# Integrating & Evolving the "3 D's": Workforce Diversity, Health Disparities, Social Determinants of Health

Learn
Serve
Lead

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Association of
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# Tons of action, limited traction

Interventions can make a difference. There has been progress and we can quantify it. However:

- We still have made only limited progress towards compositional diversity goals
- Diversity efforts remain largely siloed from core mission and operations
- Structural barriers remain
- We need more rigorous analysis of which interventions work and why
- Success is ultimately linked to broader changes in health education and healthcare delivery
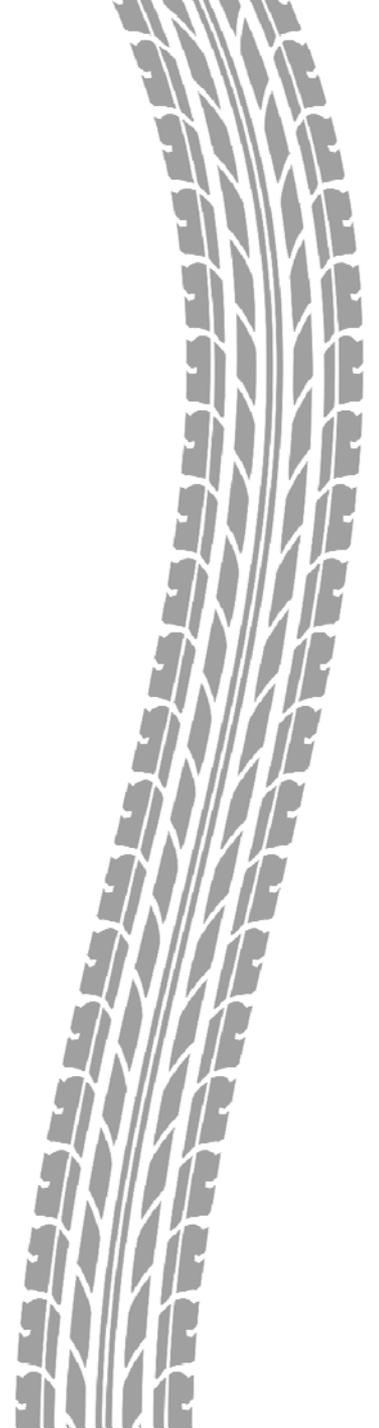
# Meanwhile, the case for diversity and inclusion is stronger than ever

- The list of "diversity identities" is growing

- Demographic shifts

- Workforce shortages

- 32 million newly insured

- From purchasing volume to purchasing value

- Broadening research agenda with a focus on community-engaged, population-based and translational

- National health and competitiveness

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# What are we hiring diversity to do?
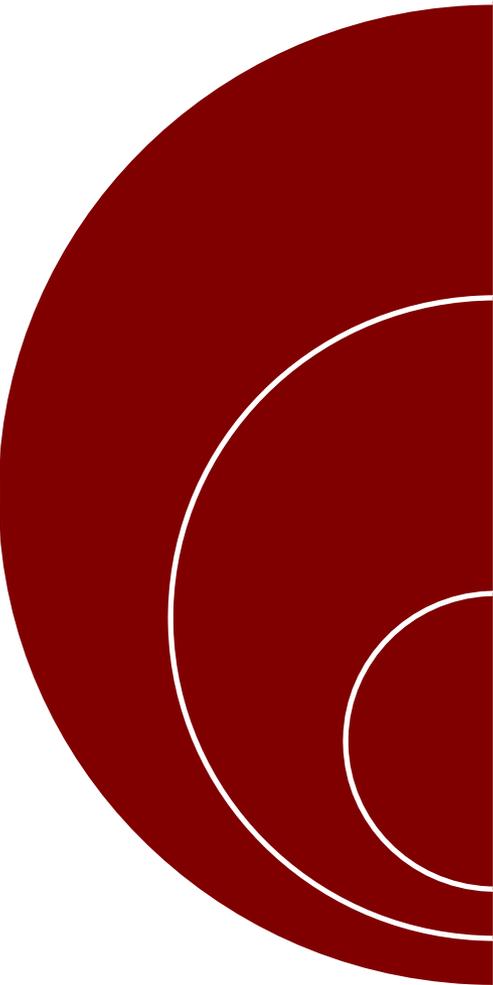
Shapes education for all students

Increases access to high-quality health care services

Broadens the medical research agenda

Advances cultural competence

Supports institutional excellence

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# Building on the past, repositioning for the future

**1.0**
- Social justice movement
- Fairness and access for women and racial & ethnic minorities

**2.0**
- Cultural competence
- Population parity
- Focus on recruitment and retention

**3.0**
- Broader definition
- Focus on attraction and thriving
- From periphery to core

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# Diversity 3.0: Linking diversity & inclusion to quality outcomes for all

# Advancing Towards Diversity 3.0

*1) "The New Excellence"*
Academic medicine is beginning to reach consensus that diversity and inclusion, when appropriately managed, are core to, not separate from, the pursuit of excellence.

*2) Hearing but not seeing change*
While there is a noticeable increase in commitment to diversity and inclusion at the leadership level of our institutions, we have yet to see widespread evidence of effective, integrated initiatives across the three mission areas connected to meaningful metrics and accountability.

*3) Elevating the field*
There is high variation in the intensity and content of current training and professional development content. We need to better empower leaders to bring the value of diversity and inclusion to bear for their institutions and the communities they serve.

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# Shifting roles for diversity & inclusion

- **Office of Minority Affairs**

- **Human Resources Context**

- **Focus on EEO and Affirmative Action**

- **Recruitment & Retention**

- **Separate from Major Institutional Goals**

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- **Chief Diversity Officer/ Office of Health Equity**

- **Quality of Patient Care Context**

- **Focus on Climate and Inclusion**

- **Attraction & Thriving**

- **Integral to Institutional Mission**

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Action

The Knowing-Doing Gap

Knowledge

Information

Data
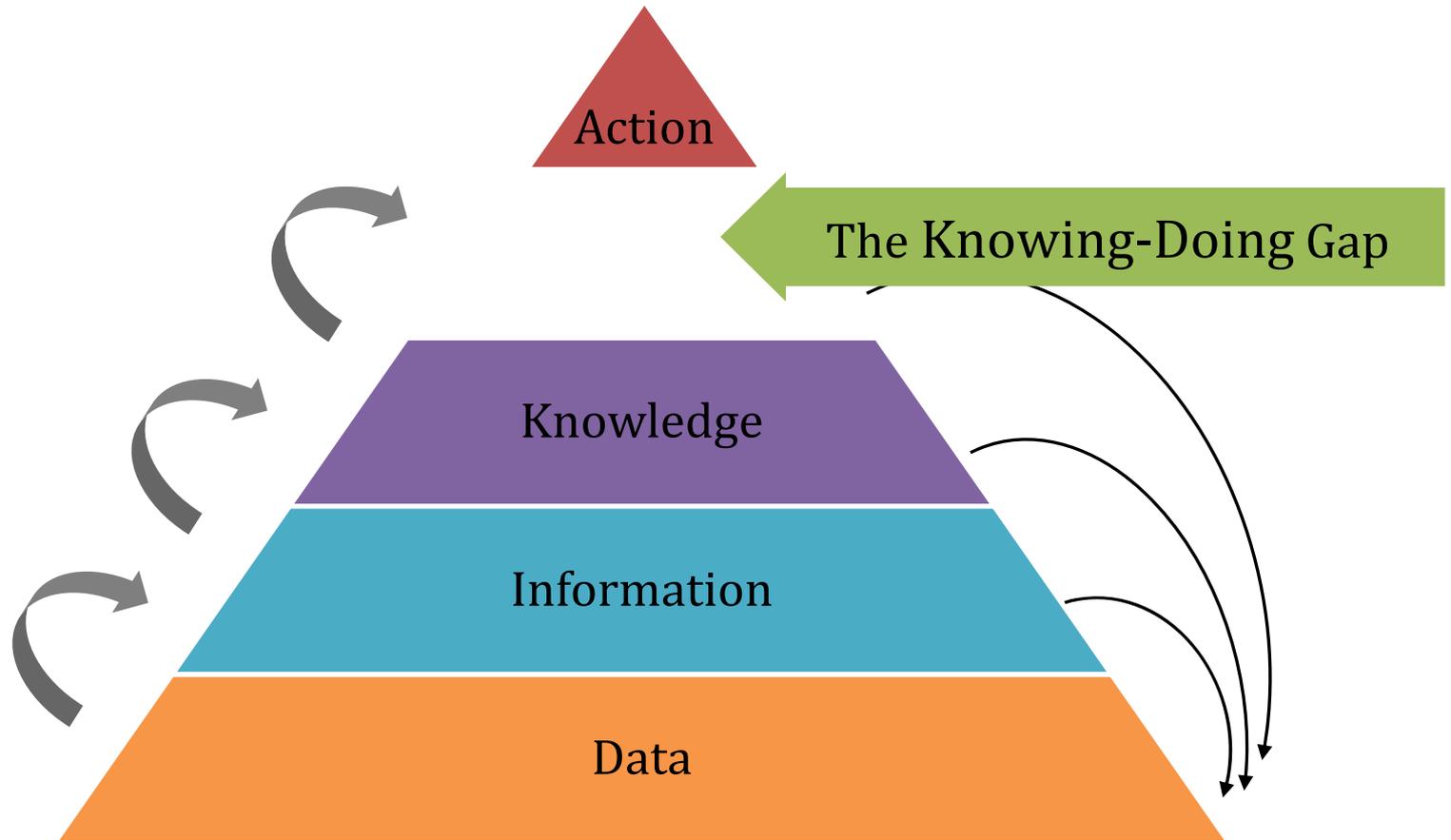
*Source: The Knowing-Doing Gap: How Smart Companies Turn Knowledge into Action Jeffrey Pfeffer and Robert I. Sutton, 2000*

# What's Missing?

Translation

Knowledge Capture

Shared Learning

MEASURE IT

BUILD IT

LEARN FROM IT
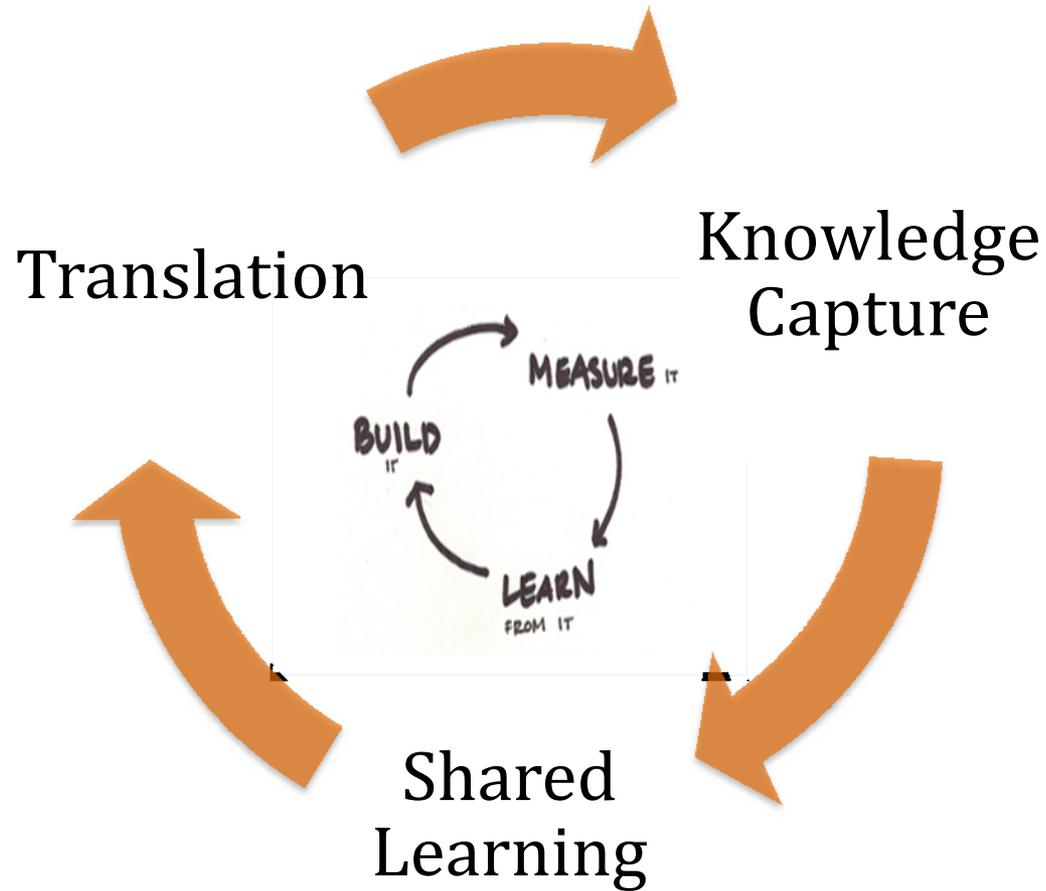
# Urban Universities for HEALTH

A national demonstration program aiming to expand and enhance a *culturally sensitive, diverse, and prepared health workforce to improve health and health equity in urban communities*.

The APLU/USU and AAMC are partnering with the NIH NIMHD to identify 5 institutions leading innovative workforce efforts to participate in a multi-year collaborative intended to accelerate learning across sites, and strengthen evidence for what works.

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# Urban Universities for HEALTH Goals

- Understand how universities contribute to local health equity, particularly the impact of health workforce innovations.

- Identify and refine institutional metrics to assess progress and drive greater impact.

- Uncover, highlight and disseminate innovations that lead to improved outcomes of urban-based universities and their local communities.
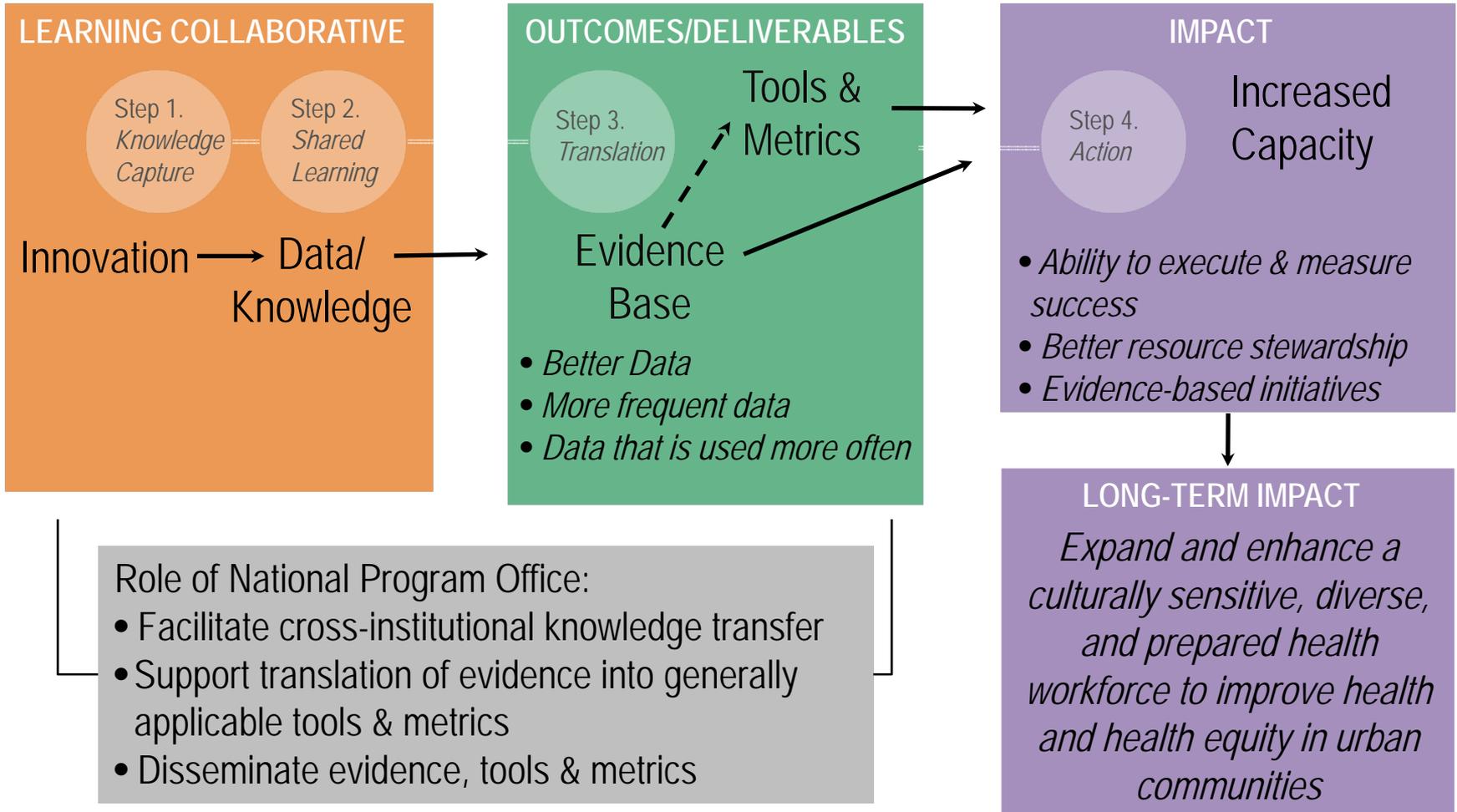
# Data Collection and Health Equity

"More consistent and robust data collection—in health care settings and communities—provides a key opportunity to advance health equity policies, programs, and strategies."

Source: Striving for Health Equity: Opportunities as Identified by Leaders in the Field. Grantmakers in Health, July 2012.

# Theory of Change

Target Users: Institutional & Health Professions Leaders

**LEARNING COLLABORATIVE**

Step 1. *Knowledge Capture*

Step 2. *Shared Learning*

Innovation → Data/Knowledge →

**OUTCOMES/DELIVERABLES**

Step 3. *Translation*

Tools & Metrics

Evidence Base

• *Better Data*
• *More frequent data*
• *Data that is used more often*

**IMPACT**

Step 4. *Action*

Increased Capacity

• *Ability to execute & measure success*
• *Better resource stewardship*
• *Evidence-based initiatives*

Role of National Program Office:
• Facilitate cross-institutional knowledge transfer
• Support translation of evidence into generally applicable tools & metrics
• Disseminate evidence, tools & metrics

**LONG-TERM IMPACT**

*Expand and enhance a culturally sensitive, diverse, and prepared health workforce to improve health and health equity in urban communities*

# Learning Collaborative Outcomes

- Learn from the "best of the best" about what's working in workforce development.

- Identify meaningful ways for the 5 institutions to measure and document their workforce development successes.

- Identify the key factors and traits (including internal capacities) at each institution that can be correlated with their success in building the workforce ("decipher the recipe").

- Translate learning into new tools that will enable other universities to implement programs or strategies to develop the workforce.

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Tomorrow's Doctors, Tomorrow's Cures

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