



Diversifying the Health Center Workforce: Building the House: Recruiting & Retaining Culturally Competent Staff to Serve Migrant and LGBTQIA+ Populations

Wednesday, June 5, 2024

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)

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MIGRANT CLINICIANS NETWORK (MCN)



 **Virtual Case Management for Migrant Patients**

 **Building Health Provider Capacity**

 **Resource Development and Dissemination**

 **Community Engagement**

 **Research and Evaluation**

 **Advocacy**

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER



Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

Research, Education, Policy



SERIES LEARNING OBJECTIVES



1. Understand the foundational principles of Justice, Equity, Diversity, and Inclusion (JEDI) and how they can be applied to recruitment and retention efforts within healthcare organizations to foster a more diverse and culturally humble workforce.
2. Identify specific challenges and disparities faced by migrant populations and LGBTQIA+ communities in accessing healthcare, and recognize the importance of recruiting and retaining culturally competent staff to address these disparities effectively.
3. Develop strategies for enhancing cultural humility and promoting health equity within healthcare settings by fostering an environment that values and respects individuals' intersecting identities, ultimately improving patient outcomes and provider retention.



SESSION LEARNING OBJECTIVES



1. Identify some of the unique healthcare needs and disparities experienced by migrant populations and LGBTQIA+ communities.
2. Understand the importance of recruiting and retaining culturally competent clinical staff to address these needs effectively.
3. Develop actionable strategies for promoting health equity and inclusivity within healthcare organizations by integrating culturally competent care practices tailored to the needs of migrant and LGBTQIA+ populations.



COMMUNITY AGREEMENTS



- Respectfully engage
- Be present
- Listen with respect
- Trust intent
- Acknowledge impact
- Provide grace





Understanding and Addressing Structural Inequalities

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June 5, 2024

MIGRANT CLINICIANS NETWORK

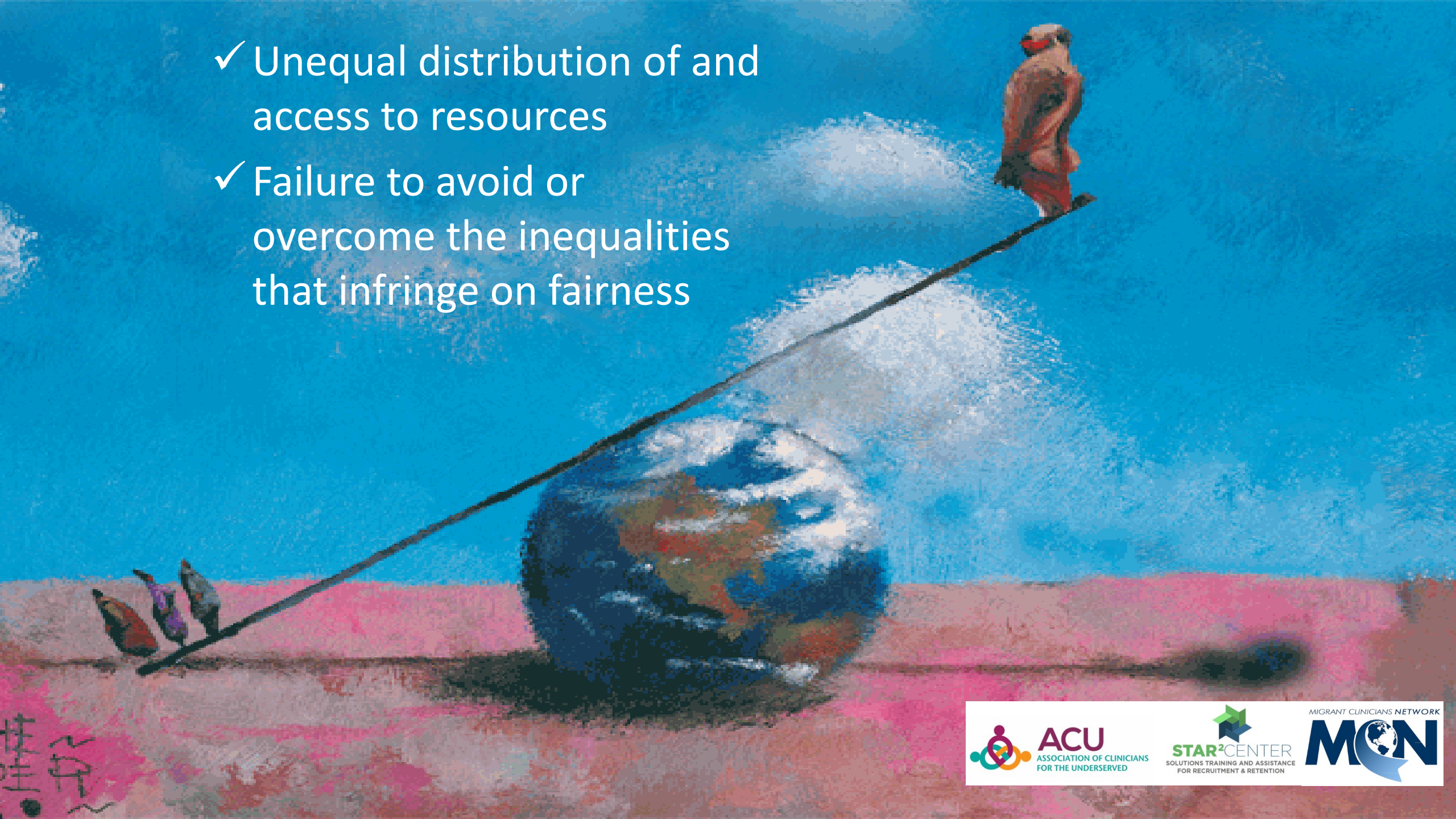


Definition of Structural Inequality



*Disparities in wealth, resources,
and other outcomes that result
from discriminatory practices of
institutions*

- ✓ Unequal distribution of and access to resources
- ✓ Failure to avoid or overcome the inequalities that infringe on fairness



ICEBERG MODEL

SYSTEM THINKING



Homeless



Criminal justice involvement

Domestic violence

Physical/behavioral health crisis

Child welfare involvement

Substance abuse

Poor health

Low income

Unemployment

Underemployment

Poor educational outcomes

School absences

Unsafe/unprotected sex

Adverse Childhood Experiences

Environmental barriers to diet & exercise

Poor nutrition

Lack of family & social supports

Unsafe neighborhoods

Poverty





Structural Inequalities and Environmental Exposures

- Pollution/ Unhealthy Air
 - Children in Black communities and asthma rates
- Natural Disasters
 - LGBT+ communities
- Workers Health
 - Migrant farmworkers and disparities in pain management

“While disasters do not discriminate, relief and recovery practices do.” ~ The Climate Reality Project

[Photo source: Carbon Literacy Project]



Structural Inequalities During Disasters and Health Impacts

- Isolation [less likely to receive emergency messages or receive assistance]
- Distrust [in systems including health care]
- Lack of medication [HIV, Gender-affirming hormones]
- No affirmation of gender or gender identity [shelter accommodations, hygiene, and infectious diseases]
- Harassment and violence [occurs in congregate living]
- Survival sex [in exchange for a rent or safe place]



An individual and organization-wide commitment to an ongoing process of working toward equity in multicultural contexts both internally and in partnership with communities.

A defined set of values, policies, and practices

Building capacity to gain cultural knowledge and value cultural strength and diversity

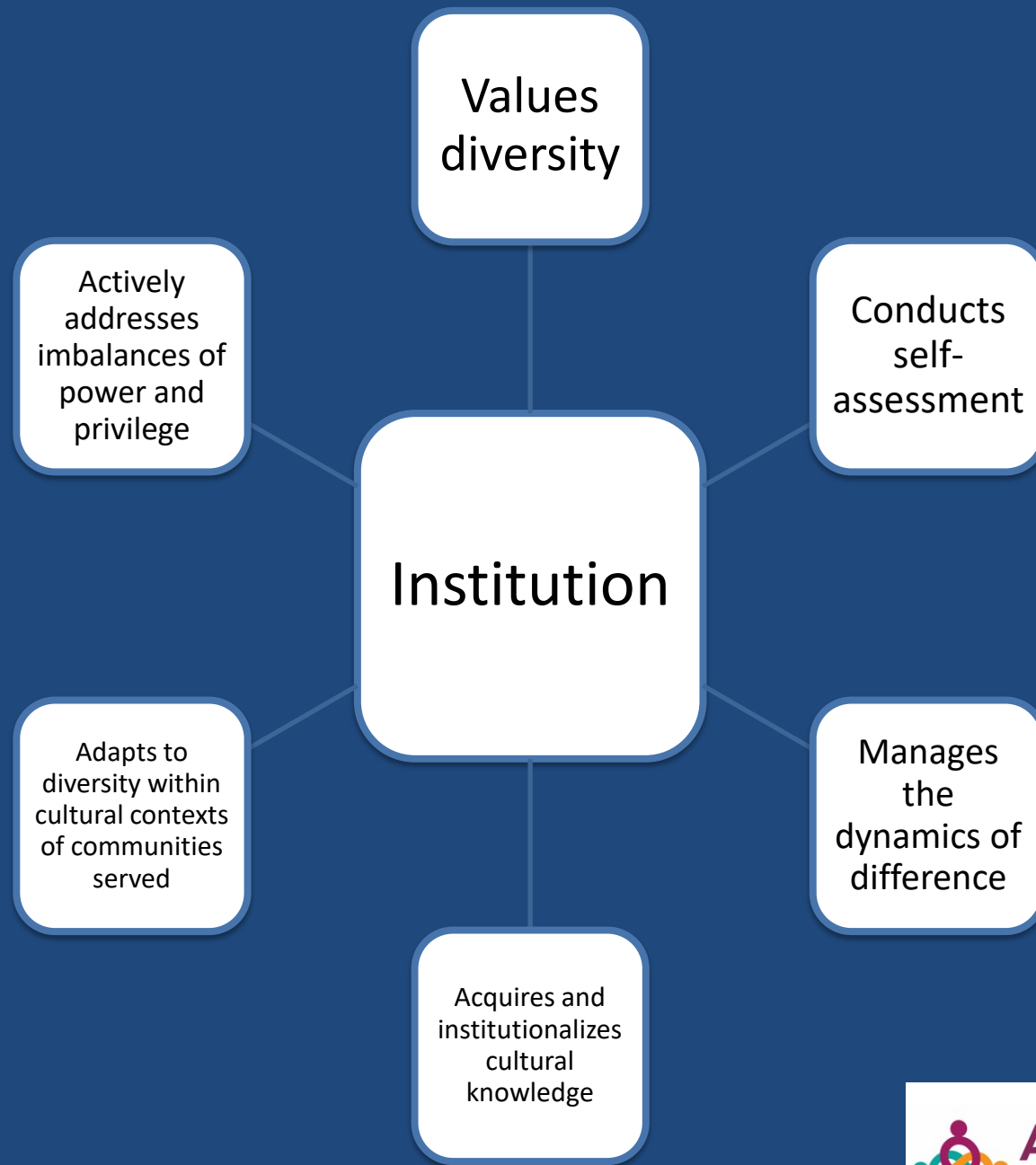
Navigating the dynamics of difference

Addressing individual and organizational cultural biases



Inward facing work and Forward-Facing work

- Internal DEI first
- External/service second



Current system

Iceberg Systems Thinking Model

Events

What are the *events* we see happening?

Patterns & Trends

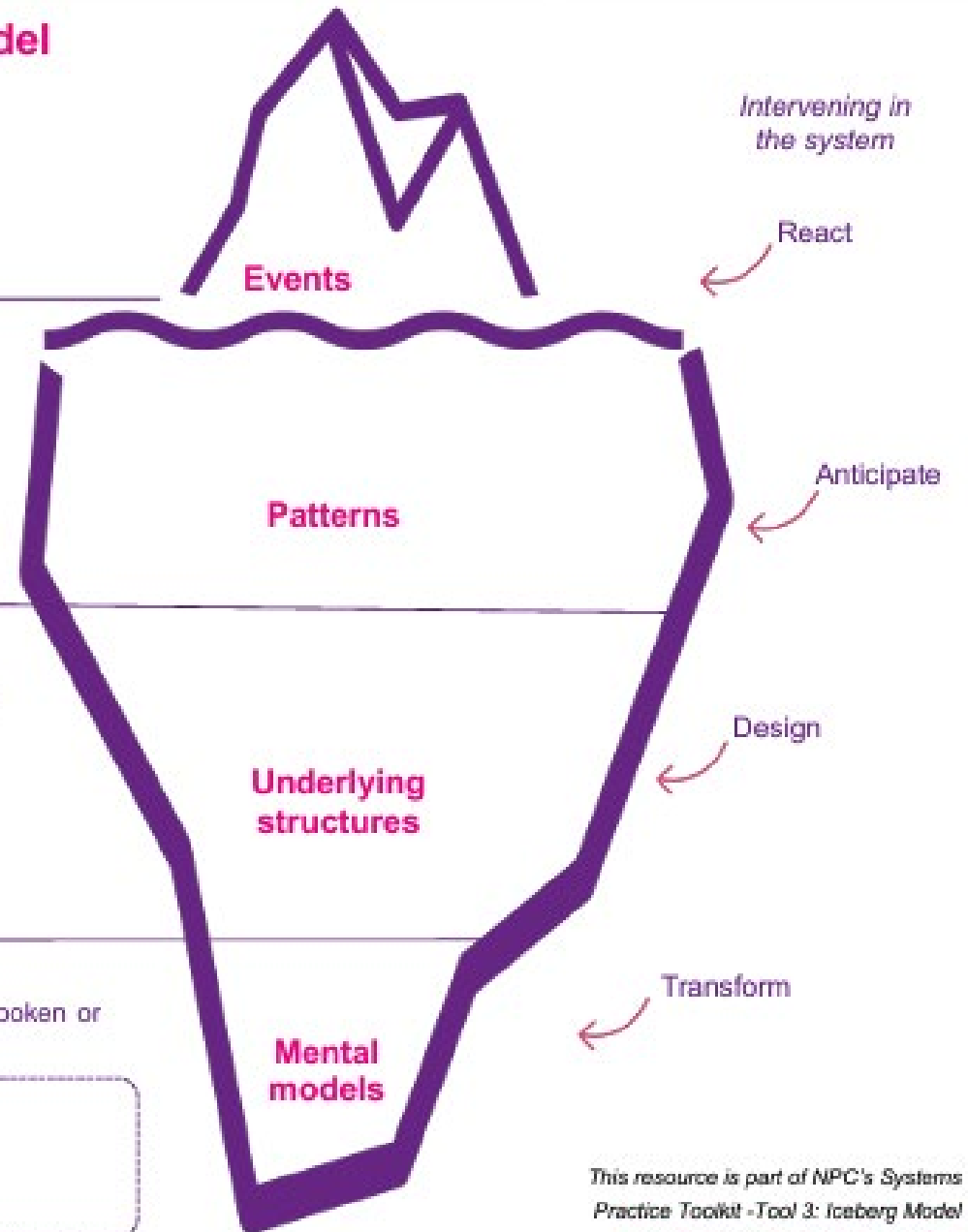
What are the *patterns* giving rise to those events? What *trends* are forming? What *patterns of connection* do you see between the events?

Structures & Processes

What *underlying structures* are helping produce these patterns of events? What *processes, practises, policies* are helping perpetuate them? What *power structures* are reinforcing them?

Mental Models

What are the 'mental models' – the *shared mindsets, assumptions, beliefs and values*, sometimes unspoken or unacknowledged – which give rise to these structures and create this system?



Structural Vulnerability Domains and Potential Sample Questions	
Financial Status	<p>How do you make money?</p> <p>Do you have any difficulties doing this work?</p> <p>Do you have enough money to live comfortably—pay rent, get food, pay utilities and phone, basic living supplies?</p> <p>Do you run out of money at the end of the month?</p> <p>Do you receive any forms of government assistance?</p> <p>Are there other ways you make extra money or do you depend on anyone else for their income?</p> <p>Have you ever been unable to pay for medical care or medicines at the pharmacy? Do you have access to preventive and primary care?</p>
Residence	<p>Where do you sleep?</p> <p>How long have you lived there?</p> <p>Is that a stable or reliable place for you to live?</p> <p>Do you feel the place that you live is safe and clean?</p>
Risk Environments	<p>Are you exposed to any toxins?</p> <p>Are you exposed to any violence?</p> <p>Are you exposed regularly to drug use?</p>
Food Access	<p>Do you have adequate nutrition and access to healthy food?</p> <p>What does your regular diet consist of?</p>
Social Network	<p>Which people make up your social network, family and friends? Is this network health or unhealthy for you?</p> <p>Do you have people who function as a social support system for you when needed?</p>
Legal Status	<p>Do you have any legal trouble?</p> <p>Do you fear any repercussions related to your legal status?</p> <p>Are you eligible for public services?</p>
Education	<p>Are you able to read? In what language(s)?</p> <p>What level of education have you reached?</p>
Discrimination	<p>Have you experienced discrimination based on your skin color, your accent or where you are from?</p> <p>Have you experienced discrimination based on your gender or sexual orientation?</p> <p>Have you experienced discrimination for any other reason?</p>
Presumed Worthiness	<p>The clinician could ask themselves if this person is likely to be considered by others as someone not to be trusted because of aspects of their appearance, ethnicity, accent, addiction status, personality, or other traits.</p> <p>The clinician could ask themselves if other people are likely to assume that the patient deserves their plight in life or their sickness due to any of their traits.</p> <p>The clinician could ask themselves if other people are likely to assume that the patient does not deserve top quality health care due to any of their traits.</p>

Source: Unpublished article, Seth Holmes, MD, PhD





NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Recruiting, Training, Supporting and Retaining an LGBTQIA+ Responsive Workforce

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Continuing Medical Education Disclosure

- Program Faculty: Alex S. Keuroghlian, MD, MPH;
- Current Position: Director, The National LGBTQIA+ Health Education Center; Associate Professor of Psychiatry, Harvard Medical School
- Disclosure: Royalties as editor for McGraw Hill textbook on transgender and gender diverse health care and editor for American Psychiatric Association textbook on gender-affirming psychiatric care

LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer and intersex (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org



LGBTQIA+ Workforce Development

- Recruitment
- Interview Process
- Training
- Professional Development
- Mentorship
- Benefits
- Retention



Introduction

- Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority people (LGBTQIA+) people increasingly access care
- Health care workforce needs to be prepared to meet the unique health needs of LGBTQIA+ patients
- Finding LGBTQIA+ responsive health care can present a challenge, especially outside major metropolitan areas
- Healthcare organizations contend with a high volume of workforce turnover and vacancies

Introduction

- Only a handful of medical, nursing, social work, or psychology programs offer more than a few curricular hours on LGBTQIA+ health competencies
- Health centers are committed to LGBTQIA+ health care, starting with collection and reporting of sexual orientation and gender identity data, to customize care and track health outcomes of LGBTQIA+ patients
- Critical to employ staff who can provide culturally affirming and tailored care for LGBTQIA+ patients

Educational Context

- Historically, care teams receive little formal education in LGBTQIA+ topics
 - Medical schools devote median of 5 hours to education on care of LGBTQIA+ people, despite numerous health disparities (Obedin-Maliver *et al.*, 2011)
- Existing recommendations for LGBTQIA+ health education rarely incorporated into clinical curricula (Hollenbach *et al.*, 2014)
- Transgender and gender diverse patients frequently report having to educate clinicians about their own health care (James *et al.*, 2016)

Policy, Regulatory and Biomedical Context

- Several forces have shifted focus of LGBTQIA+ health education to training for all clinicians
 - Trainings increasingly mandated by health care organizations
- Reports by Institute of Medicine and Health and Human Services on health disparities affecting these communities
- National Institutes of Health designation of sexual and gender minority people as a priority population for disparities research

Policy, Regulatory and Biomedical Context

- Biomedical innovations:
 - HIV Pre-exposure Prophylaxis (PrEP)
 - Guidelines, including those on gender-affirming hormone therapy
- In 2016, the Bureau of Primary Health Care mandated that all health centers systematically collect sexual orientation and gender identity (SOGI) information from all patients
- With increased public acceptance and visibility of LGBTQIA+ people, expectations increased for health care organizations.
- Hundreds of organizations now participate in the Human Rights Campaign's annual Healthcare Equality Index
 - Scores facilities on the quality of LGBTQIA+ care they provide and requires them to provide staff training in order to achieve the highest distinction.

Recruitment

- Add language to job postings stating that the health center is seeking candidates with experience in LGBTQIA+ health care, or with a strong desire to learn. For example:
 - *“We are seeking dynamic candidates with experience in providing care for the LGBTQIA+ community, or who are committed to learning about LGBTQIA+ health.”*

Recruitment

- For all job postings, include an Equal Opportunity Employment statement that includes gender identity, gender expression, and sexual orientation. For example:
 - *“We are an Equal Opportunity and Affirmative Action Employer, and we encourage applications from all qualified individuals without regard to race, color, religion, sex, gender identity, gender expression, sexual orientation, national origin, age, marital status, disability or veteran status, or to other non-work-related factors.”*

Recruitment

- If an advertisement allows for images, include stock photos of LGBTQIA+ people (e.g., same-gender couples, people with expansive gender expressions), to further the message of commitment to LGBTQIA+ health.

Adding Affirmative Imagery and Content to Recruitment and Marketing Materials



Recruitment Sources

- Some websites post openings for organizations that aim to recruit LGBTQIA+ employees.
 - Out Professional Network: www.outpronet.com
 - Campus Pride Jobs: <https://campuspride.jobs>.
 - Other options can be found on the Human Rights Campaign website: www.hrc.org/resources/lgbt-recruitment.
- Some colleges and universities host LGBTQIA+ job and career fairs.
- GLMA, national association of LGBTQIA+ health care professionals, offers networking opportunities at its annual conference: www.glma.org

Interview Process

- Look for providers who at minimum explain in their cover letter and resume a connection to the LGBTQIA+ community.
- They may have done volunteer work, disclose they are themselves LGBTQIA+, or have a close friend or family member who has inspired them to focus on LGBTQIA+ health.
- If candidates do not articulate their interest or experience, they may not be a good match for the position(s).

Interview Process

- Decide in advance what level of experience you are looking for, and then be sure to ask job candidates about that experience. Keep it open-ended, with questions such as:
 - *“Tell us why you are interested in this position in particular.”*
 - *“Tell us about your experience caring for LGBTQIA+ people.”*

Interview Process

- If it is difficult to find people with experience in LGBTQIA+ health care, you will need to gauge how committed the candidate is to learning.
- Those who have excellent qualifications and can demonstrate sufficient interest in LGBTQIA+ health care can be trained to provide excellent service to LGBTQIA+ communities.
 - Health care organizations will need to invest time in professional development.

Mentorship Programs

- As long as your health care organization has at least one LGBTQIA+ responsive staff member, it is possible to develop a mentorship program for new staff.
- As the program grows, primary and behavioral health care staff may hold regular meetings with other clinicians to discuss cases and ask questions.
- Particularly helpful for care teams with transgender and gender diverse patients whose health care needs can be unique and complex.

Mentorship Programs

- Tele-mentoring is another option; the Education Center offers a Transgender Health ECHO for health center clinical teams.
- The ECHO involves monthly live video conferencing sessions that combine brief didactic presentations with case discussions led by participating clinicians.
- www.lgbtqiahealtheducation.org/transecho/.

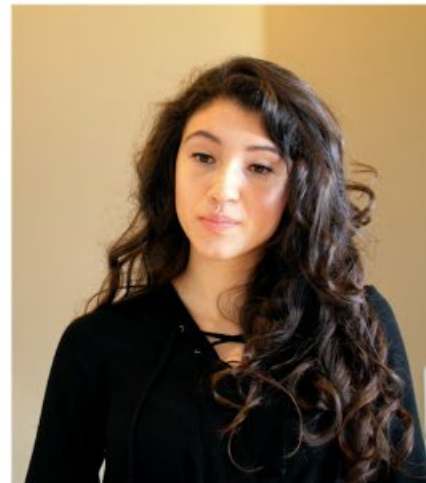
Training for All Staff

- LGBTQIA+ health training can be incorporated into the onboarding process and into annual diversity and inclusion training.
- Although the training should focus on patient care and communication, staff can be reminded that the lessons also apply to interactions with colleagues.

Training for All Staff

- Recommended training topics include:
 - Basic LGBTQIA+ terminology and concepts.
 - LGBTQIA+ health disparities.
 - Communicating with cultural humility, including using correct names and pronouns.
 - Preventing and addressing implicit bias.

SOGI Demonstration Videos





CULTURAL ADAPTATION OF MEASURES AND TOOLS FOR SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI) DATA COLLECTION

 NATIONAL LGBTQIA+ HEALTH
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SOGI Patient Pamphlet Translations



Arabic

Brazilian Portuguese

English

Farsi

Haitian Creole

Polish

Russian

Simplified Chinese

Somali

Spanish

Tagalog

Tigrinya

Vietnamese



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Training All Staff To Mitigate Implicit Bias Against LGBTQIA+ People



Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

EO NATIONAL LGBT HEALTH
EDUCATION CENTER
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Psychosomatics 2020; ■:■-■

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Perspective

Strategies to Mitigate Clinician Implicit Bias Against Sexual and Gender Minority Patients

Michal J. McDowell, M.D., M.P.H., Hilary Goldhammer, S.M., Jennifer E. Potter, M.D., Alex S. Keuroghlian, M.D., M.P.H.

Background: *Implicit bias is an ingrained, unconscious cultural stereotype that can negatively affect a person's interactions with members of stigmatized groups, including sexual and gender minorities. Clinician implicit biases may negatively impact the quality of patient care.*
Methods: *This article uses 4 case scenarios to illustrate how implicit bias among psychiatrists and other clinicians can affect patient-clinician communication and diminish the quality of health care provided to sexual and*

gender minority people. We offer strategies for clinicians to recognize, challenge, and address implicit bias.

Discussion: *Through continuing education, self-reflection, and practice, psychiatrists and other clinicians can improve communication and foster more affirming care experiences for their sexual and gender minority patients, with the goal of addressing and ultimately eliminating sexual and gender minority health disparities.*

(*Psychosomatics* 2020; ■:■-■)

Key words: sexual minority, gender minority, implicit bias, unconscious bias, LGBT, communication.

Accountability

- Creating an environment of accountability and respect requires everyone to work together
- Don't be afraid to politely correct your colleagues if they make insensitive comments
 - *“Those kinds of comments are hurtful to others and do not create a respectful work environment.”*

Retention

- Human Rights Campaign found that:
 - 20% of LGBTQIA+ people in the workplace had searched for a different job because did not find their employer to be welcoming and accepting
 - 25% stayed in a job *primarily because* the environment was very accepting of LGBTQIA+ people.
- LGBTQIA+ people may not know workplace is inclusive unless there are explicit messages that it is safe to disclose one's sexual orientation or gender identity to colleagues.

Retention

- Human Rights Campaign survey found 46% of respondents were not “out” to colleagues at work; reasons for non-disclosure included:
 - worry about being stereotyped
 - making people uncomfortable
 - losing relationships
- Critical for leadership to set the tone for the entire health center by clearly communicating commitment to diversity, including patients and staff of all sexual orientations and gender identities

The Board and Senior Management Are Actively Engaged

- Proactive efforts to build an LGBTQIA+-inclusive environment are essential.
- Engaged leadership from both the Board and senior management is critical.
- Leadership can set a tone and build LGBTQIA+ inclusiveness as part of a commitment to equitable care for all. They also need to provide resources to create change.
- Staff champions also need to be involved in designing and implementing change.

Recommended Policies

- Add terms *gender identity*, *gender expression* and *sexual orientation*, to employee nondiscrimination policies. Explain that this policy includes using colleagues' affirmed names and pronouns.
- Ensure that personnel records contain affirmed names and pronouns for employees and their families, so that all communication is addressed appropriately.
- Develop policy that allows employees to use restrooms based on gender identity. Also offer single-stall restrooms that do not specify a gender.

Recommended Policies

- Universally apply dress codes to all genders (i.e., do not specify certain codes for women or for men). A statement can also be added that permits employees to dress according to their gender identity.
- Ensure that anti-bullying policies include bullying based on gender identity, gender expression and sexual orientation.

Recommended Policies

- Prepare guidelines that support the successful and consistent administrative handling of an employee's gender affirmation.
 - Effective guidelines include a communication plan for notifying colleagues about pronouns, names, and other relevant information.
 - The organization should also have a system for changing gender, pronouns, and names on employee records.

Recommended Benefits and Community Programs

- Many LGBTQIA+ people may have familial relationships that are not biologically or legally binding.
- When caregiving situations arise, such as childbirth or adoption by an unmarried partner, or the illness of a close friend that is considered family, it is important to recognize these relationships in family and medical leave policies.
- Benefits inclusive of LGBTQIA+ people will help to both attract and retain employees of all sexual orientations and gender identities.

Recommended Benefits and Community Programs

- Expand Family and Medical Leave policy to include anyone related by blood or affinity whose relationship with employee is equivalent to a family relationship.
- Ensure employee health insurance plans cover transgender care. May be necessary to negotiate with insurer to remove exclusionary statements and add gender-affirming care.
- Encourage creation of LGBTQIA+ employee affinity groups.
- Partner with a local organization to host events celebrating the LGBTQIA+ community (e.g., Pride)

Community Engagement and Outreach

- Patient advisory boards
- Community satisfaction surveys
- Peer support and navigation services
- Co-sponsor LGBTQIA+ events & talks with community-based organizations



Questions?



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The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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QUESTIONS



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Retention Planning: Build It and They Will Stay, Part 2

Wednesday, June 12 | 4:00-5:00PM ET

Register here: <https://tinyurl.com/y6rsd77n>

Workforce Training & Technical Assistance Professional Development Series

Tuesdays, ~~March 19~~, ~~April 16~~, ~~May 21~~, June 18 |
12:00-1:00 PT ET

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- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Pay Equity Checklist](#)
- [Financial Assessment For Provider Turnover Tool \(Newly Updated!\)](#)
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#)
- [Supporting Mental Health Through Compensation Equity Factsheet](#)

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