



Fostering Diversity in Your Health Center Workforce: Strengthening and Expanding Recruitment Pathways

Thursday, April 18, 2024

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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)

YOUR SPEAKER



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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



Access to Care & Clinician Support

Recruitment & Retention

National
Health
Service Corps

Resources

Training

Networking

- 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

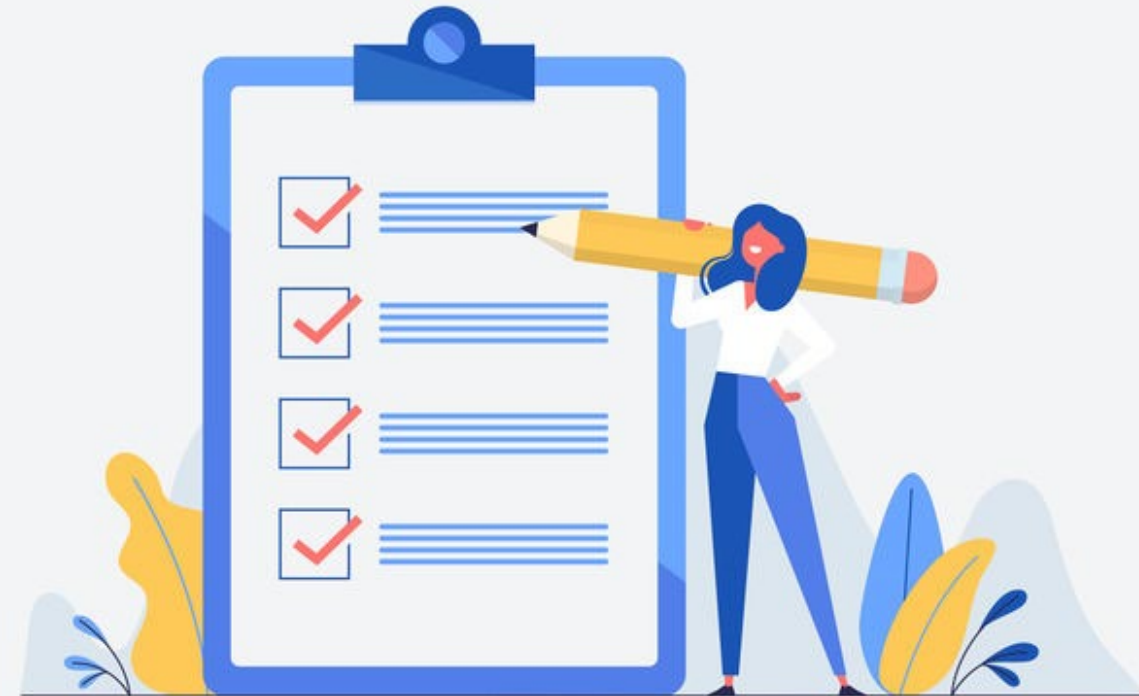
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LEARNING OBJECTIVES



1. Understand the scope of diversity within the healthcare workforce including various identities and groups.
2. Understand the importance of diversity in healthcare settings and its impact on patient care, organizational culture, and overall performance.
3. Explore effective recruitment strategies tailored to attract diverse candidates.
4. Gain practical insights and actionable steps to build new or enhance existing recruitment pathways, fostering inclusivity and diversity within your health center workforce.



COMMUNITY AGREEMENTS



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



TAKING THE PATH OF JEDI



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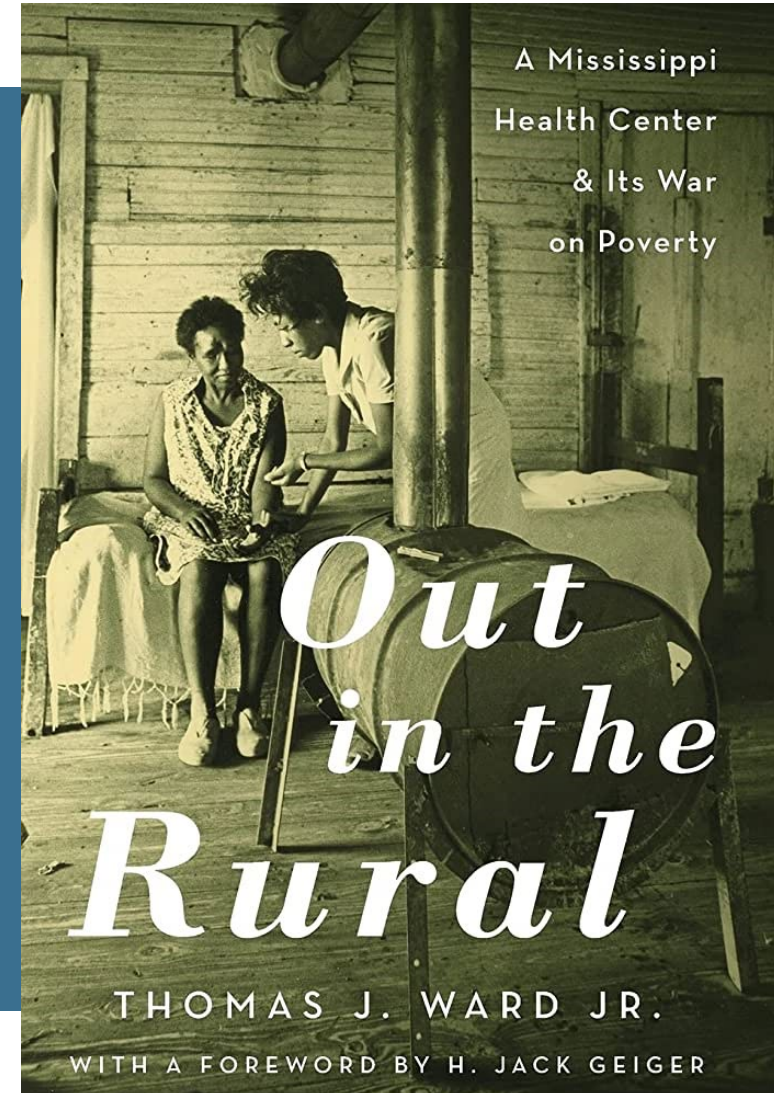


LIVING THE LEGACY



“The Health Center Movement traces its roots in the United States back to the Civil Rights Movement, Migrant Workers Movement, and President Lyndon B. Johnson’s “war on poverty” in the 1960s. Leaders including Dr. H. Jack Geiger, Dr. Count D. Gibson Jr., Dolores Huerta, Cesar Chavez, President Jimmy Carter, Senator Edward M. Kennedy, and many others paved the way for the successful health center model that serves over 28 million people today.”

Source: [NW Pulse](#).





LEVEL SETTING: THE LANGUAGE OF JEDI

JEDI:

Justice

Equity

Diversity

Inclusion

DEFINITIONS



(Social) Justice: An analysis of **how power, privilege, and oppression impact the experience of our social identities.** It reflects a society, community, and institution mutually shaped to meet the needs of all groups through full and equal participation and creates physically and psychologically safe and secure spaces for all.

Equity: Actively working to identify and eliminate barriers that have prevented full participation across differences in culture and circumstance. It reflects processes and practices that both acknowledge that we live in a world where **everyone has not 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: Creating environments in which individuals and groups feel **welcomed, respected, supported, and valued** by eliminating practices and behaviors that marginalize. An inclusive climate **embraces differences** and offers respect in words and actions so that all people can fully participate in the organization's opportunities.

Sources: [Brandeis University](#), [Rutgers University](#), & [Workhuman](#)

Diversity is essential, but not the goal.

While it's important to diversify the health center workforce, we must remember that diversity alone is just math. A fully representative workforce is essential, but does not necessarily mean staff of marginalized identities feel safe, heard, and respected; that your clients benefit from that diversity; or that your policies and procedures are just. Moreover, integrating and retaining staff of color, for example, means you must resist institutional racism. Perceive this toolkit, then, as a guide to get started, but we urge you to go deeper in equity and inclusion with our additional recommended resources.

DIVERSITY IN THE WORKPLACE

What does it look like?



A diverse workplace may have:



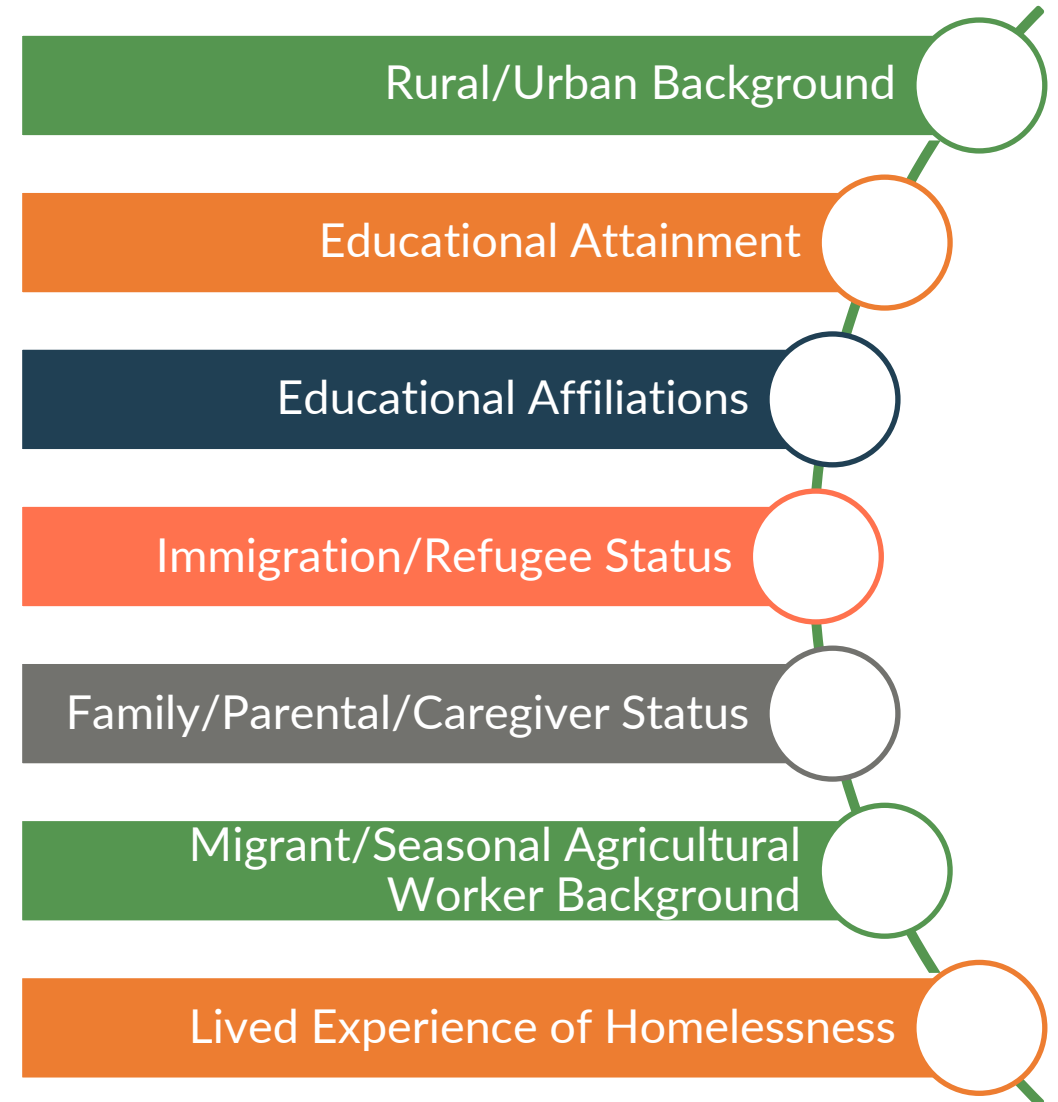
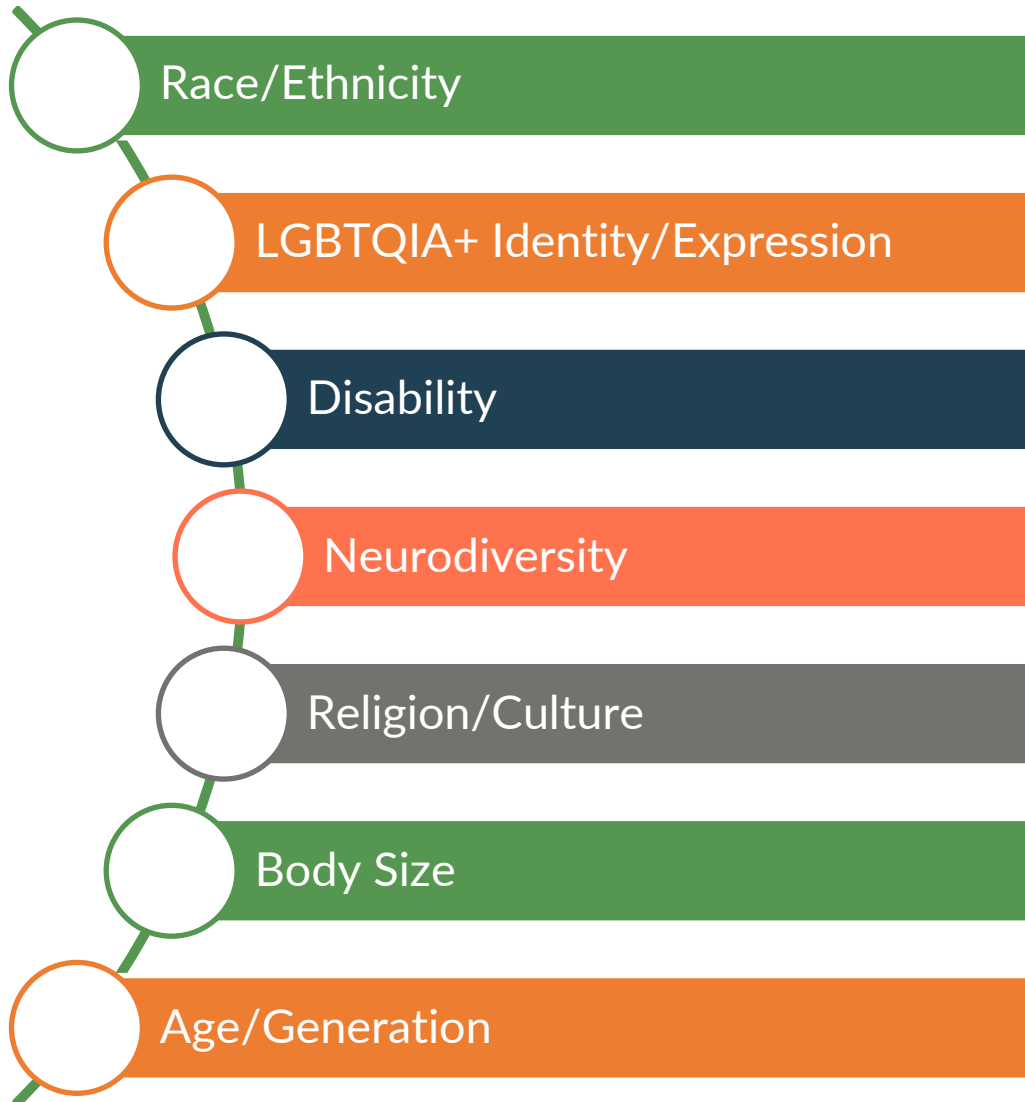
Source: [Workhuman](#)

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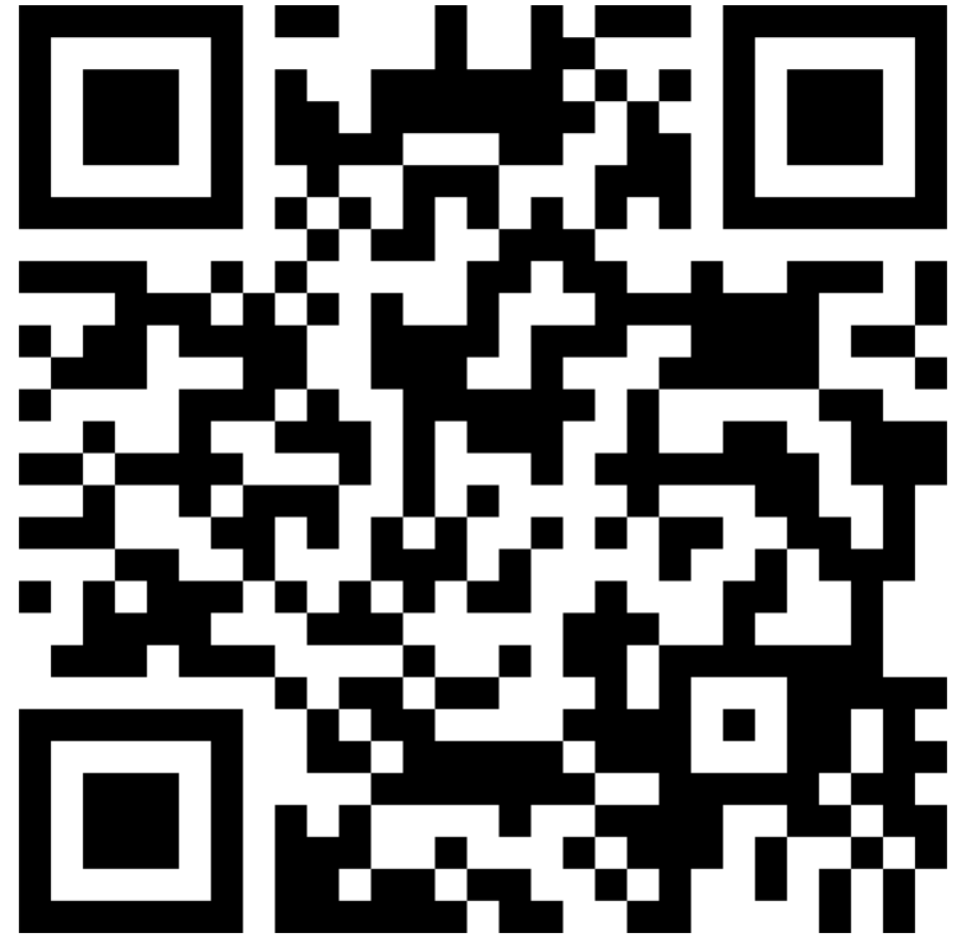


DIVERSITY IN THE WORKPLACE

Identities to Consider



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IMPACT ON PATIENT CARE & OUTCOMES

WHERE WE ARE NOW

Patient Care & Outcomes



- **Black and Hispanic patients** are significantly less likely than white patients to be prescribed opioids for similar types of pain.
- **American Indian/Alaska Native and Black women** are **2x and 3x more likely**, respectively, to **die from pregnancy-related causes** than white women nationally.
 - Among Black women with a college degree or higher, the pregnancy-related mortality rate is **5x higher** than that of white women with a college degree.
- Health care providers **spend less time in appointments, provide less education about health, and are more reluctant to perform certain screenings with patients who have obesity**, compared to thinner patients.
- **Women in same-sex relationships** are **25% less likely to receive Pap tests and mammograms** than women in different-sex relationships, even after controlling for sociodemographic characteristics, health insurance coverage, smoking status, and self-rated health.

THE IMPACT OF JEDI INITIATIVES

Patient Care & Outcomes



- More engaged clinicians and staff lead to improved outcomes.
- **Increased diversity** in the healthcare workforce helps **reduce or eliminate racial health disparities**.
- JEDI-informed staff and programs **increase accessibility to care and build trust** with the community.
- Organizations with JEDI training for staff have **improved treatment adherence, increased patient trust and engagement, and reduced healthcare costs**.
- JEDI training can help **teams function more effectively**, reducing conflicts and improving the patient experience.



IMPACT ON ORGANIZATIONAL CULTURE & RETENTION

HOW JEDI CAN IMPROVE THE WORKPLACE



Makes Work More Meaningful

- Working environment that allows all workers to thrive
- Employees are happier and more productive

Facilitates Workplace Fairness

- Confidence in the organization
- Deeper trust and commitment
- Greater likelihood of staying

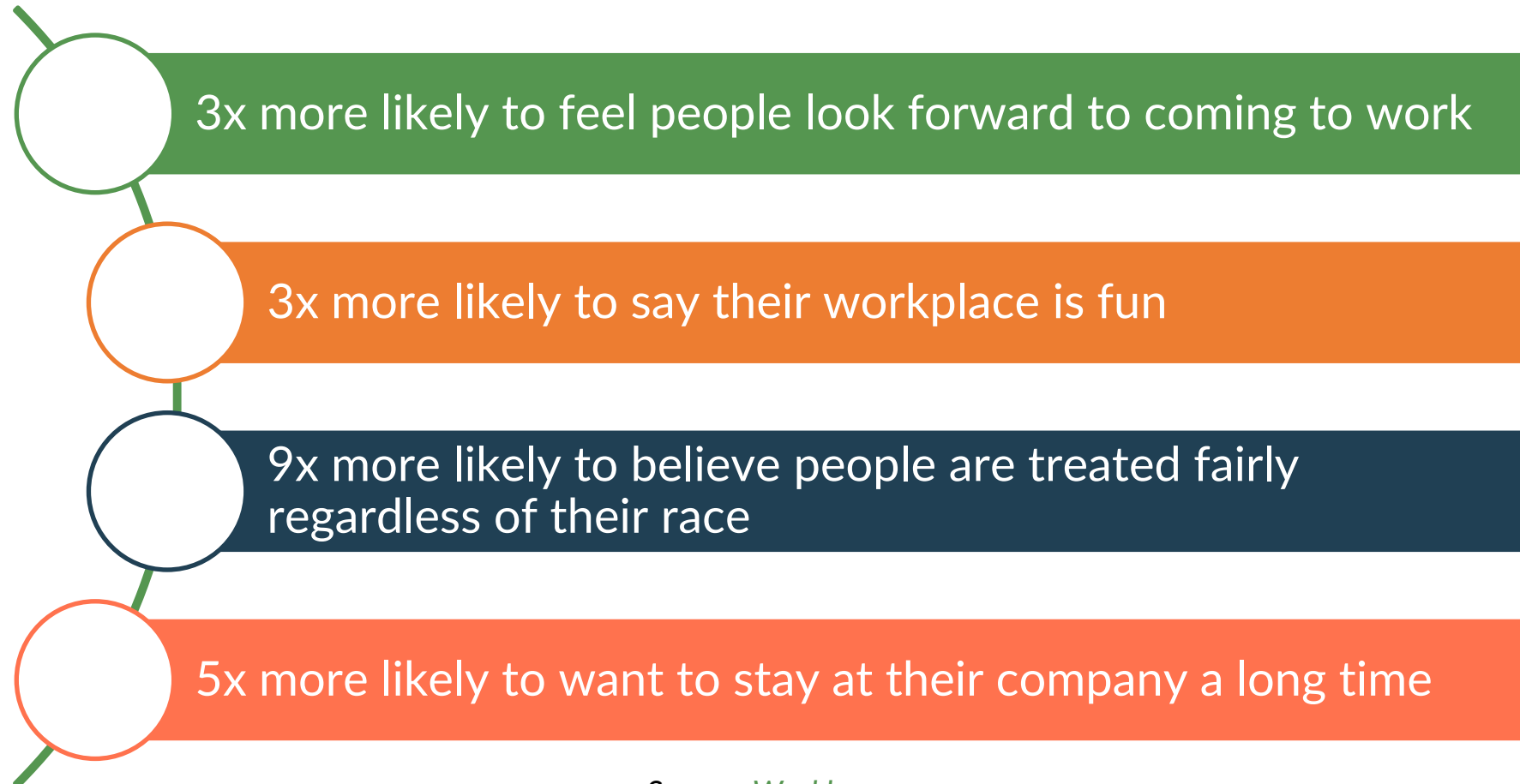
Helps People Build New Skills

- Exposed to a wider range of opinions, ideas, and skills
- Increased curiosity
- Equitable opportunities

WHY DOES JEDI MATTER?



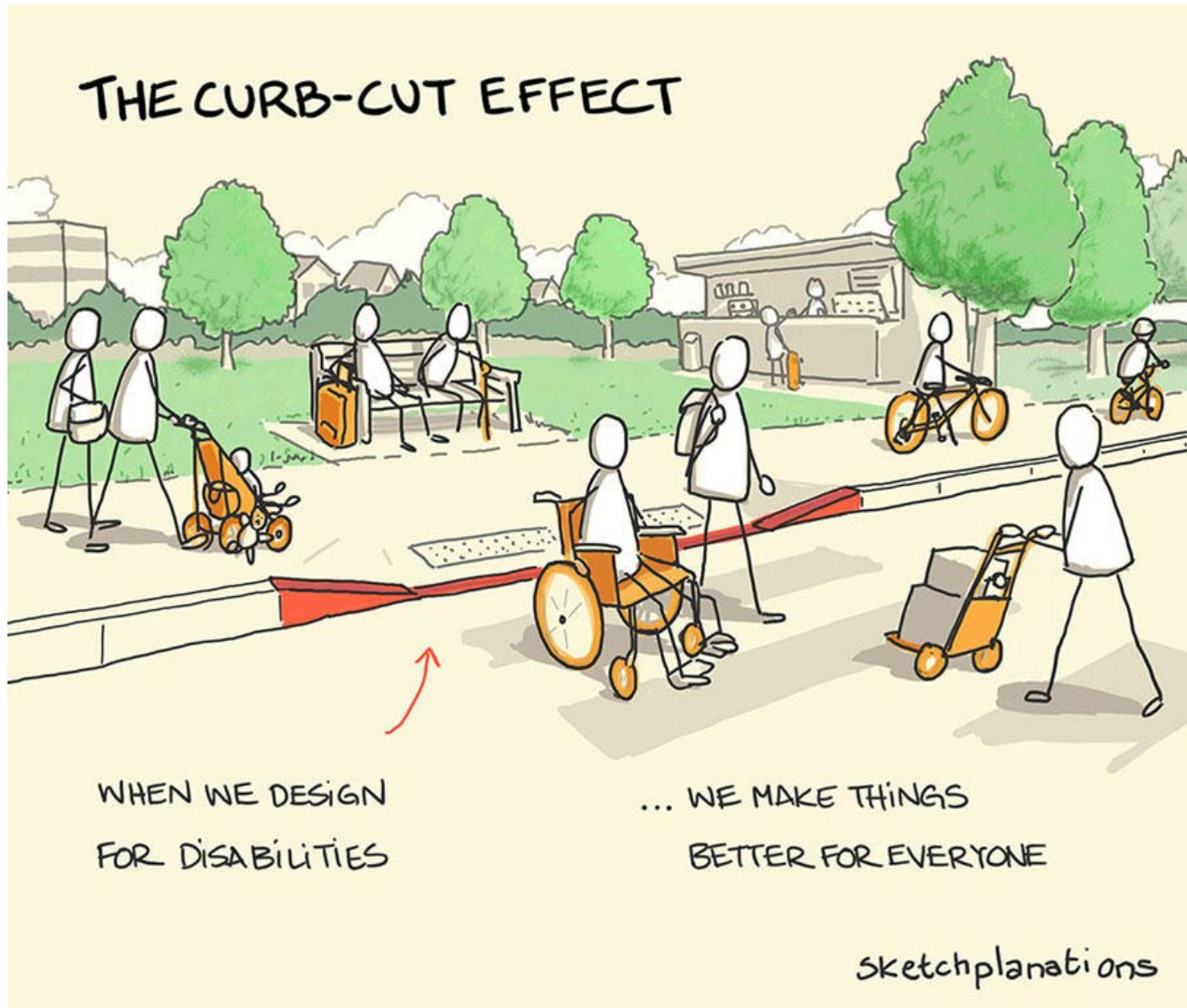
When employees feel like they belong at work they are...



Source: [Workhuman](#)

THE CURB-CUT EFFECT

JEDI Improves the Workplace for Everyone

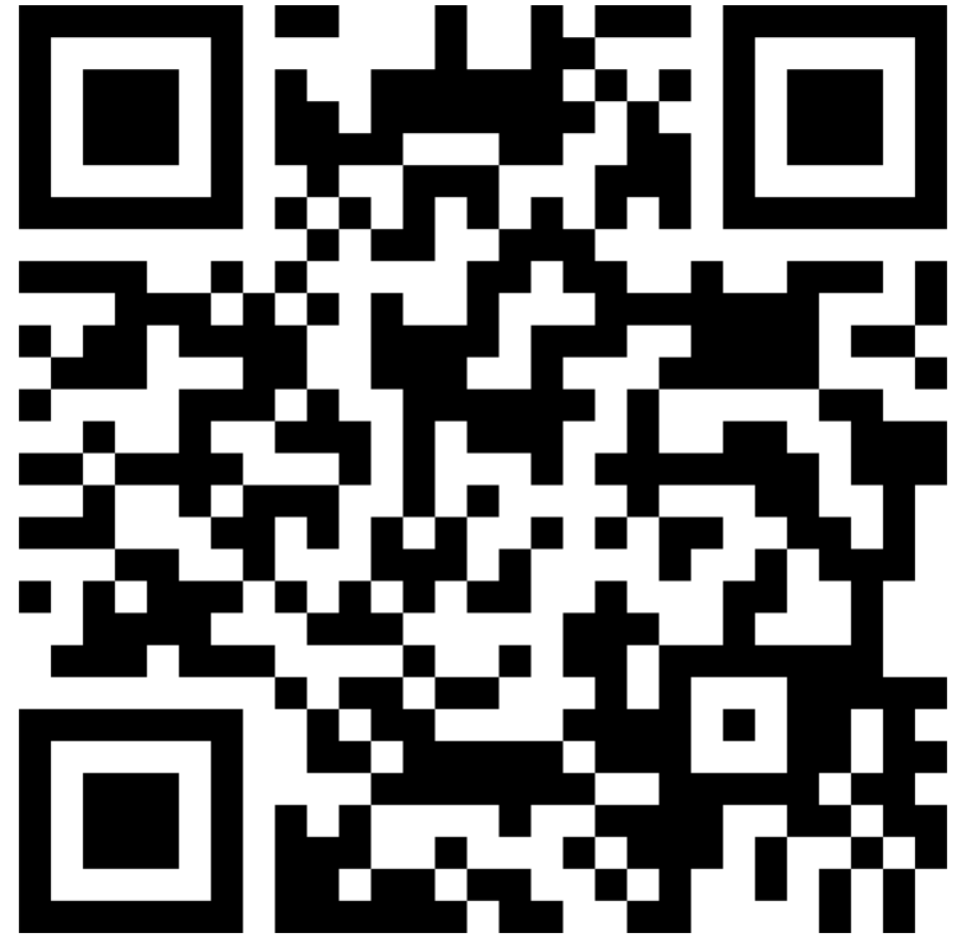


“When the nation targets support where it is needed most—when we create the circumstances that allow those who have been left behind to participate and contribute fully—everyone wins.”

- Angela Glover Blackwell

Source: [Stanford Social Innovation Review](#)
Image Source: [Sketchplanations](#)

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DIVERSIFYING YOUR WORKFORCE: EFFECTIVE RECRUITMENT

RECRUITMENTING FOR DIVERSITY

Be Intentional About JEDI



RECRUITMENT ADVERTISING

Be Inclusive



Develop an organizational DEI statement/commitment

- This is not an equal opportunity employer statement
- Add it to your job announcement and website

Highlight inclusive benefits

- Mentorship programs for BIPOC and other underrepresented staff
- Needs accommodations
- Inclusive leave policies

Central City Concern Equity Commitment

People of color and members of the LGBTQIA+ community experience homelessness at a far higher rate. This is unacceptable. CCC is committed to significantly reducing these disparities through improved culturally-responsive service delivery, broadened community partnership, advocating for systemic change, and advancing organizational equity.

RECRUITMENT ADVERTISING

Advertise for Diverse Candidates



- National Hispanic Medical Association
- National Black Nurses Association
- National Association of Hispanic Nurses
- National Medical Association
- Out Professional Network!

Source: [Building an Inclusive Organization Toolkit](#)

BUILDING AN INCLUSIVE ORGANIZATION

Job Posting Sites

The following national organizations have Career Centers available for job postings. Click on their organization's name to be directed to their website.

[National Hispanic Medical Association](#)

NHMA empowers Hispanic physicians to lead efforts to improve the health of Hispanic and other underserved populations in collaboration with Hispanic state medical societies, residents, and medical students, and other public and private sector partners.

[National Black Nurses Association](#)

NBNA's mission is to provide a forum for collective action by African American nurses to represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color.

[National Association of Hispanic Nurses](#)

NAHN is the nation's leading professional society for Latinx nurses.

[National Medical Association](#)

NMA is the collective voice of African American physicians and the leading force for parity and justice in medicine and the elimination of disparities in health.

[National Alaska Native American Indian Nurses Association](#)

NANAINA unites American Indian/Alaska Native nurses and those who care for AN/Al people to improve the health and well-being of American Indian/Alaska Native people.

[Philippine Nurses Association of America](#)

PNAA is an organization responsive to Filipino-American nurses' needs.

[Out Professional Network!](#)

Out Professional Network! provides the LGBT community with a trusted professional network, which pairs members with employers who are serious about building a diverse workforce to meet the needs of an increasingly diverse customer base.





BUILDING & ENHANCING RECRUITMENT PATHWAYS

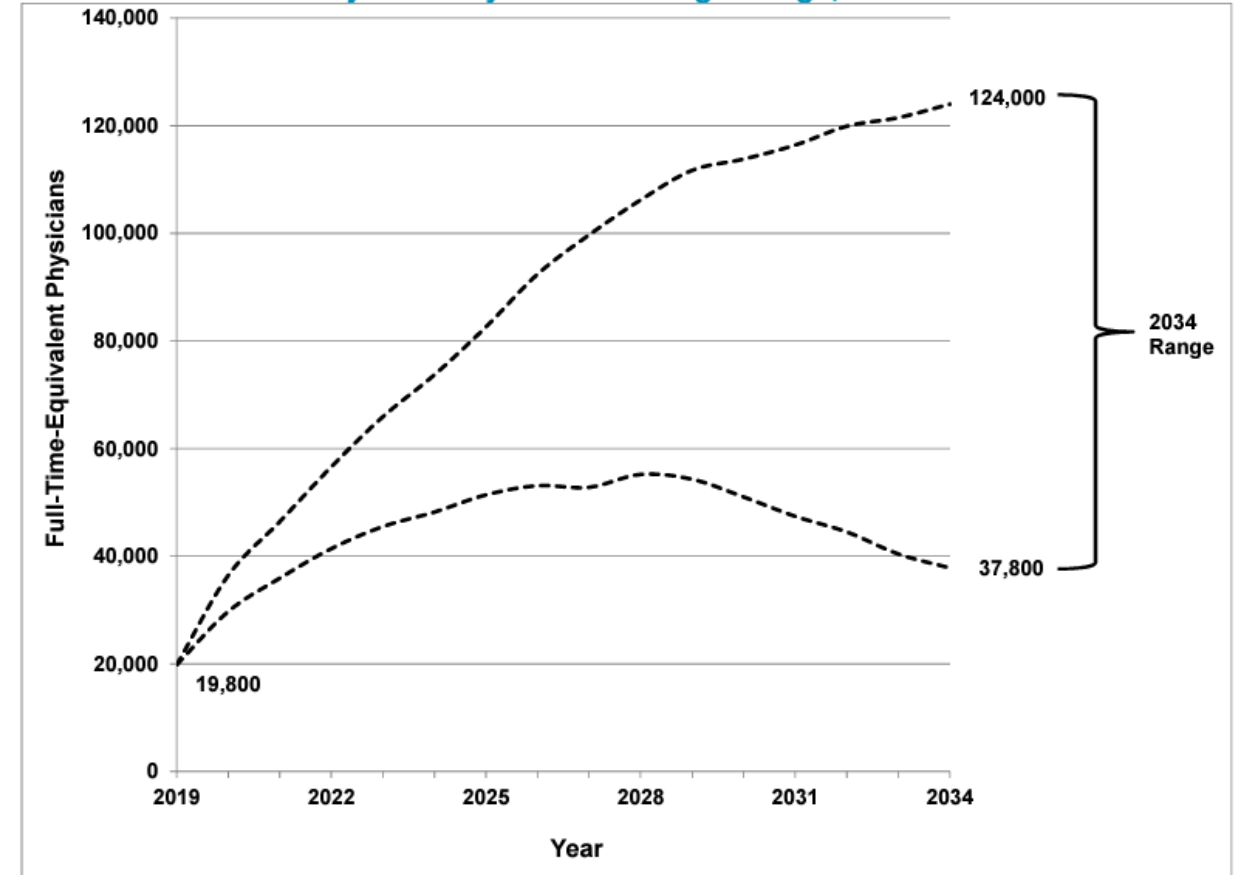
PHYSICIAN PROJECTIONS

The Shortage is Growing...



- Total physician shortage between **37,800** and **124,000** physicians by 2034
 - A primary care physician shortage of between **17,800** and **48,000** is projected by 2034.
 - A shortage of non-primary care specialty physicians of between **21,000** and **77,100** is projected by 2034

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034



Note: Because complex systems have internal checks and balances to avoid extremes, the upper and lower bounds of the shortage projections reflect the range of most likely outcomes. The divergence over time represents increasing uncertainty.

Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)

STAR² CENTER RESOURCE HIGHLIGHT

The Growing Provider Shortage:
Building the Case for Developing an HP-ET Program



Click [here](#) to access the **The Growing Provider Shortage: Building the Case for Developing an HP-ET Program Resource**

ACU ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED | STAR²CENTER SOLUTIONS TRAINING AND ASSISTANCE FOR RECRUITMENT & RETENTION

The Growing Provider Shortage: Building the Case for Developing an HP-ET Program

Overview: The Need for Health Center Health Professions Education & Training (HP-ET) Programs

Provider shortages have plagued healthcare organizations for decades, and these shortages have been exacerbated by the COVID-19 Pandemic. The Association of American Medical Colleges (AAMC) projects that by 2034, there will be a shortage of Primary Care Physicians between 17,800 and 48,000.¹ In addition to the shortage of physicians, the COVID-19 pandemic also led to the "Great Resignation" in the United States which caused staffing shortages among all levels of clinical staff. These increasing shortages have highlighted the need for HP-ET Programs as a way to "grow your own" workforce at health centers. The variety of HP-ET Programs is vast and can cover a range of roles, including:

- Community Health Worker (CHW) training programs
- Medical Assistant (MA) training programs
- Internship and externship rotations for Physicians and Dentists
- Imbedded Primary Care Residency programs

By providing pathways to one or more needed clinical roles, health centers have the ability to use these programs as a major recruitment tool for vital positions at their organizations. Understanding what roles are currently in demand, and which are likely to increase in demand in the near future, is critical to assessing what type of HP-ET or other recruitment programs can most benefit a health center.

Provider Needs Based on National Health Service Corps (NHSC) Vacancy Data²

The graphs below show three types of "staff status":

1. STAFF – fully onboarded staff hired by health centers not on a National Health Service Corps (NHSC) contract
2. NHSC – fully onboarded NHSC staff working at health centers
3. VACANCIES – unfilled positions at health centers based on eligible NHSC vacancies reported by health centers

1 IHS Markit Ltd., The Complexities of Physician Supply and Demand: Projections From 2019 to 2034, Washington, D.C., 2021.
2 Health Resources and Services Administration. "Data Explorer." Accessed June 2023. <https://data.hrsa.gov/tools/data-explorer>

THE NEED FOR PATHWAYS PROGRAMS

The Power of Growing Your Own



- The variety of Pathways Programs is vast and can cover a range of roles, including:
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 - Medical Assistant (MA) training programs
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 - Imbedded Primary Care Residency programs



Source: [The Complexities of Physician Supply and Demand: Projections From 2019 to 2034](#)

HP-ET FOR RECRUITMENT & RETENTION



Retention & Recruitment:

“Family medicine residents who graduate from...Teaching Health Center (THC) training residencies are nearly **twice as likely to pursue employment in safety-net settings** compared with non-THC graduates. This trend has been consistent over the past few years...”

Source: [*Journal of the American Board of Family Medicine* 2019; 32: 134-135](#)

HP-ET FOR RECRUITMENT



Recruitment:

Exposure to health centers

Working with underserved populations

Developing connections with HC staff

Connecting with clients

Active recruiting opportunities

Getting to know candidates

New hires require less time to get up to speed



HP-ET FOR RECRUITMENT & RETENTION



Retention:

Helping to teach and shape the next generation

Honing own skills

Potential perks for preceptors (CEUs, additional training, designated time to work with students)

Building team solidarity with current and future staff





CONTEXT & CONCERNS

- Staff time commitment/added workload
- Finding partners
- Accreditation
- Leadership buy-in
- Adequate staffing
- Adequate learner pool
- Cost

REALISTIC EXPECTATIONS

- Different requirements for different programs
- Building partnerships vs going it alone
- Increased staff/resource demand
- Time to ramp up and see results

HP-ET TO “GROW-YOUR-OWN”

Benefits & Return on Investment (ROI)



- Increased employee satisfaction and retention equals less turnover
- Positive economic impact to community
- Less time to fill open positions
- Greater access to care
- Increased efficiency



* Nearly 60% of medical residents practice within 100 miles of their residency program and more than half stay in the same state.

CALCULATING RETURNS

$$\text{Returns (Losses)} = \text{Gains} - \text{Inputs or Expenditures}$$



Potential Losses

- Reduced patient load per FTE
- Reduced income per patient visit

Tangible Returns

- Reduced turnover
- Fewer position vacancies/increased recruitment
- Client retention
- Increased shift coverage
- Savings on certification, training, or CMEs now obtained in-house

Intangible Returns

- Staff Satisfaction
- Quality of Care
- Client Satisfaction
- Improved Site Reputation and Community Links
- Partnerships

STAR² CENTER RESOURCE HIGHLIGHT

Health Professions Education and Training Financial Impact
Assessment Tool



Click [here](#) to access the Health Professions Education and Training Financial Impact Assessment Tool



WORKING WITH MINORITY-SERVING INSTITUTIONS



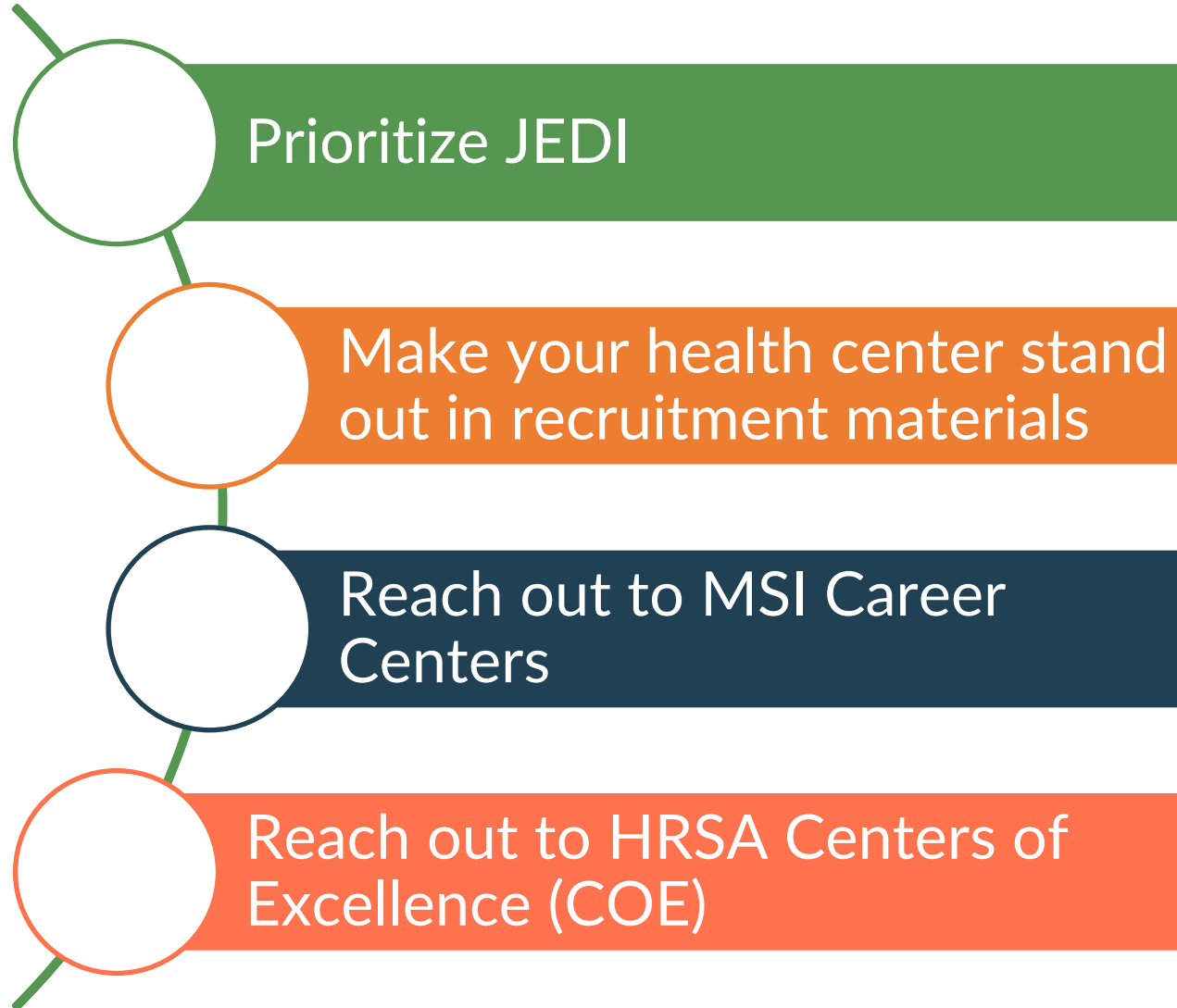
- **Asian American Native American Pacific Islander-Serving Institutions (AANAPISI)** – have an enrollment of undergraduate students that is at least 10 percent Asian American and Native American Pacific Islander.
- **Alaska Native and Native Hawaiian-Serving Institutions (ANNH)** – Native Hawaiian-Serving institutions have an enrollment of undergraduate students that is at least 10 percent Native Hawaiian students; Alaska Native-Serving Institutions have an enrollment of undergraduate students that is at least 20 percent Alaska Native students.
- **Historically Black Colleges & Universities (HBCU)** – include 91 four-year and 17 two-year institutions of higher education established prior to 1964, for the primary purpose of educating African Americans.

WORKING WITH MINORITY-SERVING INSTITUTIONS



- **Predominantly Black Institutions (PBI)** – have an enrollment of undergraduate students that is not less than 40 percent Black American students.
- **Hispanic Serving Institutions (HSI)** – are accredited, post-secondary, higher educational institutions with at least 25 percent total full-time enrollment of Hispanic undergraduate students.
- **Native American-Serving Non-Tribal Institutions (NASNTI)** – have an enrollment of undergraduate students that is at least 10 percent Native American.
- **Tribal Colleges and Universities (TCU)** – include 35 public institutions of higher education that are chartered by federally recognized Indian tribes or the federal government, with majority Native American or Alaska Native student enrollment.

PARTNERING WITH MSIS



STAR² CENTER RESOURCE HIGHLIGHT

Working with Minority-Serving Institutions to Enhance and Diversify Recruitment Pathways



Click [here](#) to access the Working with Minority-Serving Institutions to Enhance and Diversify Recruitment Pathways Resource

Working with Minority-Serving Institutions to Enhance and Diversify Recruitment Pathways



Health centers strive to be—and are—leaders in providing person-centered care that honors cultural beliefs and values. Person-centered care recognizes that health and wellness are influenced by the many factors that contribute to each person's unique experience in society. Practicing cultural humility, engaging with patients from a place of curiosity, and working with patients as partners to develop care plans are critical steps to delivering person-centered care. Likewise, having a workforce that represents the demographics of the community is equally important. Building a representative workforce that mirrors the patient population can build patient trust, belonging, and support programs that are more effective in reaching and engaging community members.

Establishing a workforce that represents your patient population requires inclusive and equitable recruitment and retention efforts. Partnering with minority-serving colleges and universities is one path for achieving greater diversity. This paper serves as a quick resource and reference guide for human resources (HR) professionals and health center leaders to understand how to identify and partner with minority-serving educational institutions.



What is a Minority-Serving Institution (MSI)?

MSIs are institutions of higher education that have a significant percentage of racially and ethnically minoritized students. Student financial needs and the percentage of students that identify with specific racial and ethnic groups vary across MSI designations. There are several types of MSIs:

- **Asian American Native American Pacific Islander-Serving Institutions (AANAPISI)** – have an enrollment of undergraduate students that is at least 10 percent Asian American and Native American Pacific Islander.
- **Alaska Native and Native Hawaiian-Serving Institutions (ANNH)** – Native Hawaiian-Serving institutions have an enrollment of undergraduate students that is at least 10 percent Native Hawaiian students; Alaska Native-Serving institutions have an enrollment of undergraduate students that is at least 20 percent Alaska Native students.
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DESIGNING AN HP-ET PROGRAM

Models & Approaches



- Accredited Programs
- Certificate Programs
- Apprenticeships
- Clerkships & Internships
- Fieldwork/Field Placements
- Partnerships with Academic Institutions or other Health Centers
- Graduate Programs
- Supervision for Licensure
- Mentorships
- Rotations
- Shadowing
- Educational Outreach
- And Much More...

DESIGNING AN HP-ET PROGRAM

Key Considerations



- Need
- Organizational Culture
- Buy-In & Engagement
- Available Faculty
- Partnerships
- Diversity, Equity, and Inclusion (DEI)
- Curriculum Development
- Capacity
- Financial Feasibility & Sustainability
- Gap Analysis
- Location/State Requirements
- Alignment with Organizational Strategy & Objectives
- Building a Culture of Education

DESIGNING AN HP-ET PROGRAM

Questions to Consider



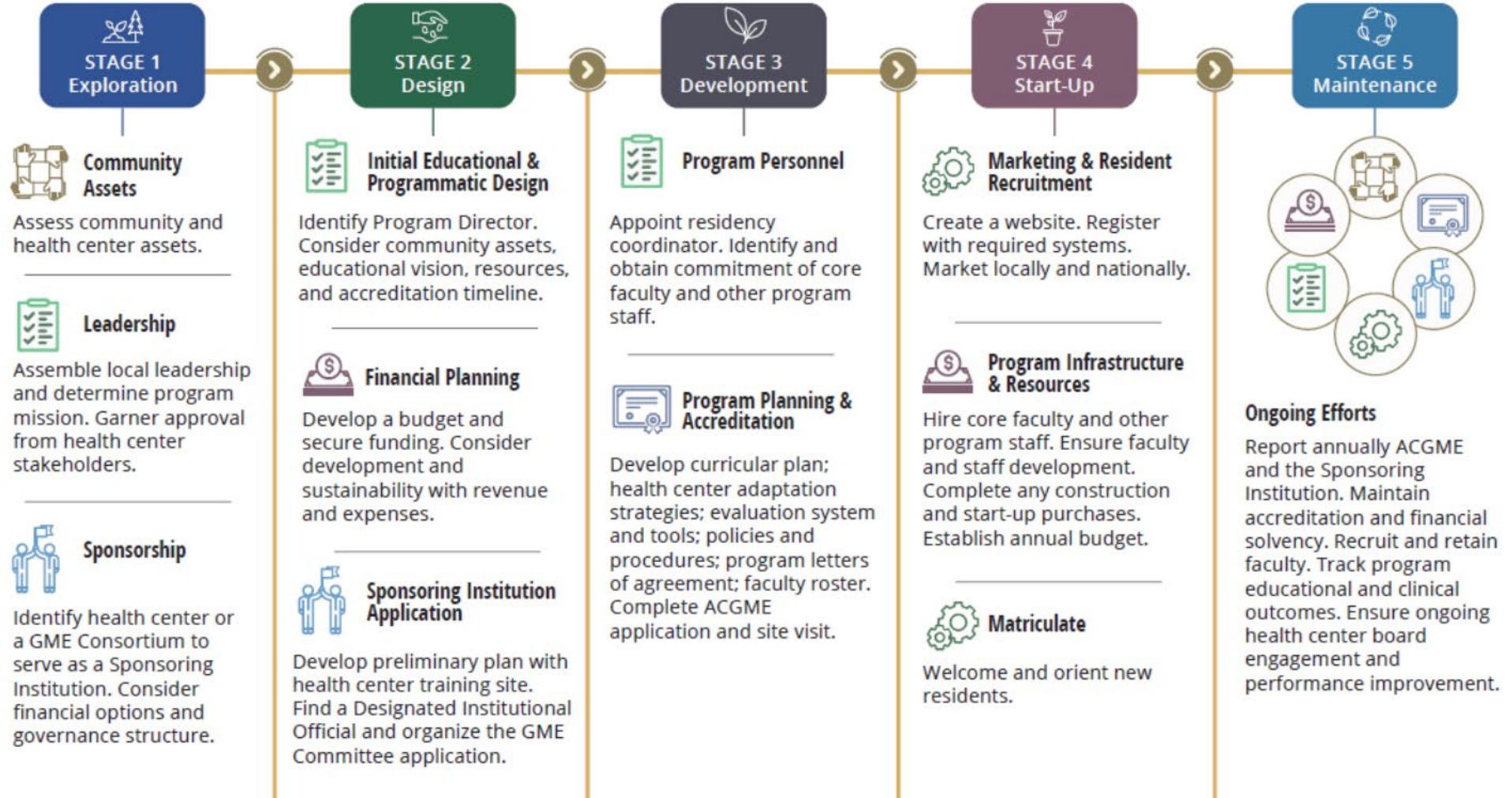
- What staffing shortages have you seen in the last five years? Three years? One year?
- Are any staff roles becoming harder to recruit or seeing greater turnover?
- Are there trends in clinical staff availability in your region or state that indicate those roles may be harder to fill in the future?
- Are there staff in your health center that have expressed an interest in teaching or cross-skilling/up-skilling that can take those roles?
- Are there any current staff that have expressed interest in receiving training to take on jobs or roles that are hard to fill?

DESIGNING AN HP-ET PROGRAM

Example: Teaching Health Center Program Roadmap



Roadmap for THC Program Development



DEVELOPMENT STRATEGIES



- Provide professional development, continuing education, and mentorship
 - Ensure it meets the needs of BIPOC individuals and other underrepresented/diverse groups
- Remember, experience is as important as education
- Invest in career ladders that train a diverse and inclusive group of employees for the successful and equitable achievement of leadership positions





CONCLUSION

QUESTIONS





STAR² CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Equal Pay for Work of Equal Value White Paper](#)
- [Financial Assessment For Provider Turnover Tool](#)
- [Building an Inclusive Organization Toolkit](#)
- [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](#)

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