association of American Medical Colleges*, 89(5), 817–827. <https://doi.org/10.1097/ACM.000000000000200>

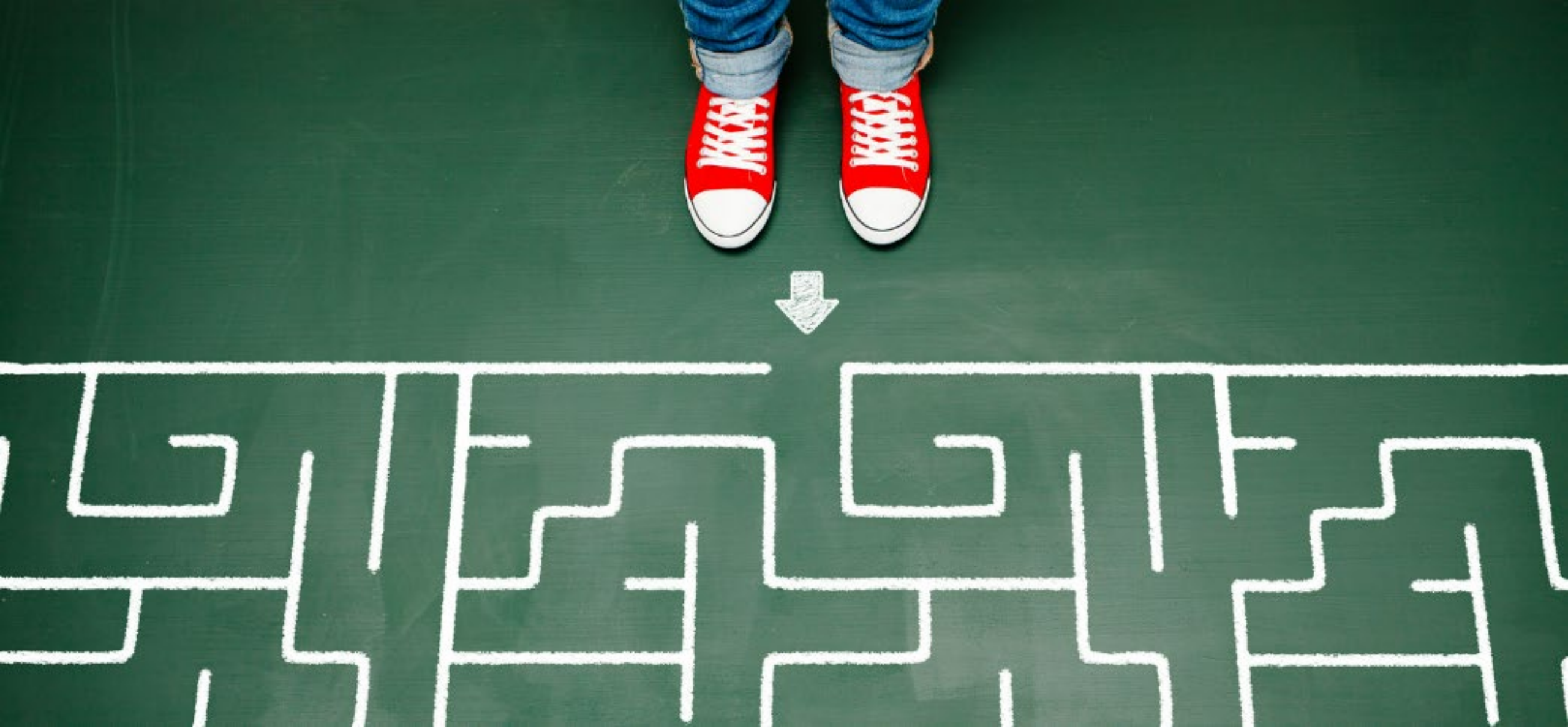
“Racial discrimination... was enabled and exacerbated by the medical field's competitive culture, hierarchical structure, and often exploitative nature.”

Excerpt from Good Morning America. (October 24, 2022). *Some Black physicians say they were pushed out of hospitals due to racial discrimination in medical workforce.*



Let's discuss...

- Competitive culture
- Hierarchical structure
- Exploitative nature



Building Inclusive Organizations



Fnais, et al. (2014) recommends the following solutions to prevent discrimination and harassment:

- drafting policies
- promoting cultural change

Source: Fnais, N., Soobiah, C., Chen, M. H., Lillie, E., Perrier, L., Tashkhandi, M., Straus, S. E., Mamdani, M., Al-Omran, M., & Tricco, A. C. (2014). Harassment and discrimination in medical training: a systematic review and meta-analysis. *Academic medicine : journal of the Association of American Medical Colleges*, 89(5), 817–827. <https://doi.org/10.1097/ACM.000000000000200>

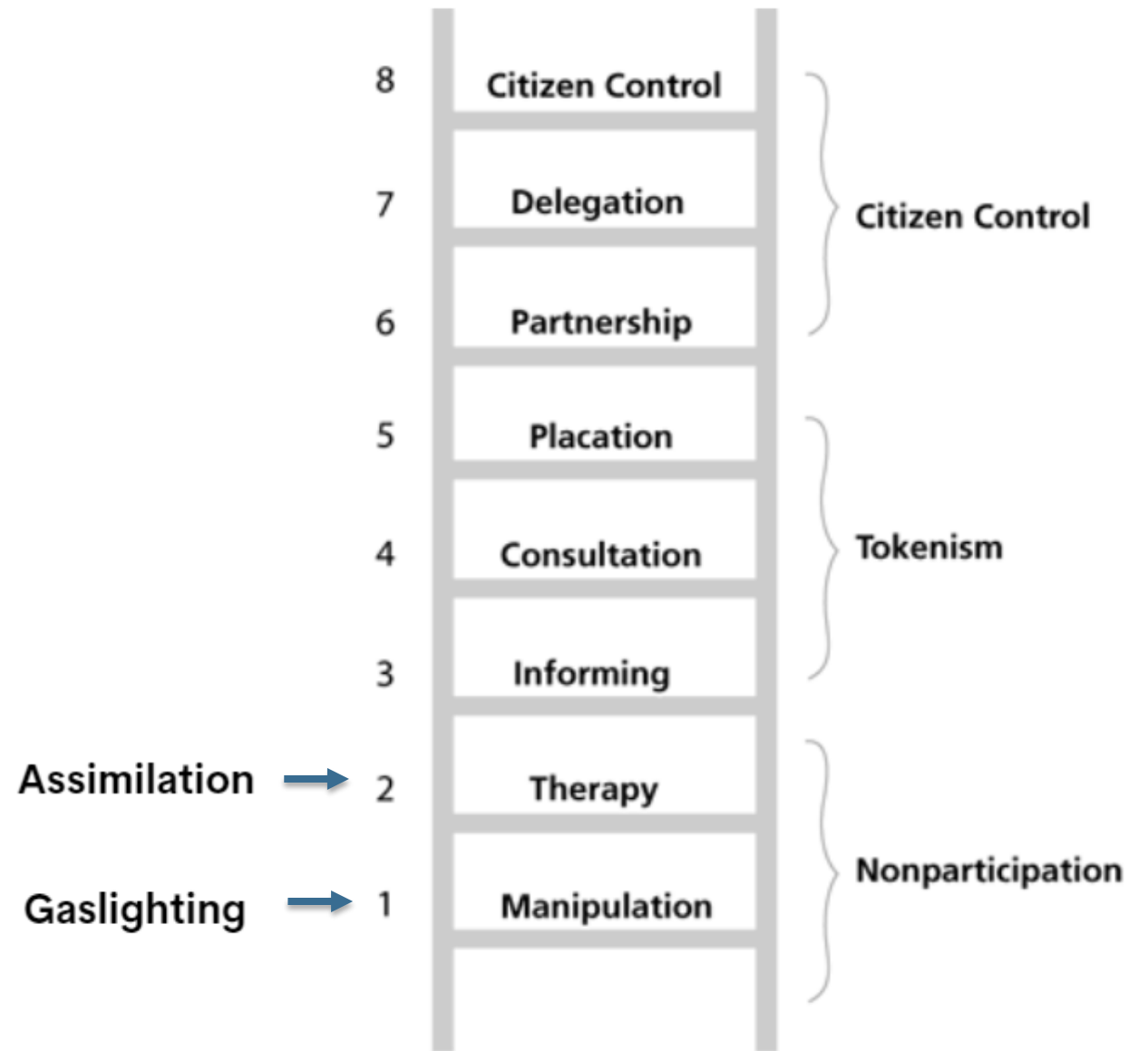
Getting Started in Developing an Inclusive Organization



- Develop a mission or vision statement around diversity, equity, and inclusion
- Establish a committee/task force to lead diversity, equity, and inclusion work
- Provide leadership support around committee/task force activities
- Integrate diversity, equity, and inclusion into professional development
- Establish affinity groups to offer a safe space for people who have similar backgrounds to share their experiences, receive support, and discuss opportunities to address workforce challenges and needs

Tokenism

the practice of doing something (such as hiring a person who belongs to a minority group) only to prevent criticism and give the appearance that people are being treated fairly



Arnstein's Ladder (1969)
Degrees of Citizen Participation

Minority Tax

extra, financially uncompensated duties and responsibilities that minorities are asked to perform to increase diversity at their institutions



Recommendations for Leaders



- Recognize that diversity is necessary but not sufficient to create a just and inclusive culture.
- Be aware that every leader and every leadership team are at risk for blind spots on their organization's inclusiveness.
- Appreciate that narrow concepts of leadership and stereotypical traits of leaders may limit the ability of an organization to improve its DEI and overall performance.

Credit: Lee, T.H., Volpp, K.G., Cheung, V.G., and Dzau, V.J. (June 7, 2021). [Diversity and Inclusiveness in Health Care Leadership: Three Key Steps](#). *New England Journal of Medicine Catalyst*.



RESOURCES

- Urban Institute. (May 2022). [Improving and Expanding Programs to Support a Diverse Health Care Workforce.](#)
- Recommendations for Policy and Practice
- Council on Graduate Medical Education. (2016). [Resource Paper: Supporting Diversity in Medical Education.](#)
- Association of Clinicians for the Underserved. [Building an Inclusive Organization Tool Kit.](#)

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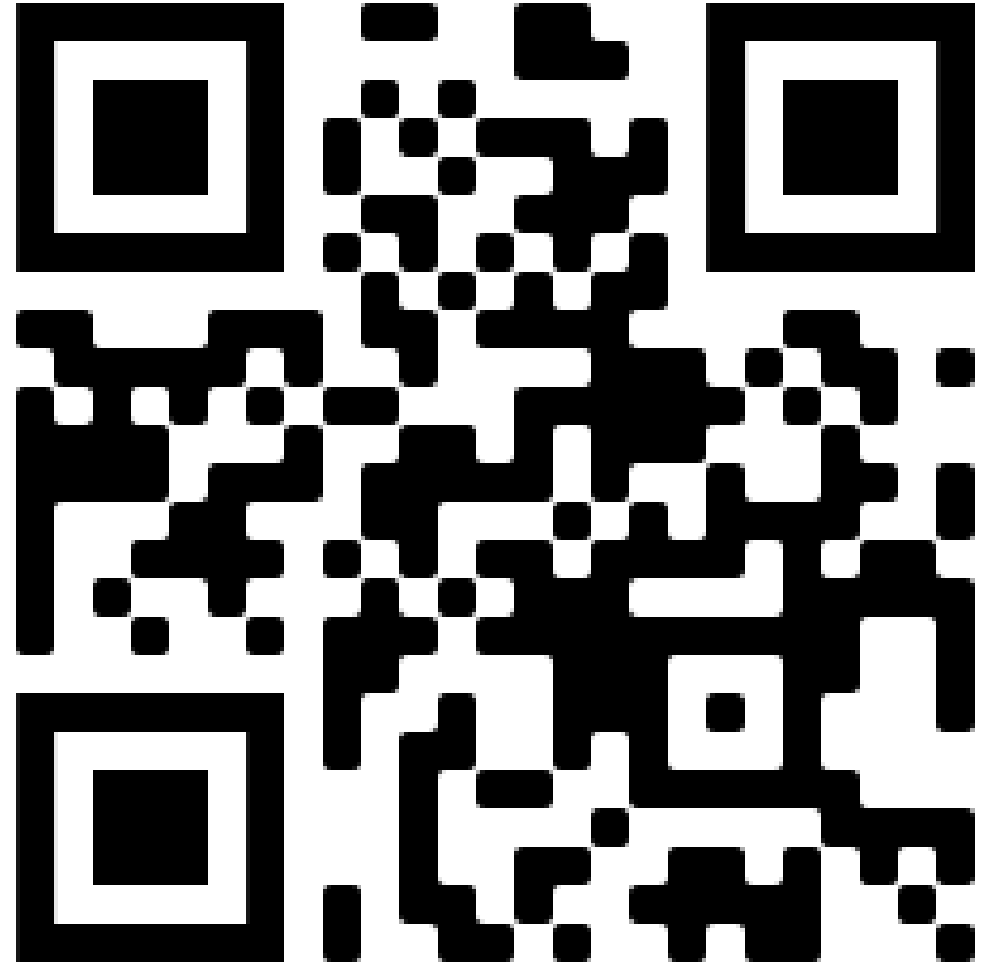
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