Six Domains of Health Workforce Equity Webinar Series – Session 2

Thursday, June 27, 2024

Dr. Patricia Pittman, PhD, FAAN, Director
Margaret Ziemann, MPH, Research Scientist
The Fitzhugh Mullan Institute for Health Workforce Equity, Milken Institute School of Public Health,
The George Washington University

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

STAR² CENTER TEAM

SUZANNE SPEER
(she/her)
Vice President of Workforce Development
sspeer@clinicians.org

DR. MICHELLE FERNÁNDEZ GABILONDO
DSW, MSW
(she/her/ella)
Director of Workforce Development
mfernandez@clinicians.org

MARIAH BLAKE
MPA
(she/her)
Associate Director of Workforce Operations & Compliance
mblake@clinicians.org

HELEN RHEA VERNIER
MSC
(she/her)
Associate Director of Workforce Development
hvernier@clinicians.org

SYDNEY AXELROD
MA
(she/her)
Training Specialist
saxelrod@clinicians.org

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

Access to Care & Clinician Support

Recruitment & Retention

- National Health Service Corps
- Resources
- Training
- Networking

STAR² CENTER

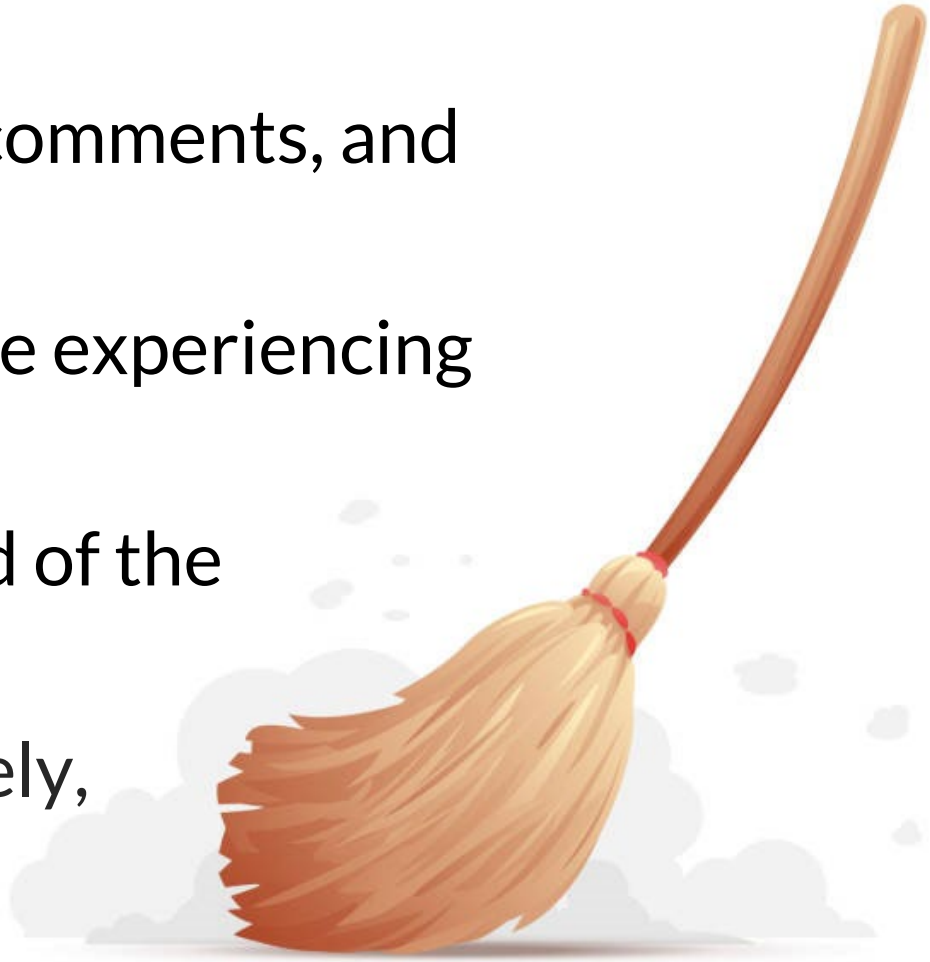
- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 22 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

www.chcworkforce.org

Contact us: info@chcworkforce.org

HOUSEKEEPING

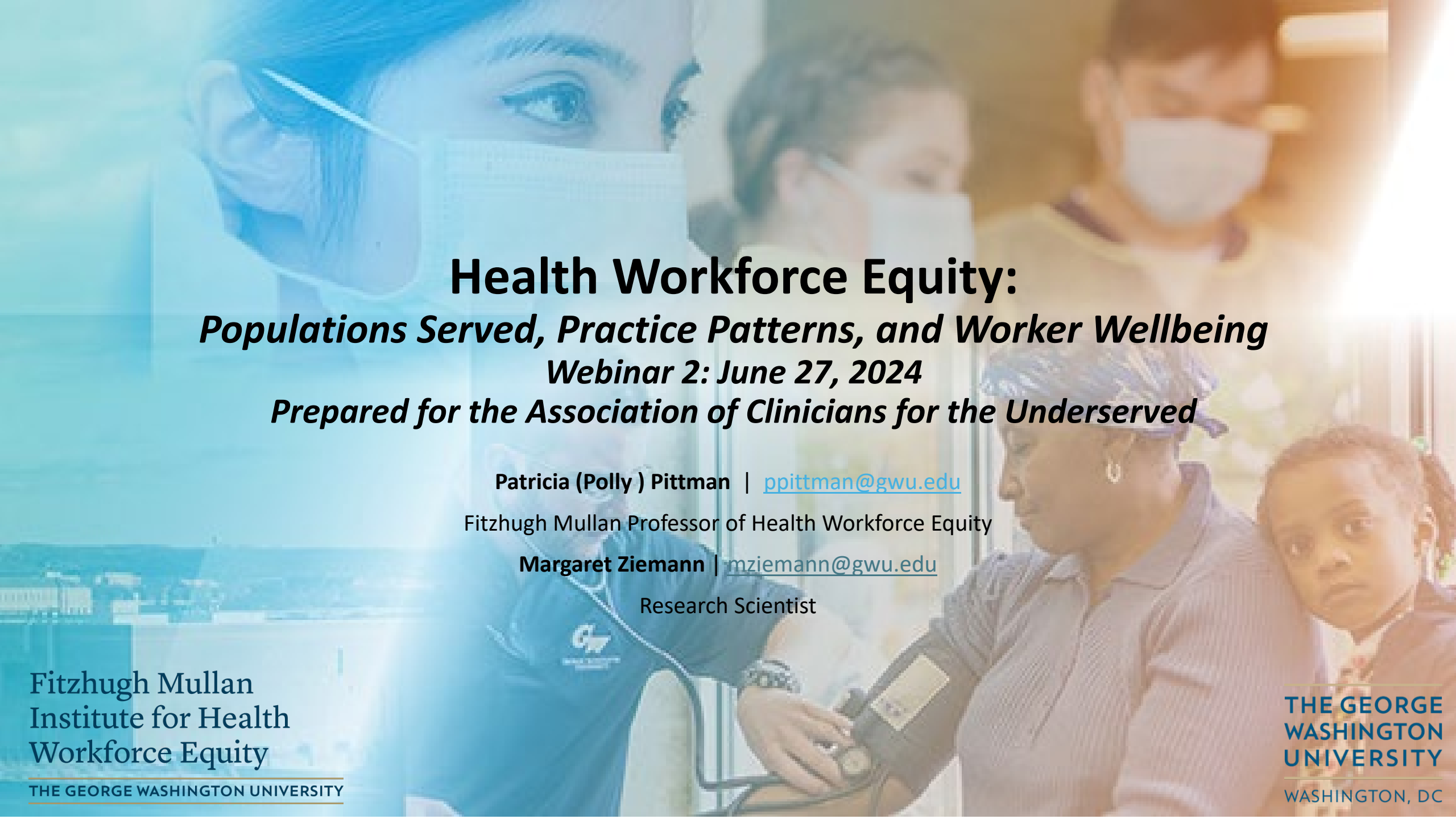
- This session is being recorded. The **recording and slides** will be sent to all registrants.
- Use the **chat box** to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the **evaluation** at the end of the session.
- Be as present as possible, listen deliberately, share generously



WEBINAR PRESENTERS

DR. PATRICIA PITTMAN
PHD, FAAN
Director, The Fitzhugh Mullan Institute for Health Workforce Equity
ppittman@gwu.edu

MARGARET ZIEMANN
MPH
Research Scientist, The Fitzhugh Mullan Institute for Health Workforce Equity
mziemann@gwu.edu



Health Workforce Equity:

Populations Served, Practice Patterns, and Worker Wellbeing

Webinar 2: June 27, 2024

Prepared for the Association of Clinicians for the Underserved

Patricia (Polly) Pittman | ppittman@gwu.edu

Fitzhugh Mullan Professor of Health Workforce Equity

Margaret Ziemann | mziemann@gwu.edu

Research Scientist

Fitzhugh Mullan Institute for Health Workforce Equity

THE GEORGE WASHINGTON UNIVERSITY

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Webinar Objectives

Webinar participants will be able to:

1. Define the 6 domains of health workforce equity (HWE)
2. Explain the relationship between each domain and health equity
3. Understand the policies and programs that affect each HWE domain
4. Describe metrics that can be used to assess each HWE domain
5. Identify high and low performing HWE states based on select metrics
6. Locate relevant HWE resources from the Mullan Institute

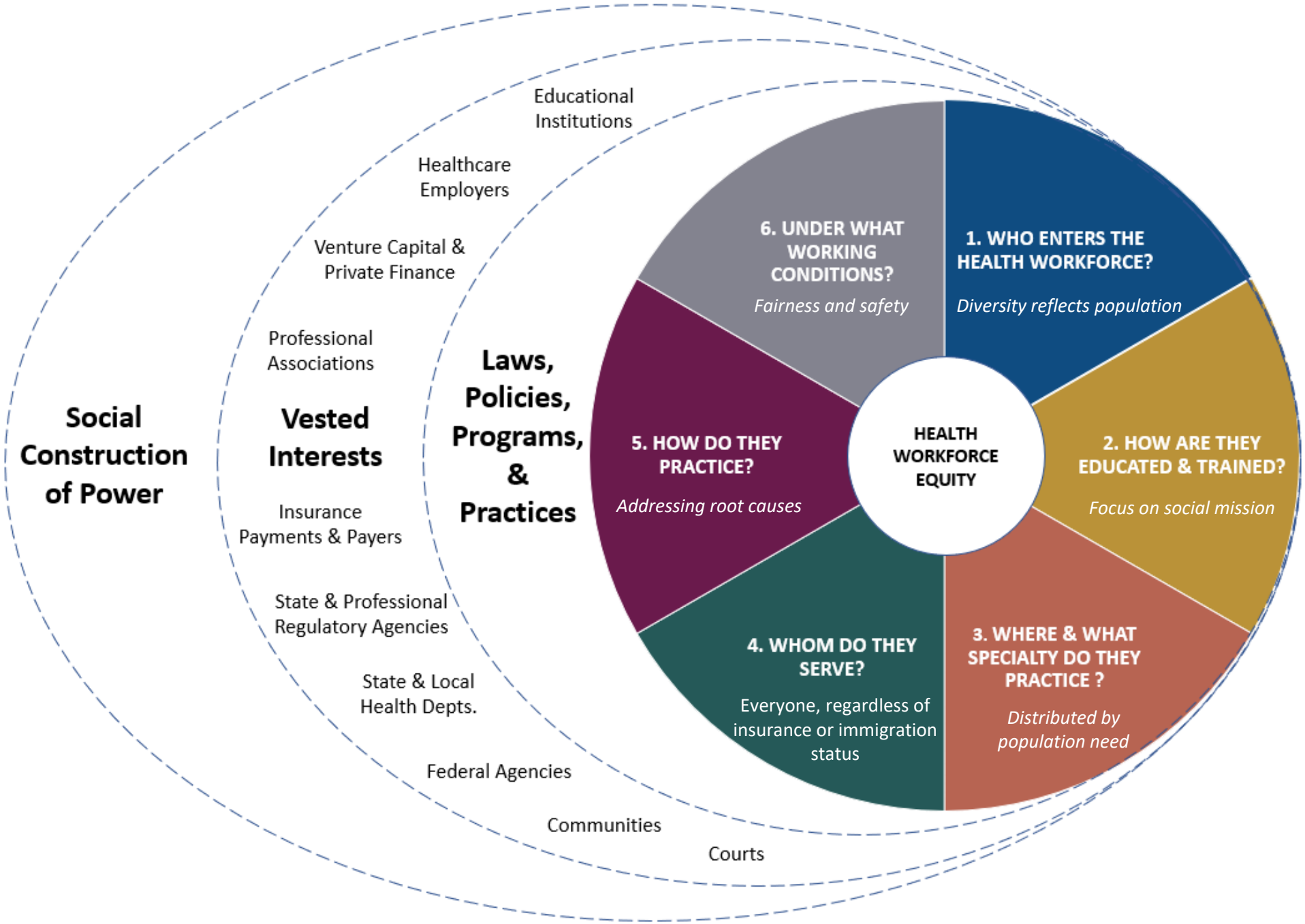
Fitzhugh Mullan
Institute for Health
Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

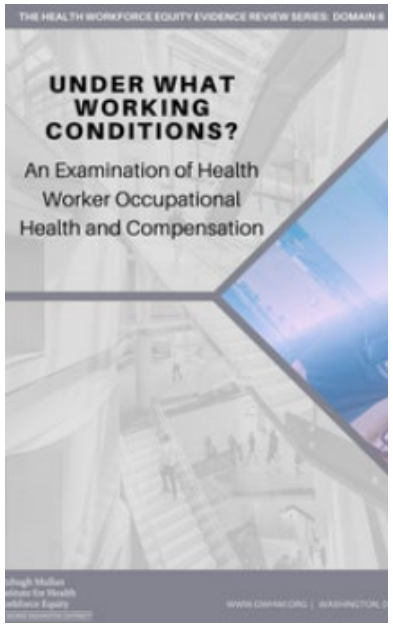
Health Workforce Policy Analysis Goes Beyond Counts

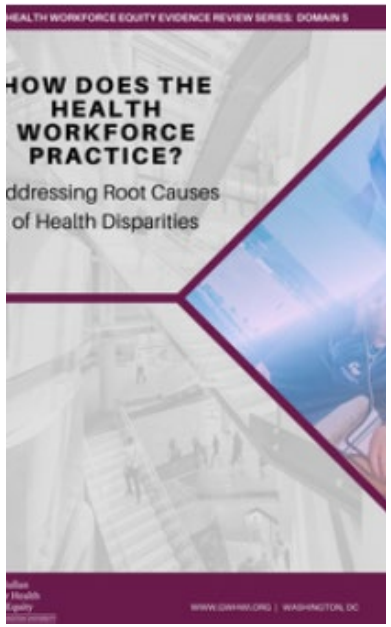
Our vision is a world in which there is a diverse health workforce that has the competencies, opportunities, and courage to ensure everyone has a fair opportunity to attain their full health potential.

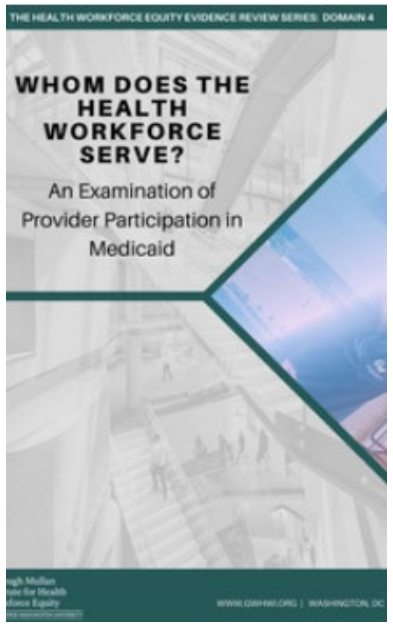
We call this Health Workforce Equity.

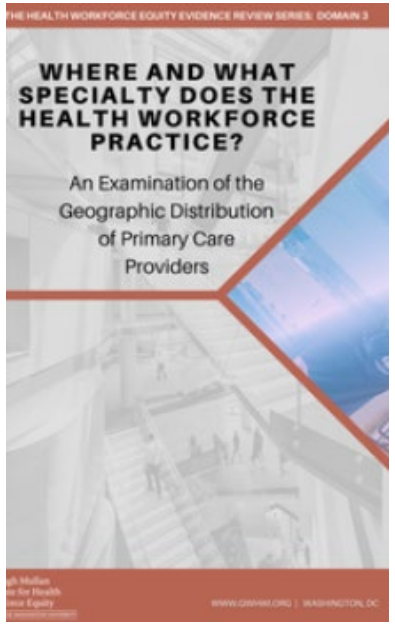
Fitzhugh Mullan
Institute for Health
Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

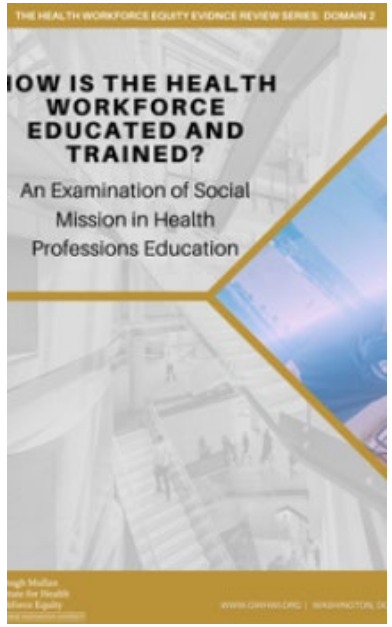

Social Construction of Power
Vested Interests
Laws, Policies, Programs, & Practices
Educational Institutions
Healthcare Employers
Venture Capital & Private Finance
Professional Associations
Insurance Payments & Payers
State & Professional Regulatory Agencies
State & Local Health Depts.
Federal Agencies
Communities
Courts
HEALTH WORKFORCE EQUITY
1. WHO ENTERS THE HEALTH WORKFORCE?
Diversity reflects population
2. HOW ARE THEY EDUCATED & TRAINED?
Focus on social mission
3. WHERE & WHAT SPECIALTY DO THEY PRACTICE ?
Distributed by population need
4. WHOM DO THEY SERVE?
Everyone, regardless of insurance or immigration status
5. HOW DO THEY PRACTICE?
Addressing root causes
6. UNDER WHAT WORKING CONDITIONS?
Fairness and safety

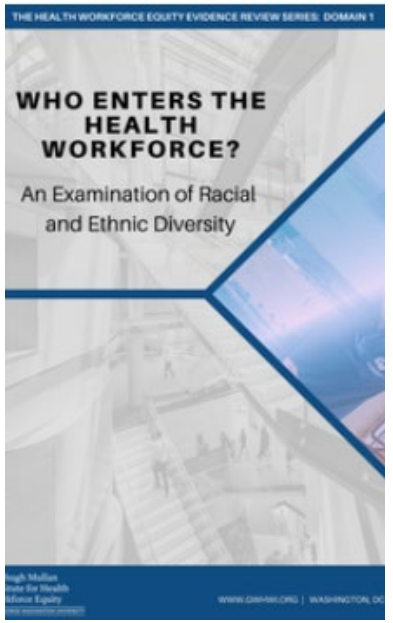




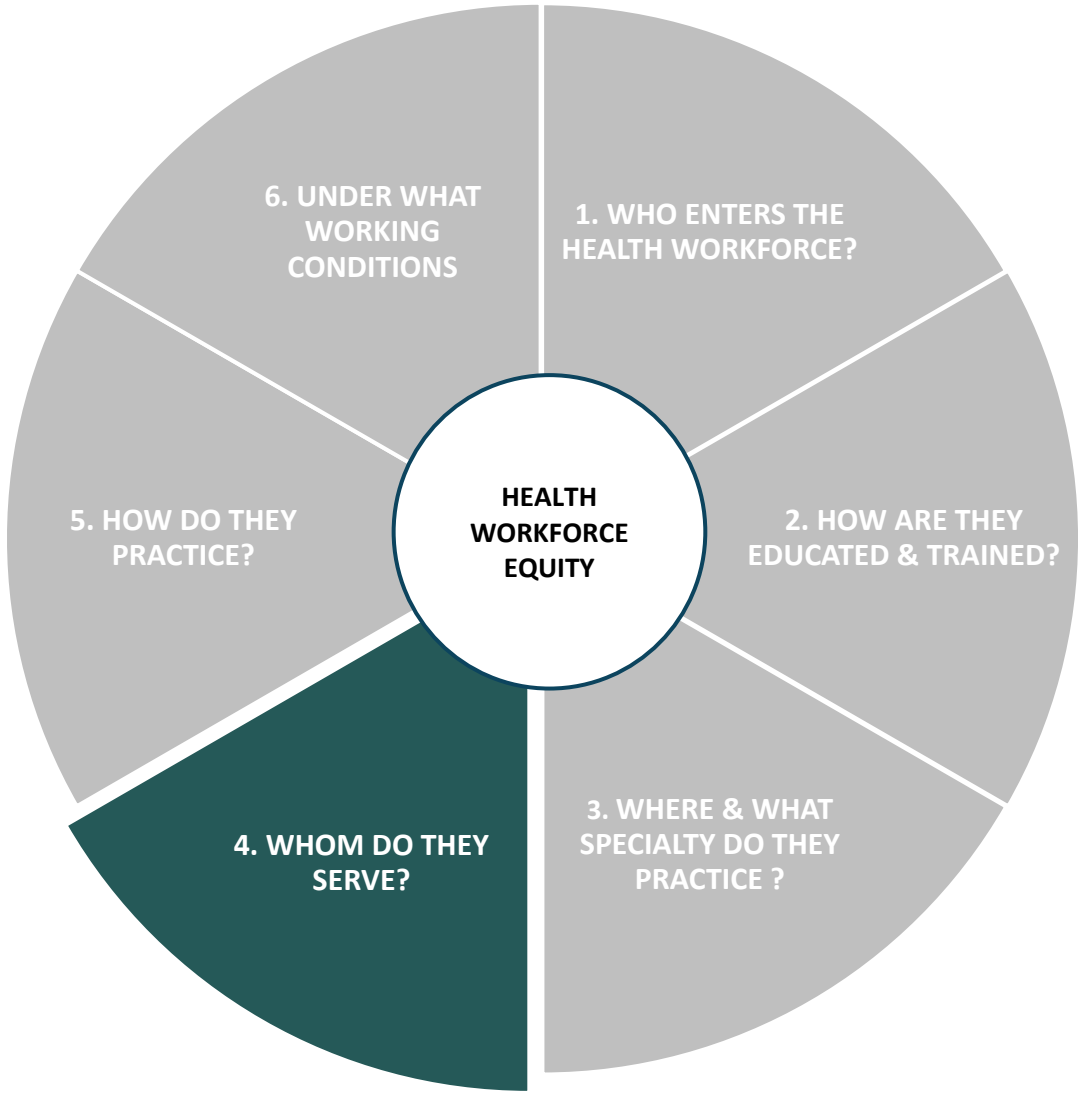








Health Workforce Equity Evidence Review Series


6. UNDER WHAT WORKING CONDITIONS
1. WHO ENTERS THE HEALTH WORKFORCE?
5. HOW DO THEY PRACTICE?
HEALTH WORKFORCE EQUITY
2. HOW ARE THEY EDUCATED & TRAINED?
4. WHOM DO THEY SERVE?
3. WHERE & WHAT SPECIALTY DO THEY PRACTICE ?

Relationship to Health Equity

Expanding Health Insurance Coverage is Step 1

e passage of Medicare to inform seniors about the new health care
nez (left) and Emily Sellers (right) have just rung the bell at a home in
ssler, about the law. | Getty

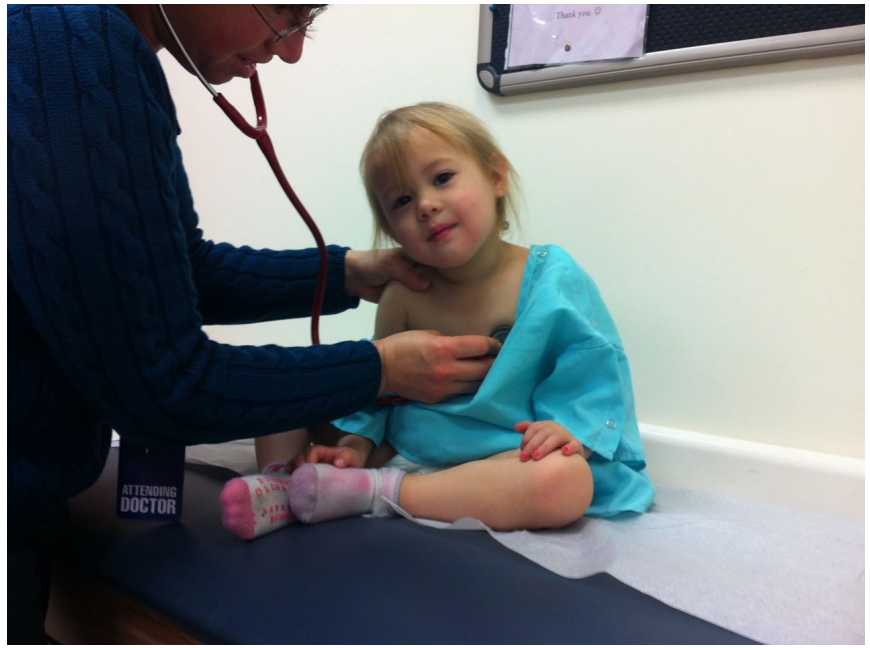
READ MORE HERE: https://www.politico.com/agenda/story/2016/07/history-of-medicare-obamacare-000153/

But effects on health equity depends on the populations served

- Along with maldistribution, lack of equitable access to care can be attributed to the degree to which providers are willing to care for communities made vulnerable

- In the United States, provider willingness to serve patients varies by insurance coverage, particularly Medicaid

- Lack of participation in Medicaid - especially by primary care providers - creates inequities in access to care, health outcomes and quality of care

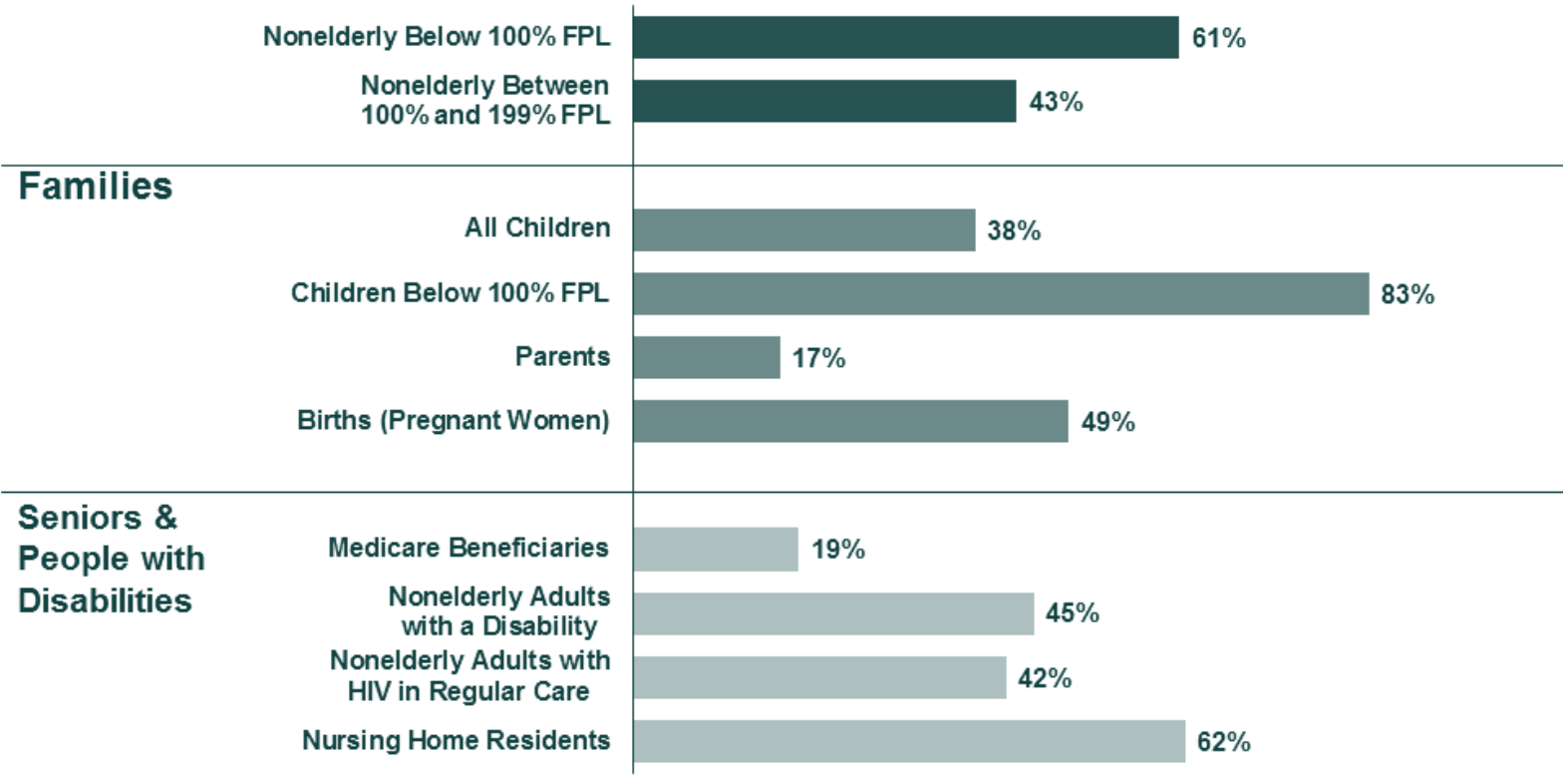


Medicaid provides access to health care for communities made vulnerable

Figure 4

Medicaid plays a key role for selected populations.

Percent with Medicaid Coverage:



NOTE: FPL-- Federal Poverty Level. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was $20,420 in 2017.
SOURCES: Kaiser Family Foundation analysis of the 2017 American Community Survey; Birth data-Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017, KFF, October 2016; Medicare data -Centers for Medicare & Medicaid Services (CMS), Office of Enterprise Data and Analytics, Chronic Conditions Data Warehouse, CY 2016; Disability - KFF Analysis of 2017 ACS; Nonelderly with HIV - 2014 CDC MMP; Nursing Home Residents - 2015 OSCAR/CASPER data.

KFF
HENRY J. KAISER FAMILY FOUNDATION

Increased Medicaid acceptance=

- ✓ Increased access (Cunningham, 2005; Decker, 2015)
- ✓ Increased use of preventive care (Heidenreich, 2015)
- ✓ Lower unmet needs (Cunningham, 2005; Decker, 2015)
- ✓ Less likelihood of forgoing care (Decker, 2015)
- ✓ Lower ED use (Lowe, 2005; Ford, 2019)

Nature and Magnitude of the Problem

12% to 21% of PCPs Do Not Serve Medicaid Patients Across States

https://www.gwhwi.org/medicaid-primary-care-workforce-tracker.html

State	Year
Enter a state name here	2019

Select Measure

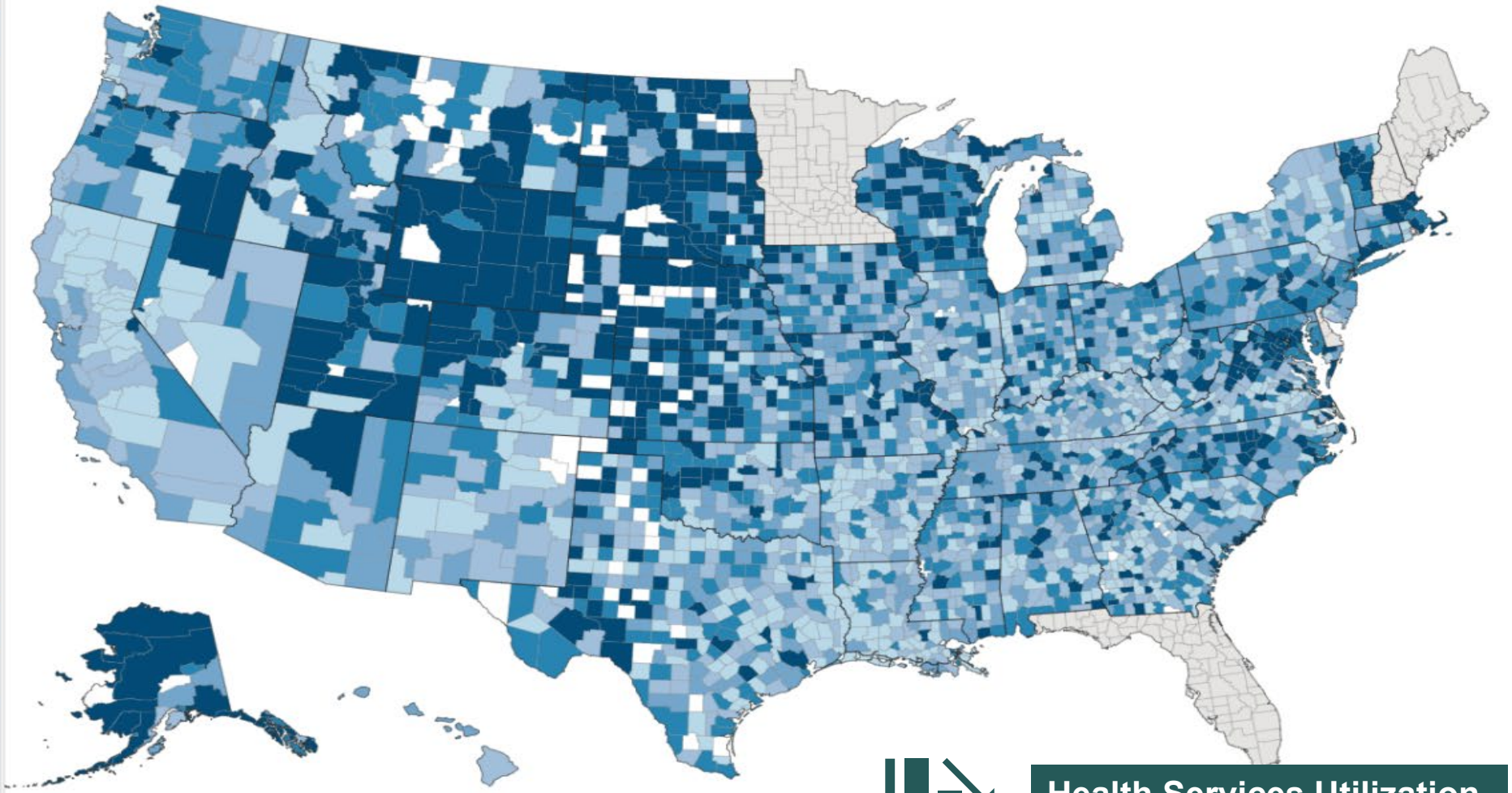
Provider to Population Ratio

Select a Provider Type

- [x] Family Medicine
- [x] Internal Medicine
- [x] Pediatrics
- [x] OB/GYN
- [x] Advanced Practice Registered Nurse
- [x] Physician Assistant

Provider Beneficiary Volume

- [x] 150+
- [x] 11-149
- [ ] 1-10
- [ ] 0 (Likely Active)
- [ ] 0 (Likely Inactive)

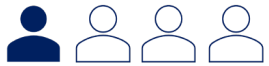


Health Services Utilization
Quality of Care

Policies and Programs

Medicaid Workforce Policies

80 Million
Covered by Medicaid



Medicaid Participation

Usual Source of Care
Health Services
Appropriate Care

Medicaid

- Close Payment Gaps
- Medicaid Expansion
- Reduce Admin Burden
- MCO Network Adequacy

Workforce Supply & Composition

- Equitable Distribution
- Improve Workforce Diversity
- Advance Social Mission
- Address Burnout

Delivery System

- Health System Integration
- Delivery Innovations
- Public Safety Net Programs
- Dismantle Systemic Racism

Study and track Medicaid participation. Improve data and analysis.

Domain 4: HWE State Level Measurement and Assessment

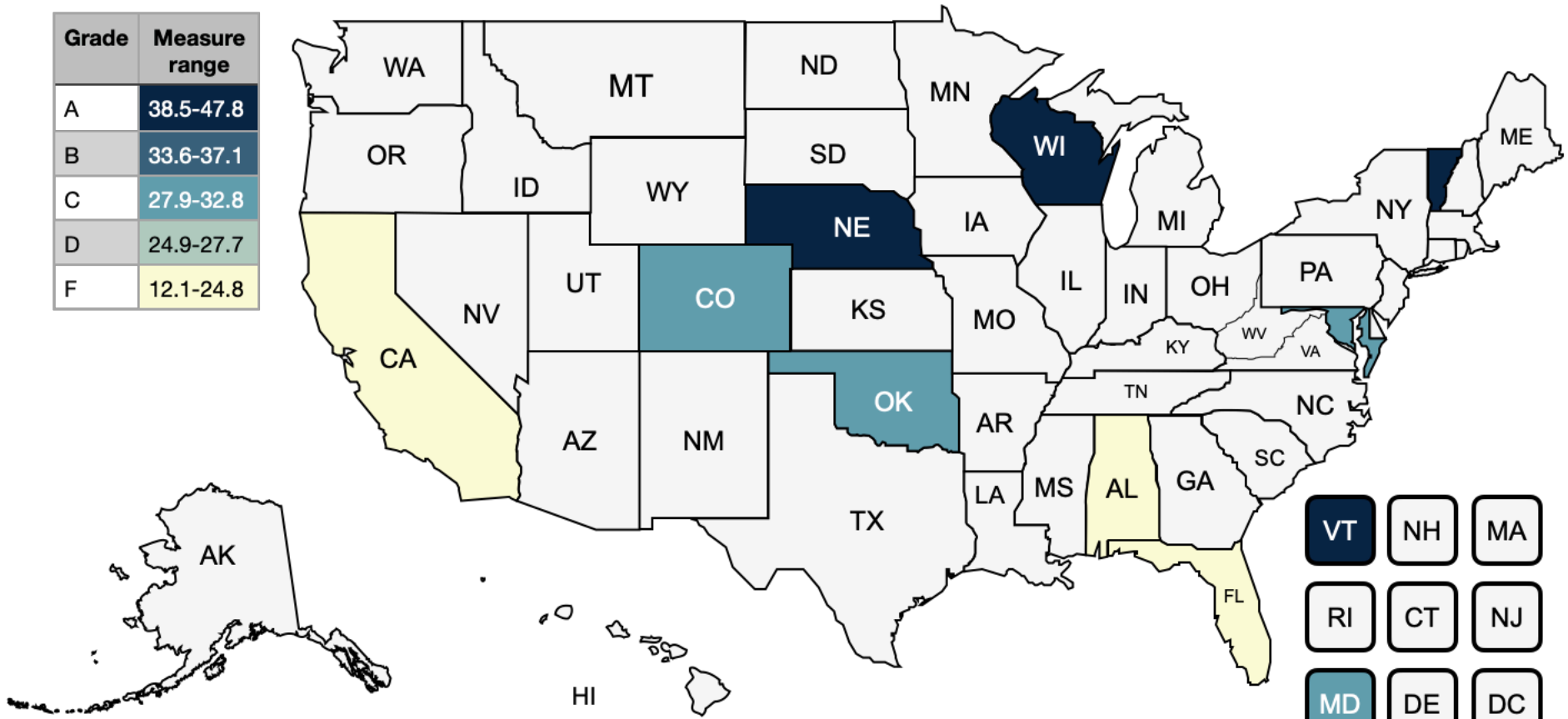
Populations Served: Focus on State Performance

Metric	Definition	Data Source
Medicaid primary care clinician-to-population ratio	Within each state, the ratio of all primary care clinicians (4a.1); specialist physicians (4a.2) that serve at least 150 Medicaid beneficiaries per 10,000 Medicaid population.	National Plan & Provider Enumeration Systems (NPPES), *CMS*[36] Transformed Medicaid Statistical Information System (T-MSIS), *CMS*[35] Analysis of T-MSIS *(Kaiser Family Foundation)*
Medicaid primary care clinician-to-population ratio	Within each state, the ratio of all specialist physicians that serve at least 150 Medicaid beneficiaries per 10,000 Medicaid population.	
Care for underserved	The number of physicians practicing in CHCs relative to the respective workforce in the state.	Uniform Data System, *HRSA*[45] Transformed Medicaid Statistical Information (T-MSIS), *CMS*[35] National Plan & Provider Enumeration Systems (NPPES), *CMS*

Domain 4: Populations Served

HWE 4-a-1: Number of Primary Care Clinicians Treating 150 or More Medicaid Beneficiaries per Medicaid Pop.

Grade	Measure range
A	38.5-47.8
B	33.6-37.1
C	27.9-32.8
D	24.9-27.7
F	12.1-24.8

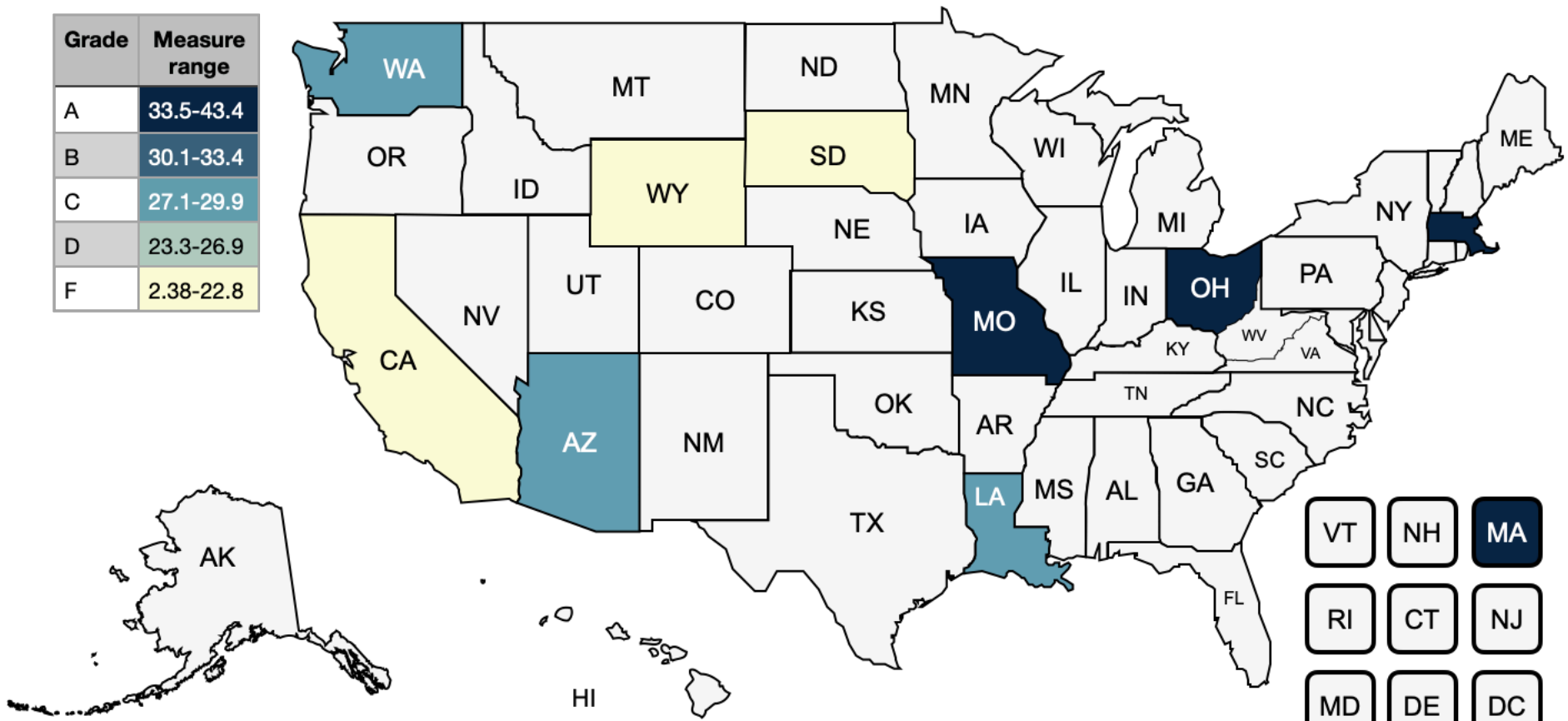


Highest	National Median	Lowest
Nebraska (47.85)	30.63	California (12.11)

Domain 4: Populations Served

HWE 4-a-2: Number of Specialists Treating 150 or More Medicaid Beneficiaries per Medicaid Pop.

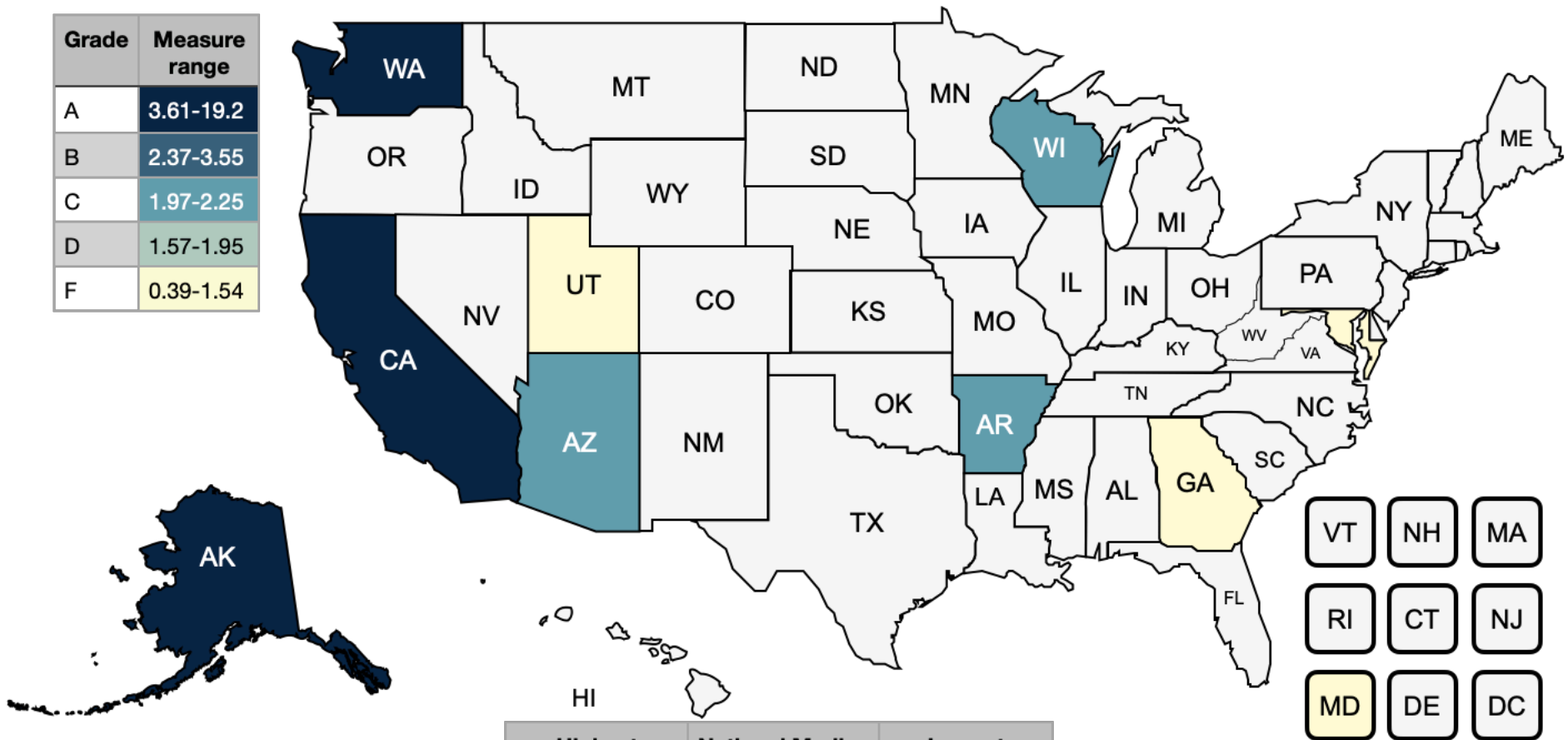
Grade	Measure range
A	33.5-43.4
B	30.1-33.4
C	27.1-29.9
D	23.3-26.9
F	2.38-22.8



Highest	National Median	Lowest
Massachusetts (43.39)	28.91	Wyoming (2.38)

Domain 4: Populations Served
HWE 4-b: Percent Clinicians Practicing in CHCs

Grade	Measure range
A	3.61-19.2
B	2.37-3.55
C	1.97-2.25
D	1.57-1.95
F	0.39-1.54



Highest	National Median	Lowest
Washington (19.19%)	2.08%	Georgia (0.39%)

ABOUT WORKFORCE TRACKERS RESEARCH ACTION EDUCATION PUBLICATIONS

MEDICAID PRIMARY CARE WORKFORCE

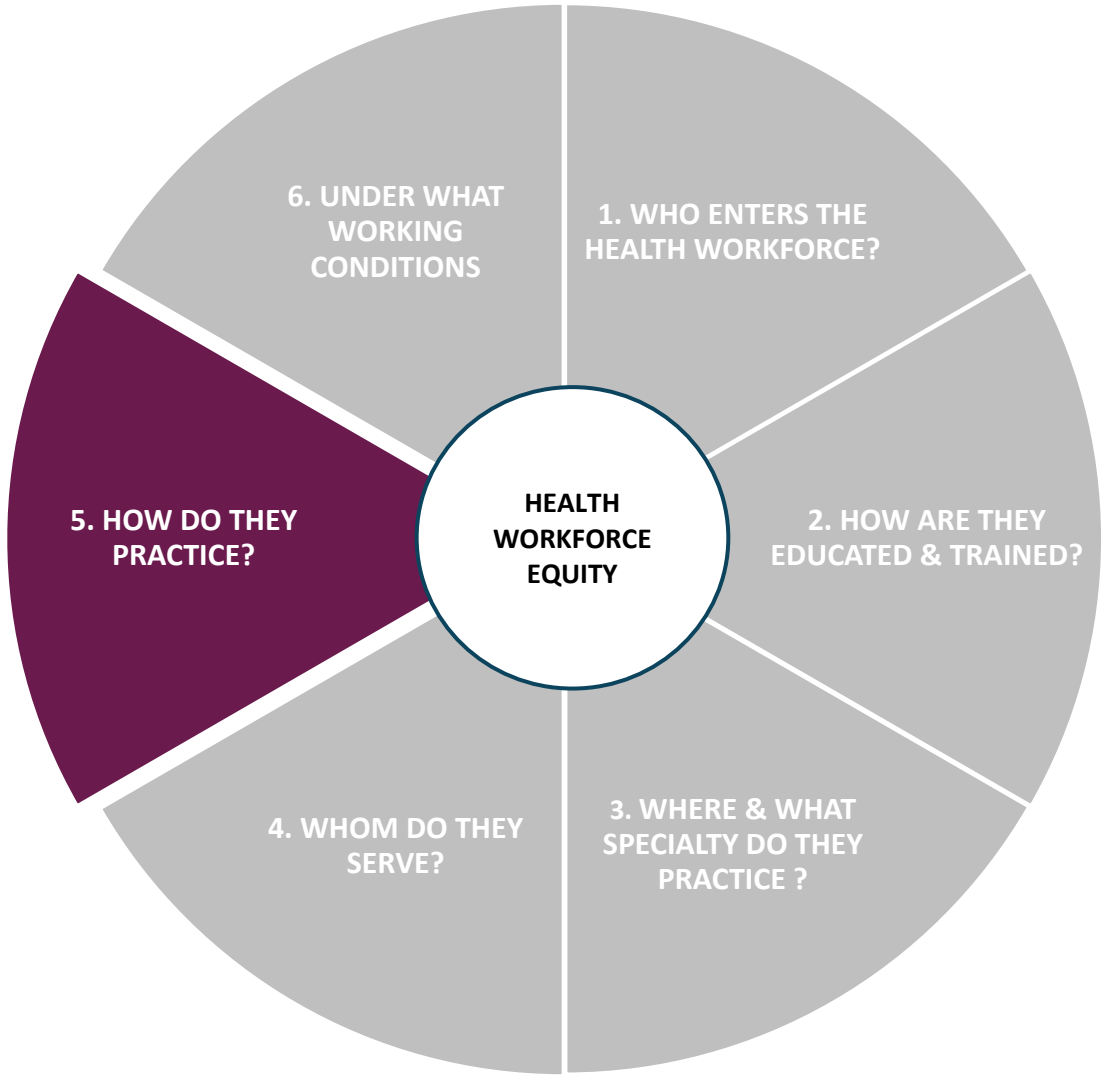
MEDICAID PRIMARY CARE WORKFORCE TRACKER

WHY THIS MATTERS

PUBLICATIONS

OUR TEAM

https://www.gwhwi.org/medicaid-primary-care-workforce-tracker.html


6. UNDER WHAT WORKING CONDITIONS
1. WHO ENTERS THE HEALTH WORKFORCE?
5. HOW DO THEY PRACTICE?
HEALTH WORKFORCE EQUITY
2. HOW ARE THEY EDUCATED & TRAINED?
4. WHOM DO THEY SERVE?
3. WHERE & WHAT SPECIALTY DO THEY PRACTICE ?

Relationship to Health Equity

New Focus on SDoH & Equity

MEDICAL REPORT JANUARY 24, 2011 ISSUE

THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?

By Atul Gawande

January 16, 2011

In Camden, New Jersey, one per cent of patients account for a third of the city's medical costs. Photograph by Phillip

The health workforce can address patients' social needs in a variety of ways

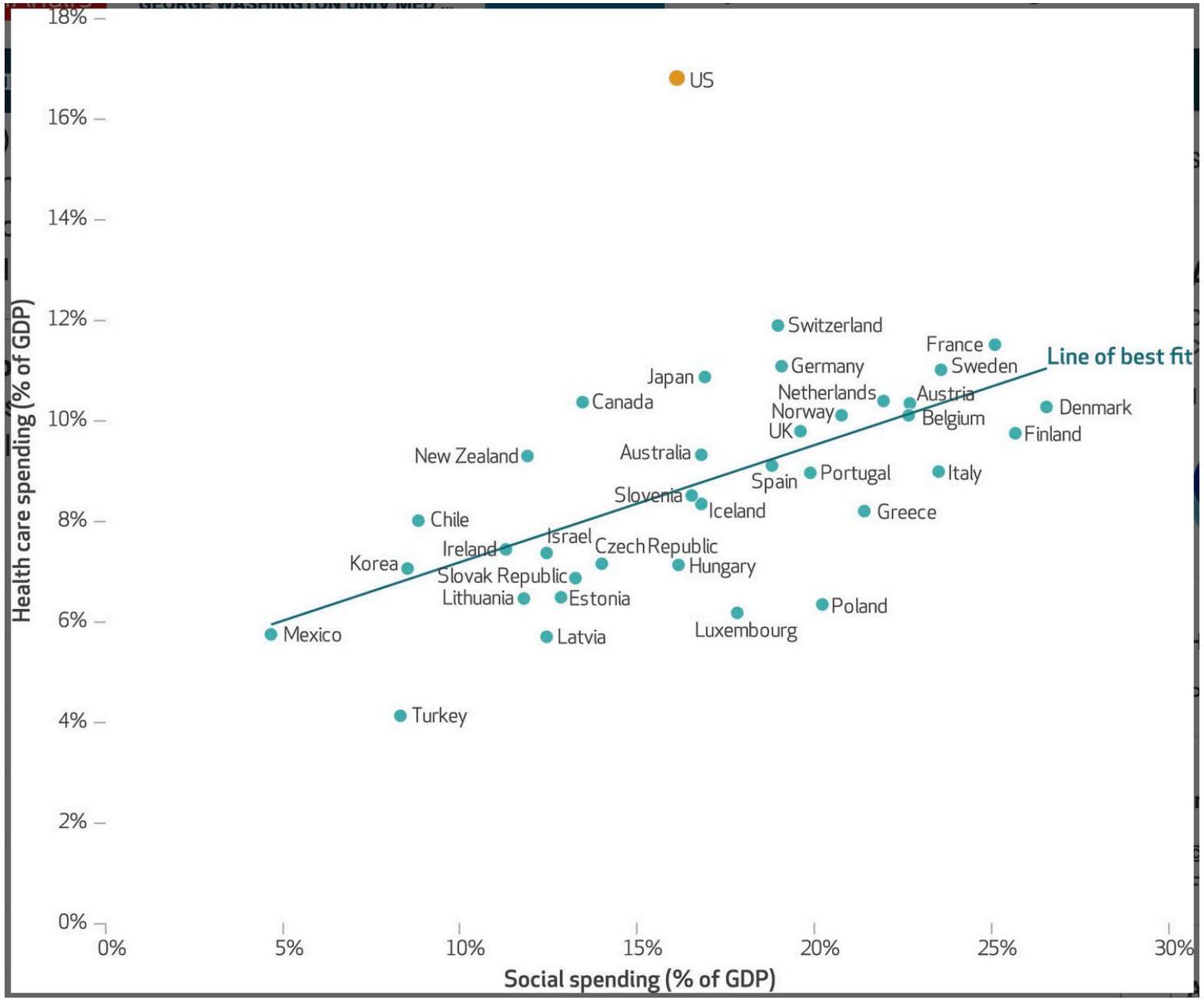
Activities/Tasks	Example
Screening/documenting social needs	MA screens for domestic violence, substance use at primary care visits[Nuruzzaman, 2015]
Adjusting care plans for social needs	Pharmacist suggests more affordable medications for uninsured patients[Anderson, 2018]
Advocating for patients' social needs	Physician sends letter about effects of poor housing conditions to patients' landlords[Lax, 2021; Regenstein, 2018]
Referring/connecting with social services	CHW connects with housing or transportation services[Sharma, 2019]
Supporting self-management & at-home care	Health coach identifies goals & barriers with patients before visits[Wolever, 2013]
Providing education & social support	Peer support worker conducts recovery support meetings with patients with mental illness[Gaiser, 2021]

Evidence of the relationship to health equity

Table 1. Hypothesized Pathways Linking Social Needs Interventions to Improved Health, Health Equity, and Healthcare Outcomes

Pathways	Description
Reduced patient social needs	Assistance with needs through referral and/or navigation to clinic-based or external services reduces social needs, thereby improving health outcomes. Furthermore, awareness of the prevalence of social needs may spur investments in community-based social services and resources (e.g., affordable housing, supportive housing, supermarkets, etc.), which can further help reduce social needs.
Improved quality of care and care effectiveness	Awareness of patients' social needs enables providers to better tailor care to patients' needs, increasing patient-centeredness and personalization of care, thereby improving care effectiveness and eventually improving health outcomes. In addition, being asked about social needs makes patients feel better cared for, which increases their trust in providers and engagement in care.
Reduced stress and anxiety	Receiving assistance with social needs helps reduce patient stress and anxiety, which can improve health.
Reduced provider burnout	Working in an organization that has the capacity to help address patients' social needs reduces provider burnout, thereby reducing provider turnover and organizational hiring and training costs.

Nature and Magnitude of the Problem



Percent of gross domestic product (GDP) devoted to social spending and health care spending in the US and other Organization for Economic Cooperation and Development (OECD) countries

Papanicolas I, et al. The Relationship Between Health Spending And Social Spending In High-Income Countries: How Does The US Compare? Health Affairs, Vol. 38, No. 9. 2019.

The health workforce has limited capacity to identify, acknowledge or address social determinants of health. This leads to inappropriate care, poor health outcomes and avoidable health disparities.

- Studies show that while providers are interested in screening for social needs in clinical settings, they do not feel confident in addressing them, primarily due to a lack of time, resources, and knowledge about social services (Schickedanz, 2019; Quinones-Rivera, 2021))
- Z Codes for documenting social determinants of health are drastically underutilized (CMS, 2021)

Stuctural/Societal Conditions

- Low public health investments
- Structural racism
- Healthcare system fragmentation and FFS incentives

Intermediate effects

- "Weathering"
- Lack of provider diversity
- Medical care prioritization, limited team based care or training on SDoH

Consequences

- Health workforce has limited capacity to identify or address SDOH
- Inappropriate, ineffective medical care for social needs
- Worsening disparities, premature disease, death

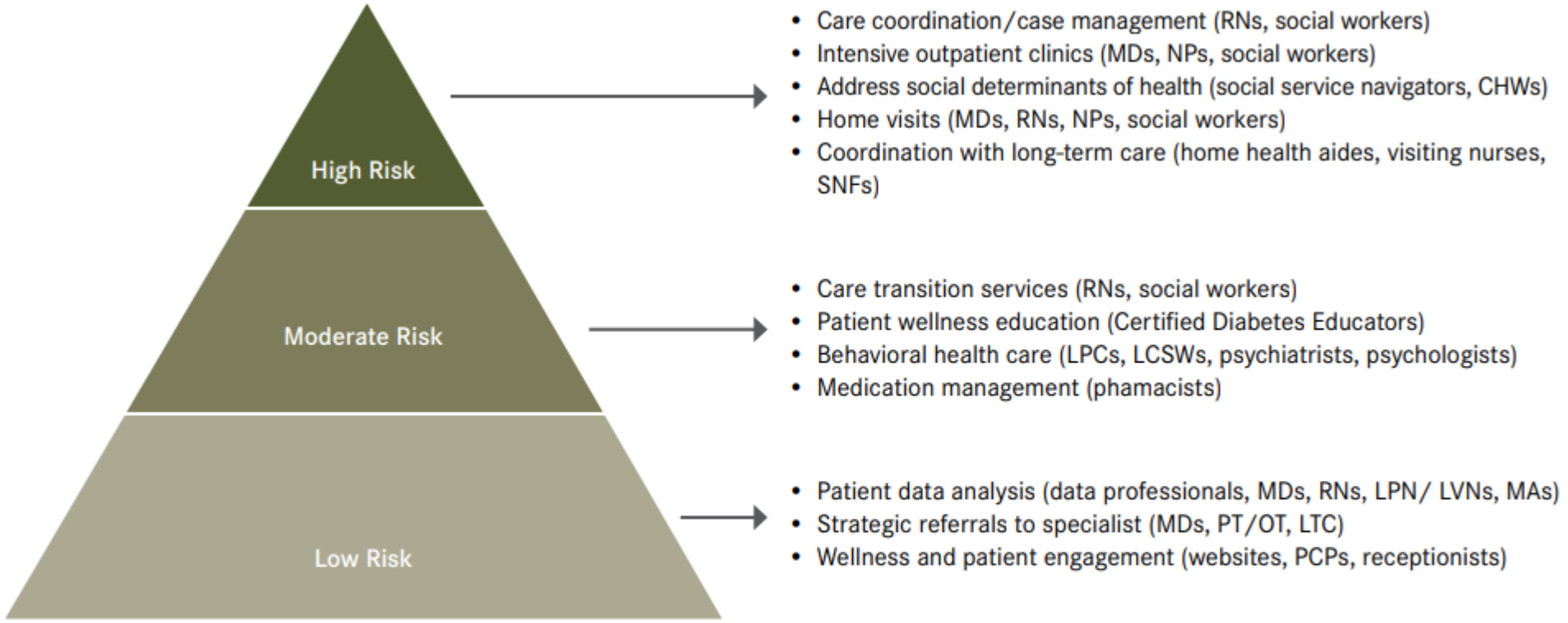
Policies and Programs

Policies and Programs That Address the Problem

Policies and Programs	SDoH Workforce Impact
 CMMI, Value Based Payments	New SDoH workforce.(Sandberg, 2017) Addressing SDoH in infancy.(Murray, 2020) Case management not lowering cost for high risk pop.(Finkelstein, 2020; McWilliams, 2017) Too early to see results.(Mathematica, 2021; Murray, 2020) Unclear funding. (Murray, 2020) **Few evaluations of workforce roles/investments.**
 Medicaid (1115, reimbursement)	Greater flexibility in what can be covered.(Hinton, 2019) **Regulations still complex.**(Kushner, 2019) Leverage performance measures to incentivize social care.(Brown, 2021)Some uncomfortable medicalizing social needs.(Alderwick, 2019; MACPAC, 2019) Sustainability when grant ends. (Alderwick, 2019)
 Grant funding (public and private)	Fund CHWs(Park, 2021), peer support(Gaiser, 2021), **not as sustainable**
 Community Benefits	Used to support workforce development around SDoH, **but overall fairly limited compared to other hospital funding**.**(Chinman, 2021)**
 Accountable Communities for Health	Creating infrastructure for partners to share resources/workforce to address SDoH.(Lax, 2021) CMMI: 500,000 screened for SDoH, 15% eligible for navigators. Hired navigators, screeners often volunteers. **Few cases resolved**.(CMMI, 2020)
 Training on the SDoH	Improvements in provider knowledge about identifying and addressing social needs in clinical care settings. (Quinones-Rivera, 2021)

Multiple workforce options for addressing gaps in care: The ACO example

Figure. Risk Stratification of Patients Drives Workforce Use in Accountable Care Organizations



Representation of patient mix by risk stratfication

CHW indicates community health worker; LCSW, licensed clinical social worker; LPC, licensed professional counselor; LPN, licensed practical nurse; LTC, long-term care; LVN, licensed vocational nurse; MA, medical assistant; MD, medical doctor; NP, nurse practitioner; PCP, primary care physician; PT/OT, physical therapy/occupational therapy; RN, registered nurse; nurse; SNF, skilled nursing facility.
Source: Author's analysis from interviews and site visits.

Source: Sandberg, 2017

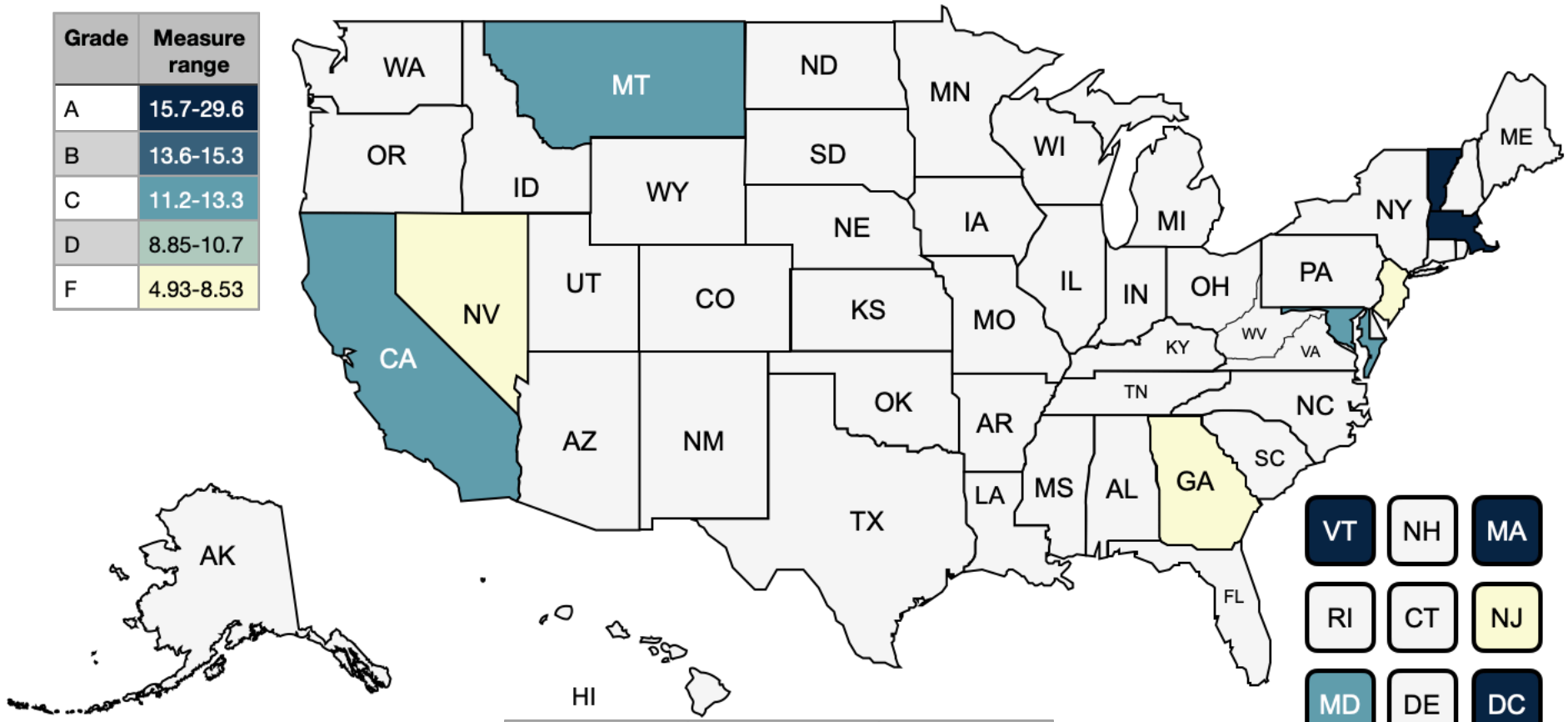
Domain 5: HWE State Level Measurement and Assessment

How the Health Workforce Practices: Focus on State Performance

Metric	Definition	Data Sources
Prevalence of health care connectors	The number of community health and social workers per 10,000 residents in each state.	Occupational Employment and Wage Statistics (OEWS), U.S. Bureau of Labor Statistics U.S. Census Bureau
Care management	The number of care management services billed to Medicare relative to the number of FFS Medicare enrollees within each state (*1,000).	Medicare Public Use File (PUF), CMS

Domain 5: Root Causes of Disparities
HWE 5-a-3: Number of Community Health Workers + Social Workers per State Pop.

Grade	Measure range
A	15.7-29.6
B	13.6-15.3
C	11.2-13.3
D	8.85-10.7
F	4.93-8.53

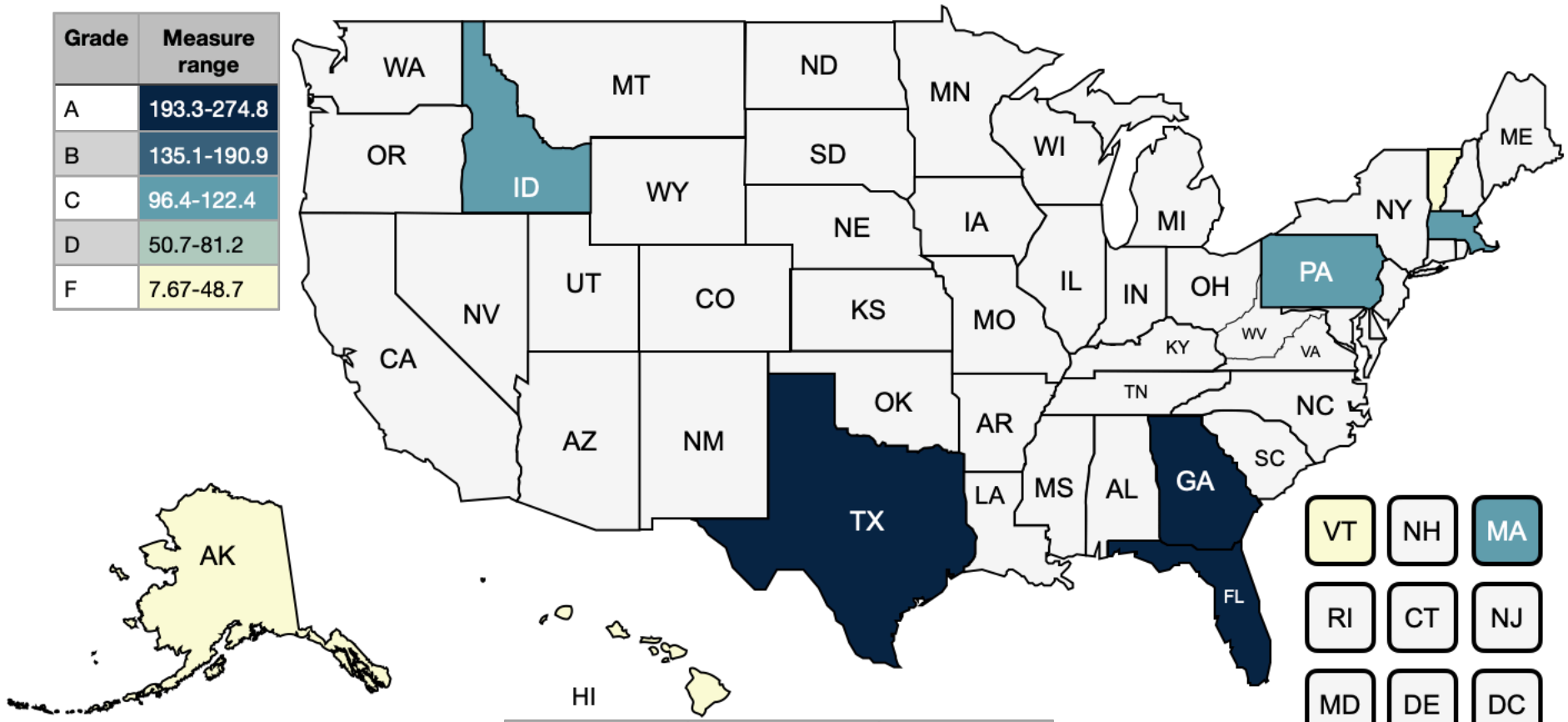


Highest	National Median	Lowest
Vermont (29.58)	12.10	Nevada (4.93)

Domain 5: Root Causes of Disparities

HWE 5-b: Number of Care Management Services Billed to Medicare per FFS Medicare Enrollees in State

Grade	Measure range
A	193.3-274.8
B	135.1-190.9
C	96.4-122.4
D	50.7-81.2
F	7.67-48.7



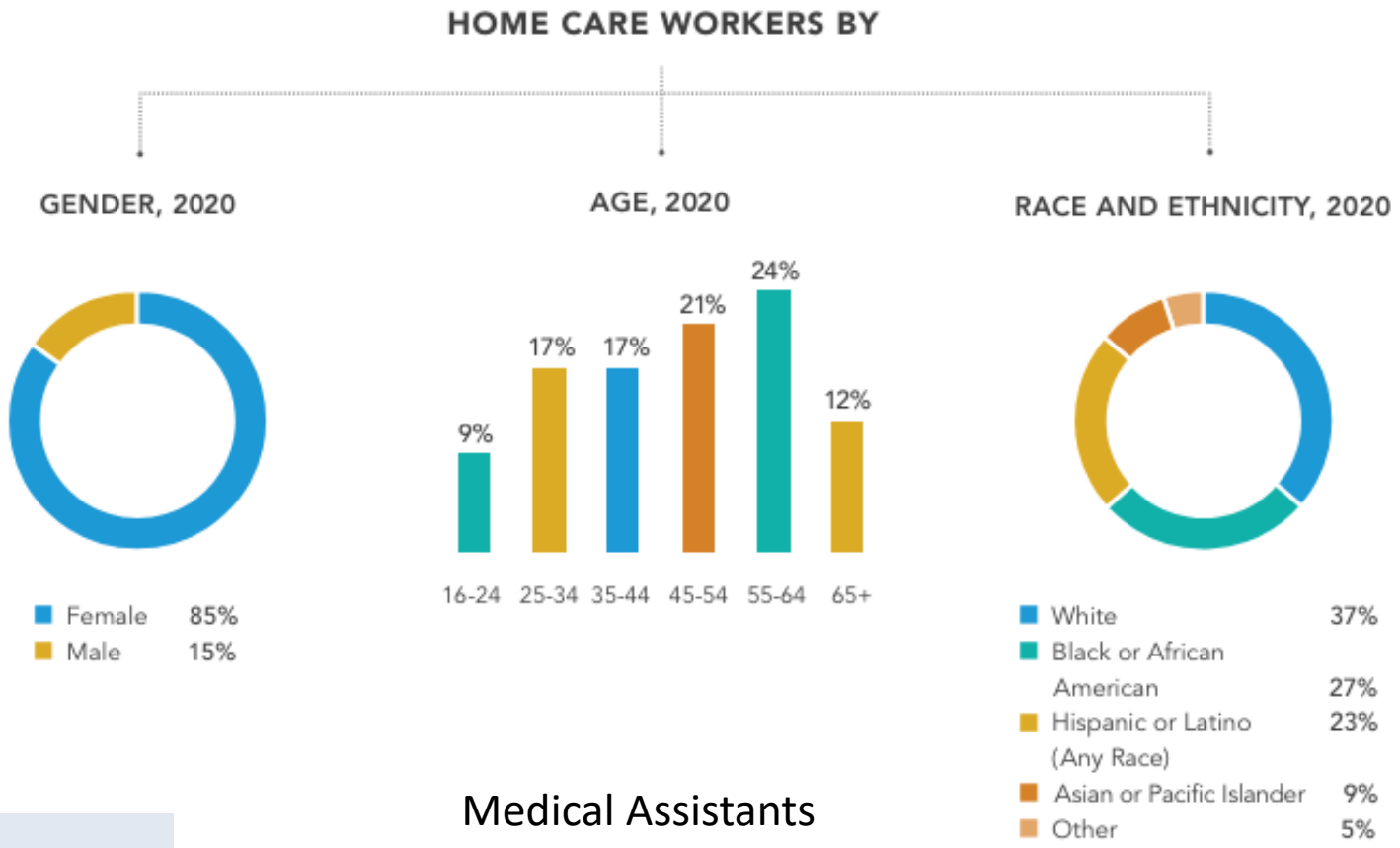
Highest	National Median	Lowest
Texas (274.85)	104.08	Alaska (7.66)

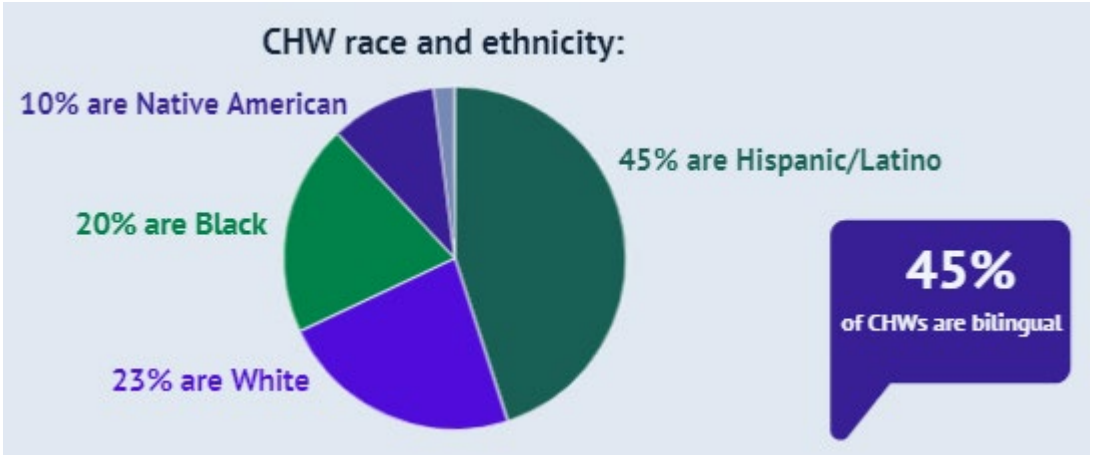

6. UNDER WHAT WORKING CONDITIONS
1. WHO ENTERS THE HEALTH WORKFORCE?
5. HOW DO THEY PRACTICE?
HEALTH WORKFORCE EQUITY
2. HOW ARE THEY EDUCATED & TRAINED?
4. WHOM DO THEY SERVE?
3. WHERE & WHAT SPECIALTY DO THEY PRACTICE ?

Part 1: Compensation Relationship to Health Equity

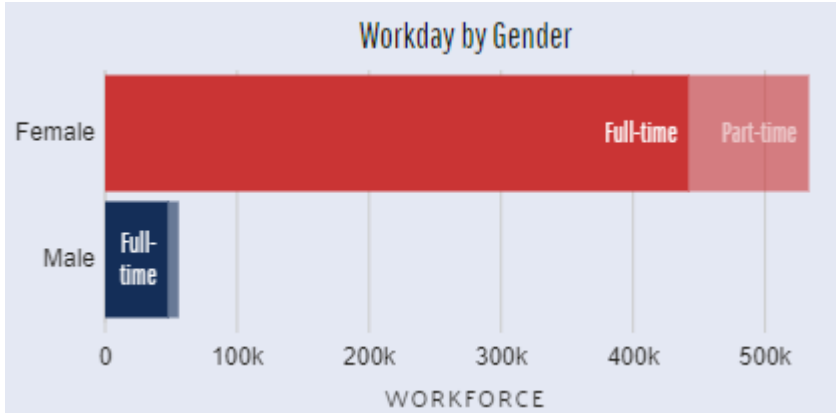
Poor compensation disproportionately affects women, people of color, and immigrants, thereby exacerbating the financial and social disadvantages these communities already face.

Studies show that low compensation is associated with a high turnover of these workers and that this, in turn, has negative effects on the health of patients, particularly for Medicaid beneficiaries in long-term care facilities.



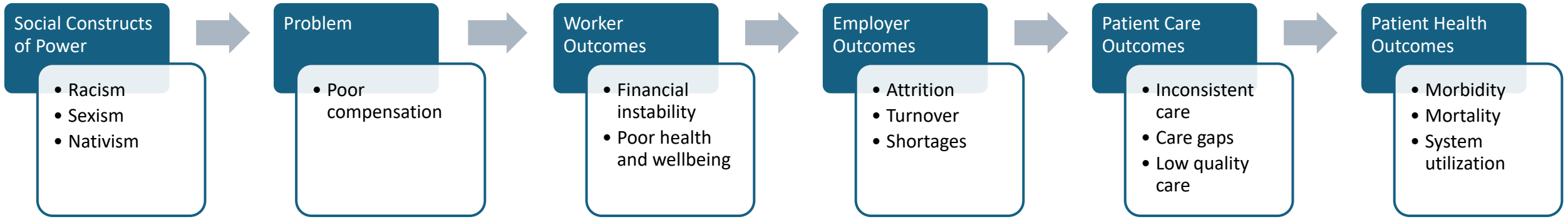


Medical Assistants



Sources: NIHCM, 2021; PHI, 2022; Data USA, 2022.

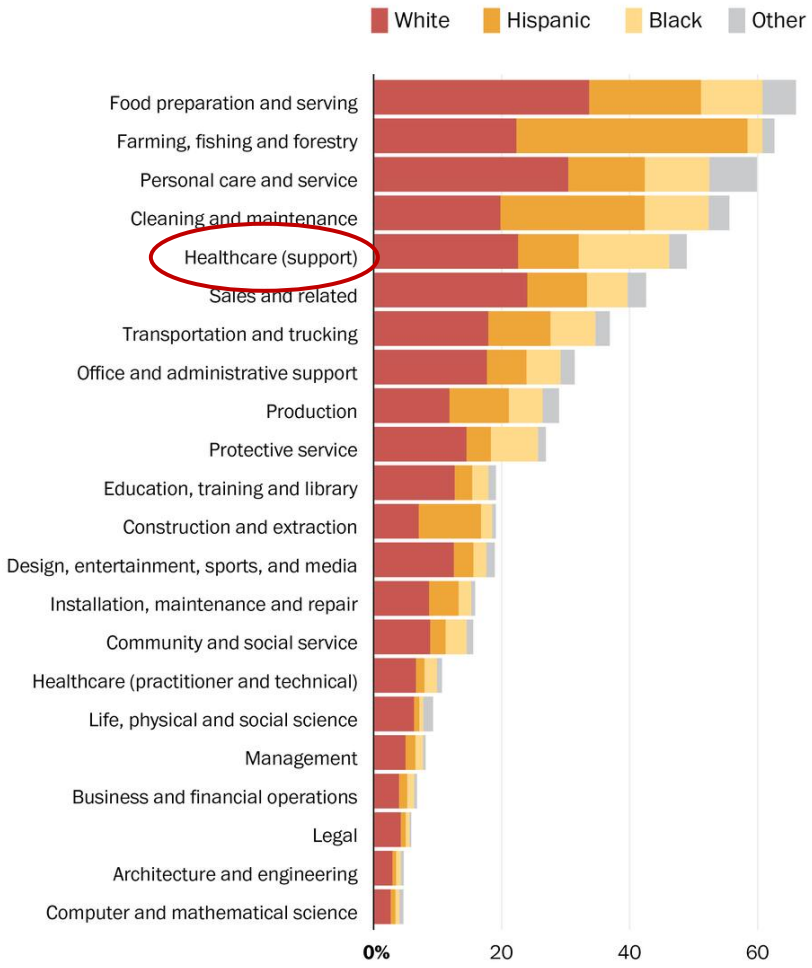
Social construction of power is reflected in the systemic undervaluation of this workforce – a workforce of predominantly female and minority workers.



Part 1: Compensation Nature and Magnitude of the Problem

A subset of the health workforce - 7 million health care support workers - are systemically undercompensated.

Share earning less than $15 an hour in 2019



Note: Includes tips, commissions and overtime.
Source: Bureau of Labor Statistics Current Population Survey harmonized by Economic Policy Institute
THE WASHINGTON POST

Occupational Employment and Wages, May 2023

31-0000 Healthcare Support Occupations (Major Group)

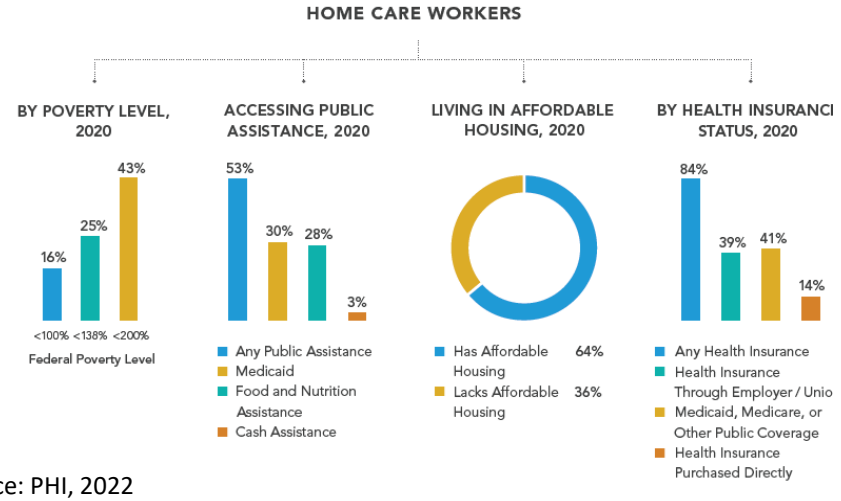
Healthcare Support Occupations comprises the following occupations: Home Health and Personal Care Aides; Psychiatric Aides; Orderlies; Nursing Assistants; Occupational Therapy Aides; Occupational Therapy Assistants; Physical Therapist Aides; Physical Therapist Assistants; Massage Therapists; Healthcare Support Workers, All Other; Pharmacy Aides; Medical Transcriptionists; Medical Equipment Preparers; Veterinary Assistants and Laboratory Animal Caretakers; Phlebotomists; Dental Assistants; Medical Assistants

National estimates for Healthcare Support Occupations:

Employment estimate and mean wage estimates for Healthcare Support Occupations:

Employment (1)	Employment RSE (3)	Mean hourly wage	Mean annual wage (2)	Wage RSE (3)
7,063,530	0.2 %	$ 18.37	$ 38,220	0.3 %

Source: US Bureau of Labor Statistics, Occupational Employment and Wage Statistics



Source: PHI, 2022

Part 1: Compensation Policies and Programs

Policies to Address Health Care Worker Compensation

Policy	Evidence
(Federal & State) Protect labor organizing	Associated w/lower turnover, better compensation and benefits, safer work environment and culture, lower patient mortality (Temple, 2011; BLS, 2021; Hagedorn, 2016; Ash, 2004)
(Federal & State) Increase the minimum wage	Reduce poverty and reliance on public assistance; relieve staffing shortages, decrease turnover; reduce patient deaths; benefit women of color; positive ROI (Himmelstein, 2019; Ruffini, 2020; Jabola-Carolus, 2021; LeadingAge, 2020)
(Federal) Mandate benefits	Lower intent to leave job and odds of turnover; protects workers' incomes, jobs, and health (Stone, 2017; Temple, 2011; OECD, 2021)
(State) Increase Medicaid reimbursement rates and enact supportive wage pass-through laws	Health care support workers in states with wage pass-through laws earn up to 12% more than those in states without them; laws also associated w/increased staffing levels in nursing homes (Baughman, 2010; Feng, 2010)
(Federal & State) Shift to value-based payment policies	More evidence needed; new payment models can incentivize employers to invest in upskilling of health care support workers to expand their scopes and provide career ladders with better wages

Part 2: Safety & Wellbeing Relationship to Health Equity

Health care workers face a dispropionate burden of injury, illness, and psychological distress

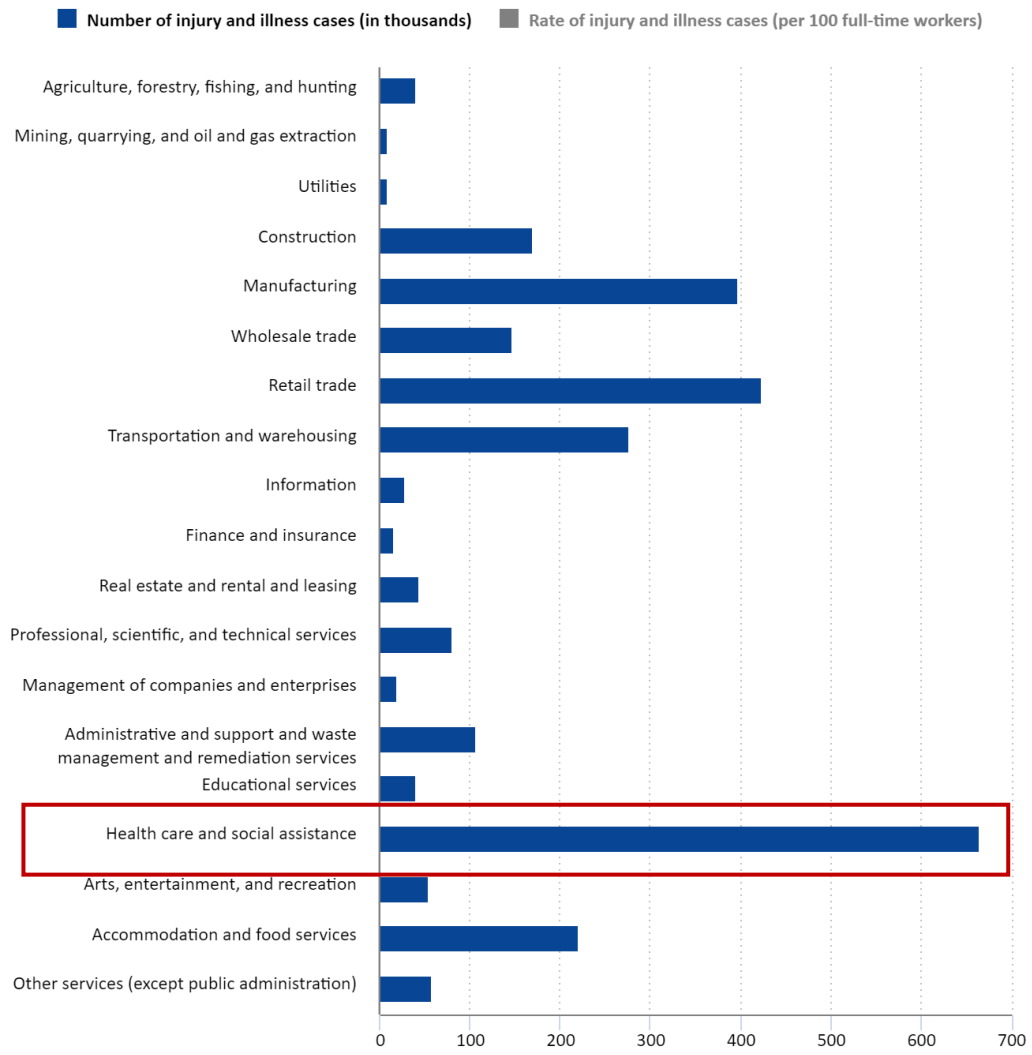
Disparities in Health Worker Well-being

Race and Ethnicity	Occupation	Setting
✓ Black immigrant LTC workers 3 times as likely as White workers to report job strain(Hurtado, 2012) ✓ Filipino RNs 4% of the nurse workforce but suffered almost a third of all nurse deaths(National Nurses United, 2021) ✓ Among physicians, women, people of color, and younger clinicians are disproportionately likely to experience distress(Atkins, 2016)	✓ Direct care workers have significantly higher rates of injury and illness than other U.S. workers; In healthcare rates are highest for NAs(Campbell, 2018) ✓ RNs experience higher rates of COVID infection and death than other health care workers(Barrett, 2020)	✓ Nursing and residential care facilities have the highest rates of injury and COVID deaths and significantly higher rates of violence than hospital or ambulatory settings. (BLS, 2018, 2021; The Guardian, 2021) ✓ Hospital worker COVID deaths concentrated in less prestigious facilities(The Guardian, 2021)

Part 2: Safety & Wellbeing Nature and Magnitude of the Problem

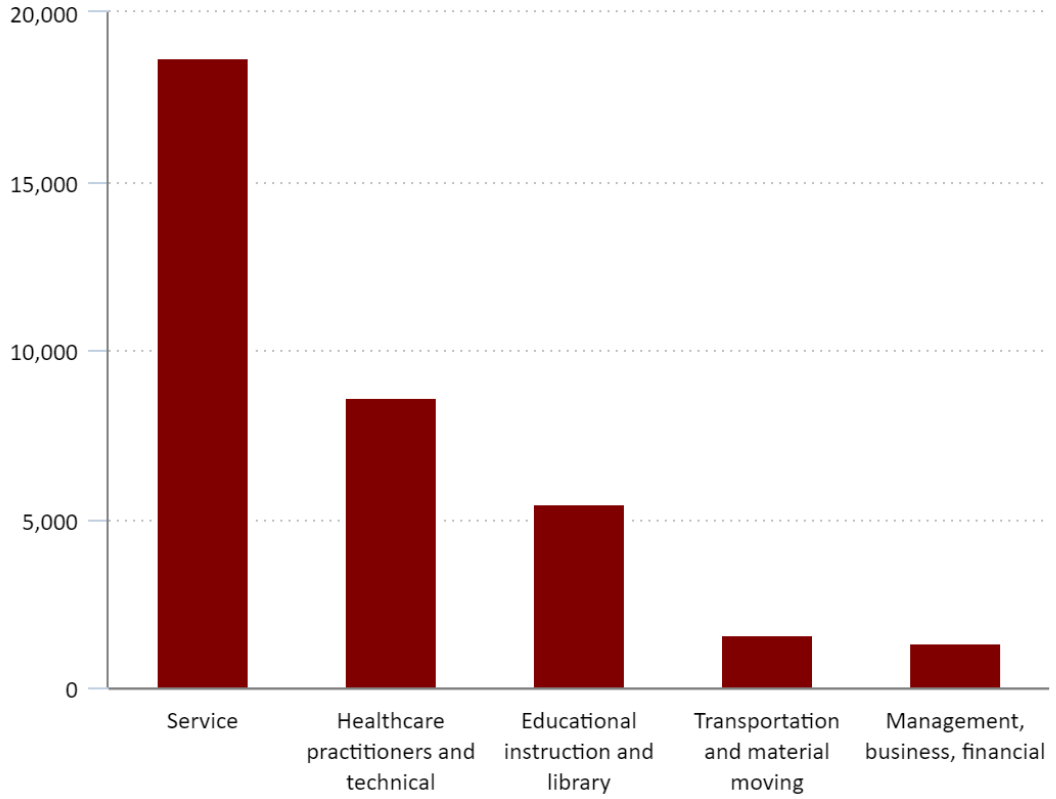
The United States' 22 million health care workers experience the highest numbers of occupational injuries and illness of all industries.

Number and rate of nonfatal work injuries and illnesses in private industries, 2022



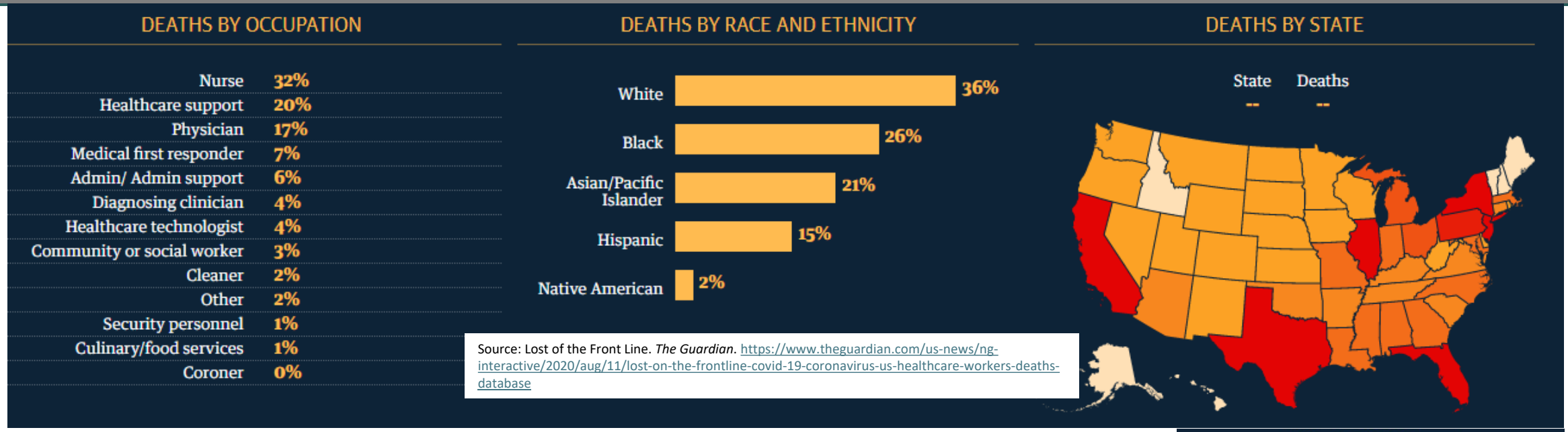
Source: U.S. Bureau of Labor Statistics.

Nonfatal workplace intentional injuries by another person that required at least a day away from work, selected occupational groups, 2020



Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.

COVID-19 put a spotlight on the hazardous nature of health care work; some of these hazards are modifiable



Source: Lost of the Front Line. *The Guardian*. https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database

Complaints by Selected Essential Industry (totals to date)

2021

November

Date	Healthcare	Retail Trade	Grocery Stores*	Construction	General Warehousing and Storage	Restaurants and Other Eating Places	Automotive Repair
11/07/2021	3,590	1,991	273	500	318	1,145	156

Source: COVID-19 Response Summary. OSHA. https://www.osha.gov/enforcement/covid-19-data#complaints_essential

Psychosocial harms including moral injury and burnout are pervasive & increasing

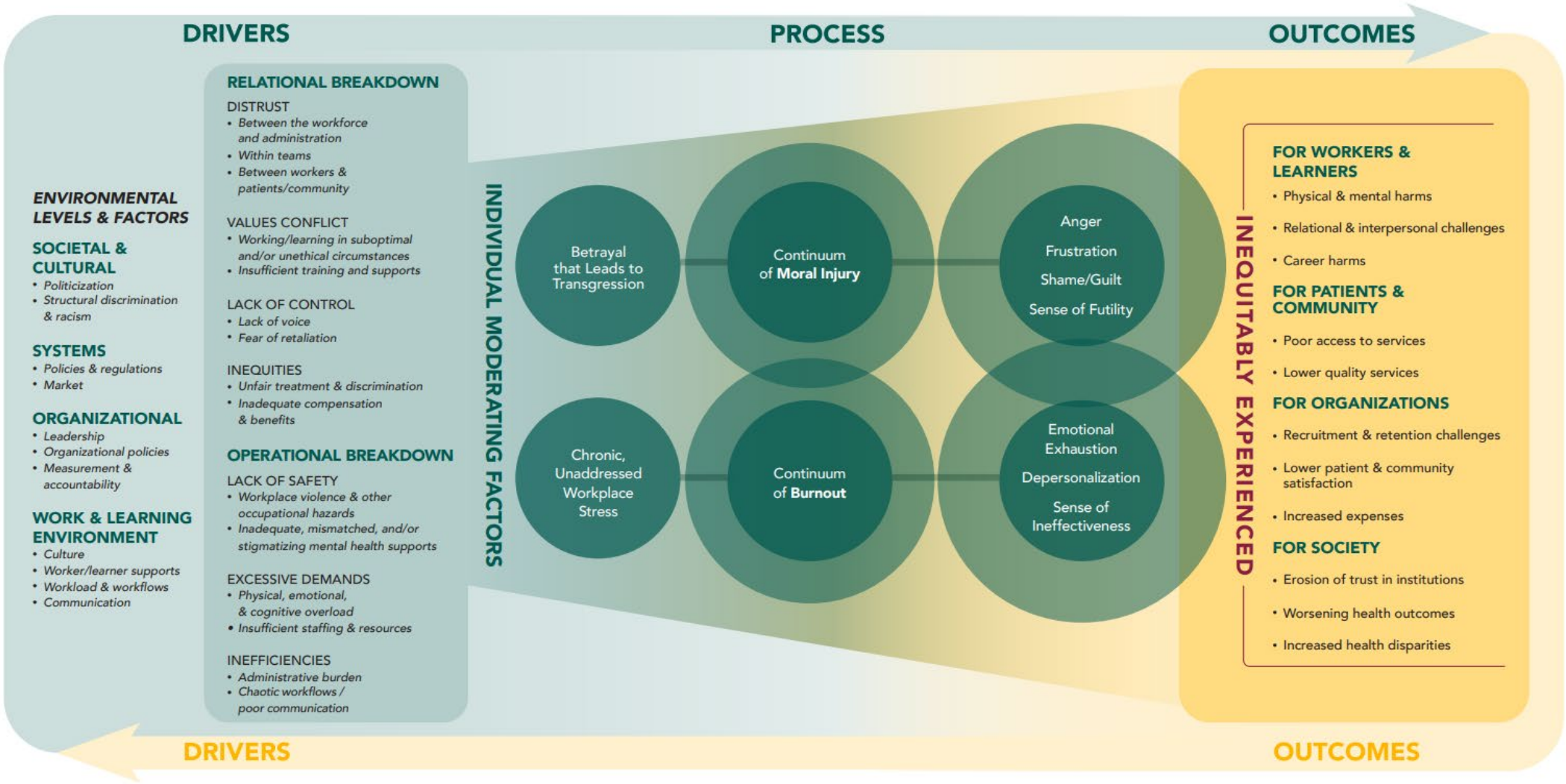
- Pre Covid: Burnout between 35-54% of all healthcare worker
- Burnout rate 60% by the end of 2021.
- Burnout among health care workers associated with alcohol abuse and dependence, social isolation, increased sickness-related absences from work, depression and suicide.
- Suicide among nurses and physicians higher than the general population and for female nurses, more than double their peers in the general population.
- Also related to low job satisfaction, career choice regret, and intent to leave one's job and/or the profession entirely.

Burnout: A workplace phenomenon that results from "chronic workplace stress that has not been successfully managed [and is] characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and 3) a sense of ineffectiveness and lack of accomplishment."(ICD-11, 2019/21)

Moral Injury: Perceived betrayal by a legitimate authority in a high stakes situation,[9] which leads one, through action or inaction, to transgress one's deeply held moral beliefs and expectations. Moral injury occurs when workers begin to question the moral framework of the system and their own moral framework for continuing to work within that system. (Adapted from Litz, 2009; Dean, 2020)

Health workers have been experiencing increased burnout and moral injury, pointing to overwhelming job demands and challenges in delivering care their patients need.

Burnout and Moral Injury in the Health and Public Safety Workforce



Fitzhugh Mullan Institute for Health Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

Institute for Healthcare Improvement

Moral Injury

A Union of Professionals
AFT Nurses and Health Professionals

Part 2: Safety & Wellbeing Policies and Programs

Relational Strategies: Creating Better Working & Learning Environments for Healthcare Organizations

Values Alignment

- Center patients & communities
- Acknowledge moral injury

Worker/Learner Voice & Trust

- Psychological safety
- Engage workers & learners in co-designing solutions

Diversity, Equity, & Inclusion

- Improve diversity
- Establish equitable & inclusive environments

Leadership

- Leadership development
- Assess & establish accountability

Commitment & Governance

- Well-being infrastructure
- Shared governance

Measurement & Accountability

- Measure retention, turnover, burnout, & MI
- Measure leader behaviors

wpchange.org/actionable-strategy/health-organizations

Operational Strategies: Creating Better Working & Learning Environments for Healthcare Organizations

Physical & Mental Health Safety

- Occupational safety
- Workplace violence prevention
- Address mental health
- Provide stress/trauma & resilience supports

Workload & Workflows

- Safe & appropriate staffing
- Optimizing teams
- Reducing administrative burdens
- Maximizing technology

Reward & Recognition

- Fair & adequate compensation
- Career supports & development

wpchange.org/actionable-strategy/health-organizations

Government Strategies

wpchange.org/actionable-strategy/government

Leadership, Governance & Voice

- Invest in programs and evaluations
- Worker & Learner Protections

Aligning Values & DEI

- Polices to align/center patients and communities
- Improve workforce DEI

Measurement & Accountability

- Directly measure well-being
- Develop organizational metrics for well-being
- Workforce analysis

Physical & Mental Health Safety

- Strengthen OSHA policies
- Address mental health stigma & protect right to access services

Workloads & Workflows

- Advance Team-Based Care
- Safe Staffing standards & workforce development
- Reduce admin burden

Rewards & Recognition

- Ensure adequate compensation & brunch
- Invest in career development programs

Government Measurement & Accountability

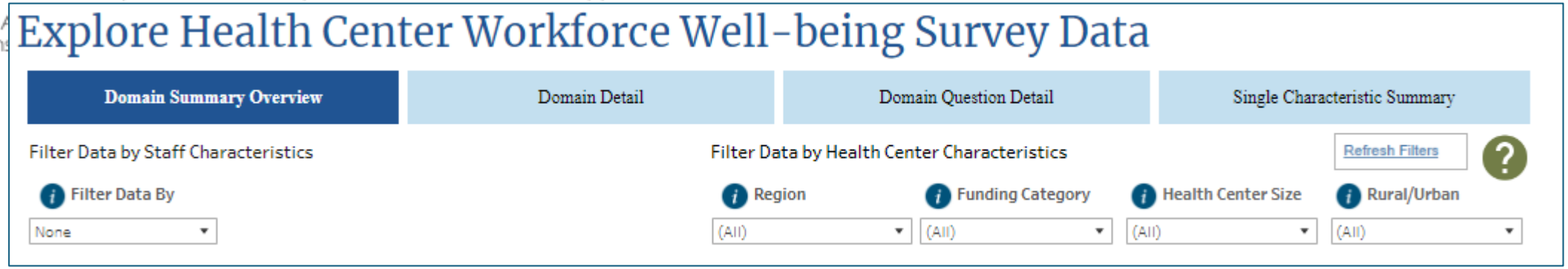
HRSA HEALTH CENTER WORKFORCE WELL-BEING SURVEY

Important Things to Know About the Survey

What is the purpose of the survey?

HRSA operates the federal Health Center Program and wants to support and enhance the well-being of health center staff across the country. HRSA will administer its first national Health Center Workforce Well-being Survey to identify factors that impact workforce well-being, recruitment, retention, and the quality of patient care at our health centers. The survey will launch in the fall of 2022. It will be open to all full- and part-time staff across HRSA-supported health centers.

The results will help HRSA
in common. These plans



https://data.hrsa.gov/topics/health-centers/workforce-well-being

Protecting workers' health and well-being

What does the California Ratios Law Actually Require?

HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:
COMPLEX CARE | COSTS AND SPENDING | PAYMENT | MEDICAID | FEDERAL MEDICAL ASSISTANCE PERCENTAGE | PANDEMICS | QUALITY OF CARE | PROGRAM ELIGIBILITY | PRIVATE HEALTH INSURANCE

Will States Use 'Rescue Plan' Funding To Give Direct Care Workers A Raise?

Mandar Bodas, Kaushik P. Venkatesh, Lyndsey Gallagher, Margaret Ziemann, Rhea Kalluri

NOVEMBER 9, 2021 10.1377/forefront.20211104.851752

Domain 6: State Level Measurement and Assessment

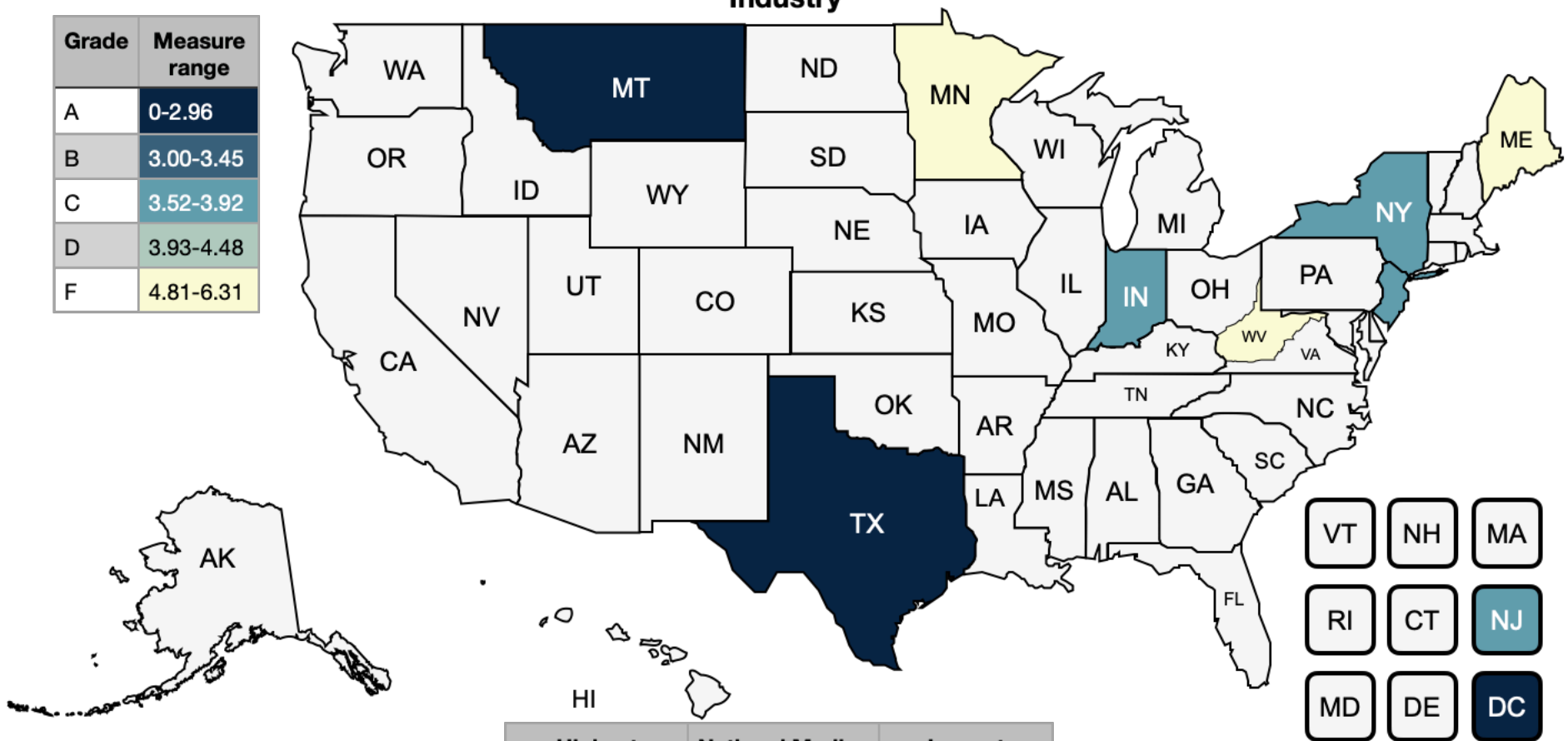
Fair and Safe Working Conditions: Focus on State Performance

Metric	Definition	Data Sources
Occupational injury and illness	The total number of recordable work-related injuries and illnesses per 100,000 workers in the healthcare industry.	Injuries, Illnesses, and Fatalities System, U.S. Bureau of Labor Statistics
Nurse-to-patient ratios	State mean number of nursing hours per patient day at the hospital level	American Hospital Association (AHA) annual survey data
Health care support worker wages	Mean hourly wages of healthcare support workers by state, adjusted for cost of living.	Occupational Employment and Wage Statistics (OEWS), U.S. Bureau of Labor Statistics
Financial strain	Within each state, the percentage of direct care home care workers earning less than 138% of the federal poverty level.	PHI - Analysis of Public Use Microdata Sample (PUMS) from the American Community Survey (ACS)
Health insurance coverage	Within each state, the percentage of direct care workers with any health insurance	PHI - Analysis of Public Use Microdata Sample (PUMS) from the American Community Survey (ACS)

Domain 6: Safe Working Conditions

HWE 6-a-1: Number of Recordable Work-related Injuries and Illnesses per 100,000 Workers in the Healthcare Industry

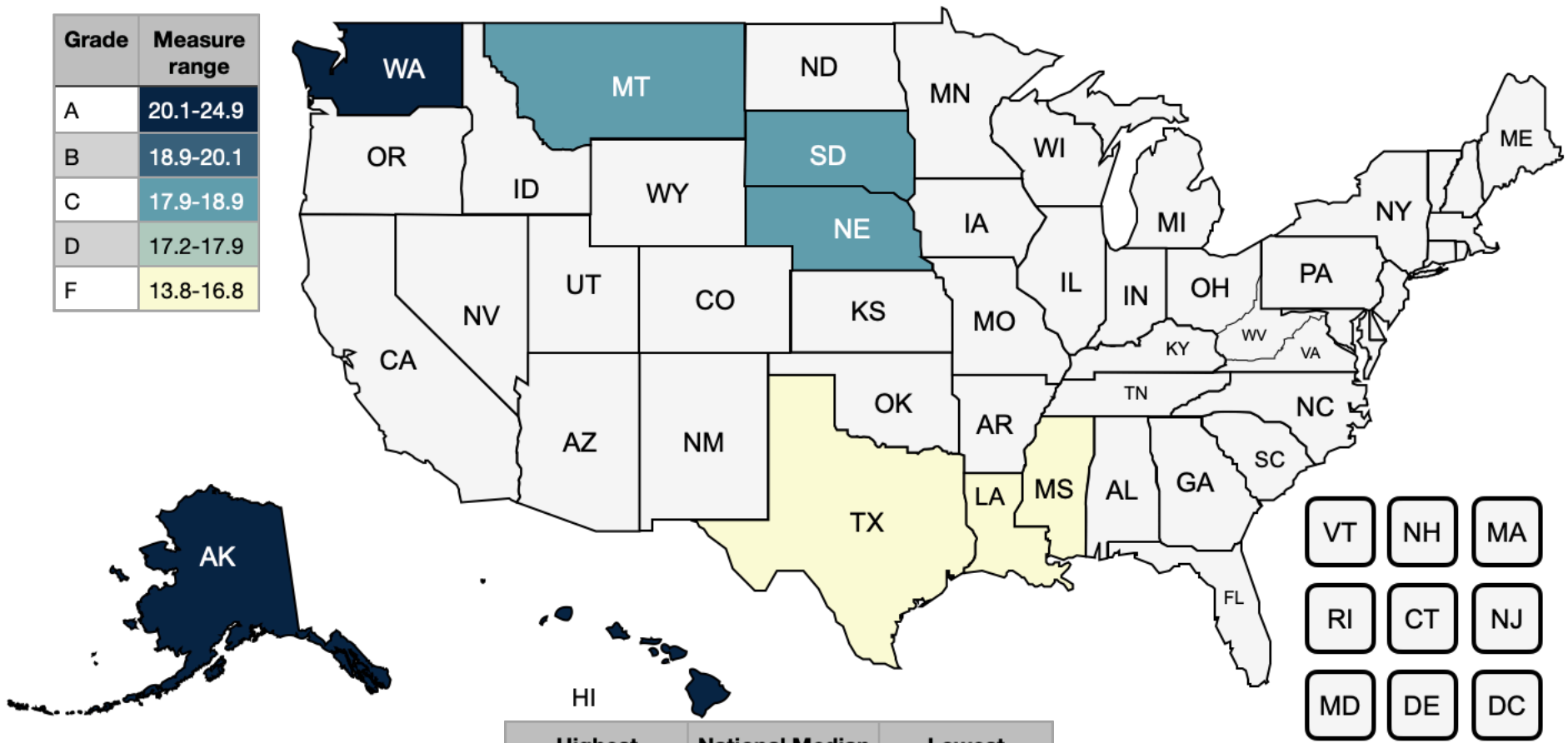
Grade	Measure range
A	0-2.96
B	3.00-3.45
C	3.52-3.92
D	3.93-4.48
F	4.81-6.31



Highest	National Median	Lowest
West Virginia (6.31)	3.61	Montana (0)

Domain 6: Safe Working Conditions
HWE 6-b-1: Mean Hourly Wages of Healthcare Support Workers

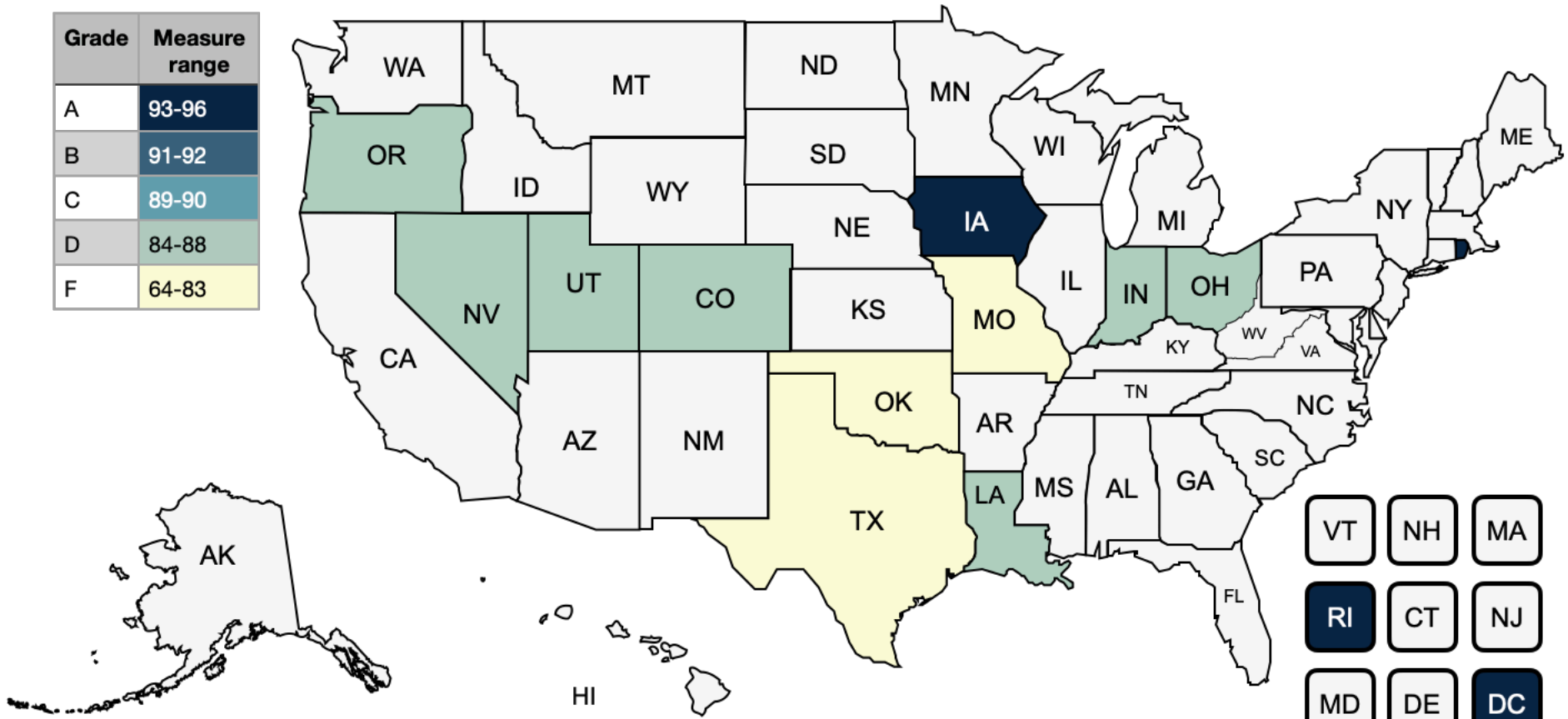
Grade	Measure range
A	20.1-24.9
B	18.9-20.1
C	17.9-18.9
D	17.2-17.9
F	13.8-16.8



Highest	National Median	Lowest
Hawaii ($24.99)	$18.28	Louisiana ($13.87)

Domain 6: Safe Working Conditions
HWE 6-b-3: Percent of Direct Care Home Care Workers with Any Health Insurance

Grade	Measure range
A	93-96
B	91-92
C	89-90
D	84-88
F	64-83



Highest	National Median	Lowest
Rhode Island (96%)	88%	Texas (64%)

Mullan Institute Resources

Mullan Institute website	HWE Evidence Reviews	Health Workforce Trackers (including the Medicaid Tracker)	Workforce Change Collaborative Website: Actionable Strategies	HWE Metrics State Performance Maps (beta version)	Social Media Handles
https://www.gwhwi.org/	https://www.gwhwi.org/hweseries.html	https://www.gwhwi.org/workforce-trackers.html	https://www.wpchange.org/actionable-strategies	https://www.gwhwi.org/hwemaps-betatest.html	**X (formerly Twitter)**: @GW_Workforce **Facebook**: @GWworkforce **Instagram**: gw_workforce **LinkedIn**: mullan-institute **YouTube**: Mullan Institute for Health Workforce Equity

Fitzhugh Mullan Institute for Health Workforce Equity
THE GEORGE WASHINGTON UNIVERSITY

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

QUESTIONS

ACU
ASSOCIATION OF CLINICIANS
FOR THE UNDERSERVED

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION

Thank you!

Please fill out the evaluation!

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

JOIN US IN DC!

clinicians.org/conferences/acu-2024/

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

JOIN US IN DC!

Pre-Conference Workshops

- Justice, Equity, Diversity, & Inclusion: Interrogating Our Work: Perspectives on Social Drivers of Health and Disability
- Lifestyle Medicine: Advancing the Quintuple Aim through Lifestyle Medicine within Health Center Networks - In partnership with the American College of Lifestyle Medicine
- Workforce: Pouring from a Full Cup: Organizational Well-Being Planning & Implementation
- Unlocking Sustainable Funding: Strategies for Aligning Medicaid with Medical-Legal Partnership - In Partnership with the National Center for Medical-Legal Partnership

clinicians.org/conferences/acu-2024/pre-conference-workshops

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

STAR² CENTER RESOURCES

- Recruitment & Retention Self-Assessment Tool
- Health Center Comprehensive Workforce Plan Template
- Implementing Staff Satisfaction Surveys Infographic
- Building a Resilient & Trauma-Informed Workforce Factsheet
- Turnover Calculator Tool
- Onboarding Checklist
- Supporting Mental Health Through Compensation Equity Factsheet
- C-Suite Toolkit: Health Professions Education & Training for Recruitment and Retention

You can find all of the STAR² Center's free resources here

Sign up for our newsletter here for new resources, trainings, and updates

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

INTERESTED IN TRAINING ON YOUR OWN TIME?

Check out the STAR² Center Self-Paced Courses: chcworkforce.elearning247.com

And the ACU & STAR² Center Video webpage: www.youtube.com/channel/UCZg-CFN7Wuev5qNUWt69u0w/feed

And the STAR² Center Podcast page: www.chcworkforce.org/web_links/star%c2%b2-center-chats-with-workforce-leaders/

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

STAY IN TOUCH!

- Chcworkforce.org
- Clinicians.org
- info@clinicians.org
- 844-ACU-HIRE

ACU
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

STAR²CENTER
SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION