

Connecting the Dots

A Comprehensive Approach to Increase Health Professions Workforce Diversity in California

Jeff Oxendine
APHA 2007

Sponsored by The
California Endowment





CA Initiative to Increase Health Professions Workforce Diversity: Inquiry Components

- Quantitative Assessment
- Qualitative inquiry into accomplishments, issues, challenges, and interests
- Assessment of local K-12 support networks
- Document exemplary practices
- Analysis of issue framing
- Assessment of the benefits of diversity among health professions students and faculty
- Up to date literature review
- Overall strategy and recommendations

Coordinate Action!

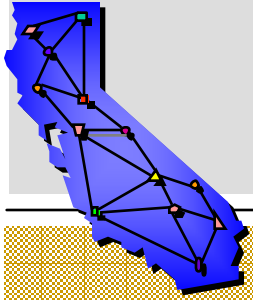


Realities

- Some progress, programmatic success but a long way to go despite significant efforts, investment
- Previous study recommendations on target; need effective implementation
- Compelling case and levers needed to increase urgency and importance relative to competing priorities
- Perfect Workforce Storm Looming
 - Workforce issues perceived more compelling, better framing
- Perfect Opportunity
 - Future workforce to come from our emerging majority. Grow our own.



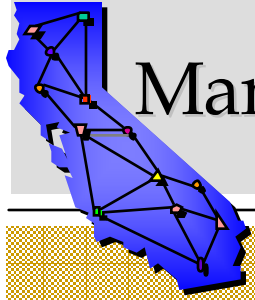
Emerging majority not making it through the pipeline and unevenly prepared



More Realities

- Leadership commitment and will is essential. Need to focus on diverse boards and administration.
- Insufficient funding sources relative to needs
 - discretionary not institutionalized
 - federal funding cuts a major setback
 - short-term versus long-term thinking and investment
 - foundations carrying disproportionate load
- Many positive forces converging could increase potential and momentum for change.





Many Innovative Initiatives, but we found...

- Small scale
- Dependent on busy passionate champions
- Insufficient institutional commitment
- Lack adequate and sustainable funding and infrastructure
- Collaboration more challenging without capacity and stability
- Not coordinated with other initiatives or part of well defined strategy or critical path.



- No overall ownership, home or accountability



Perfect Workforce Storm

Perfect Workforce Opportunity



Demand:

- Successful health reform
- Aging baby boomers with increasing demand for health care
- Increasing multicultural population
- Increasing chronic disease and emerging public health issues
- Technological advances and CA bioscience leadership

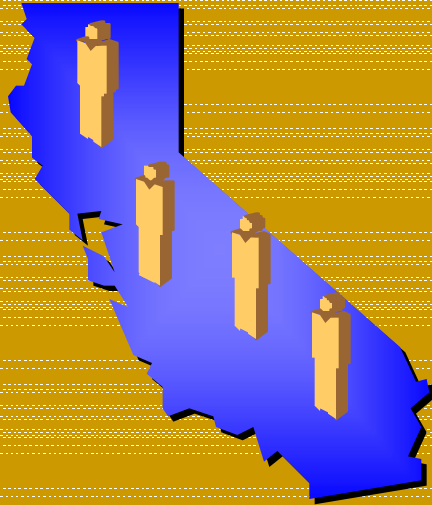
Supply:

- Workforce shortages and mal-distribution
- Aging health leaders, workforce approaching retirement
- Insufficient educational program capacity
- Reduced in-migration ability
- CA cost of living combined with price competition
- Continued labor cost increases
- Insufficient CA talent pool awareness and preparation
- Significant under-representation of growing population groups



Expanding the Health Workforce Talent Pool

2007



Shortages =

- Bidding wars
- High labor costs
- Access and quality implications

If the Pipeline works...

- Increased representation
- Meaningful opportunities for Californians
- Culture and linguistic skills
- Community knowledge and service
- Healthier communities
- Prosperity
- Engaged voters
- Better community relations

2017



- Aging population
- Health reform, increased coverage
- Increasingly diverse
- Population growth





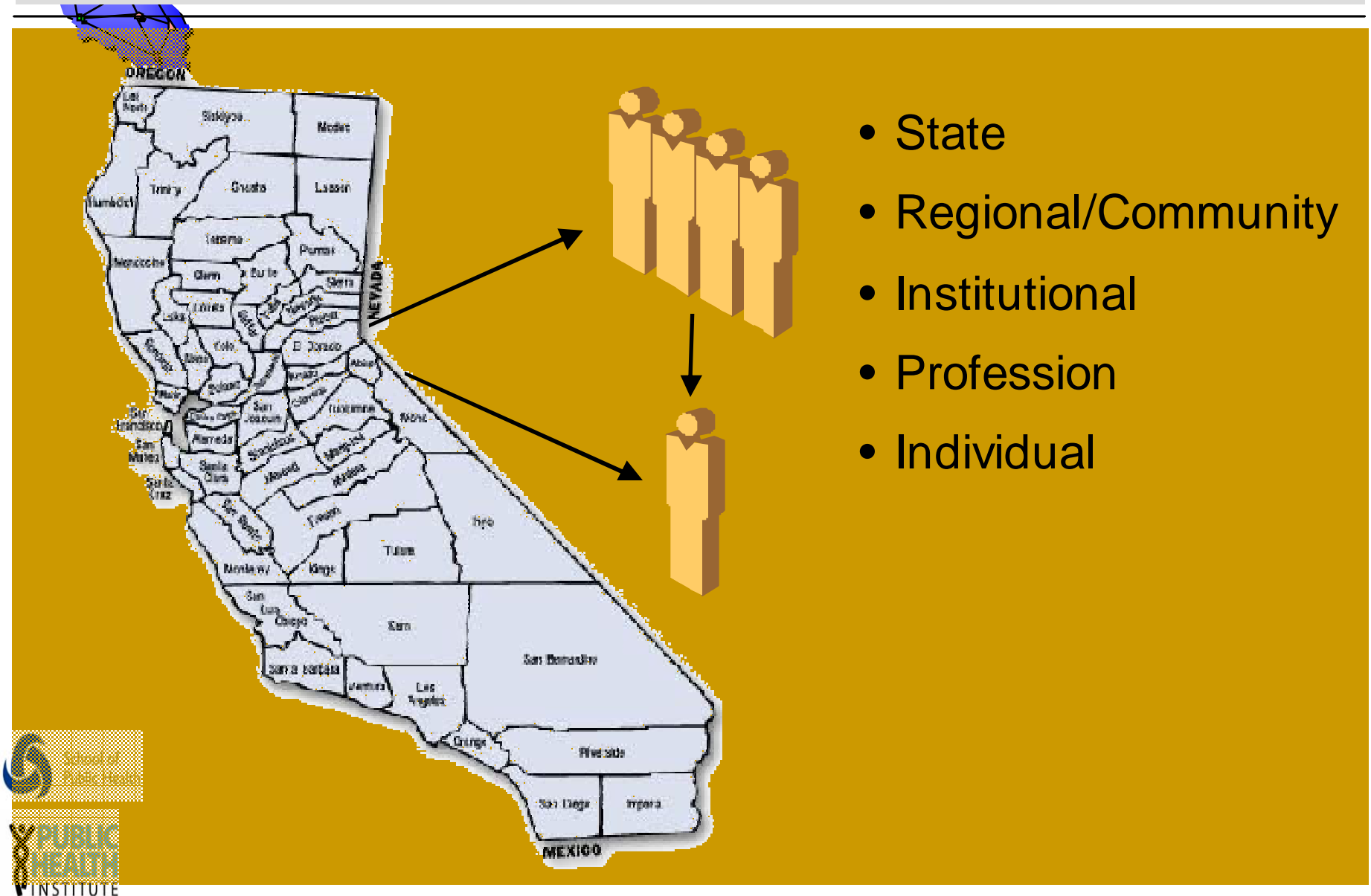
CIIHPWD Messages

- It Matters to everyone
- It is Possible
- Everyone has a role in the solutions
- Need to act now: individually & collectively



Recommended Approach: Connecting the Dots within a Comprehensive Strategy and Action Plan

Levels of work





Connecting the Dots

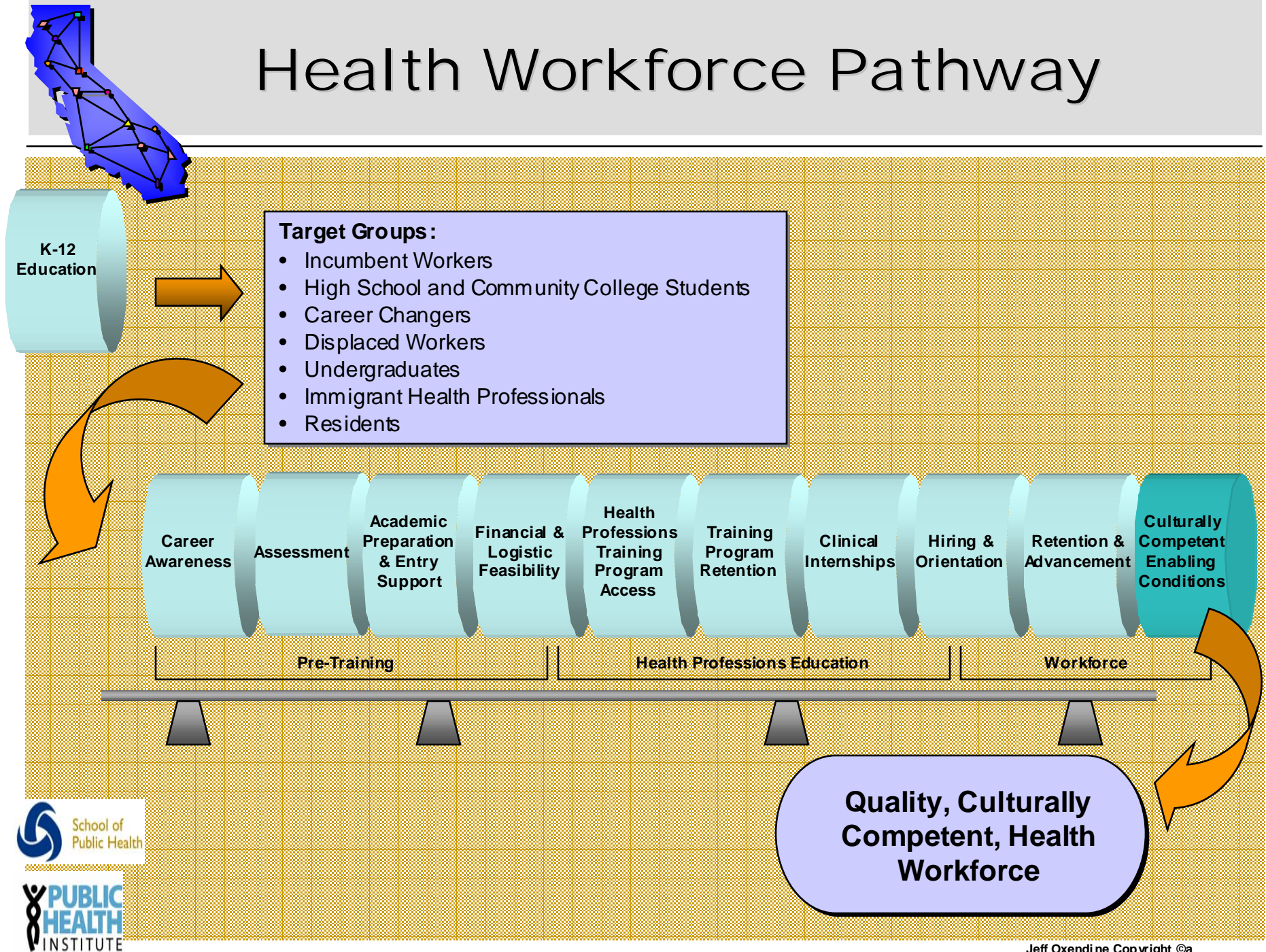
Policy / Public Initiatives

**Leaders and individuals each working
on both levels toward goal:
A Diverse Workforce**

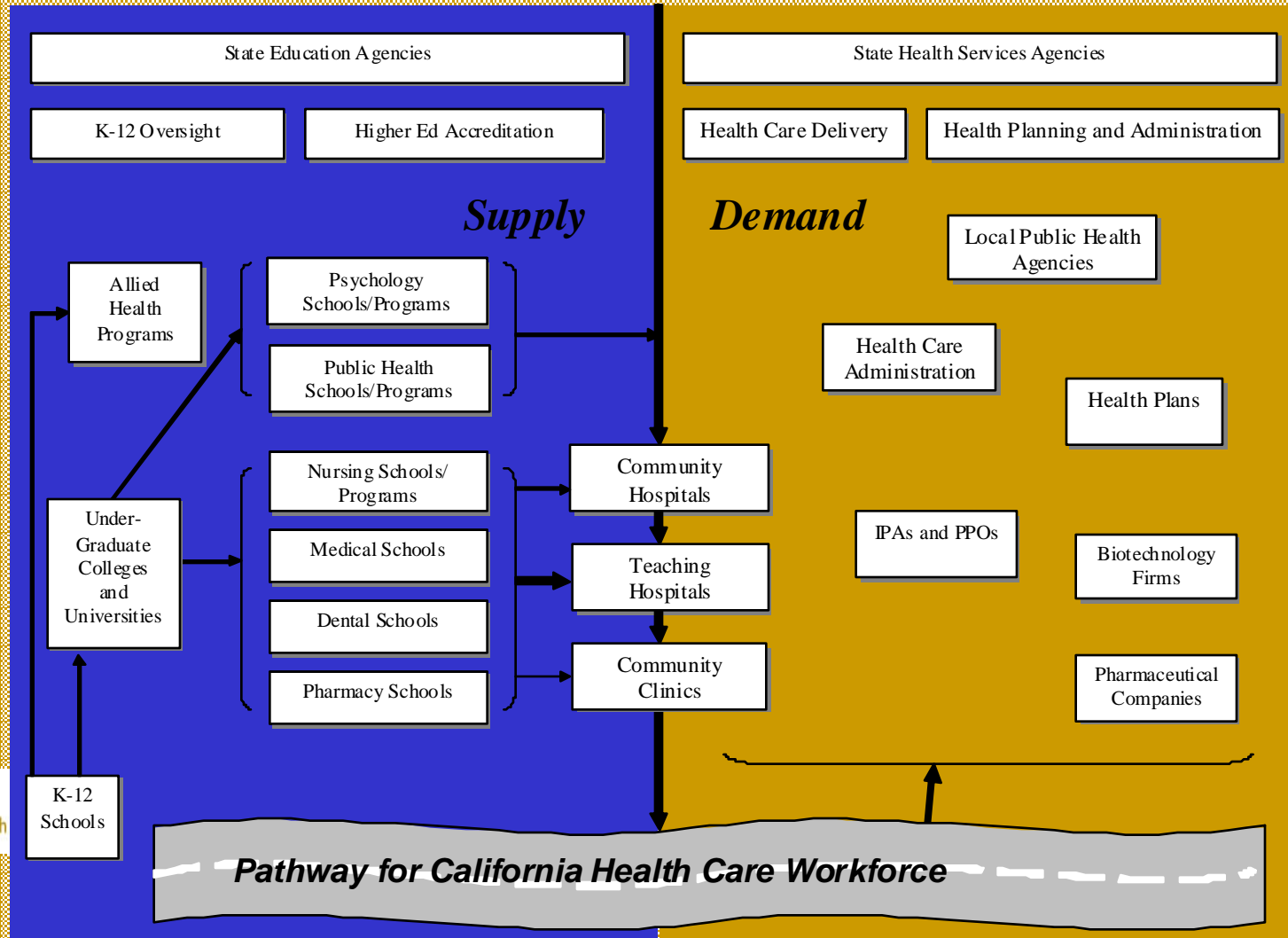
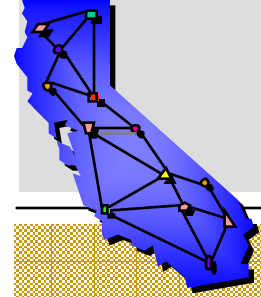
**Individual / Organization
Change Initiatives**

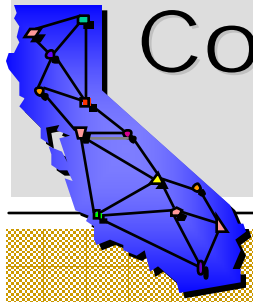


Health Workforce Pathway



Supply and Demand





Connecting the Dots Among Major California Initiatives

Office of Statewide Health Planning and Development

- Clearinghouse
- Health Pathways
- Mini-grants
- Song Brown

California Institute for Nursing in Health Care

- Workforce Master Plan
- Increase Capacity
- Increase Diversity

California Institute for Mental Health

- State and Regional Plans
- Recommendations to increase mental health workforce

California Health Professions Coalition

- Advocacy
- Relationship building
- Convener
- Clearing house

Governor's Task Force

- Policy recommendations

The Wellness Foundation

- Raising awareness
- Programs and Coalitions

University of California

- Post Proposition 209 Report
- UCOP Report and Proposal

Campaign for College Opportunity

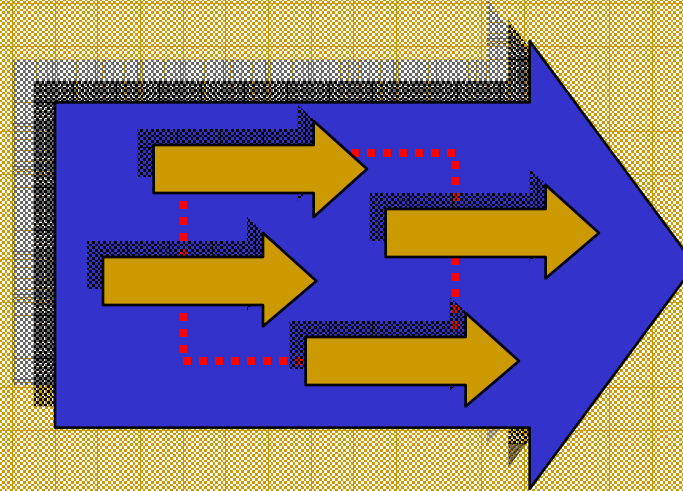
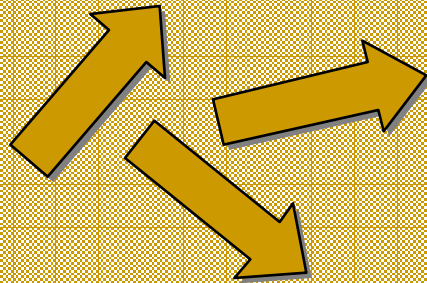
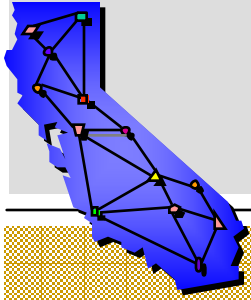
- Analysis to increase Allied Health
- Policy Recommendations

Latina Coalition For a Healthy California

- The California Endowment
 - Initiative to increase workforce diversity
 - Major Program Support
 - Catalyst and Convener



California Initiatives



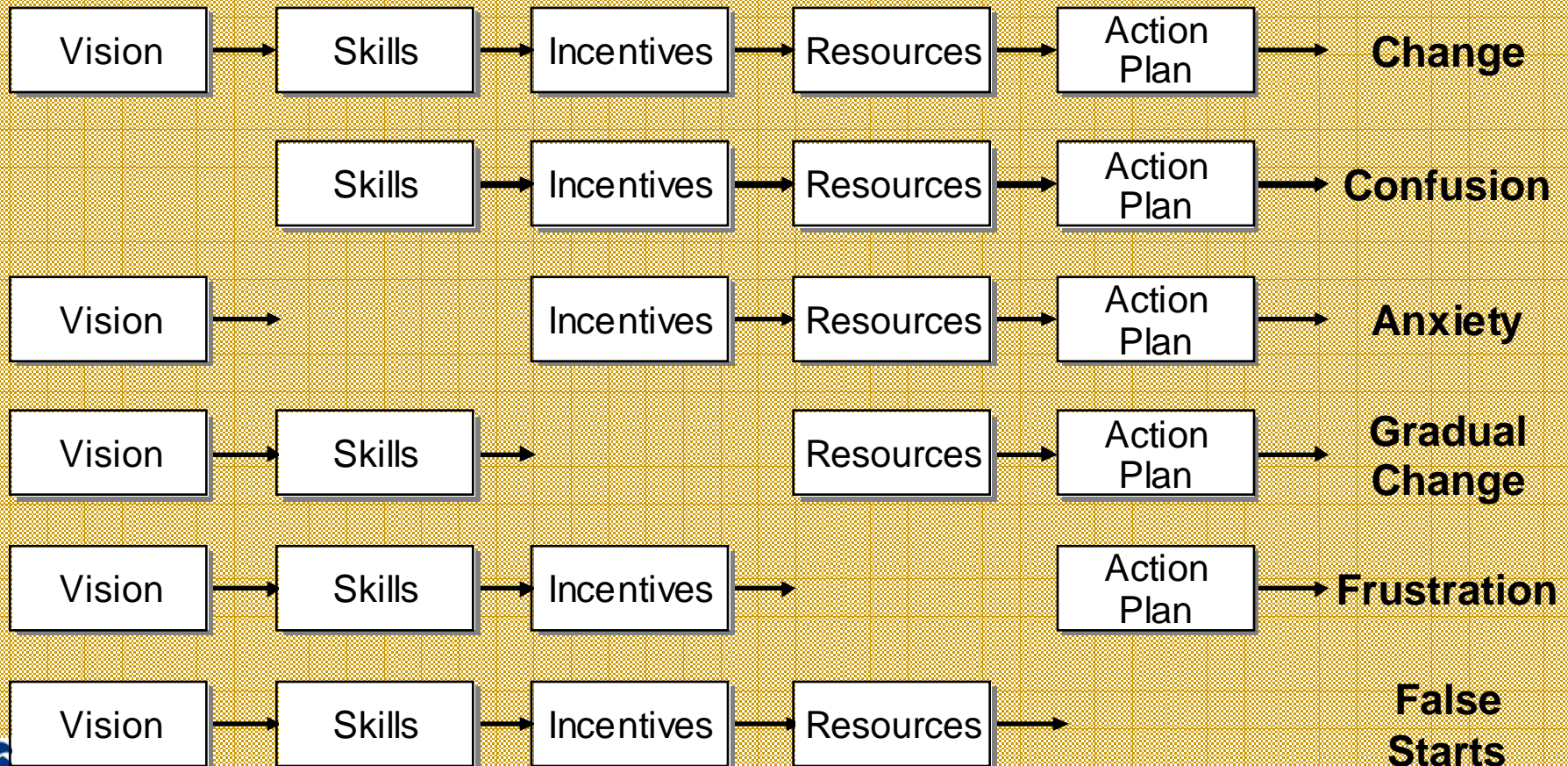
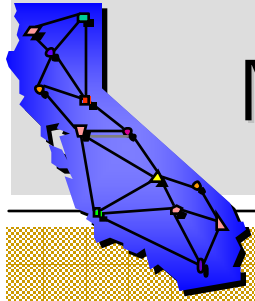
Vision
Focus
Strategic Priorities
Critical Path
Coordination
IMAP
Resources
Impact

Going in one direction 

Staying aligned / stitched together as we go...

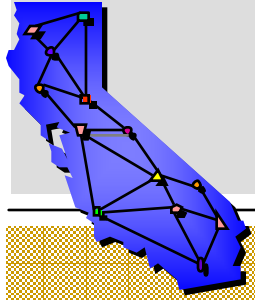


Managing Complex Change



From American Productivity & Quality Center

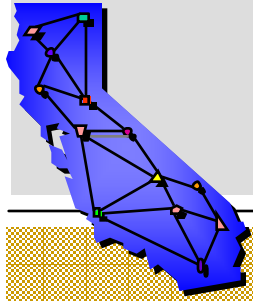
Change Management Key Success Factors



- What needs to change and why. Create tension for change.
- Sense of Urgency- “burning platform”
- Vision- look like after the change and how we will get there
- Assess readiness- complexity, resource, capacity
- Quick wins
- Strong Guiding Coalition
- Infrastructure in place & eliminate obstacles
- Empower and support Champions/Owners
- Increase competence and support of recipients.
- Feedback, learning and adjustment
- Institutionalize the change



Organizations are in Different Places



Journey...

- Assess where you are and what you need, nodal issue
- Align change elements
- Shared learning
- Needs are different in each place
- Strategy for moving forward from





Infrastructure Needed

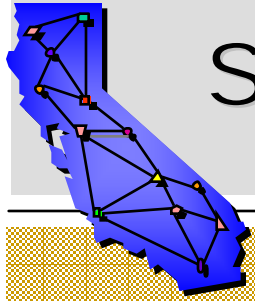
- *“We continue to work on a programmatic level because there is no incentive to do otherwise.”*

There is a need for funders, be it state or private, to fund linkages, transitions and collaboration across the phases of the pipeline.

Right now there is no infrastructure that supports a network.”

-K-12 Program Administrator





Shifting Efforts and Strategy

From



To

Competing for Small Pool



Expanding the Pool

Institution Only



Also Collective Action

Short Term Planning



Long Term Planning

Small Scale Programs



Increase the Scale

Short Term Start-up Funding



Sustained Funding

Short Term Initiatives



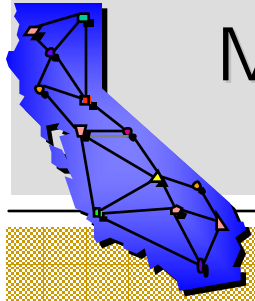
**Embedded, Ongoing,
Institutionalized**

Social Imperative



Business Imperative



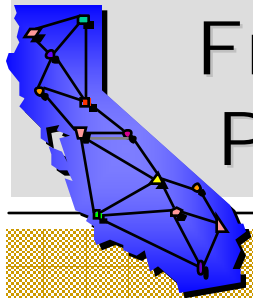


Moving Toward Health and Shared Prosperity

*Moving toward
health and
shared
prosperity*

- ↓ Health disparities
- ↑ Access to care
- ↑ Health outcomes
- ↓ Cost of medical care
- ↓ Ethnic/racial tension
- ↑ Prosperity
- ↑ Attractiveness to new and current business
- ↑ Economic viability
- ↑ Better jobs for communities





Framework for Increasing Health Professions Workforce Diversity

Making the Case

Social Contract

Institutionalizing Commitment and Innovations

Expanding the Pool

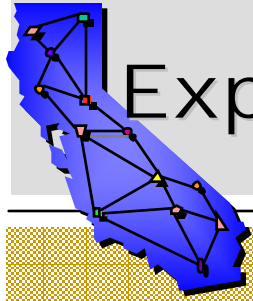
Regional Planning and Partnerships

Shared Learning: Promising Practices, Forums

Overarching Strategy and Action Plan



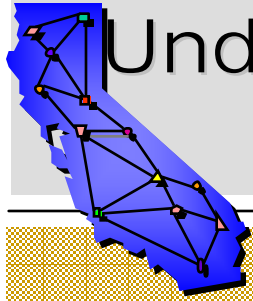
Adapted from Prevention Institute, Spectrum of Prevention



Expanding the CA Public Health Pool

- Linked sequential regional pipelines- ACPHD, Measure A
- Awareness and Outreach- OSHPD/PPHTC
- Involvement in community based research, educational and interventions and connections to next steps.
- Incumbent and community worker career advancement
- Affordable, Accessible MPH Program educational models
- Increasing School of Public Health enrollment
- Institutional change and increased faculty diversity
- Data Collection- educational and workforce
- Focus on workforce and leadership needs
- Compensation and ability to get things done
- Better defined career paths and advancement support
- Undergraduate programs and post undergraduate jobs

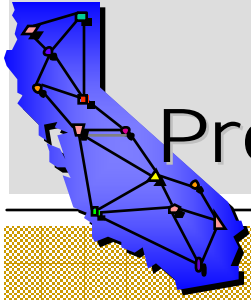




Undergraduates: Future Public Health Leaders and Professionals

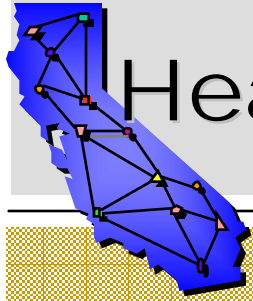
- Bright and talented
- Passionate about health, social justice
- Family, community or personal experiences
- The “O Chem” factor
- Increasingly diverse, increasing in #s
- Want to make a difference
- Time to prepare and position for health career
- Face critical career and educational choice point
- Short time between support and profession entry





Future CA Health Leaders and Professionals: HCC Nor Cal Interns





Health Career Connection (HCC)

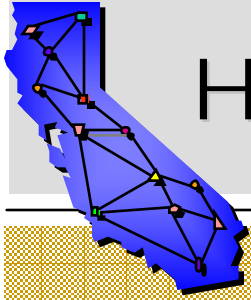
- History
 - 1979 UCB SPH/HCENC Fellowship Retention Program
 - HCENC 1990
 - HCC 2000
- Mission and Goals:
 - Inspire and empower, under-represented and disadvantaged undergraduate students
 - Better informed choices, realize individual potential
 - Connect to health organizations and professional schools
 - Increase health workforce and diversity
 - Develop leaders who will make a difference



HCC

- Provide exposure, experience and mentoring
- Northern and Southern California, New England, New Jersey/New York
- Support from California HealthCare Foundation, The California Endowment, Kaiser Permanente, Brigham and Women's, Partners Healthcare, Sutter Health, Robert Wood Johnson, Blue Shield Foundation, Blue Cross Blue Shield Foundation of MA, The California Wellness Foundation

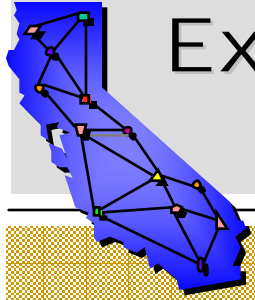




HCC Programs and Activities

- 10 week, full-time summer internship- best fit for intern and host
- Workshops: Career Planning; Graduate Education; Advocacy; Cultural Competency; Leadership
- Site Visits
- Professional meeting attendance
- Happy hours and community building
- Mentoring and advising
- UC Berkeley, UCLA, Columbia and Harvard SPH partners
- Alumni Association
- Website and resources (www.healthcareers.org)
- List serve
- Graduate school student network

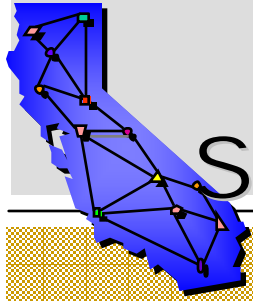




Examples of HCC Intern Hosts and Employers

- Alameda Public Health Dept.
- City of Berkeley Health Dept.
- Contra Costa Health Dept.
- San Diego Public Health Dept.
- Boston Public Health Commission
- Pipeline programs- FACES, HIPPI, Montefiore
- Robert Wood Johnson
- California Healthcare Safety Net Institute
- La Maestra Clinic
- Venice Family Clinic
- Sequoia Health Center
- Kaiser Permanente
- Brigham and Women's
- Mass General Hospital
- Bellevue Hospital
- Catholic Healthcare West
- Sutter Health
- San Mateo Medical Center
- SF General Hospital
- Children's Hospital Oakland
- John Muir Health Alliance
- Insure the Uninsured Project
- White Memorial Family Residency Program

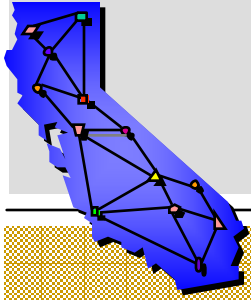




So many top-notch candidates, so few placement sites...

- In 2007, over 2300 applicants for Ca, only 97 placements.
- Diverse applicant pool
 - Racial and Ethnic
 - African American, Latino/Latina, Native American, All Asian backgrounds
 - Socioeconomic background
 - Some are first in family to attend college, CSU East Bay to Harvard
 - Interests
 - Disparities, education, policy, administration, program planning, advocacy, research, finance, IT
 - Many Bilingual, experienced LEP issues first hand

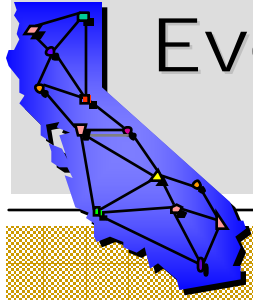




Results

- 95% of interns report that HCC has significant influence health career knowledge and motivation
- 98% of preceptors satisfied and would hire intern
- 6+ HCC alums accepted at UCB SPH in each 2003-2007
- HCC alums at UCLA, USC, San Diego State, UCSF, Harvard, John's Hopkins, Michigan, North Carolina, Columbia etc.- Northwestern, Rochester
- HCC alums employed in health admin or policy, physicians, nurses, pharmacists, health education/community health and other public health

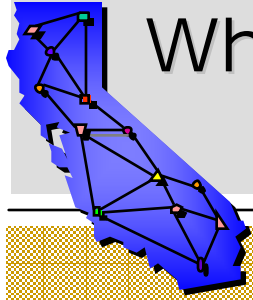




Everyone has a role in the solution: What can you do?

- Leaders
- Advocates
- Internal Champions
- Strategy development
- Catalysts and spokespeople
- Local and regional leadership
- Programs
- Host or fund interns
- Mentors and role models





What are the most important things that need to be done?

- **Individually?**

- **Collectively?**





For Further Information

- Access preliminary reports:
<http://www.calendow.org/Article.aspx?id=2290>
- Final reports and recommendations- Jan 08
- For further information:
Jeff Oxendine, MPH, MBA
Associate Dean, Public Health Practice, UC Berkeley
School of Public Health, oxendine@berkeley.edu,
510-642-2414

