



DIVERSITY IN HEALTHCARE

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- Nothing to disclose

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DIVERSITY IN HEALTHCARE

- Why did I agree to do the talk?
 - Challenge myself
 - Challenge others
 - Lead
- Why is it important?
 - Who benefits?
 - More than checking boxes

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DIVERSITY IN HEALTHCARE

- Patients
- Providers
- Profits

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BASICS

- Diversity- the presence of differences within a given setting
 - Organizational diversity requires examining the makeup of a group to ensure that multiple perspectives are represented
- Equity- an approach that ensures that everyone has access to the same opportunities
 - It begins by acknowledging an unequal starting place and works to correct and address the imbalance
 - Ensures that all people have the opportunity to grow, contribute, and develop, regardless of their identity
- Inclusion- refers to the intentional, ongoing effort to ensure that diverse people with different identities are able to fully participate in all aspects of the work of the organization
- Underrepresented group- subset of a population that holds a smaller percentage within a subgroup than the subset holds in the general population

BASICS

- Patient-centered care- providing respectful and responsive care, ensuring patient values guide clinical decisions
- Equitable care- ensuring that the quality of care does not vary based on gender, ethnicity, socioeconomic status or geographic location

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BASICS

- Some may make arguments against reform
 - Often based on the assumption that the status quo is tolerable to the communities that they represent
- Change almost always has push back
 - Change must address adaptive challenges of the individual and structural levels

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PATIENTS

- Minority populations in the U.S. bear a disproportionate burden of disease compared to Caucasians
- People of lower socioeconomic status have less access to health care resources
- Underinsured patients, those with lower incomes, and groups with higher comorbidities are all more likely to have worse surgical/medical outcomes
- Access to care is not equitable
 - Insurance plans vary in terms of coverage

PATIENTS

- Underserved patients are more likely to present with a symptomatic malignancy rather than one identified during routine screening
 - Often present at later stages of cancer
 - Underserved populations have less access to newer, potentially more effective medications
 - More often to present with more advanced disease
- Diversity in physician teams leads to improved quality of care, higher patient satisfaction, enhanced care for underserved populations, and better patient compliance with treatment plans



PATIENTS

- What are the road blocks in our community that can lead to disparate care?
- As leaders in the medical field what can we do to better serve our patients?

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PROVIDERS

- Medicine as a whole is more diverse than previous generations
- Providers who represent the composition of society are more effectively positioned to advocate for their patients
- Training future generations of medical providers in cultural competency should be a priority

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PROVIDERS

- The diversity of general surgery residency programs does not reflect the applicant pool or communities those institutions serve
 - 12% identified as Hispanic/Latino, 9% identified as Black/African American, 1% identified as Native American
- According to the last Census Bureau
 - 18% Hispanic/Latino, 13% Black/African American, 1% Native American

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PROVIDERS

- According to the American Association of Colleges of Nursing, as of 2017, 19.2% of registered nurses were from minority backgrounds
 - 80.8% Caucasian/White
 - 6.3% African American
 - 7.5% Asian
 - 5.3% Hispanic
 - 0.4% American Indian/Alaskan Native
- 9.1% of the RN workforce were men

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PROVIDERS

- Multiple nursing shortage reports suggest that minority student recruitment as a necessary step to addressing the nursing shortage
- According to the the National Advisory Council on Nurse Education and Practice, a diverse nursing workforce is needed for achieving health equity in the U.S.
- In regards to mentorship, a lack of minority nurse educators may send a signal to potential students that nursing does not value diversity or career ladder opportunities to advance

PROVIDERS

- The American Association of Colleges of Nursing recognized a position that recognizes diversity, inclusion, and equity as critical to nursing education and fundamental to developing a nursing workforce able to provide high quality care
- Healthcare organizations that focus on hiring nurses who speak the languages of their patient population can improve health outcomes
- A more diverse nursing workforce can promote the trusting relationships that lead to better health outcomes and patient satisfaction



PROVIDERS

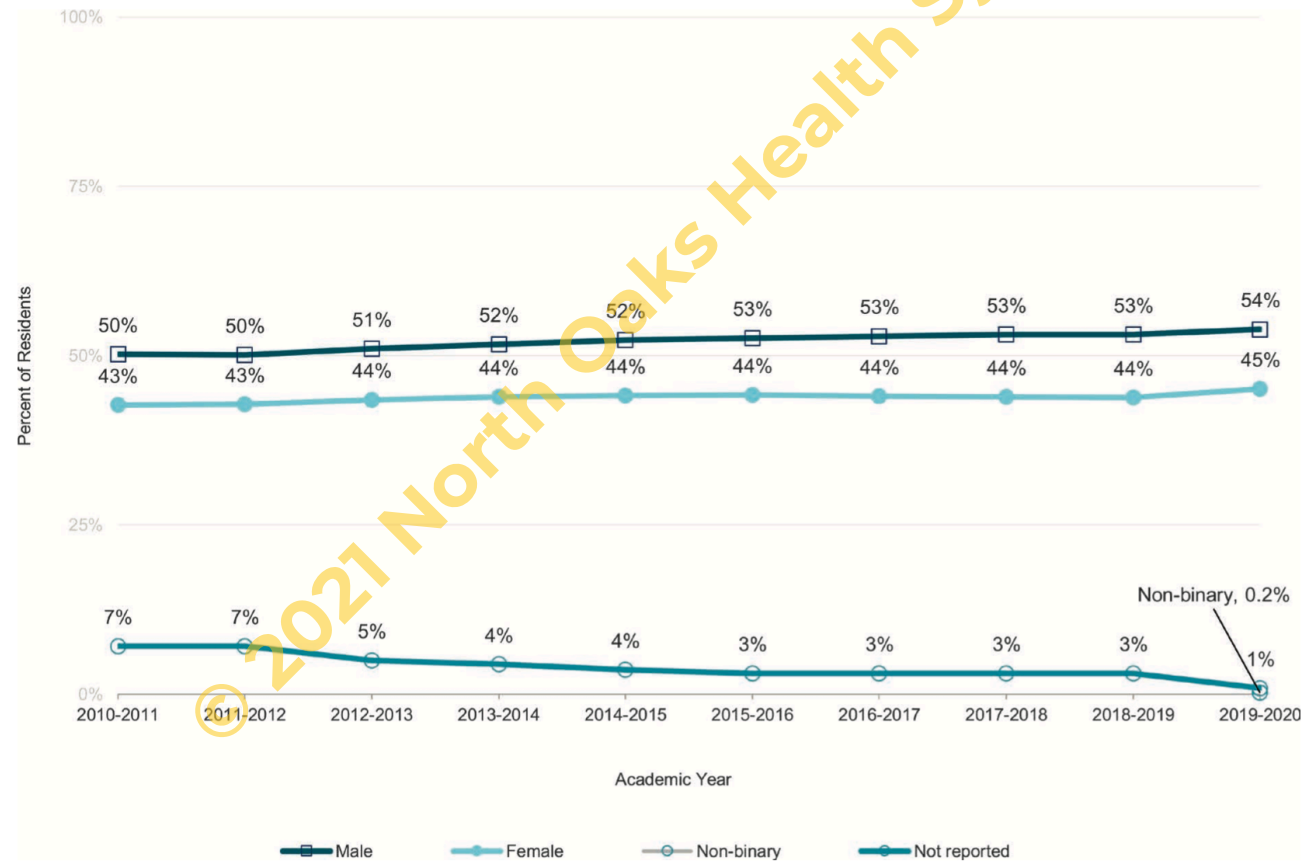
- U.S. Census notes 50.8% women
- 50.5% women in medical school
- Approximately 90% of nurses are women
- Women are underrepresented in leadership positions in academic medicine

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PROVIDERS

FIGURE C.20

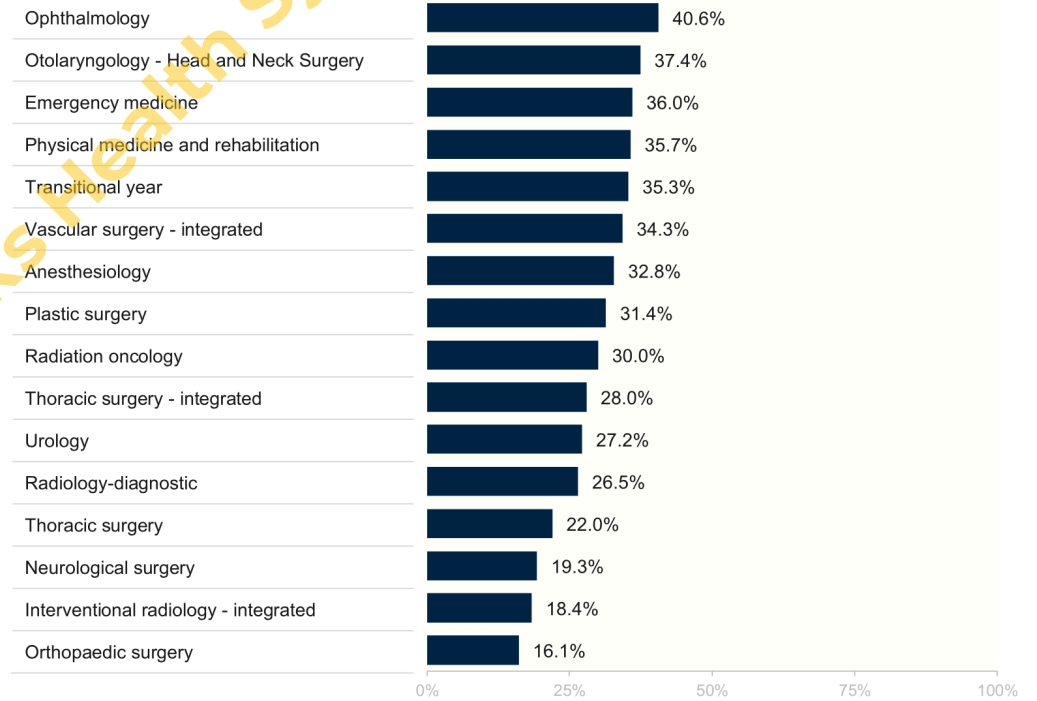
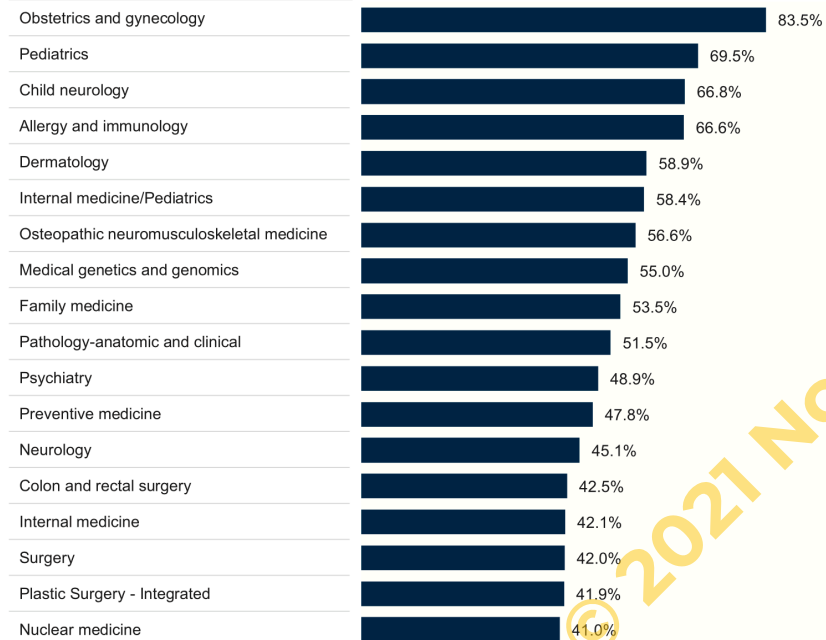
Percent of Active Residents by Sex and Academic Year, 2010-2011 to 2019-2020



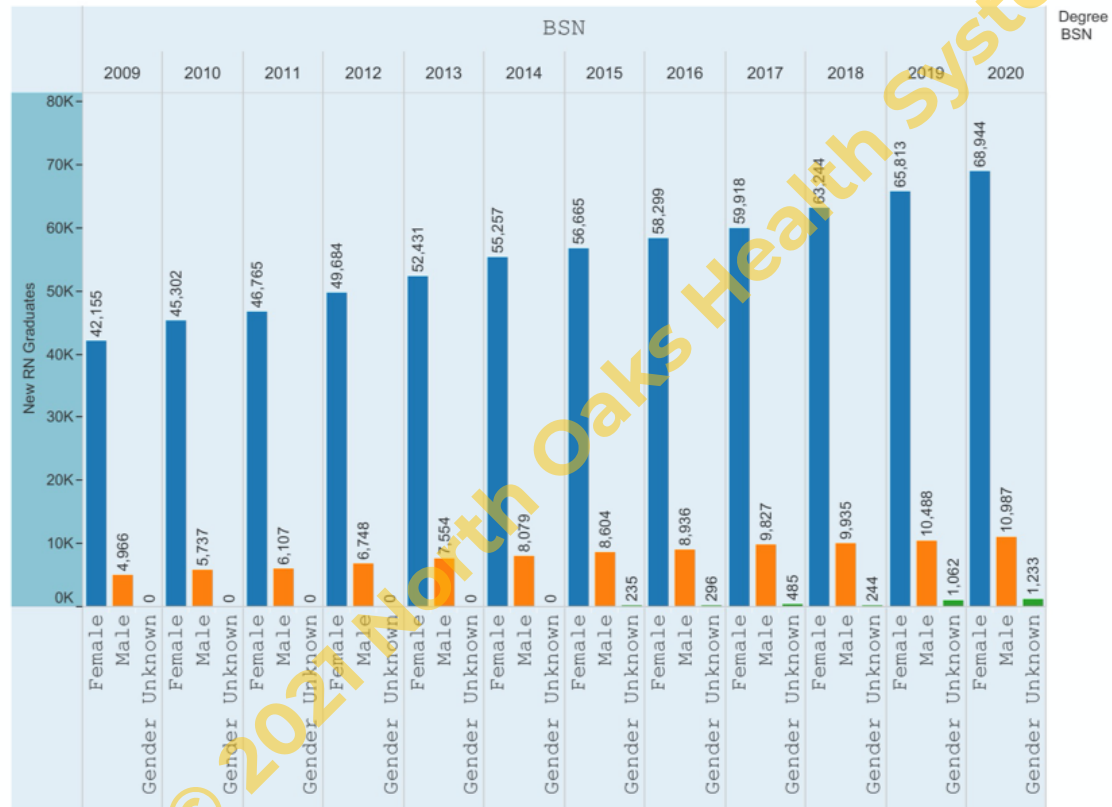
PROVIDERS

FIGURE C.22

Specialties Organized by Largest Percentages of Active Female Residents



PROVIDERS

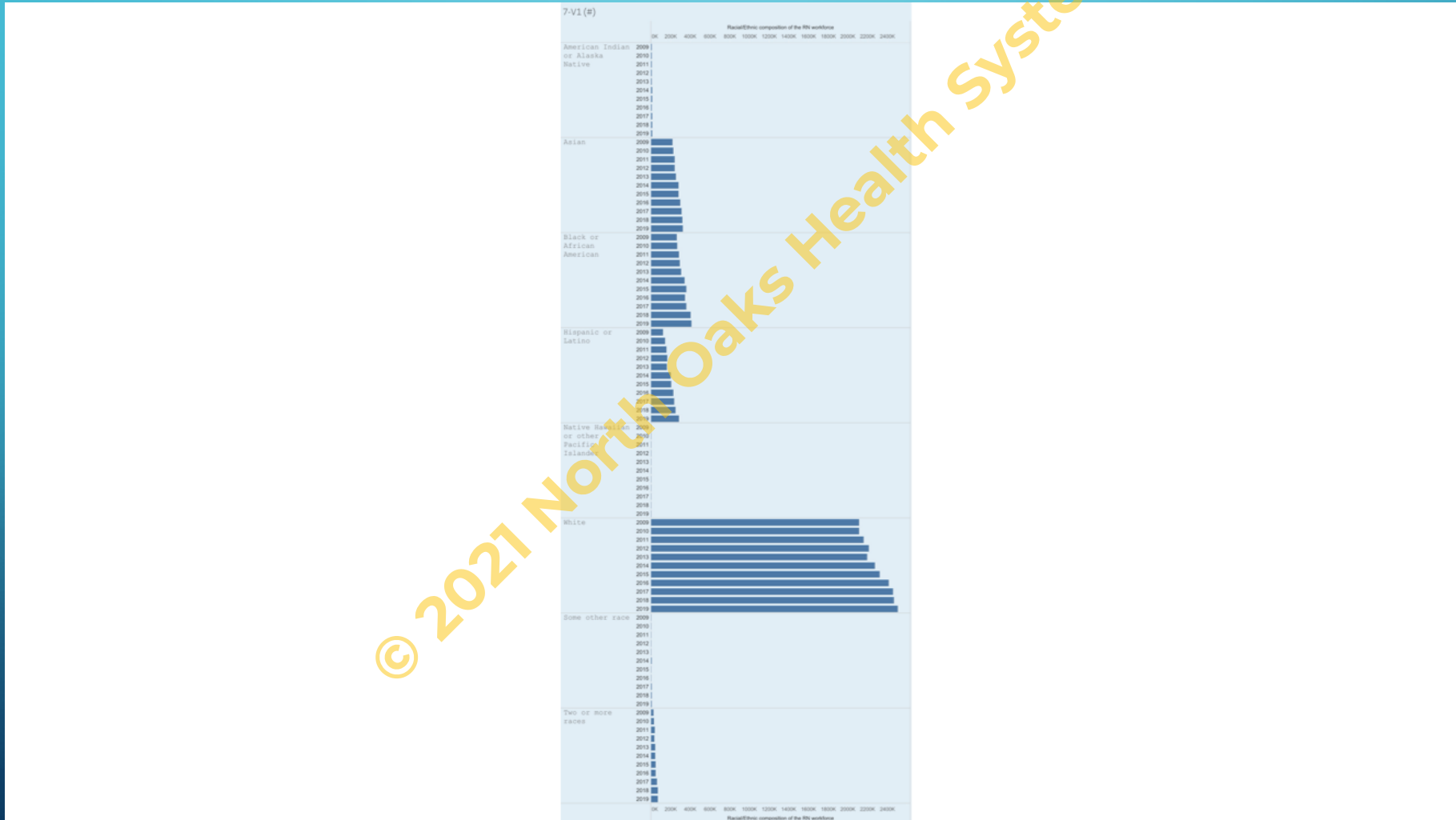


Summary Table

Pre-licensure registered nursing program graduates by degree type, and by gender

Degree	Gender	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
BSN	Male	4,966	5,737	6,107	6,748	7,554	8,079	8,604	8,936	9,827	9,935	10,488	10,987
	Female	42,155	45,302	46,765	49,684	52,431	55,257	56,665	58,299	59,918	63,244	65,813	68,944
	Gender Unknown	0	0	0	0	0	0	235	296	485	244	1,062	1,233

PROVIDERS



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PROVIDERS

7 - V1 - Table (#)

Race/Ethnicity	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
American Indian or ..	10,510	9,283	10,147	10,509	9,690	11,888	14,384	10,522	11,665	11,196	12,659
Asian	218,283	228,386	239,352	242,870	255,839	282,287	280,227	300,054	313,230	318,392	326,124
Black or African Am..	264,829	269,336	285,734	295,669	308,543	341,758	358,749	348,113	357,888	403,649	409,783
Hispanic or Latino	123,953	142,975	155,759	167,949	163,910	201,653	206,703	227,223	234,739	250,981	283,021
Native Hawaiian or ..	1,880	1,867	2,665	2,498	2,055	3,774	2,448	2,744	1,766	2,355	3,476
White	2,113,316	2,111,065	2,161,729	2,211,318	2,196,392	2,275,470	2,320,395	2,415,619	2,458,594	2,468,087	2,508,171
Some other race	4,955	4,548	3,009	6,106	4,983	6,912	5,015	3,465	7,428	6,966	8,914
Two or more races	27,650	31,218	37,484	34,042	43,512	42,638	47,453	47,386	60,786	68,575	67,969
Grand Total	2,765,376	2,798,678	2,895,879	2,970,961	2,984,924	3,166,380	3,235,374	3,355,126	3,446,096	3,530,201	3,620,117

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PROVIDERS

- Since Title IX of the Education Amendments became law, medical schools have been close to gender parity at the student level
- Nursing continues to be female dominated

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PROVIDERS

- Applicants who identified as URM accounted for 15.9% of surgical applicants from 2010-2018
 - No significant change in proportions of applicants who identified as URM
- Ob/Gyn had the highest mean percentage of applicants who identified as URM, among surgical subspecialties (19%)
 - ENT had the lowest (8.5%)
- No race/ethnicity has a statistically significant change within the applicant pool from 2010-2018

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PROVIDERS

- Black/African-American matriculants were the most underrepresented group
- White matriculants were overrepresented by 20.1%
- Surgical specialties had a significantly higher mean percentage of matriculants who identified as URM, compared with non-surgical specialties

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PROVIDERS

- Although the US continues to become more diverse, the medical workforce overall has not reflected the racial/ethnic identities of the US population
- Stagnant percentage of individuals who identify as URM's in medicine
 - Suggest that current efforts are falling short in increasing the relative proportions of minority groups

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PROVIDERS

- What can your institution do to encourage diversity in your workforce?
- Are there biases in your recruitment processes?

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PROFITS

- Diversify your portfolio
 - Finance has taught us that having all of your money in one area can prove problematic
- A heterogeneous workforce is more creative, nimble, and productive, while mitigating the impact of implicit biases

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PROFITS

- Develop relationships with diverse communities
- Having diversity-sensitive process for resolving conflicts that emerge around race, culture, ethnicity, or gender issues
 - Can help with retention

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ACS

- “The new era of leadership must embrace inclusion as a core competence in its effort to deliver high quality patient care, to remain competitive in research and to optimize the education of the next generation of health care professionals”
- Inclusivity
 - Leads to quality care which is recognized by patients
 - Leads to individuals feeling valued which could decrease burnout and improve development



RECRUITMENT

- Does your hiring model the aspirations of your institution?
- Begins before interview selection
 - Intentional efforts to encourage applicants from underrepresented in each field should be undertaken
- What is the institutional structure?
- What are the expectations?

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RECRUITMENT

- Identification of the core values that make an employee successful in a specific program
- Recognize the elements of the application that align with these values to select those likely to succeed there
- Set strategic hiring goals
- Assess policies and processes for potential bias in selection

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RECRUITMENT

- Remove barriers to diversity
- Hire strategically from targeted diverse populations
- Actively reach out to diverse populations in the recruitment process
- Frame recruitment and exposure initiatives in terms of value added over rote diversity metrics may be necessary
- Diversity within an organization has been shown to play some role in selection by applicants



RECRUITMENT

- Some strategies that have been successful in increasing the representation of women include changes in the culture of surgical departments and shifts in focus of residency interviews
- What changes can be made to attract more men into the nursing field?

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RETENTION

- Create developmental planning
 - Set goals, offer coaching, regular evaluation
- Regularly assess training needs
- Provide paths for upward mobility, scholarship, or leadership training
- Need for multiple mentors to engage with a diverse group of mentees over time

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WRAP UP

- Trainings and workshops often fall short in their ability to motivate individuals to want to re-evaluate their thinking, change their attitudes and beliefs, and learn new skills
- Bias can influence the way organizations attract, recruit, hire, develop, teach, and retain
- Realize that different cultural practices and worldviews exist
- Leverage the talent pools of different populations
 - Makes organizations stronger, more efficient and innovative, and better at making decisions to better care and a healthier bottom line
 - Diverse teams lead to better outputs



GOING FORWARD

- What is your concept of diversity?
 - What are your institutional or personal goals?
- Go past checking boxes
 - Set clear goals and values
 - Have meaningful targets
- Underrepresentation is a broader issue, that extends beyond medicine
 - Includes entry into the medical field and goes beyond training

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GOING FORWARD

- Take time to listen and communicate with an individual who is from a different background
- Building an inclusive environment must often come before the goal of diversification
- Strengthen all students knowledge of how to assess vulnerable populations for social determinants, disparities, and inequities
- Connect with community partners to understand the needs and issues of importance within the community in order to better understand the resources which are needed to improve access to care

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CONCLUSION

- Start locally
 - What does your community look like?
 - What is the need for your community?
 - What is your community growing towards?
- What can you do to make efforts sustainable?

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THANK YOU'S

- Percival Kane
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