Supporting A Diverse Workforce: Working with Health Center Staff that Exist at the Intersection of Different Identities
Session Three

November 20, 2024

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- National Cooperative Agreement awarded in 2014

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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.
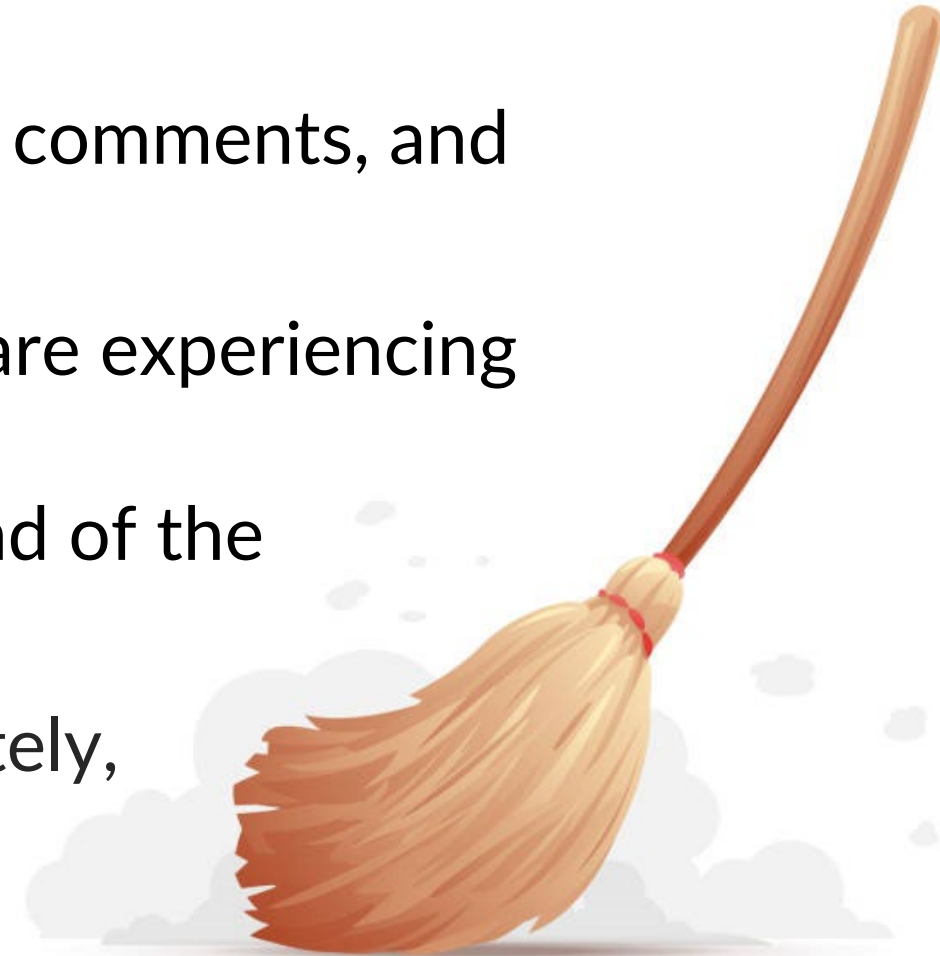
Recruiting & Retaining Culturally Competent Staff to Serve Migrant Populations

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Director: Environmental and Occupational Health
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November 20, 2024

Objectives

- Apply the structural inequality framework to understand the challenges faced by migrant populations.

- Understand the unique healthcare needs of migrant populations.

- List the best practices for recruiting and retaining culturally competent clinical staff to address these needs effectively.
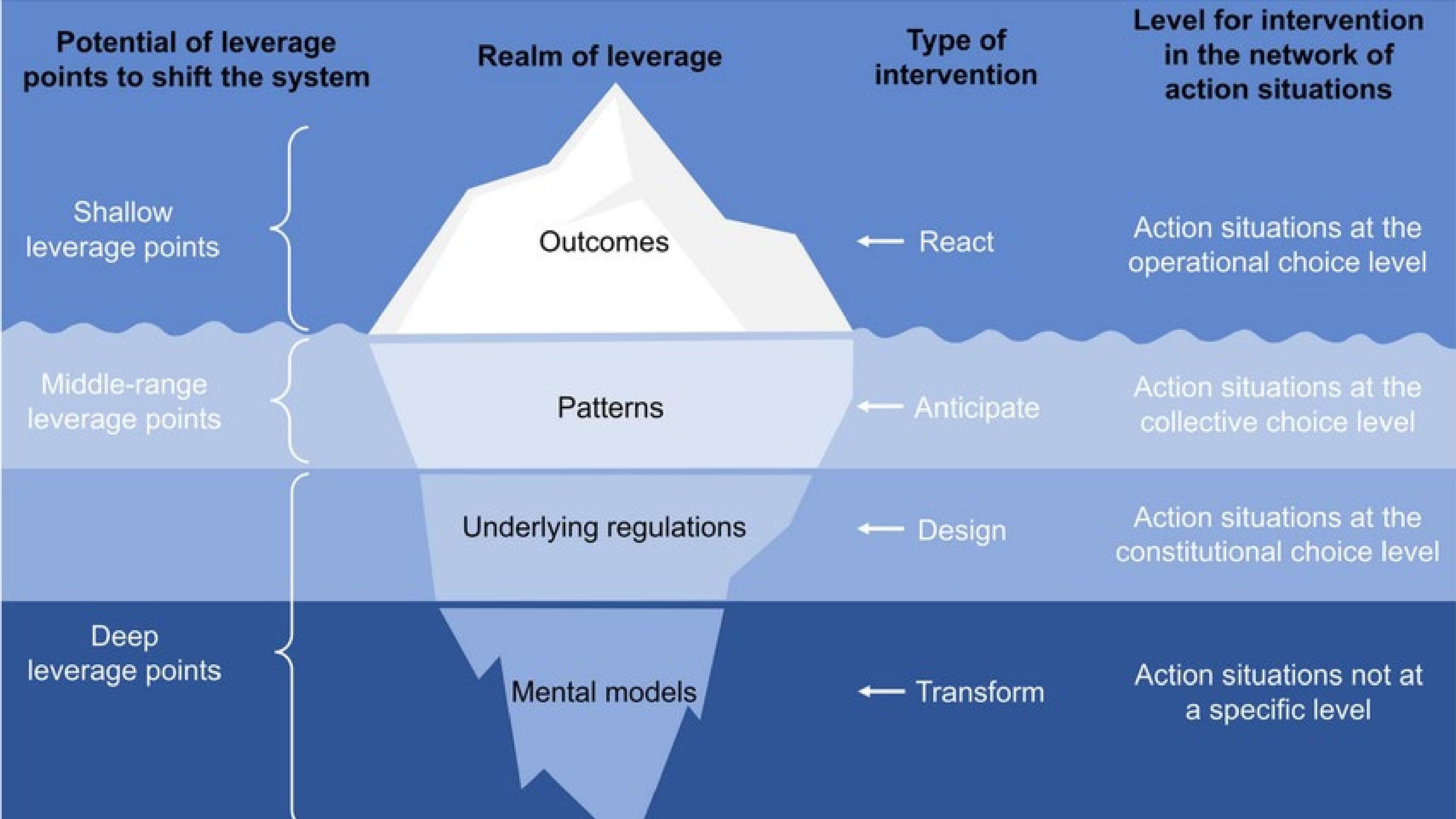
Definition of Structural Inequality

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

Potential of leverage points to shift the system	Realm of leverage	Type of intervention	Level for intervention in the network of action situations
Shallow leverage points	Outcomes	← React	Action situations at the operational choice level
Middle-range leverage points	Patterns	← Anticipate	Action situations at the collective choice level
	Underlying regulations	← Design	Action situations at the constitutional choice level
Deep leverage points	Mental models	← Transform	Action situations not at a specific level

Iceberg Systems Thinking Model

Current system

Events
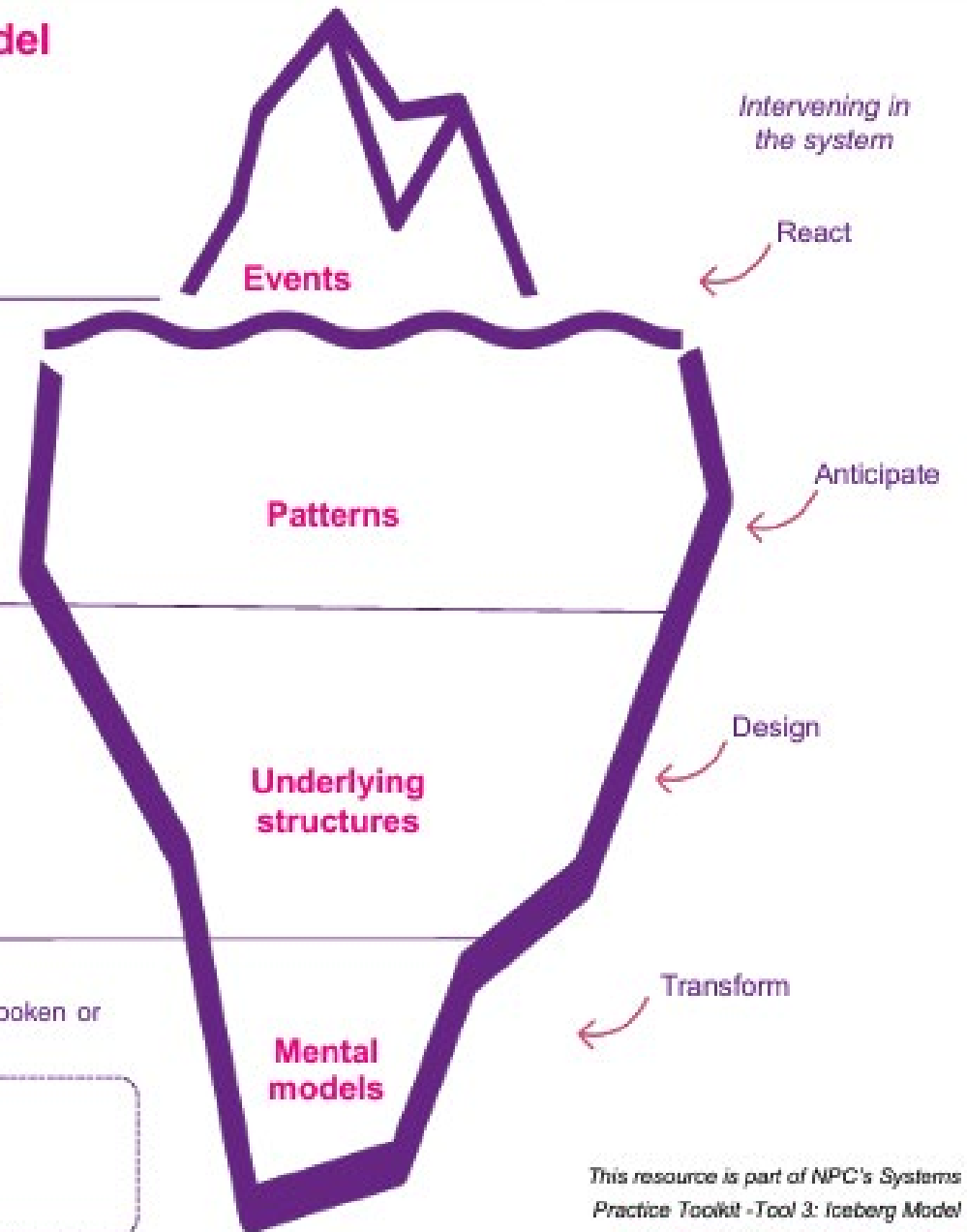What are the **events** we see happening?

Patterns & Trends
What are the **patterns** giving rise to those events? What **trends** are forming? What **patterns of connection** do you see between the events?
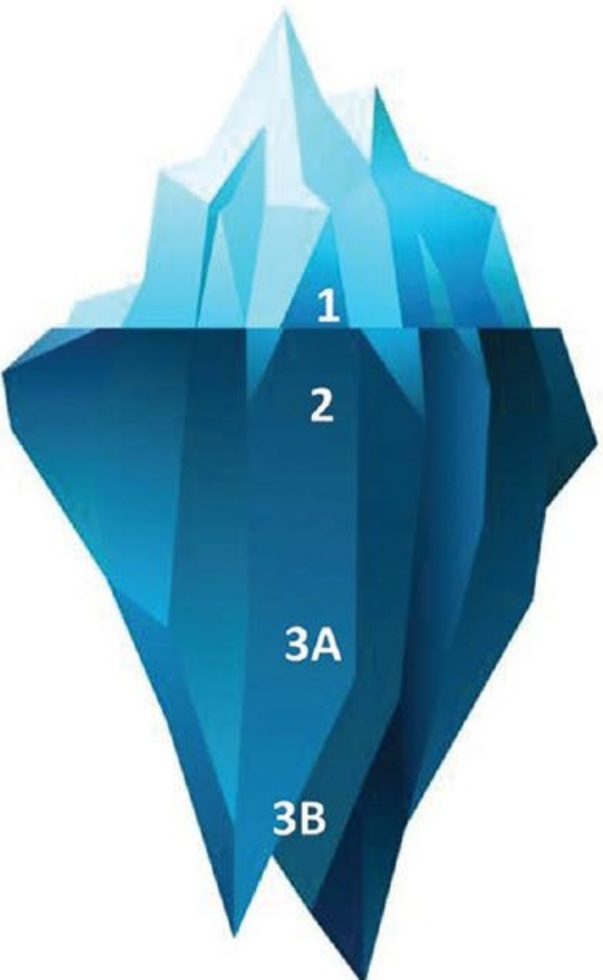
Structures & Processes
What **underlying structures** are helping produce these patterns of events? What **processes**, **practises**, **policies** are helping perpetuate them? What **power structures** are reinforcing them?

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

Intervening in the system

Events — React

Patterns — Anticipate

Underlying structures — Design

Mental models — Transform

Level of Iceberg*	Pandemic Impact and Its Determinants	Leverage Points of Intervention
Level-1: **Events of Visible Impact of Pandemic**	Morbidity and mortality in community	Comprehensive disease surveillance, Prevention and mitigation mechanisms
	Adverse effects on operational aspects of organisation	
	Increased load on Health-care system	Decongestion, strengthening and expansion of health-care facilities
Level-2: **Epidemiological Patterns**	**Pattern with respect to Time** (Focal clusters/ outbreaks#)	Place/ Time specific *Containment Plans* based on viral transmission patterns
	Pattern with respect to Place (Areas with closer proximity to urban dynamics and units with close-settings like men's hostels)	
	Pattern with respect to Person (Individuals working in key operational sectors/ Front-line workers/ Vulnerable groups^)	*"COVID-19 Social Bubbles"* (Subjected to reverse quarantine, restriction of movement and working in small cohorts)
Level-3A: **Organisational Structures**	**Habitability** (Space constraints in living and working environment)	Qualitative and quantitative Improvement in *habitability* conditions
	Inherent organisational characteristics (Mandatory periodic recruitments, continuous training and frequent movement of employees on outstation duties)	Early adoption and long-term adaptation to the *New Working Norms*
	Health-care structures (Limited health-care capabilities to deal with epidemics)	Improved *hospital design* compatible to deal with infectious disease outbreaks
Level-3B: **Behavioural Aspects**	**Limitations in knowledge, attitude and behavioural practices**	Advanced *Human Resources (HR) Management System*

* Visible impact of pandemic on organisation is represented by **tip (level-1) of Iceberg** and the underlying determinants of the pandemic impact are represented by under-water part (levels 2, 3A and 3B) of Iceberg

Clusters/ Outbreaks reported when employees reported back in bulk from outstation leave/ duties during post-lockdown and when infection possibly imported by individuals residing in containment zones outside the community

^ Vulnerable Groups are health-care workers, security guards, residents of men's hostels, retired elderly employees and their dependents especially those with co-morbidities CAL SOCIETY

Perceived & self-reported discrimination

Mortgage lending discrimination

Employment & wage discrimination

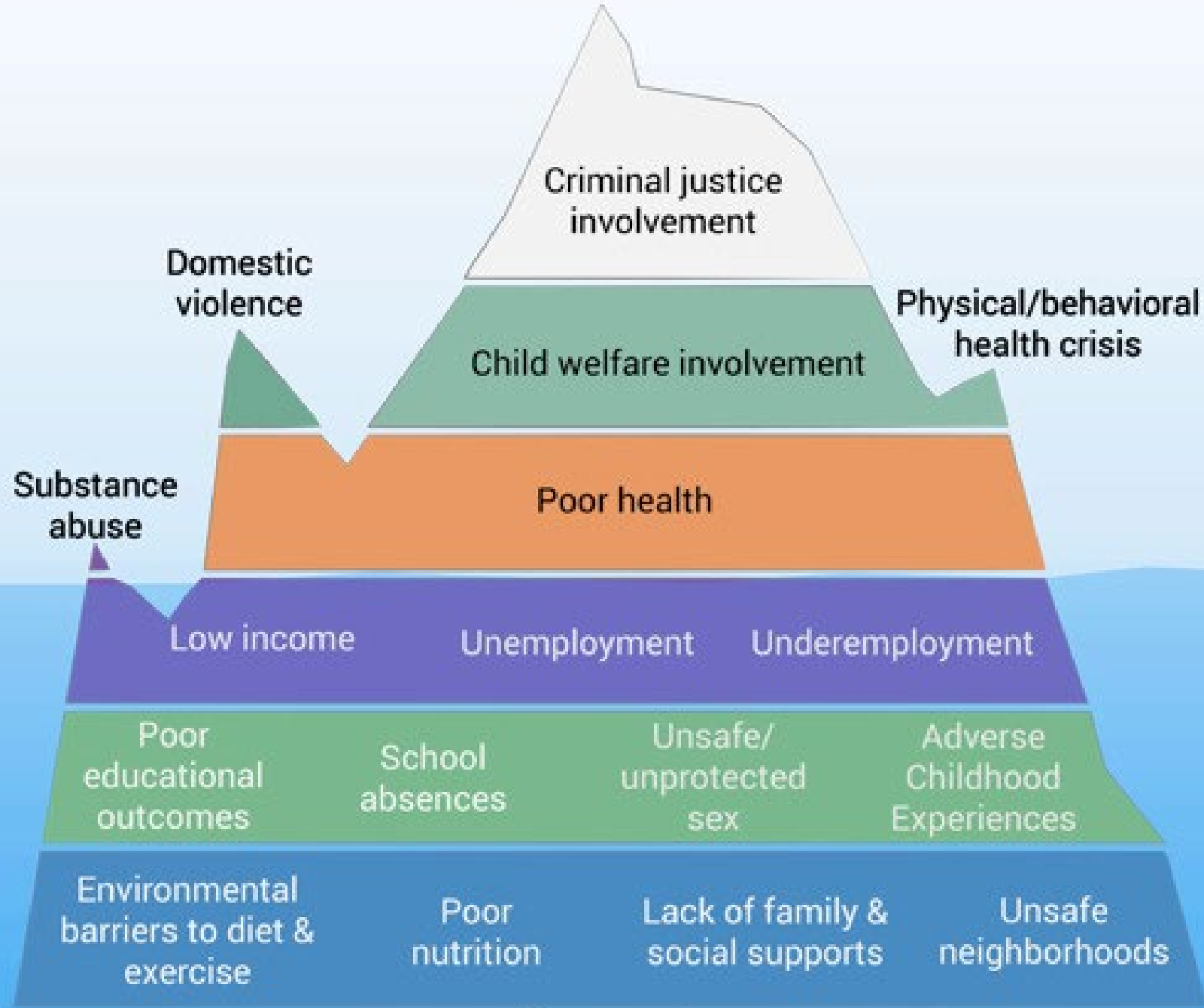Police discrimination & surveillance

Medical discrimination & mistreatment

Racial segregation

Historical redlining

Jim Crow laws

Genocide of Native people

Slavery

Structural Vulnerability Domains and Potential Sample Questions

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

Structural Inequalities and Environmental Exposures

○ Pollution/ Unhealthy Air

   ■ Children in Black communities and asthma rates

○ Natural Disasters

   ■ Resiliency workforce

○ Workers Health

   ■ Migrant farmworkers and disparities in pain management

Who are Farmworkers?

There are an estimated 2.4 million farmworkers in the U.S., around 4 million including their families

- 70% foreign born
- 62% report Spanish as their primary language
  - Growing number of workers from Indigenous communities in Mexico and Guatemala
- 44% without work authorization
- 20% live below the Federal Poverty Level
- 48% have health insurance
- 371,619 H-2A visas certified in FY 2022 **
  - More than doubled since 2016

David Bacon

Vulnerabilities

– Cultural and language differences

– Low-wage

– Inherent dangers and health risks of occupation

  • Heat/wildfire/extreme climate events

  • Pesticides

  • Other work-related hazards

– Immigration status

– Migratory lifestyle

– Lack of regulatory protection

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Agricultural Exceptionalism

Fair Labor Standards Act 1938 left out farmworkers

- Collective bargaining

- Child labor protections

- Overtime protections

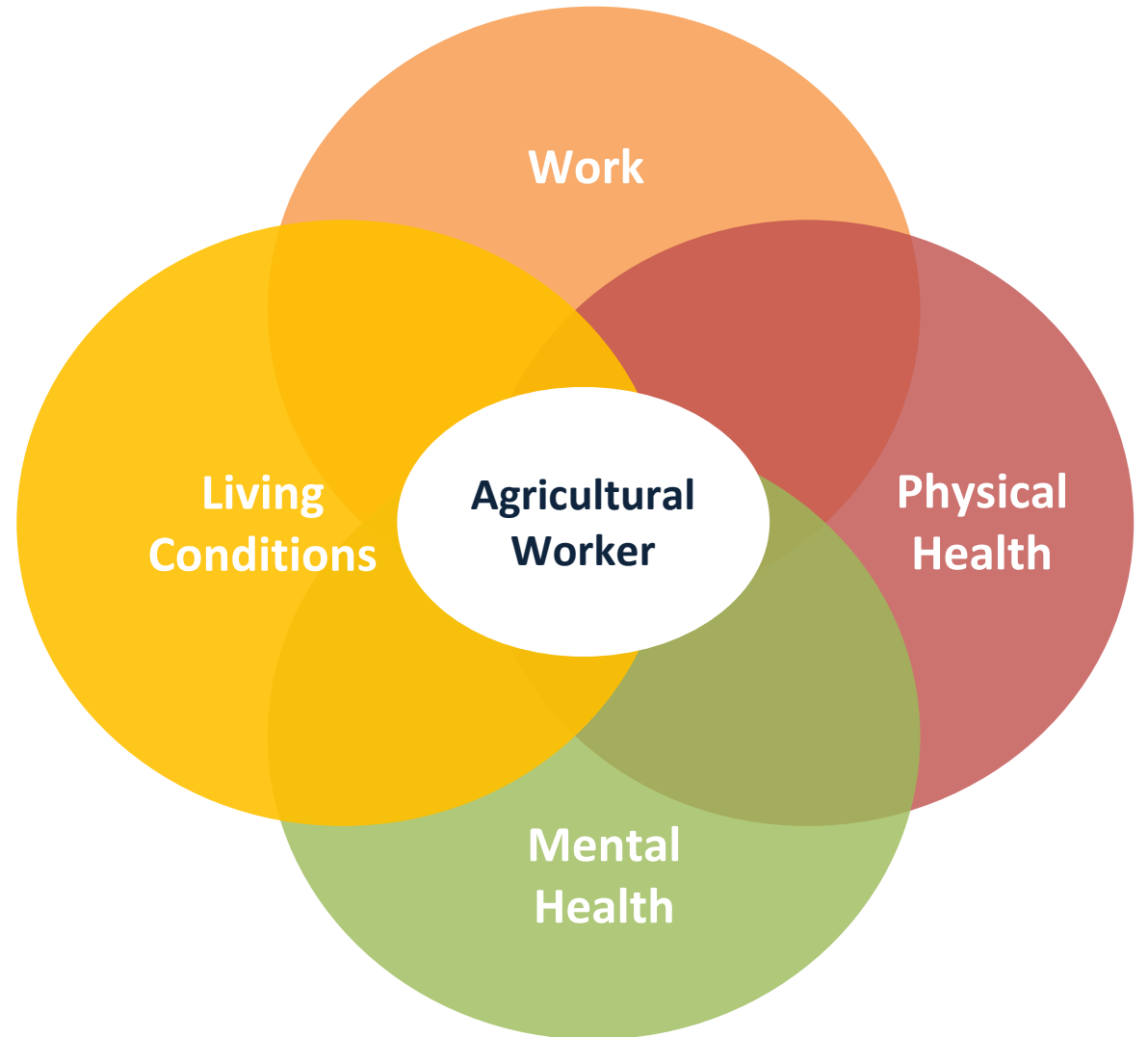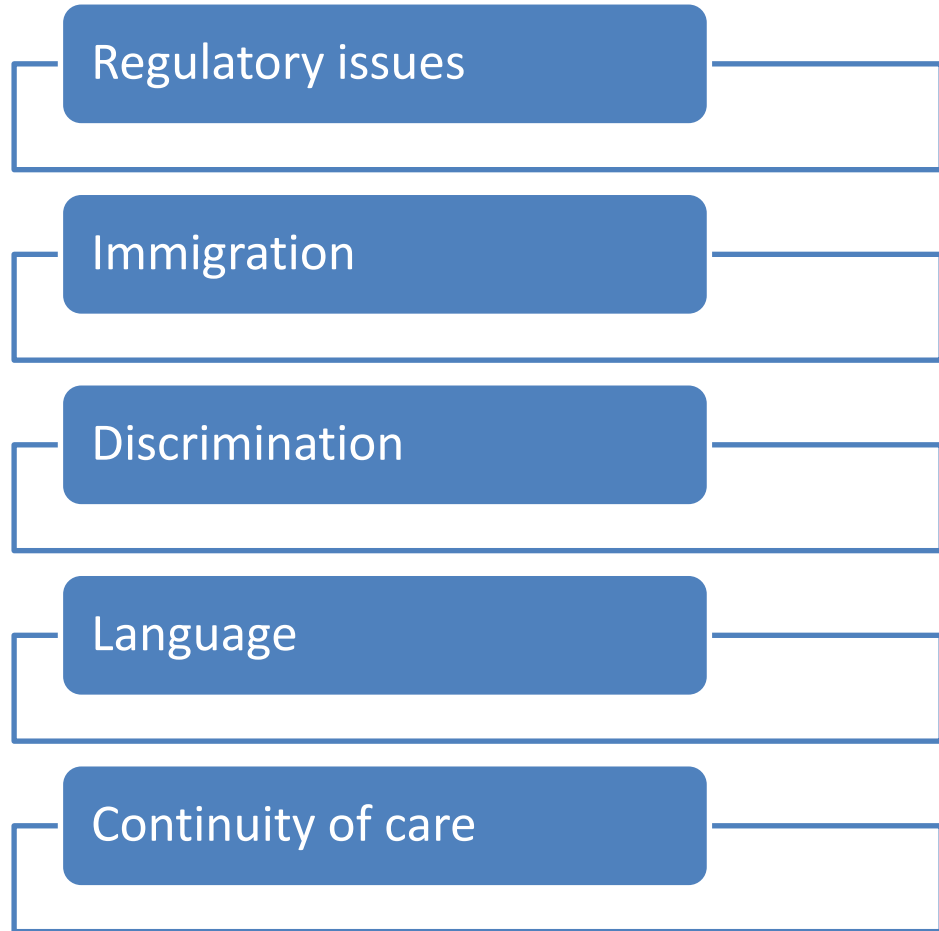- Minimum wage (no requirement for small employers)
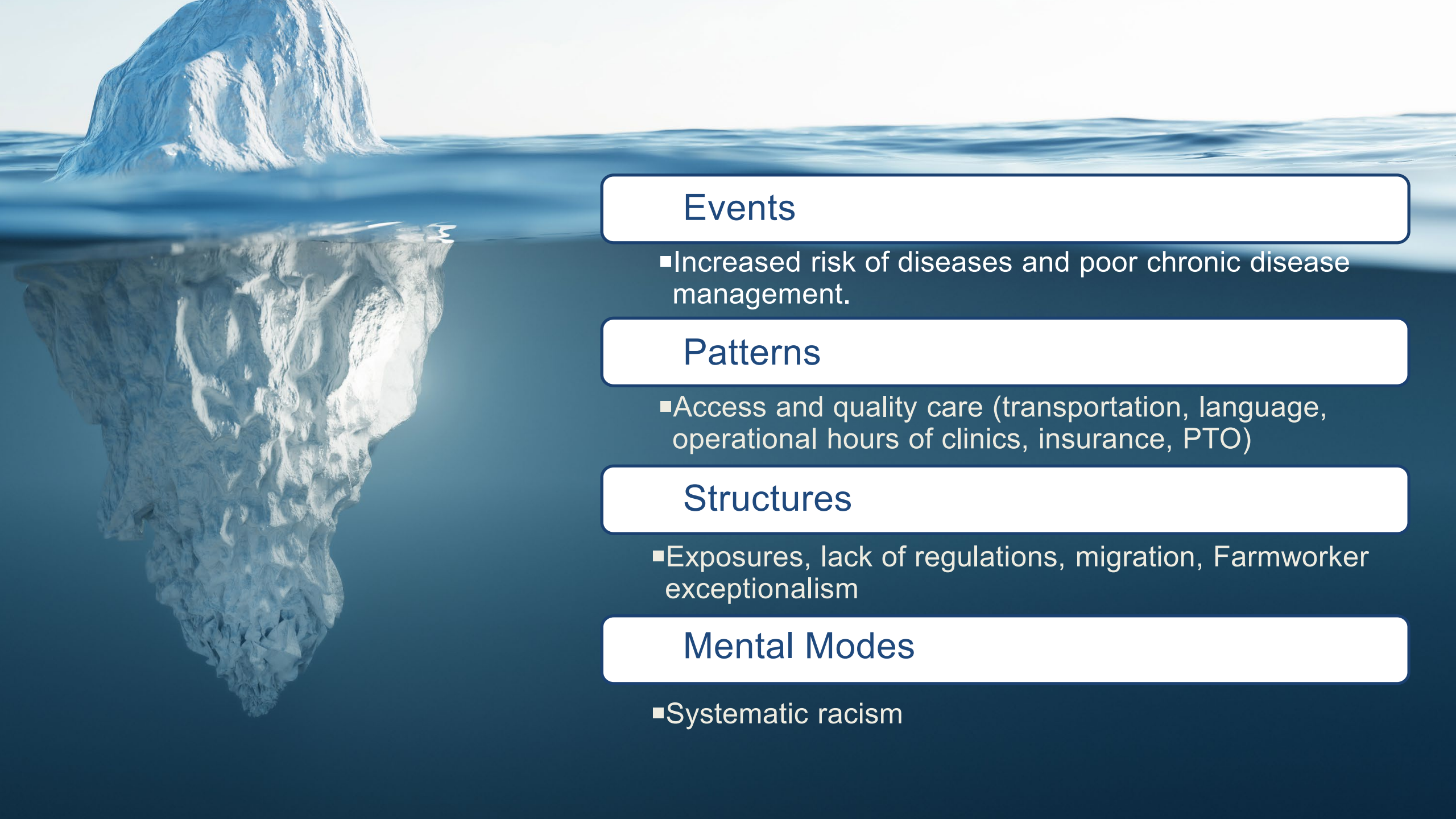
Agricultural Exceptionalism (cont.)

○ Workers' compensation

○ Few OSHA standards to protect farmworkers

  ■ Water and sanitation, 1987
  ■ Only farms with 11 workers or housing

○ EPA not OSHA – Pesticides (Worker Protection Standard)

What Impacts Agricultural Worker Health?

Structural Issues

- Regulatory issues
- Immigration
- Discrimination
- Language
- Continuity of care

Work

Physical Health

Living Conditions

Agricultural Worker

Mental Health

Events

■Increased risk of diseases and poor chronic disease management.

Patterns

■Access and quality care (transportation, language, operational hours of clinics, insurance, PTO)

Structures

■Exposures, lack of regulations, migration, Farmworker exceptionalism

Mental Modes

■Systematic racism

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

[Photo source: Carbon Literacy Project]

Structural Inequalities During Disasters and Health Impacts

○ Isolation [less likely to receive emergency messages or receive assistance]

○ Distrust [in systems including health care]

○ Lack of medication [HIV, Gender-affirming hormones]

○ No affirmation of gender or gender identity [shelter accommodations, hygiene, and infectious diseases]

○ Harassment and violence [occurs in congregate living]

○ Survival sex [in exchange for a rent or safe place]
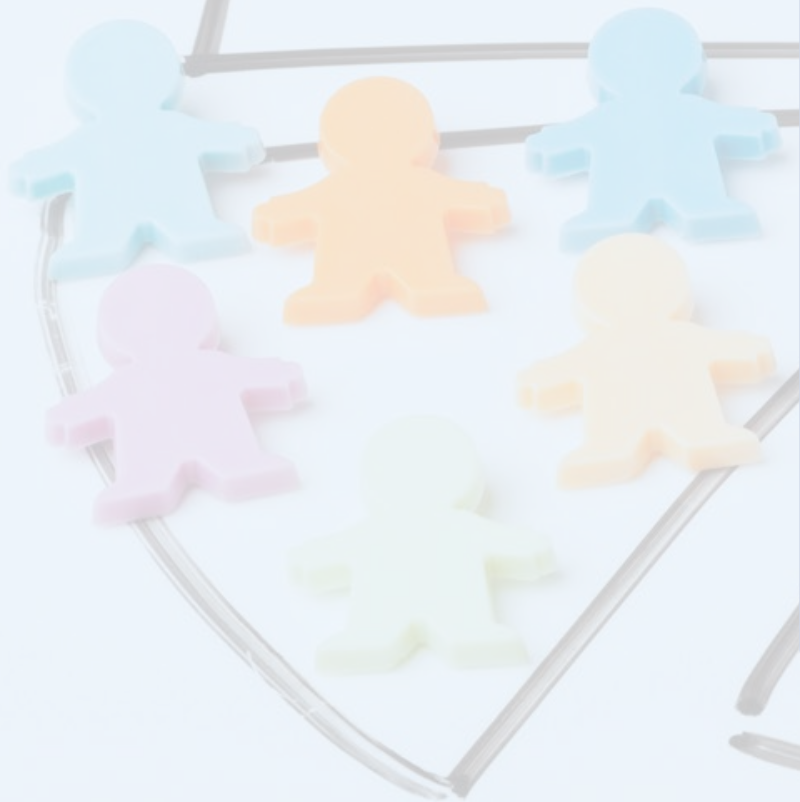
Migrant Communities and Migrant Workforce in Health care

○ Understanding community needs and challenges
○ Is your workforce serving the community while being part of the community?

- Pay gap of migrant nurses in Europe
- External factors that will affect performance

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

| A defined set of values, policies, and practices | Building capacity to gain cultural knowledge and value cultural strength and diversity | Navigating the dynamics of difference | Addressing individual and organizational cultural biases |

Inward facing work and Forward-Facing work

○ Internal DEI first
○ External/service second

Looking at recruitment and retention process

- Interviewing
- Hiring
- Compensating
- Promoting
- Mentoring

Changing the Systems

Policies & Procedures Revision
- eliminate bias, promote fairness, and ensure equitable treatment

Diversity Training Programs
- increase awareness, understanding, and skills related to DEI
  - Employees
  - Supervisors
  - Leadership

Supporting the systems

Diversity Committees or Councils
- ○ **Must have diverse representatives**
- ○ **Clear goals**
  - ▪ **Advise**
  - ▪ **Drive**
- ○ **Avoid creating extra workload**
  - ▪ **Integrate in workplan**

Decision-Making Processes
- ○ **involve diverse perspectives**
- ○ **promote open communication**
- ○ **ensure that decisions are made considering needs and experiences of staff involved**

Tracking our progress!

○ How often do we think and revisit our processes with diversity in our minds?

○ Do people have a way to offer feedback? Are we receiving it?

○ How diverse is our team?

○ Do we have representation in leadership positions?

○ Are turnover rates higher for certain groups?

○ What learning/development opportunities related to equity and diversity are we offering?

○ Does the organization has goals and values related to diverse workforce?

QUESTIONS

Thank you!
Please fill out the evaluation!

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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