INCREASING THE DIVERSITY OF THE HEALTHCARE WORKFORCE IN OREGON
INITIAL RECOMMENDATIONS

Vision:

In Oregon, our health care system provides all people with the opportunity for optimal health and fitness. Health care providers help ensure this by seeing to it that when people receive health care from them they experience being welcomed, included and listened to.

Goals

1. The Oregon healthcare workforce, at all levels from frontline workers to leadership, reflects the diversity of the population with respect to race, ethnicity, language, gender, age, geographic origin, and socioeconomic background.
2. Oregon healthcare workers, teams, and systems possess the language and cultural fluency necessary for effective prevention, diagnosis and management of health conditions so that all in our state share in the benefits of quality and effective healthcare.

Introduction

Despite the attention to increase the number of racial and ethnic minorities in health care careers in the last decade, progress has been slow.[1]

Nationally, there is a mismatch between the healthcare workforce and the people they serve. The current health care workforce does not reflect the nation's diversity; people of color represent more than 25 percent of the total population, but only 10 percent of health professionals.[2]

This imbalance contributes to the gap in health status and the impaired access to health care experienced by a significant portion of our population.[3] The Sullivan Commission on Diversity in the Healthcare Workforce first noted that African Americans, Hispanics, American Indians, and certain segments of the nation's Asian/Pacific Islander population are not present in significant numbers. Their groundbreaking report, "Missing Persons: Minorities in the Health Professions," examined the root causes of this challenge and provides detailed recommendations on how to increase the representation of minorities in the nation's medical, dental, and nursing workforce. (Sullivan, 2004)

In the State of Oregon the racial/ethnic composition of its population has changed dramatically over the past several decades. Though it is still predominantly white, Oregon's population has started to diversify.

Comment [CM1]: It is important that early in this document we address the link between wanting a diverse workforce and the work being done around health equity and the elimination of health disparities. We are too focused on the statement of "having the workforce that reflects the community it serves" but we provide very little explanation about why this is important.

[1] M.E. Peek et al., "A Study of National Physician Organizations' Efforts to Reduce Racial and Ethnic Health Disparities in the United States," Academic Medicine 87, no. 6 (June 2012): 694–700.
[2] A. Noonan, I. Lindone, and V. Jaitley, "The Role of Historically Black Colleges and Universities in Training the Health Care Workforce," American Journal of Public Health (2012).
[3] Sullivan, Louis W, *Missing Persons: Minorities in the Health Professions, A Report of the Sullivan Commission on Diversity in the Healthcare Workforce.* (2004)

In 2016, the share of people of color in Oregon grew to 24 percent, a 37 percent increase from 2006. This is still 15 percentage points lower than the national average, but the share of people of color in Oregon grew more quickly than nationwide average over this 10-year span. The share of Hispanic or Latino residents of any race in Oregon has increased more than any other racial or ethnic group, with a 39 percent increase in the past decade.[4]

As Oregon becomes more diverse, the need for a healthcare workforce that reflects its demographic diversity has become a pressing need. Oregon's governor, legislature and other policy makers have expressed a need for strategies to increase the diversity of Oregon's health professional workforce. In 2017 the Oregon Health Policy Board (OHPB) going even further, calling for "a healthcare workforce that resembles the communities it serves."5

The 2017 report "The Diversity of Oregon's Health Care Workforce"[6] notes that Oregon's health care professional workforce does resemble, to some degree, the demographics of its population as a whole in terms of ethnic/racial composition and languages spoken on a statewide basis. However, these statewide numbers deserve deeper scrutiny.

A Glance At The Current Workforce : Oregon Health Professional Demographics

The Oregon Health Authority's latest report (Year), presented to the Healthcare Workforce Committee (when), "The Diversity of Oregon's Healthcare Workforce, presents a clear picture of ethnic and cultural underrepresentation among Oregon's healthcare professionals in professions requiring more advanced training.

[Note—what are the salient statistics to call out here? Committee to say—and I suggest we use the upcoming workforce diversity report as the basis—…]

> PG suggested salient findings: population is more diverse, workforce does not reflect this; whites and Asians are over-represented; Hispanics are under-represented most widely; gender is maldistributed, men higher in those requiring more advanced training; traditional health workers mitigate this and are demonstrated benefit; mismatch of languages spoken and interpreter services are of demonstrated benefit; differences are in many cases very local, by county.

Definitions

Healthcare workforce For the purposes of this report, when we use the term "health care workforce" we mean the broad array of professionals delivering primary health services to patients (including physicians, nurses, physician assistants, dentists, dental hygienists, and a broad array of certified and licensed behavioral health professionals, in addition to Traditional Health Workers, Community Health Workers and Peer Supports) be as well as the composition

[4] Race and Ethnic Diversity in Oregon's Workforce, May 2018. State of Oregon Employment Department. https://www.qualityinfo.org/-/race-and-ethnic-diversity-in-oregon-s-workforce
[5] Oregon Health Policy Board, OHPB Meeting, March 2017
[6] OHA Office of Health Analytics, *The Diversity of Oregon's Health Care Workforce*, January 2017

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Comment [CM2]: This statement as is needs further clarification and needs a reference. The term "to some degree" is too vague.

Comment [MOV3]: Include a brief table

Comment [CM4]: We should address here that there is room for improvement around provider related data, in regards to demographics and the languages they can truly speak)

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

Comment [CM5]: I don't understand this statement.

Comment [PG6]: I agree – I think we have to use the forthcoming report data as the foundation.

of people, particularly including administrative leadership, in the organizations making these services available to patients.

Diversity is a concept inside which a wide range of definitions is offered. As we use it, the **concept of diversity** encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our individual differences. Diversity encompasses all those differences that make us unique, including but not limited to race, color, ethnicity, language, nationality, sexual orientation, religion, gender, gender, socio-economic status, age and physical and mental ability.

Diversity is defined in the Merriam-Webster dictionary as: “the condition of having or being composed of differing elements…the inclusion of different types of people (such as people of different races or cultures) in a group or organization…” In the context of this body of work, we take diversity to include the elements of: race and ethnicity, language spoken, gender, age and type of health professional (e.g., Physician, Community Health Worker, Medical Assistant, Pharmacist, Dental Hygienist, etc.),

Also include Socioeconomic background? Geographic origin (rural)?

Comment [CM7]: I think that referring to SES and Geo is ok, but again, it is important that the racial composition is given the right place in this report.

Rationale

The importance of diversity in the healthcare workforce

A diverse workforce has a been identified as one way to eliminate health disparities. This argument rests on a substantial body of research demonstrating that racial, ethnic, and linguistic diversity among health professionals is associated with better access to and quality of care for people experiencing health disparities.[7]

Research has shown that healthcare providers of color are more likely to practice in underserved areas with larger racial and ethnic minority populations.[8] Racial and ethnic “concordance between patients and providers” also has been recognized as a potential strategy for improving medical encounters.[9] In addition, patients for whom English is a second language, or if they don’t speak English, communicate better with providers who speak their primary language, and they are more likely to keep follow-up appointments when treated by professionals who speak the same language.

-- better health and health equity – as well documented in the Sullivan report

---

[7] T*he Rationale for Diversity in the Health Professions: A Review of the Evidence,* October 2006, ftp://ftp.hrsa.gov/bhpr/workforce/diversity.pdf

[8] Kington R, Tisnado D, Carlisle DM. *The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions*. Washington, DC: National Academy Press; 2001.

[9] Cohen JJ, Gabriel BA, Terrell C. The case for diversity in the healthcare workforce. *Health Affair*. 2002;21(5):90-102.

-- better teams and systems: diverse teams and systems perform better when addressing complex problems[10]

Lessons Learned

- what we know about what works [Maria had 3 main points from phone conversation]
    - Strategies that work:
    - (Marc, I believe you took notes when we were on the phone about these points. It will be important though that we highlight that one of the most critical factors for increasing workforce diversity is leadership commitment, also that efforts need to start early, in middle school, and that partnerships with communities and community stakeholders, such as local educational organizations, school districts, colleges, etc. are critical)
- what we know for certain is very limited: recognize that hard evidence for effectiveness of approaches is very limited. For example, a comprehensive scientific review of the evidence on interventions to increase the rural healthcare workforce found limited high quality evidence regarding the effects of any of these programs.[11]

Recommendations

We recommend addressing workforce diversity issue through a systematic approach based on partnerships and collaboration, according to the stages in the process: Pipeline programs; Admissions processes; In-training support; Recruiting and retention.

Comment [CM8]: Recommendations continue to be really MD oriented.

- Healthcare Organizations
    - Cultural responsiveness : Language alone is not enough: need to value cultural fluency as well as language to establish foundation of trust essential for effective care.
    - Mention of lived experiences here could be useful, especially to recognize the role of THWs and HCIs and how their utilization is key meeting the needs of the community and how including these type of healthcare workers make care teams more effective
    - Development of a diverse healthcare leadership, clinic administrators, CEOs, CFOs etc. (A diverse organization is a great recruitment and retention strategy)
    - Share the efforts with the community. It is a community issue as well. Collaboration.
    - Measure – workforce should reflect the community and data can provide a great picture. Data has to be accurate and reliable.

---

[10] Paige S. The Difference. How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies. Princeton, NJ: Princeton University Press, 2007

[11] Grobler L, et al. Interventions for increasing the proportion of health professionals practicing in rural and other underserved areas (Review). Cochrane Database of Systematic Reviews 2015, Issue 6.

- Pipeline. Nurturing a diverse pool of qualified, interested applicants for healthcare training programs.
    - stimulating interest
    - removing barriers
    - facilitating progress
    - support along the way to entering healthcare training – including encourage maintaining proficiency in household language and traditions.
- Admissions: Identifying qualified diverse candidates and adjusting processes to achieve targets
    - Identify
    - Recruit
    - Accept – using holistic approach such as developed by Oregon Consortium for Nurses and used at Clatsop Community College and other institutions.
    - Prematriculation preparation
- In Training
    - Support
    - Mentorship
- Recruitment and retention

Roles and Responsibilities

- State: recognize the gap; establish measures for CCOs to compare progress against baseline; allow for difficulty of recruiting any providers in rural settings;
- Communities: CCOs; Health Systems; Healthcare education institutions; Education K-12

OPPORTUNITIES FOR IMPROVEMENT

The Healthcare Workforce Committee has reviewed many existing efforts to increase the diversity of the healthcare workforce, and considered efforts that have not been attempted in the state, and offer the following for consideration:

Health Care Workforce Pipeline

Oregon Health and Science University's Center for Diversity and Inclusion and its institutional chapter of the Student National Medical Association are partnering to host career nights for middle school-aged students on careers in the health professions.

High school career fairs can serve as early pipeline activities by regional Area Health Education Committees or potentially Coordinated Care Organizations or larger health care employers. While a high school student may be as many as fifteen years away from providing service in the field, such efforts can help inspire your people about the calling of the health professions for a future career. It is important to note that systemic barriers such as income inequality, lack of transportation and an absence of role models in the health professions from persons of color are challenges that may need to be addressed to allow such activities to be successful.

Training Programs and Higher Education

Educational institutions in the state can support a more diverse workforce pipeline by pledging support and building chapters of groups such as Minority Association for Premedical Students (MAPS) and others at their schools to mentor students for taking their MCATs, assisting them with successful budgeting for their academic careers, and providing specialized support through the application process and provide targeted support for their success while in school from an early age, partnering with middle schools and high schools to create a more robust support network..

While recent federal court rulings call into question what institutions may be able to do in the admissions and scholarship processes, two opportunities stand out for attention: the "holistic admissions" process used at Clatsop Community College and other Oregon institutions, which has demonstrated success in attracting a student body that is more diverse than the surrounding community and targeted scholarships; and loans for minority students through the Health Care Provider Incentive Fund.

Finally, there is the opportunity of the new HOWTO program, passed by the Oregon Legislature in 2017 as part of House Bill 3261. While not a particular strategy itself, the program makes available grants of up to $1 million to expand the healthcare workforce pipeline and increase the diversity of this workforce. The first awards are expected to be made in mid-December, with projects beginning in January 2019.

Workforce Recruitment and Retention—from CCOs

The Healthcare Workforce Committee urged OHA to require CCOs to identify plans to expand the diversity of the local workforce and to report on the capacity and diversity of the healthcare workforce within their region as part of the CCO 2.0 process. While the actual requirements for new CCOs have not been set at the time of this report's completion, we stand by this recommendation, and e believe that doing so would help CCOs to share responsibility for the composition of their workforce with the State of Oregon. We also recommend that each CCO identifies a single point of contact for dealing with equity issues, including the diversity of the healthcare workforce.

Workforce Recruitment and Retention—within an organization

Comment [PG9]: This is just one example of an OHSU program. The Equity Internships is another. Ideally we ought to be a little more comprehensive about existing programs.

Comment [PG10]: Likewise – the NE Oregon AHEC has been running a pipeline program for years. As it happens, the national AHEC program has shifted focus away from pipeline programs. Do we know what other AHEC pipeline programs exist?

Comment [CM11]: Missing here is the unequal access to educational opportunities in primary and secondary schools for low-income minority students, there are serious disparities at the precollege level ; beyond income inequality there is simply a lack of financial resources or family pressure to get a job and start helping the parent; inadequate guidance and mentoring to assist with key career decisions. There are no doctors that look like us, but also there is lack of teachers that look like us, it is a systemic issue that health and healthcare alone cannot solve.

Comment [MOV12]: Good, thank you. We should include this.

There is much work to be done within organizations to expand and retain diversity. We believe that many organizations fail to attract and retain diverse talent due to the lack of an environment in which people of diverse backgrounds can succeed. Organizations serious about increasing and retaining diversity within their organization should consider the following:

Ensuring cultural responsiveness/agility training for all levels within the organization

Develop programs to ensure that professionals of color will be able to succeed within the organization both as providers and in leadership positions

Promote resilience training for staff at all levels. (The Oregon Center for Nursing has developed some outstanding training modules.)

Address pay parity, using strategies which include making financial incentives such as loan repayment available from within the organization, or by researching and promoting financial incentives from state and federal sources to address compensation issues.

Other State Responsibilities.

The last entity noted here that can contribute to change is that of state government itself. The Oregon Legislature and the Oregon Health Authority possess enormous leverage for making change happen. The Committee believes that OHA should begin this effort by addressing payment issues for non-licensed health professionals within the Oregon Health Plan system. Many of our reimbursement models currently do not allow for reimbursement for some professionals and some services, and thus pose a barrier to professionals with less advanced training—more often from ethnic backgrounds, to be compensated for the true value they provide within the coordinated care system.

The legislature, for its part, ought to address issues of accreditation and reciprocity which contribute to a shortage of licensed providers and pose barriers to ethnically diverse health professionals from other states coming to practice in Oregon. While not compromising the quality of care provided to Oregonians, we believe that professionals who have practiced for a period of time in a state with equal or greater quality standards ought to be able to obtain either an endorsement in Oregon qualifying them for practice or full licensure in a simpler and less time-consuming manner than at present.

Earlier we noted that CCOs must work to achieve and maintain diversity within their networks of providers. As part of its share of responsibility for the workforce, OHA could offer CCOs part of an incentive pool for successfully achieving targets set by the CCOs. OHA can also offer legal guidance on certification matters which prevent CCOs from realizing a more diverse workforce.

ADDITIONAL THOUGHTS

We recognize that there are challenges to implementing change. Our healthcare infrastructure, our system for developing health professionals, our basic financial models for delivering care have all evolved over decades, and often have left ethnically diverse and otherwise marginalized populations out of strong consideration. Patterns of implicit bias—whether intended or not—have prevented policymakers from addressing issues of diversity in the workforce in any manner beyond where they have been addressed to date. The frequent

isolation of sectors—the education sector from health care or the credentialing sector from funding sources—also contributes to the list of barriers.

On the heels of calling out so many institutional challenges to a more diverse workforce, it is worth noting again that there are strategies and structures in place aimed at addressing this challenge. For example, OHA's Transformation Center has been working for several years to develop learning collaboratives and recruit subject matter experts to provide technical assistance to CCOs and their networked clinics to address culturally responsive care. The Rural Medical Discovery Program and the Health-e Coalition at OHSU have concurrently been working to improve the chances of an ethnically diverse student population being successful through an academic career and into the workforce. These efforts and others like them should not be discounted. Additionally, Oregon legislators have recently followed the league of their counterparts in Indiana, Massachusetts, Missouri, Ohio, Oklahoma, and Washington who introduced and/or approved bills requiring cultural competency training for health care professionals.

The Workforce Committee notes that the nature of the challenge may be different in differently-sized organizations or systems. Larger organizations and systems often can draw on more resources, but the nature of the system itself makes system-wide change difficult. Conversely, within small systems it is often easier to change the whole of the system once strategies are deployed and leadership has bought in, but resources to initiate the change may be difficult to acquire.

The Healthcare Workforce Committee wishes to underscore the importance of tackling this issue in a meaningful way. The challenge of diversity begins with it is a unique challenge—what is considered "diverse" by some may not be for others. The term "diversity" gets at the very heart of how people view themselves and one another, and how, in turn, they are viewed. Supporting organizations to recognize the importance and benefit of diversity may be a long-term task. But it is a task that must be undertaken to realize the promise of health for all people living in Oregon.

Comment [CM13]: I think we need to recognize that we are not calling healthcare organizations or Health Plans to solve the problem alone. What is missing on this statement is that w diverse workforce must be a community issue that triggers the development of partnerships and collaborations between stakeholders i.e. County, schools districts, community colleges, chambers of commerce, etc. This approach is innovative.

Comment [MOV14]: Okay—let's think through how to address this and how much. This report can't outline formulas for changing the entire world, although we can note it needs changing, etc.