Health Care Workforce Committee: Workforce Diversity Subcommittee Strategy Paper

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Oregon Health Authority

Contents

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Executive summary

The Oregon Health Policy Board's Health Care Workforce Committee has a vision of "a robust, diverse, and resilient health care workforce that provides culturally and linguistically responsive care, eliminates health inequities, and meets the local health care needs of everyone in Oregon.

The COVID-19 pandemic revealed serious systemic problems in health care delivery for people from communities that have historically experienced inequities in access to care and health outcomes. In 2021, the Oregon Health Policy Board and Oregon Health Authority (OHA) set a goal of eliminating health inequities by 2030. For over 20 years, OHA has offered various incentives to support for people from communities of color and Tribal members to enter and advance in the health care workforce:

- Health Care Provider Incentive Program.

- Healthy Oregon Workforce Training Opportunity Grant Program.

- Behavioral Health Workforce Initiative

- Physician Visa Waiver Program

Despite these incentives and progress made, Oregon's health care workforce needs greater diversity to be aligned with the patients served. To make progress on developing, diversifying, and retaining the health care workforce, the Oregon Health Policy Board's Health Care Workforce Committee prioritized workforce diversity and well-being.

The committee's Workforce Diversity subcommittee authored this paper as a next step to address the findings of Oregon's Health Care Workforce Needs Assessment 2023 and the Strategic Framework adopted in May 2023 (see text box for more information). This paper is of one of three interrelated strategy papers that the committee created based on the Strategic Framework.

Additional context about the committee's process, the framework, and each strategy papers' recommendations is available in this summary brief.

About the Health Care Workforce Committee Strategy Papers

The health care workforce is the heart of Oregon's health care system. The Oregon Health Policy Board's Health Care Workforce Committee created these strategy papers as a next step to Oregon's Health Care Workforce Needs Assessment 2023 report. The committee built on the assessment's recommendations to develop a Strategic Framework that identified areas requiring attention to make progress toward creating a culturally and linguistically response health care workforce in Oregon:

- Workforce diversity
- Workforce wellness and resiliency
- Workforce development and retention

The committee's aim with the three strategy papers was to develop specific plans on how the Oregon legislature, health care employers, education providers, workforce agencies, and state associations could implement the recommendations.

The subcommittee recommends action in three domain areas:

1. **Make workplaces more welcoming for diverse health care professionals.**

2. **Reduce barriers to entry and advancement for people of color, Tribal members, individuals with disabilities, and people from other diverse backgrounds and identities in the workforce.**

3. **Increase investments in health care professionals who will provide culturally and linguistically responsive, person-centered health care.**

This strategy paper offers more than 60 recommendations in the domain areas that can be implemented by the Oregon legislature, education institutions and programs, and health care employers. Many of these are recommendations to be implemented immediately. In some cases, the recommendations will need time to be implemented. The subcommittee believes these recommendations would make a notable difference in diversifying the health care professional workforce to meet the needs of all people living in Oregon.

We urge OHA, Governor's Office, Oregon legislature, education partners, health care employers, and other interested groups to seriously consider each of these recommendations and take urgent action to welcome and support a diverse health care workforce.

Current policy approach

Background of problem

For many years, policymakers have highlighted the need to diversify the health care workforce through various strategies, such as:

- Creating career exposure and mentorship opportunities to attract young people to enter a health care career

- Addressing recruitment and advancement issues

- Making workplaces trauma-informed and welcoming for diverse professionals

These examples of strategies are important to ensuring people receive culturally and linguistically specific health care, advancing the aims of better care and better health, and achieving the Oregon Health Policy Board's and OHA's goal of eliminating health inequities by 2030.

The COVID-19 pandemic revealed serious systemic problems in health care delivery for people from communities that have historically experienced inequities in access to care and health outcomes. The Oregon Health Policy

Board's original charge to the Health Care Workforce Committee in 2010 was to address the needs of an increasingly diverse population. (1)

The OHA Health Care Workforce Reporting Program (HWRP), which collaborates with health care licensing boards to collect data through their licensing renewal processes, publishes a biennial report that charts current health care workforce diversity in Oregon and identifies gaps. The 2022 report contributes to evidence that Oregon's licensed health care workforce needs greater diversity, noting that "evidence suggests that greater diversity…advances cultural competency and increases access to high quality care," particularly for people from communities of color and Tribal members. (2)

The lack of workforce diversity is more pronounced for people from certain racial/ethnic backgrounds in health care occupations. The HWRP 2022 report shows that people who are Latino/a/x, Black/African American, and American Indian/Alaskan Native are a smaller portion of the overall licensed health care workforce than the Oregon population (Table 1).

Table 1. Race/Ethnicity of Health Care Workforce

Race/Ethnicity	Oregon Population	Health Care Workforce
Latino/x/a	12.3%	6.3%
Black/African American	3.0%	2.1%
American Indian/Alaskan Native	3.1%	1.4%

Additionally, while Asian workers are overrepresented across the whole licensed health care workforce, they are underrepresented in behavioral health professions, such as social work and counseling. (3)

People from communities of color and Tribal members face barriers to entry and advancement within health care professions including:

- Workplace discrimination and racism is highly associated with physician job turnover, dissatisfaction in career choices and considering career changes. (4)

- The cost of education, lack of academic preparation, admission requirements, and lack of culturally specific mentors all serve as impediments to entry and advancement. Additionally, a lack of exposure to the health care professions and poor academic advising are barriers to entry into health care professions. People who can enter

the health care professional workforce face additional barriers in their practice. (5)

- Structural racism in the workplace is an issue, including lack of diversity, pay inequities, and racism experienced by students and health care professionals from historically excluded groups. (6)

- Financial incentives are needed to support a diverse health care workforce. Both nursing and medical students reported the need for more social-emotional support in schools and workplaces — particularly from mentors and teachers of color — to help them navigate classes, workplace culture and career paths. (7)

- Increasing workforce investments and ensuring clear career paths are available and sustainable are important to diversify the workforce for people of color and from Tribal communities. (8) OHA conducted key informant interviews to identify promising practices to diversify the behavioral health workforce, which included cross-sector partnerships creating career pathways and competency-based programs such as Registered Apprenticeships. (9)

National status

The federal government has taken some steps to address racism in the health care workforce and to support workplaces to be more diverse, inclusive and equitable. In 2021, the Centers for Disease Control and Prevention initiated mandatory unconscious bias training for all supervisor and launched a pilot effort to collect more accurate workforce data in public health organizations. (10, 11) The U.S. Surgeon General framework for workplace mental health and wellbeing has offered five essential elements for support of clinicians in the workplace, which offers a roadmap for retaining diverse clinicians. (12)

The Health Resources and Services Administration (HRSA) administers programs to expand the supply of health care professionals in underserved areas. However, very few are focused specifically on increasing the proportion of health care professionals from communities of color, socioeconomically disadvantaged background or both. One program specifically focused in this area is the Scholarships for Disadvantaged Students program for students from disadvantaged backgrounds, including racial and ethnic minority groups. In 2022, national funding for the program was approximately $49 million. (13) Other HRSA grant programs aimed at increasing racial/ethnic diversity of the workforce include the Centers of Excellence Program, and the National HCOP Academies Grant Program.

In July 2023, the U.S. Department of Health and Human Services launched an initiative to strengthen the nation's health care workforce across sectors. Details on the initiative and its various programs are not available yet. (14)

Other non-governmental organizations, such as the Association of Clinicians for the Underserved and National Association of Community Health Centers have developed and offered various trainings and resources to support the inclusion and advancement of people of color within the health care workforce. (15, 16)

Oregon's status

Oregon does not have a comprehensive, coordinated system overseeing and measuring efforts to expand health care workforce diversity. Although a biennial report is produced by OHA HWRP and reviewed by the Health Care Workforce Committee, no entity currently conducts a formal follow-up of the results to evaluate efforts to impact the situation.

Oregon's education institutions have programs attempting to increase workforce diversity in health care. One example is Wy'east Medicine, which works with Oregon Health & Science University (OHSU) as well as other institutions outside of the state, to provide post-baccalaureate pathways for American Indian and Alaska Native learners committed to becoming physicians. (17) OHSU's 30-30-30 Initiative was developed in 2022 to increase the number and diversity of health care graduates by 30% by 2030. (18) Many of Oregon's community colleges and four-year higher education institutions offer holistic admissions review to increase the diversity of their student bodies within the constraints of legal restrictions against using race as a unique determinant of entry into their programs. (19, 20)

State government agencies administer various programs to address workforce diversity, such as OHA's Health Care Provider Incentive Program, HOWTO Grant Program, Physician Visa Waiver Program, and Future Ready Oregon at the Higher Education Coordinating Commission, which offer supports for students, workers, and clinicians of color and from Tribal communities. (21, 22) OHA's Health Care Provider Incentive Program is currently developing a protocol to address reports of racism from obligated health professionals receiving incentives.

Vision

We envision an Oregon that:

- Has a health care system reflecting the diverse community it serves.

- Fosters a welcoming environment to diverse health care professionals.

- Promotes growth and professional development.

- Reduces barriers to entry, advancement, and retention for people of all backgrounds.

- Increases investments in culturally and linguistically responsive, person-centered health care.

Workforce diversity is essential if we want to improve health care outcomes for all members in Oregon communities. Across the country, race, ethnicity, gender, disability, limited English language proficiency, and other socially determined circumstances contribute to negative health outcomes and increased costs. These increased costs are associated with personal impacts, which include:

- Reduced health care access.

- Lower life expectancy.

- Limited insurance access.

- Higher prevalence of chronic conditions.

Evidence suggests that greater diversity in the health care workforce advances cultural competency and increases access to high-quality health care. (23) Accordingly, increasing the proportion of underrepresented U.S. racial and ethnic groups among health care professionals in the workforce may substantially improve quality of care.

With the support of the OHA and the recommendations of the Health Care Workforce Committee Workforce Diversity Subcommittee, together we can work toward Oregon's triple-aim strategies and strive to provide patient-centered care for our community members.

Recommendations

The Subcommittee's task was to create specific actions that could be taken to implement the three workforce diversity recommendations presented in the 2023 Health Care Workforce Needs Assessment, which are:

1. **Make workplaces more welcoming for diverse health care professionals.**

2. **Reduce barriers to entry and advancement for people of color, Tribal members, individuals with disabilities, and people from other diverse backgrounds and identities in the workforce.**

3. **Increase investments in health care professionals who will provide culturally and linguistically responsive, person-centered health care.**

We recognize that not all the recommendations included here may be adopted by key partners, and that those which are adopted will not be implemented uniformly. However, we believe they are important steps that will lead to an increase in diversity of our state's health care workforce. Some of the recommendations are in the form of best practices for health care organizations, some are for education programs, some are recommendations for legislative action, and some apply to multiple sectors.

While this report is specifically focused on the health care sector of the workforce, many of these recommendations could be applicable to other areas of the state's workforce.

Recommendation 1: Make workplaces more welcoming for diverse health care professionals.

Organizations employing health professionals can:

- Provide frequent and regular implicit bias training and education for all staff.

- Use inclusive language, signage, and symbols.

- Provide inclusive physical spaces for accessibility.

- Create selection or hiring committees with diverse members and require regular implicit bias training. This may help mitigate how implicit bias influences the selection or hiring process.

- Display a commitment to diversity, equity and inclusiveness (DEI) — such as pronoun pins or DEI posters — on the organization's website, social media or both.

- Train leadership and faculty in mentoring across differences.

- Provide culturally sensitive mentoring and resources based on the individual's needs. Foster an inclusive learning and work environment.

- Train staff in bystander interventions for overtly discriminatory actions or microaggressions.

- Consider early mentor pairing to assist with career development, counseling and guidance in professional identity formation. Consider offering incentives to those who mentor.

- Ask staff with various identities to volunteer to be contacts for employees or consider offering an incentive to be a contact.

- Create, fund and maintain employee resource groups with people who share aspects of their social identities to foster a sense of belonging.

- Include individuals with disabilities, people of color, Tribal members, and people from other diverse backgrounds into your diversity definitions or mission statements on your website.

- In places without strong diversity, be transparent when discussing a thoughtful plan on how to create positive change toward more diversity in your department.

- Provide all employees the opportunity to provide feedback on their experience working at your institution on a regular basis — such as climate surveys or stay interviews.

- Share a list of faculty or staff that share a common background — such as international training — that applicants can identify with and contact with questions.

- Create institutional policies that call for patient acceptance of diverse staff to demonstrate that the institution stands behind all of its employees.

- Build cultural awareness and appreciation with staff through sharing of native food and informal celebration of diverse holidays.

- Provide routine cultural responsiveness training for all staff, and when appropriate, consider using your own diverse staff to lead discussions.

Recommendation 2: Reduce barriers to entry and advancement for people of color, Tribal members, individuals with disabilities, and people from other diverse backgrounds and identities in the workforce.

Organizations employing health care professionals can:

- Get department leadership buy-in by collecting and reviewing data on your program's impact on health disparities and training diverse people. Set targets and monitor for improvement to show commitment to diversity in recruitment efforts.

- Licensing boards and education institutions could waive application fees for applicants who have undue financial burdens.

- Create and foster relationships with minority community leaders to learn about the values of their culture and how to partner together with

them to increase recruitment into the health care field. Consider implementing a formalized strategy to bring community leaders onto advisory boards and into periodic staff meetings to share knowledge, improve communication, and help problem-solve issues.

- Participate in local community events that can provide exposure to young people who may be interested in your profession.

- Offer opportunities for diverse, young students to volunteer, shadow or intern in the health care setting to help bridge the education-experience gap and improve school-to-work transitions.

- Offer mentoring opportunities for students of diverse backgrounds as a professional development tool.

- Provide pre-employment job internships, post-employment mentorships, on-the-job training or all these strategies to reduce the barrier of needing experience prior to employment.

- Be flexible for interviews. There may be time constraints for people who have additional responsibilities and reduced resources for assistance with these responsibilities — such as child or adult care, working, or transportation issues.

- Demonstrate inclusion through DEI-focused recruitment events. Include smaller breakout rooms during virtual sessions which can improve an applicant's comfort in asking questions.

- Host affinity gatherings for applicants with current learners, faculty or both who share aspects of their social identities.

- Set up advising programs for students interested in your profession.

- Create a summer research program specifically for people of color, Tribal members, individuals with disabilities and people from other diverse backgrounds.

- Support and fund attendance at regional and national meetings of organizations that support learners from diverse backgrounds — such as the Latino Medical Student Association.

- Advertise positions for advancement using language that conveys that the organization values diversity, equity and inclusion.

- Utilize equitable outreach methods so that all members of the community are aware of job opportunities.

- Create job descriptions that identify and value the skills and expertise diverse applicants can bring to the position.

- Examine advancement practices and ensure that all workers have equal opportunity and knowledge about career advancement pathways and training opportunities.

- Track employee career advancement and continuously re-evaluate current practices to help expand diversity in leadership roles.

- Track retention with a focus on early identification of those considering resignation or termination, either voluntarily or involuntarily, and identify interventions as appropriate.

- Utilize external or ombudsman programs to research and report on any behaviors or culture that is not supportive of DEI. This will allow employees to feel safe when reporting any concerns as these entities are independent from their employer.

- Ensure that DEI are ingrained within the organization's culture by making it integral to the mission.

- Integrate stakeholders from all levels of the organization and ensure that all groups are included in discussions to enact and maintain diversity and inclusion efforts.

- Collaborate with similar organizations to reflect and learn from each other's DEI strategies.

Education programs can:

- Create an inclusive application process that includes holistic review.

- Prior to interviews, define the desired qualities you are seeking in an applicant in the context of your program's brand identity — such as goals or mission. Pre-define merit and compatibility using a group of diverse stakeholders who are familiar with your program's mission.

- Withhold racially or ethnically identifying characteristics of applicants—such as their name, photograph and school name — during the screening process and selection process.

- Use a structured interview format, such as behavioral-based questions or multiple mini-interviews. This can mitigate bias by reducing the variability of questions and limiting the impact of both the interview context and interviewer biases. Consider having at least one interview

withholding some or all racially or ethnically-identifying information — such as academic performance.

- Develop and use a standardized applicant-screening rubric that goes beyond traditional metrics and captures the characteristics your program or department values.

- Develop a scoring rubric for interviews with descriptive anchors based on specific behaviors related to competencies or attributes valued by your program or department. Train interviewers to use scoring rubrics to ensure reliability of evaluations.

- Provide a standard contact for an applicant with a disability to discuss accommodations confidentially.

- Establish a point person to gain a deeper understanding of the education systems of international schools and facilitating a path toward gaining licensure in Oregon. This point person could learn about evaluations and testing in international education systems and how they compare to the U.S., which could support international students who relocate here to succeed. This individual should receive protected time and resources for this role.

- Leadership should seek professional development to stay current on visa and immigration requirements.

- Set expectations for applicants on how to prepare for interviews, post-interview communication and questions to ask during an interview. Applicants with privilege may have better access to these resources. Providing transparent expectations can promote equity.

- Standardize the interview process, especially if using virtual interviews. Offer standardized virtual background templates, provide space for interviews with stable internet access and a high-quality camera. Provide mock interviews and workshops on best practices with virtual and in-person interviews.

- Partner with local student-led organizations and local, diverse community organizations for recruitment.

Recommendation 3: Increase investments in health care professionals who will provide culturally and linguistically responsive, person-centered health care.

The Oregon llegislature can:

- Allocate additional funding for the expansion and improvement of health care education programs. This includes supporting medical schools, nursing schools, and other health care education institutions to increase the diversity of students and professionals entering the field.

- Build on existing scholarship and loan-forgiveness programs to incentivize individuals to pursue careers in health care, through increased funding for the Health Care Provider Incentive Program. Reducing the financial burden of education can attract more talented individuals to the profession.

- Increase investments in postgraduate medical-residency and fellowship programs, especially in underserved areas for students from diverse backgrounds.

- Increase funding for mental health training programs and provide additional incentives for behavioral and mental health professionals currently in the field. Mental health is a growing concern, and a shortage of mental health professionals exists in many regions.

State agencies can:

- Support the training and employment of community health workers who can bridge the gap between health care providers and underserved populations.

- Invest in programs that promote diversity and inclusion for health care professionals to stay updated with the latest medical advancements and technologies.

- Foster partnerships between government agencies, health care institutions, and private organizations to pool resources and expertise for workforce development and retention initiatives.

- Implement targeted initiatives for rural and underserved areas, such as offering higher incentives and support to health care professionals who commit to working in these regions.

- Invest in language proficiency and interpreter services, potentially by offering a specific subsidy or grant funding, to organizations delivering

health care services. Many individuals face language barriers that hinder their ability to communicate their health concerns effectively. By ensuring that health care providers are proficient in the languages spoken by their patients or have access to qualified interpreters, we can bridge these communication gaps and provide more accurate diagnoses and treatment options.

Organizations employing health care professionals should:

- Offer a pay differential for bilingual health care professionals. This plays a pivotal role in reducing health care disparities and improving health care outcomes. This acknowledges the specialized skills and competencies required to provide this level of care, which go beyond traditional medical training.

- Provide funds to support trainings — such as unconscious bias or bystander intervention — and career advancement once a health care professional is hired.

- Increase funding for opportunities for students to volunteer, shadow or intern in the health care setting to help bridge the education-experience gap and improve school-to-work transitions.

- Compensate workers for their added skills if they provide language or other skills that benefit patients and reduce institutional costs.

- Attend to the greater risk of secondary trauma and burnout for workers who have similar lived experiences as the patients they serve. Consider how to address this through investing in support programs, compensation or both.

Conclusion

The Health Care Workforce Committee devoted this past year to developing policy solutions in three interrelated areas as a next step to Oregon's Health Care Workforce Needs Assessment 2023 report. The committee's three goals of workforce diversity, wellness and resiliency, and development and retention are interdependent. We must address them all to have a diverse, well, and resilient health care workforce that supports Oregonians to be healthy. We should pay attention to recruitment, education, and training that create career pathways and retain health care professionals at all levels once they have entered the workforce. This will require ongoing action by government and non-governmental entities to ensure Oregon has a culturally and linguistically responsive workforce that can deliver on the commitments of optimal health for everyone and eliminating health inequities.

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