

Diversity, Equity, and Inclusion Among Health Professionals

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- National Cooperative Agreement awarded in 2014
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LEARNING OBJECTIVES



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



Racial and Ethnic Diversity in the Healthcare Workforce

Why Representation Matters



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



Racial and Ethnic Representation in Health Diagnosing and Treating Practitioners



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

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

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

doi:10.1001/jamanetworkopen.2021.3789

Diversity Index (Current and Projected)



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

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

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

doi:10.1001/jamanetworkopen.2021.3789

HRSA Programs to Increase Diversity In Health Professions



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





BARRIERS TO INCREASING DIVERSITY IN HEALTH PROFESSIONS EDUCATION

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

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



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

Among residents only, 63.4% experienced harassment or discrimination

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

Discrimination Among Health Professional Trainees



What does discrimination look like?

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

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

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

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

Discrimination Among Health Professional Trainees



Common sources of harassment according to a systematic review of literature

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

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

Discrimination Among Health Professional Trainees



Trainees who have experienced harassment and discrimination:

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

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



Discrimination After Entering the Workforce

Discrimination in the Healthcare Workforce

23%

PHYSICIANS OF COLOR WHO REPORTED THAT A PATIENT HAD DIRECTLY REFUSED THEIR CARE SPECIFICALLY DUE TO THEIR RACE

53%

MUSLIM PHYSICIANS EXPERIENCED RELIGIOUS DISCRIMINATION FREQUENTLY IN THEIR CAREER

25%

LGBTQ NURSES THAT REPORTED DISCRIMINATION BASED ON THEIR SEXUAL ORIENTATION

Sources:

Serafini K, Coyer C, Brown Speights J, et al. Racism as Experienced by Physicians of Color in the Health Care Setting. *Fam Med*. 2020;52(4):282-287. <https://doi.org/10.22454/FamMed.2020.384384>.

Baqai, B., Azam, L., Davila, O., Murrar, S., & Padela, A. I. (2023). Religious Identity Discrimination in the Physician Workforce: Insights from Two National Studies of Muslim Clinicians in the US. *Journal of general internal medicine*, 38(5), 1167–1174. <https://doi.org/10.1007/s11606-022-07923-5>

Reed A.G. Creating Healthy Work Environments Conference 2021. 2021. Fostering LGBTQ inclusivity in the workplace: an integrative literature review.

Professional Experiences of Transgender And Gender Expansive Physicians



Prominent themes

- Emotional distress related to transphobia and a rigid binary gender paradigm
- Structural and institutional factors impacted psychological and physical safety and contributed to feelings of isolation

Mitigating factors

- Active allyship
- Proactive pronouns use
- Importance of representation in medicine
- Education
- Support from leadership
- Support from colleagues

Source: Westafer, L. M., Freiermuth, C. E., Lall, M. D., Muder, S. J., Ragone, E. L., & Jarman, A. F. (2022). Experiences of Transgender and Gender Expansive Physicians. *JAMA network open*, 5(6), e2219791. <https://doi.org/10.1001/jamanetworkopen.2022.19791>

Describe How Institutional Racism Has Affected You (Serafini, et al., 2020)



“I was treated differently compared to my other non-black counterparts and overlooked for leadership positions.”

“The automatic assumption that my education will be of less quality because of my race and that English is my second language. And having to work the double compared to other providers to prove them wrong.”

“Numerous microaggressions from the workplace without response from the institution.”

“A personal experience was being offered >\$40K salary deficit in comparison to comparable hire last fiscal year.”

“These experiences have many times made me depressed where I’ve had to seek a therapist and has made my morale at work low.”

Let's Talk About Discrimination From Patients



Video available at:

https://www.tiktok.com/@doc_nk/video/6995743205144710406?lang=en&q=racist%20patient&t=1690217141163

Discrimination From Patients

Let Employees Know You Have Their Back



- Develop a policy and procedure for dealing with discriminatory patients
- Train employees on how to respond to discriminatory behavior

MASSACHUSETTS GENERAL HOSPITAL
EMERGENCY MEDICINE

Patient Bill of Rights

We are committed to maintaining the rights, dignity, and well-being of all MGH patients. Please refer to the full version of the MGH Patient Bill of Rights posted in our ED.

Patient Rights

- To be treated in a caring, safe, and compassionate way
- To know the names and specialties of those providing care
- To ask questions and receive complete and accurate information in your preferred language
- To say yes or no to treatment as allowed by law
- To have privacy (within the capacity of the facility) when being examined or when talking to a health care provider
- To review and request medical records, as allowed by law
- To say yes or no to taking part in a research study

Patient Responsibilities

- To work together with health care providers on plan of care
- To let health care providers know if you want family or others involved in care and decision making
- To share information about health history, any changes in health, and current symptoms
- To tell health care providers if you don't understand or think you will not be able to do what is being asked
- To ask questions before leaving the hospital about medications, activities and follow-up care

MASSACHUSETTS GENERAL HOSPITAL
EMERGENCY MEDICINE

Patient, Family and Visitor Code of Conduct

It is the responsibility of all patients, families and visitors in the MGH Emergency Department to speak and act in a respectful and safe manner.

Safety and Security

- Weapons are not allowed
- Photography and video/audio recording are not allowed without permission from a MGH healthcare provider

Unacceptable Behaviors

Disruptive, offensive or otherwise inappropriate behaviors or language, including, but not limited to:

- Racial or cultural slurs, or other insulting remarks about race, language, religion, gender identity, or sexuality
- Yelling or swearing
- Making verbal threats or threatening gestures
- Spitting or throwing objects
- Any physical assault or attempted assault
- Sexual remarks or behavior

Code of Conduct Violations

Our Emergency Department is under video and direct surveillance. Please report any concerns to our staff.

- You may be asked to leave the Emergency Department if you cannot comply with this Code of Conduct, if you are not suffering from an emergency medical condition.



Building Inclusive Organizations

Top Reason Why U.S. Workers Left a Job in 2021



Top reasons why U.S. workers left a job in 2021: Low pay, no advancement opportunities

Among those who quit a job at any point in 2021, % saying each was a ____ why they did so



Other reasons (in order of major reason):

- Childcare issues
- Not enough flexibility to chose when to put in hours
- Benefits weren't good
- Wanted to relocate to a different area
- Working too many hours
- Working too few hours
- Employer required a COVID-19 vaccine

Source: Parker, K. and Menasce Horowitz, J. Pew Research Center. (March 9, 2022). [Majority of workers who quit a job in 2021 cite low pay, no opportunities for advancement, feeling disrespected](#)

Getting Started in Developing an Inclusive Organization



- Develop a mission or vision statement around diversity, equity, and inclusion
- Integrate justice, equity, diversity, and inclusion into professional development (for trainings, create regular opportunities for reflection vs. “one and done”)
- Establish a committee/task force to lead diversity, equity, and inclusion work. Provide leadership support (e.g., executive sponsor) for committee/task force activities
- Invite employees to establish affinity groups/employee resource groups
- Conduct an organizational assessment to identify strengths and opportunities (can inform an action plan)

Inclusive Hiring

Embed DEI into the Recruitment & Hiring Process



Are you hiring people who embrace DEI?

- Share your organizations commitment to DEI in job announcements and on your website
- Ask DEI questions during the interview process



Inclusive Onboarding

Prepare Your Team



Adding a new person can change team dynamics; reduce opportunities for bias and discrimination

- Talk to teams about how the new hire will contribute to the organization
- Describe who they will work with
- Be clear about their responsibilities, if they are taking on work of existing team members, and what the handoff process should look like

Inclusive Onboarding

Individualize the Onboarding Process

Are we just checking off the box?

- Discuss expectations and schedules
- Be clear where you can offer some flexibility and how to request flexibility
- Consider the workspace and accommodations you can make. For example, did you place someone with anxiety or noise sensitivity in a loud and busy area?
- Are you taking an individualized approach to training new hires in using workplace technology?
- Invite questions and maintain an open-door policy



Inclusive Onboarding

Emphasize Your Organizations Commitment to JEDI



- Describe your organization's JEDI commitment and values and how these help the organization achieve its mission
- Discuss how your organization meets that commitment
 - Required JEDI trainings (during onboarding and regularly throughout the year)
 - Use of inclusive and affirming language (language guide)
 - How are diverse perspectives included in decision making
 - How bias and discrimination is reported and handled

Inclusive Onboarding

Incorporate DEI Goals in Performance Evaluations



Examples

- Goal: Promote diversity and inclusion in my division/team.
Goal met by: Promote the development and advancement of underrepresented groups in my team through professional development opportunities
- Goal: Actively create a productive work environment within my team that is free of harassment and bullying.
Goal met by: Implemented a series of team building activities resulting in improved teamwork, communication, and inclusion

Inclusive Onboarding

Check-in Regularly



Ask about team dynamics



Ask if there is anything creating anxiety



Invite feedback on the onboarding process

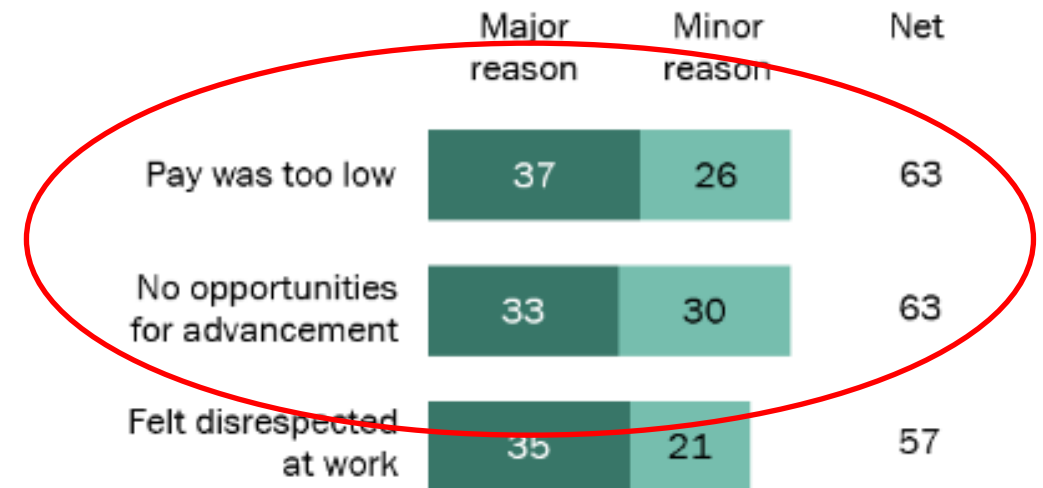


Workplace Equity

- Pay equity and transparency
- Opportunities for advancement
 - Who is getting the glamour work?
- Opportunities for professional development
- Mentorship and coaching
- Access to professional networks

Top reasons why U.S. workers left a job in 2021: Low pay, no advancement opportunities

Among those who quit a job at any point in 2021, % saying each was a ____ why they did so



Source: Parker, K. and Menasce Horowitz, J. Pew Research Center. (March 9, 2022). [Majority of workers who quit a job in 2021 cite low pay, no opportunities for advancement, feeling disrespected](#)

STAR² Center Pay Equity Resource

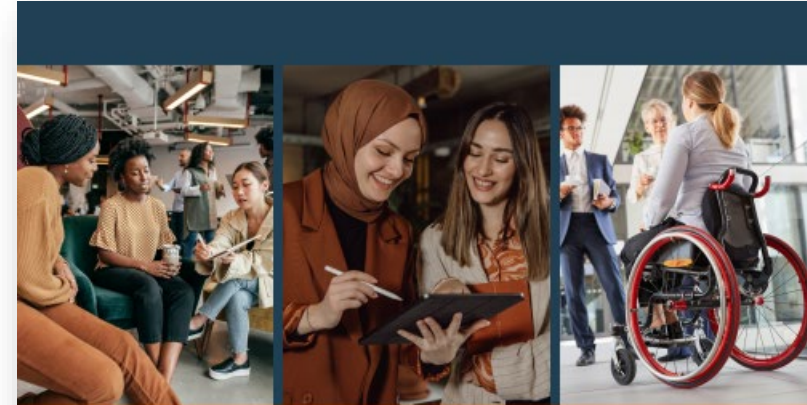
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Pay Equity Audit Process

- 1 Secure leadership buy-in
- 2 Develop a compensation philosophy
- 3 Identify goals, outcomes, timelines, and resources
- 4 Understand the legal context of pay equity
- 5 Research internal compensation policies and practices
- 6 Gather data
- 7 Run an analysis to identify pay discrepancies
- 8 Interpret data
- 9 Communicate findings and propose action steps
- 10 Act and implement remediation practices
- 11 Continue to test and monitor

(ADP, n.d.; Aon, 2018; Barnard-Bahn, 2020; JazzHR & Gusto, n.d.; Lucid Content Team, n.d.; Messina, n.d.; Seyfarth, 2023; Symonds, 2022; Trusaic, n.d., 2021; Van der Laken, n.d.)



EQUAL PAY FOR WORK OF EQUAL VALUE:

Establishing Pay Equity Principles to Advance Workforce Financial Wellness

STAR² CENTER
WHITE PAPER 2023

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Inclusive benefits

- Floating holidays
- Expand FMLA to include chosen and expanded family
- Inclusive health insurance
- Financial wellness
- Remote work opportunities

“An overwhelming majority of American households (82.2 percent) depart from the traditional nuclear family structure.”

[Center for American Progress](#)

Other ways to be inclusive

- Quiet and prayer rooms
- Minimizing clutter in hallways for wheelchair access
- All gender restrooms
- Engage in community events and celebrations of diversity
- Inclusive workplace events (consider dietary restrictions, disabilities, time)



Incorporate DEI Into Staff Satisfaction Surveys



Example questions from SHRM (Likert scale: Strongly Agree to Strongly Disagree)

- Management shows that diversity is important through its actions.
- The company fosters a workplace that allows employees to be themselves at work without fear.
- The company respects individuals and values their differences.
- The leadership at this company treats all employees fairly.

Source: Society for Human Resource Management. Employee Survey: Diversity, Equity, and Inclusion. Available at: <https://www.shrm.org/resourcesandtools/tools-and-samples/hr-forms/pages/diversitysurveys.aspx>



Belonging

Fostering a Strong Sense of Belonging



Acts of inclusion lead to an individual's sense of belonging.

Welcomed – intentionally introduced to, and incorporated within, the organizational culture and community

Known – to feel understood, motivated, and celebrated as an individual

Included – to feel valued and accepted without reservation

Supported – consistently and meaningfully nurtured and developed

Connected – empowered to develop and maintain relationships across a diverse population

When Employees Feel Like They Belong, Your Organization Benefits



Employees with a strong sense of belonging:

40%

RARELY THINK ABOUT
LOOKING FOR A JOB
ELSEWHERE, VERSUS
5% WITH A LOW
SENSE OF BELONGING.

45%

ARE THEIR MOST
PRODUCTIVE SELF AT
WORK. COMPARED TO
6% OF THOSE WITH A
LOW SENSE OF
BELONGING.

51%

WOULD RECOMMEND
THEIR COMPANY AS A
GREAT PLACE TO
WORK, VERSUS **4%** OF
THOSE WITH A LOW
SENSE OF BELONGING



“Professionalism has become coded language for white favoritism in workplace practices that more often than not privilege the values of white and Western employees and leave behind people of color.”

Aysa Grey. [The Bias of ‘Professionalism’ Standards.](#) Stanford Social Innovation Review.

“Health care professionalism is tied to [hetero]normative presentation. Health care professionals report the desire for high levels of social conformity in their practice and see LGBTQ+ identities as ‘unprofessional.’”

Code-switching



Impact of code-switching:

- Depletes cognitive resources and hinders performance
- Reduces authentic self-expression
- Contributes to burnout

Code-switching

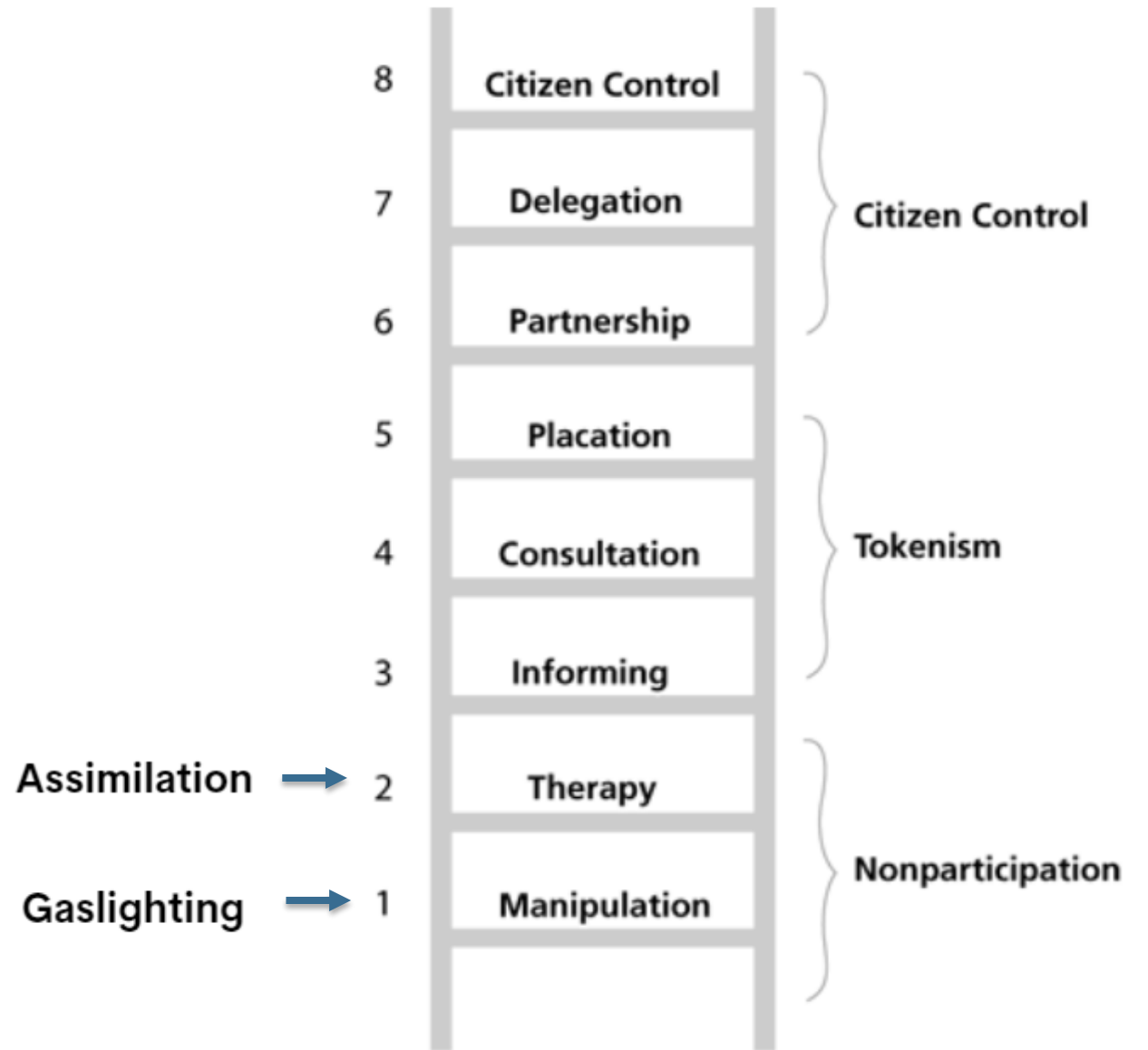
Adjusting one's style of speech, appearance, behavior, and expression in ways that will optimize the comfort of others in exchange for fair treatment, quality service, and employment opportunities

Sources:

- Wolfe A. (2023). Incongruous identities: Mental distress and burnout disparities in LGBTQ+ health care professional populations. *Heliyon*, 9(4), e14835. <https://doi.org/10.1016/j.heliyon.2023.e14835>
- McCluney, C.L., Robotham, K., Lee, S., Smith, R., and Durkee, M. (2019, Nov 15). [The cost of code-switching](#). *Harvard Business Review*.

Tokenism

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



Arnstein's Ladder (1969)
Degrees of Citizen Participation

Minority Tax

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



Recommendations for Leaders



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

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



RESOURCES

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

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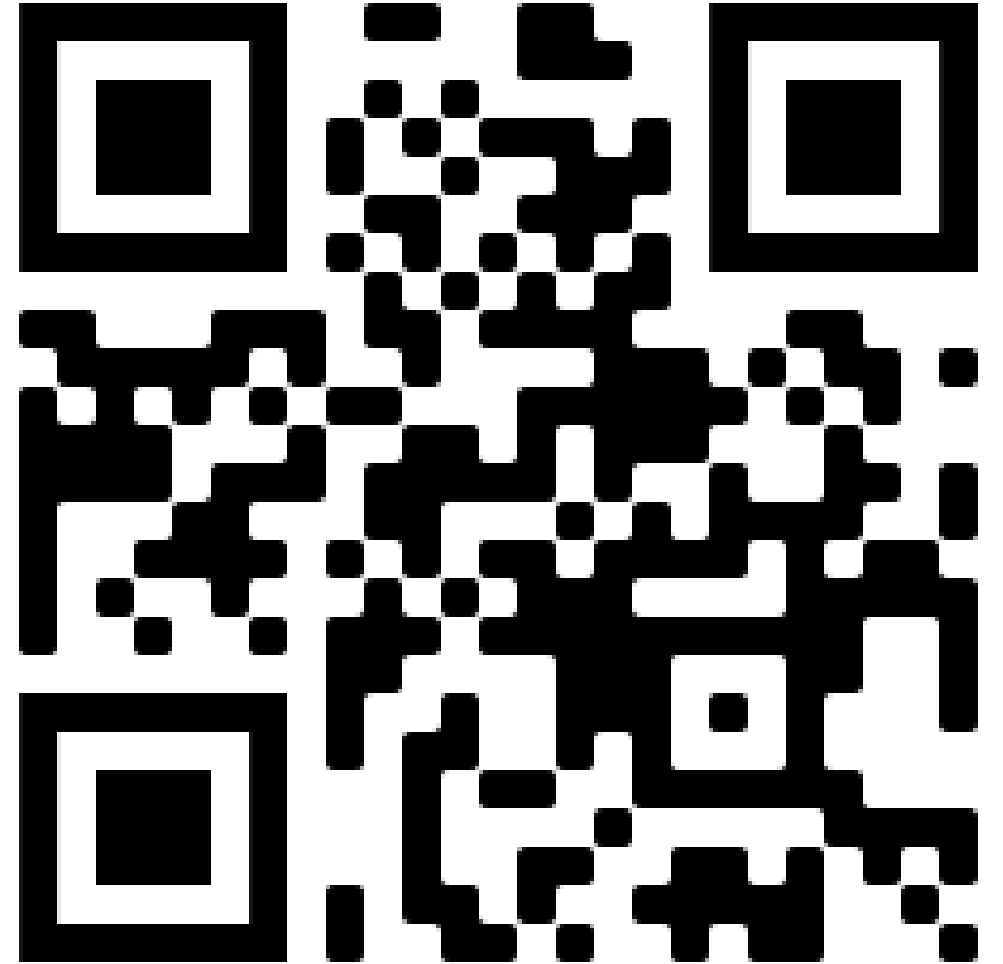
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