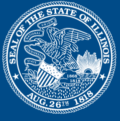

State of Illinois
Illinois Department of Public Health

Diversity in Health Care Task Force
Annual Report 2020

IDPH
Illinois Department of Public Health

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Executive Summary

Introduction

Pursuant to 20 ILCS 2310-213, the Diversity in Health Care Task Force annual report details the purpose of the task force, membership, activities, and policy and advocacy recommendations for the Governor and General Assembly. The recommendations aim to diversify the health care workforce by engaging students, parents, and the community to build an infrastructure that assists students in developing the skills necessary for careers in health care.

Task Force Overview and Activities

The task force held its first meeting June 26, 2020 and elected a chair and established three working groups -- Education, Leadership, and Collaboration. The task force met in September and November 2020 to discuss relevant literature and data to appropriately frame and to generate a list of key recommendations.

Recommendations

The task force will use the key recommendations to advise the Office of the Governor and General Assembly to engage students and the community at large to ultimately diversify the health care workforce.

Task Force Overview and Activities

Legislative Mandate

Effective January 1, 2020, newly enacted state legislation (P.A. 101-0273) established the *Diversity in Health Care Professions Task Force* with administrative support to be provided by the Illinois Department of Public Health (IDPH). The mission of the task force was to develop specified objectives that achieve greater diversity within the health care workforce (newly cited as 20 ILCS 2310-213).

Task Force Composition

The task force consists of two Illinois licensed professionals from the following categories: dentists, medical doctors, nurses; optometrists, pharmacists, physician assistants, podiatrists, and public health practitioners.

Membership *Indicates leadership of a working group

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Framework

The task force elected to use the following framework to generate a list of key recommendations.

Purpose/Goal: To diversify the health care workforce by engaging students, parents, and the community to build an infrastructure that assists students in developing the skills necessary for careers in health care.

Objectives

- Minority students pursuing medicine or health care as a career option.
- Establishing a mentee/mentor relationship with current health care professionals and students by:
    - Utilizing social media to communicate important messages and success stories.
    - Holding a conference related to diversity and inclusion in health care professions.
- Early employment and support by:
    - Researching and leveraging best practices, including recruitment, retention, orientation, workplace diversity, and inclusion training.
    - Identifying barriers to inclusion and retention and proposing solutions.
- Health care leadership and succession planning including:
    - Providing education, resources, and tool kits.
    - Developing health work environments, leadership training on culture, diversity, and inclusion.
    - Obtaining workforce development concentrated on graduate and post-graduate education and succession planning.
- Collaborate with the following to achieve greater diversity in medicine and the health professions.
    - policy makers,
    - medical and specialty societies,
    - national minority organizations, and
    - other groups

Priorities

- Affirmative action programs should be designed.
- Recruitment activities should support and advocate for the full spectrum of racial, ethnic, and cultural diversity.
- Recruitment and academic preparations of underrepresented minority students should start in elementary school and throughout.
- Financial incentives should be increased to minority students.
- Staff should be hired in organizations who are accountable to the organizational leadership and implement and measure the effectiveness of their activities.
- Formal program or mechanism to ensure that these individuals rise to leadership positions at all levels.
- Organizations with a stake in enhancing workforce diversity should implement systems to track data and information on race, ethnicity, and other cultural attributes.

Considerations

- What does the data tell us about the existing disparities?
- What are local, regional, and national think tanks that can help with the data?
- What does the literature tell about solutions at scale?
- How should the initial list of recommendations/action items be prioritized?
- Who are the key stakeholders and experts that need to be brought to the table?

Task Force Activities to Date

At the task force's initial meeting on June 26, 2020, members discussed purpose and goals, objectives, and priorities. The task force elected a chair, Dr. Vidhya Prakash and three working groups with chairs were selected in the following categories: Education, Leadership, and Collaboration.

Working group leaders met with their teams to further discuss existing data, literature, and key stakeholders who would be able to help the task force meet its goals. The task force met again on Sept. 11, 2020 and working groups shared their insights. When the task force met Nov. 2, 2020, each working group had generated a list of salient articles and key recommendations. The recommendations were finalized at the Dec. 3, 2020 meeting.

Task Force Key Recommendations

Introduction

The COVID-19 pandemic has uncovered another, even more insidious pandemic – racism and oppression. The Centers for Disease Control and Prevention's (CDC) COVID-19 case surveillance from January to May 2020 found "among cases with known race and ethnicity, 33% of persons were Hispanic, 22% were Black, and 1.3% were American Indian/Alaska Native. These findings suggest that persons in these groups, who account for 18%, 13%, and 0.7% of the U.S. population, respectively, are disproportionately affected by the COVID-19 pandemic".[1] Inequities in social determinants of health that contribute to these disparities include occupations that preclude work from home, inequities in education and housing, and lack of access to health care and optimal health insurance.[2]

Disparities do not end with the COVID-19 pandemic, racism, or oppression. According to data from the American Association of Medical Colleges (AAMC), in 2018, only 5% of practicing U.S. physicians were Black and 5.8% of practicing U.S. physicians were Hispanic.[3] These figures stand in stark contrast to Blacks or African Americans representing 13.4% and Hispanics or Latinx representing 18.5% of the U.S. population, respectively.[4] Further, in 2018, 64.1% of physicians were male and only 35.8% were female.[3] Transgender and gender non-binary medical students and physicians often witness and experience stigma and discrimination and have to hide their identities.[5]

Recognizing the disproportionate impact of COVID-19 on underrepresented minority groups, coupled with underrepresentation of these very groups in the health care workforce, what is the case for diversity in the health care workforce? A culturally competent workforce is imperative to optimize patient satisfaction and to provide the highest quality of care for an increasingly

diverse patient population. Further, a diverse health care workforce is required to enhance access and provide excellent patient care in underserved communities. More data reveals that physicians who are Black, Hispanic, and Native American practice in underserved communities,[6] and that racial concordance between patient and provider leads to improved patient satisfaction.[7] A diverse health care workforce will also help broaden a narrow research agenda to one that addresses the disparities in health care unearthed by COVID-19.[8]

What is holding us back in diversifying the health care workforce? As a result of decisions to end taking race into account for school admission, medical school enrollment of underrepresented minority groups is on the decline.[8] In 2017, more women enrolled in U.S. medical schools than men, but women continue to struggle with career advancement in medicine.[9,10]

The task force is determined to diversify the state's health care workforce in order to create a culturally competent workforce, to optimally care for underserved populations, to broaden the research agenda, and to improve patient satisfaction through service of the highest quality of care.

Committee Reports and Recommendations

Leadership Report

Currently, 4 of 10 Americans identify with racial or ethnic groups other than White and that number is projected to increase within the next three decades.[11] People of color and low-income individuals experience more barriers in accessing care, have a higher uninsured rate, are less likely to participate in clinical trials, and are underrepresented in the health care workforce.[12,13] A 2015 survey conducted by the American Hospital Association's Institute for Diversity in Health Management found that among hospitals in the U.S., racial/ethnic minorities comprise only 14% of board members, 11% of hospital executives, and 19% of managers. [12,14] Additionally, although 80% of the hospital workforce is female, only 25% of women are executive-level managers and only 3% are female minority executive-level managers. Results from a 2014 survey conducted by the American College of Healthcare Executives (ACHE) disclosed that people of color and females with comparable education and experience, made significantly lower salaries in similar leadership positions when compared to White men.[15] In terms of health research, Asian and Black women with Ph.Ds. and M.D.s are significantly less likely to receive National Institutes of Health (NIH R01) research funding compared to White women[16] and, when comparing individuals with similar ability and characteristics, Black scientists are disproportionately underfunded in the NIH workforce.[17]
To fully promote health equity and decrease health disparities among underrepresented populations, it is imperative to cultivate a health care workforce that reflects the individuals and

communities served and sometimes neglected. Moreover, studies show diverse leadership in the health care workforce results in positive clinical and financial outcomes.[12] Diverse and equitable leadership in health care can improve culturally responsive care, enrich data and analytics, mitigate mistrust and improve health care utilization and access, improve profitability, promote productivity and retention, and strengthen clinical and public health research.[12,18] Based on a review of current literature, the task force offers the following recommendations to increase diversity, inclusion, and equity among health care leaders:

1. A continuation of the 2015 ACHE Diversity in Leadership study that would include data specific to local organizations, starting with academic institutions.
2. Sharing the ACHE Diversity in Leadership study and try to get buy-in from the Illinois Hospital Association, Illinois Primary Health Care Association, and academic institutions to ensure a robust data set.
3. Highlight organizations that focus on leadership training for professional students and early- to mid-career health care professionals like the Presidential Management Fellowship, Schweitzer, ACHE fellowships, and Robert Wood Johnson Foundation. Some of these are paid and some require dues/tuition. These could be advertised in schools and health care organizations to encourage professionals and to promote more diversity in leadership positions across the state.

Education Report

It is well documented that higher education is a key pathway to social mobility, and that racial and ethnic disparities in higher education enrollment contributes to diminished social mobility for these communities.[19] Because higher education is a prerequisite to enter health professions, it stands to reason that a lack of diversity in these professions is, in part, a pipeline issue. With appropriate funding, attention to outcome metrics, and long-term commitment, pipeline building programs targeting students at the high school level are effective at diversifying health professions.[20]

As part of their institutional mission and strategic plans, higher education institutions can communicate their commitment to diversity, equity, and inclusion goals. Consequently, making diversity, equity, and inclusion a priority often leads to appropriation of necessary resources and funds to achieve related goals. Development and implementation of universal guidelines on the ways higher education institutions in the state can demonstrate and/or strengthen commitment to diversity, equity, and inclusion is recommended. In turn, expressing and demonstrating commitment to diversity, equity, and inclusion results in an inclusive campus climate and allows for the development of effective support services for students.[19] Additional benefits include less reported discrimination and bias and improved academic outcomes for students from

underrepresented racial minority and/or from low income backgrounds.[19] Consequently, higher education institutions are enabled to take concrete steps towards enrolling, retaining, and graduating more students from underrepresented groups, thus increasing representation of diverse and culturally competent health professionals.[19, 21]

Based on a review of current literature, the following recommendations are offered to increase diversity, inclusion, and equity in the education sphere:

Education

1. Appropriate funding to outreach/pipeline building programs for high school students from underrepresented racial minority and/or low-income backgrounds to consider health care education as a post-secondary path, including both direct contact with students and background education for science teachers and guidance counselors.
    - Develop standardization for assessing program effectiveness.
2. Develop and implement universal guidelines for institutions of higher education as it relates to their institutional commitment to diversity, equity, and inclusion and support services for students from underrepresented racial minority and/or low-income backgrounds.
3. Call to action for licensed/practicing health care professionals to volunteer for outreach efforts at the elementary school level (e.g., "Career Day" at school, serve as a judge at a science fair, etc.)

Collaboration Report

Global Collaboration

Through global partnerships, health care across cultures can be built and strengthened. Focusing on a global scale can help utilize resources to promote meaningful impact at the local level.[22] Social media and online technologies can open many doors for global collaboration, opening doors across borders. Once a framework is developed, online sources can be used to collaborate with other government task forces, leaders in the field, and researchers who can help build and sustain the task force to ensure the best resources are provided to local groups.[23] When evaluating the lack of resources and number of doctors to support some communities, extra support from a more diverse group of nurses and physician assistants can help improve the health care infrastructure. Collaboration to increase capacity for health care professionals requires careful planning, open communication, implementation, formative and summative evaluation, and sustainability.[24]

Collaboration across disciplines

Collaboration across disciplines increases the diversity in health care. Medical students and health care professionals will benefit from exposure to cross-disciplinary teamwork and core concepts of medical innovation.[25] To address complex challenges in patient care; diversity in collaboration across medicine, dentistry, optometry, nursing, engineering, business; and design is critical.[26] Health care task forces can encourage diversity across individuals, ideas, and projects to address clinical challenges. Stanford University hosted a successful inaugural health care hackathon model to promote diversity in collaboration in medicine,[27] which can be further utilized at the state level.

The long-term solution to achieving adequate diversity in the health professions depends on focused and relevant education. Increasing the racial and ethnic diversity of the health care workforce is essential for the adequate provision of culturally competent care to the nation's burgeoning minority communities. A patient's experience is influenced by the expertise and collaboration of the team members. The diversity of perspectives enhances group problem solving and creativity. In a team, focused environment diversity encompasses training and experience not just race, sex, and culture.[28]

Collaboration for diversity

Benefits of diversity in professional life: The LEAD (Leadership Education and Development) Program in Business is an initiative "involving universities, corporations, a federal government agency, and a nonprofit coordinating body in an effort to introduce students to business education and careers in business."[26] These resources can be used to further promote diversity. Stronger team reward contingencies stimulate collaboration. Increasing collaboration strengthens those of deep-level (psychological) diversity. Perceived diversity transmits the impact of actual diversity on team social integration, which in turn affects task performance.

When evaluating diverse perspectives for patients, prioritizing diversification of the nursing workforce is imperative to address the shortage of nurses, and to provide culturally competent care for a diverse population.[29] Collaborative research teams are vital to generating meaningful solutions and lasting, favorable outcomes. According to Cheruvelil et al, diversity and interpersonal skills are instrumental in creating and in maintaining high-performing collaborative research teams.[30]

Collaboration Recommendations

1. Build partnerships with key regional, state (Illinois State Medical Society, Illinois Alliance for Welcoming Healthcare), and local stakeholders to form a statewide diversity in health care coalition. Involve medical, dental, optometric, nursing, and physician assistant associations in the task force initiatives. The ultimate goal would be to provide resources to all task forces among the professions and aid in executing appropriate education to health care professionals. Stanford University's successful inaugural health care hackathon model to promote diversity in collaboration in medicine is one that can be emulated.

2. Include national partners, such as the Healthcare Diversity Council, National Diversity Council, National Medical Association, Area Health Education Centers, American Medical Association, and American Medical Women's Association, to forge collaborations with the statewide diversity in health care coalition.

4. Generate a list of international think tanks with whom the statewide diversity in health care coalition can establish partnerships (e.g., National Association of Hispanic Nurses-Illinois, Chicago Medical Organization for Latino Advancement (MOLA), Chicago Chapter of the Black Nurses Association, Philippine Nurses Association of Illinois).

5. Create opportunities to engage community-based organizations and pipeline programs across the state that play a vital role in increasing diversity in health care professions.

Next Steps

The task force will actively engage with regional and national stakeholders and think tanks to fulfill its mission of diversifying the state's health care workforce. Funding outreach and pipeline programs to develop and empower the next generation of health care workers; providing health care organizations and institutions of higher learning a framework for prioritizing equity, diversity, and inclusion in their settings; and acquiring essential data to guide leadership development in health care through collaborative partnerships are salient first steps to provide the highest quality of culturally competent care to the increasingly diverse patient population in Illinois.

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