

# Goal 2

## WHAT WE ENVISION FOR OUR COMMUNITY

The health care education pipeline and workforce are strong, reflect the diversity of our region, and deliver equitable care to everyone



### Community Outcomes How we will know if we have made a difference

#### SHORT-TERM

- Increase the number of students in the health care education pipeline
- Increase the number of racially and ethnically diverse students in the health care education pipeline

#### INTERMEDIATE

- Reduce vacancy rates for key health care positions (e.g. physicians, nurses, clinical staff, management)
- Increase health care workforce diversity for key positions
- Strengthen culturally and linguistically competent services in health care delivery

#### LONG-TERM

- Increase the number of patients who share the same racial or ethnic background as their health care provider
- Reduce disparities in patient outcomes and experience



### Priority Populations The people and places experiencing significant health disparities

Increase health care workforce diversity for key positions to address equity for priority populations, including members of minority racial and ethnic communities (e.g. Black persons, Hispanic or Latino persons), foreign-born persons, people who were formerly incarcerated, and people who live in rural areas.

## Goal 2

# Priorities and Strategies

Evidence-informed actions to help achieve our goal

## Priority 2.1

Expand and diversify the health care workforce pipeline through education and hiring opportunities



## Featured Strategies

### 2.1.1 Provide incumbent worker training program opportunities, apprenticeships, and scholarships to assist employees in advancing education and careers in health care.



Health care apprenticeships provide health care systems a pipeline of skilled workers, lower turnover for apprentices and mentors with skills that match organizational culture, increased loyalty, and higher productivity.

LEAD	Hospital leadership and human resources, Community-based workforce organizations
PARTNERS	Higher education institution, Hospital association
SAMPLE PILOT DESCRIPTION	Programming is created within the health care system. During the program, non-medical personnel already employed at area hospitals will gain knowledge and skills training to qualify to move into assignments as Medical Assistants or other medical personnel.

## Featured Strategies

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<p><b>REAL WORLD EXAMPLE</b></p>	<p><u>The Medical Assistant Apprenticeship program</u> is a twelve-month intensive, rigorous, and competency-based program. The program is a collaborative effort that includes Cincinnati State’s Workforce Development Center, the Health &amp; Public Safety Division, The Health Collaborative of Greater Cincinnati, Mercy Health, UC Health, and TriHealth. During their apprenticeship, apprentices undergo technical instruction provided through Cincinnati State and on-the-job learning at the employers’ physician offices. They also complete self-led study time. During the internship, apprentices complete 2,000 hours of on-the-job training and 144 hours of related technical instruction. A preceptor supervises apprentices during on-the-job training.</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>Provide people with an opportunity to grow professionally and improve the supply of clinical staff to fill high-need positions in the tight health care labor market, improve recruitment of a highly-skilled, diverse labor force in the health care industry</p>
<p><b>TIMELINE FOR IMPLEMENTATION</b></p>	<p>9-12 months</p>

## Featured Strategies

### 2.1.2 Increase career exploration and work-based learning.



Career exploration and work-based learning can include training experiences like an internship required for a credential or entry into an occupation, a clinical experience, or other paid or non-paid work experience.



<p><b>LEAD</b></p>	<p>Hospital leadership and human resources, Community-based workforce organizations</p>
<p><b>PARTNERS</b></p>	<p>Higher education institutions, Employers, Hospital associations</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<p>Students learn through practical experience that develops knowledge and skills necessary for success in health care careers. Career exploration and work-based learning can include job shadowing, an informational interview, or direct contact with a professional in the chosen occupation, integrated projects, service learning, internships, hospital tours, guest speakers in the classroom, career fairs, etc. to increase student awareness of various job opportunities in the health care field.</p>
<p><b>REAL WORLD EXAMPLE</b></p>	<p><u>TAP Health</u> is The Health Collaborative’s signature careers pipeline initiative for high school students. According to The Health Collaborative, “[t]he TAP Health Summer Academy is a group of career exploration programs consisting of TAP MD; TAP RN: Diversity; and TAP HC—programs which respectively help guide students through the ins and outs of seeking a career as a physician, registered nurse, or any career within the broad spectrum of health care.” TAP Health also offers a virtual health care career exploration program, TAP Health Remote. TriHealth’s School at Work partnership program with Cincinnati Public Schools (CPS) offers a 2-year, paid career exploration opportunity to high school juniors and seniors. Students work 12–15 hours/week during the school year and over the summer if desired. During the program, they explore and gain work experience in 8–10 various areas of hospital operations.</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>Health care career exploration/work-based learning can help high school students explore medical specialties and offer the opportunity to learn about a broad cross-section of health care careers. Educational programming provides immediate and long-term impact in helping students feel equipped and empowered to pursue a rewarding health care career.</p>
<p><b>TIMELINE FOR IMPLEMENTATION</b></p>	<p>9–12 months</p>



## Featured Strategies

### 2.1.3 Partner with educational institutions in the region to expand class size and increase minority participation by removing barriers.

Collaborate with an educational institution to increase health care program capacity so that more interested and qualified applicants can gain access to programs.

<p><b>PARTNERS</b></p>	<p>Higher educational institutions</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<p>A hospital partners with a local university to develop and implement a sustainable, long-term collaborative process for increasing minority participation in health care-track degree programs. They recruit an advisory group composed of students who are studying medicine and belong to minority groups, and work with this group to identify gaps in the recruitment of minority health care students and resources to support their ongoing study and job placement, as well as ways to make the educational environment more welcoming and inclusive.</p>
<p><b>REAL WORLD EXAMPLE</b></p>	<p>University of Cincinnati College of Medicine, Cincinnati Children’s and Minority Housestaff Association are hosting a second look event to enhance the number of an underrepresented minority in medicine (URiM) residents in each program which are defined as African-American, American Indian, Hispanic/Latinx, Native Hawaiian, and Alaska Native. Given the geographic location and the city’s demographics, the primary focus has been on African-American and Hispanic/Latinx students. Diversity is a priority, and that commitment is reflected in the strategic plan of the University of Cincinnati College of Medicine. Many residency programs offer this experience as a way to enhance the diversity in programs. This program also aligns with the newly revised Accreditation Council for Graduate Medical Education <u>common program requirements</u> for diversity and inclusion under section I.C, which states, “The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.”</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>Enhance the quality of care and improve health care outcomes and address the health care needs of underserved communities and populations.</p>
<p><b>TIMELINE FOR IMPLEMENTATION</b></p>	<p>9-12 months</p>

## Featured Strategies

### 2.1.4 Develop public-private partnerships to generate catalytic and transformative investments in the workforce pipeline.

Create dedicated leadership and resources at a strategic level. Develop cross-sector collaboration critical to implementing more-effective workforce development programs. The government can serve as a convener, catalyst, and broker for these conversations.

<b>LEAD</b>	Cross-Sector Collaborative (Regional Health Improvement Collaborative or Foundation)
<b>PARTNERS</b>	Higher educational institutions, Local government entities, Community-based organizations, Hospital
<b>SAMPLE PILOT DESCRIPTION</b>	Establish public-private partnerships within the community to create more jobs, attract outside talent and business, increase medical research and bolster the economy.
<b>REAL WORLD EXAMPLE</b>	According to the office of the Governor, <u>The Cleveland Innovation District</u> “will be a center of excellence that acts as a catalyst for ongoing investment in Northeast Ohio, including the attraction of businesses and the talent needed to keep the state competitive in health care and IT.” This district consists of several of the area’s major players in education and health care, including the University Hospitals, The Cleveland Clinic, MetroHealth, Case Western Reserve University, and Cleveland State University.
<b>POTENTIAL IMPACT</b>	Create research, developments, and job opportunities to advance health care
<b>TIMELINE FOR IMPLEMENTATION</b>	24-36 months

## Featured Strategies

### 2.1.5 Develop a regional recruitment and retention strategy geared towards racially and ethnically diverse populations by increasing faculty representation and support services for in-demand occupations.

Building a diverse workforce can help health care employers achieve their overall talent recruitment and retention goals. The strategy can integrate diversity recruiting and retention techniques to increase diverse representation.

<b>LEAD</b>	Hospital leadership and human resources, Community-based workforce organizations
<b>PARTNERS</b>	Educational institutions
<b>SAMPLE PILOT DESCRIPTION</b>	Identify consensus on goals for increasing equity and diversity in faculty hiring, then discuss what the department hopes to accomplish by hiring and retaining more ethnically diverse faculty at all levels. Identify advocates among faculty who will support the hiring and retention of faculty from underrepresented groups. Develop metrics for assessing diversity statements and develop new faculty job postings by these metrics. Proactively recruit promising diverse candidates to various positions and invite them to apply. Create a mentorship structure for new faculty members in order to ensure their success, in conjunction with implicit bias training and other diversity, equity, and inclusion interventions for all existing staff.
<b>REAL WORLD EXAMPLE</b>	The National Committee of Diversity and Inclusion ( <a href="#">AICPA</a> ) Recruitment and Retention Toolkit outlines several strategies many organizations employ to recruit and retain a diverse and inclusive workforce. This toolkit is to help leaders focus on high-priority areas for the organization. It is designed to address and offer suggestions to organizations that desire a more gender, ethnically, and generationally diverse candidate pool.
<b>POTENTIAL IMPACT</b>	Increasing diversity focuses on the advantages conferred by more diverse teams: they are more innovative and inventive, more capable of problem-solving, and more effective. A well-articulated, thoughtful, and explicit commitment to equity, diversity, inclusivity, and retention of faculty with ethnically diverse backgrounds. Diverse faculty leading students within academia can increase the success of diverse students.
<b>TIMELINE FOR IMPLEMENTATION</b>	6-9 months

## Featured Strategies

### 2.1.6 Collaborate with community-based organizations to connect diverse residents from high-poverty neighborhoods to available frontline positions, internal career development, and advancement opportunities.

It is critical to recruit potential employees from neighborhoods with higher poverty rates and then support their career trajectories through intentional efforts to train them and provide access to career development and internal advancement.

<p><b>LEAD</b></p>	<p>Health care leadership and human resources</p>
<p><b>PARTNERS</b></p>	<p>Community-based workforce organizations, Educational institutions</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<ul style="list-style-type: none"> <li>• Create/offer career exploration and work-based learning opportunities to promote future pathways to students while they are in middle and high school</li> <li>• Designate geographic focus in high-poverty neighborhoods</li> <li>• Set aside positions for pipeline cohort graduates</li> <li>• Offer job coaching for new hires and map out potential career pathways</li> <li>• Partner with local educational institutions and community organizations</li> <li>• Provide tuition assistance for training accessible to frontline employees</li> </ul>
<p><b>REAL WORLD EXAMPLE</b></p>	<p><u>University Hospitals (UH)</u> of Cleveland, Ohio, focus their workforce development initiatives on connecting community residents to job and career opportunities within the institution. The external programs focus on six high-poverty neighborhoods surrounding UH’s main campus, called the Greater University Circle (GUC). The GUC has a population of about 50,000. Towards Employment, a local nonprofit organization, provides participants with skills training focused on specific open positions at UH. UH sets aside position spots outside of the normal candidate pool and hires directly from cohort graduates. UH also has an internal worker-training program for current staff, which provides encouragement and support for internal advancement. UH offers skills training initiatives and partners with education and training entities that can provide targeted skills development. In addition, employees can apply for job-specific training programs where they will receive paid training to move into a more advanced position on the career ladder.</p>

## Featured Strategies

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<p><b>POTENTIAL IMPACT</b></p>	<p>Inclusive, local hiring creates multiple benefits that contribute to better institutional and community outcomes in both the short and long terms.</p> <p><b>Short-term impact:</b> Reduce job turnover rates. Increase recruitment process efficiency. Save internal training and orientation costs. Create a more diverse workforce. Develop partners that can uniquely adapt to the business needs. Leverage public resources by linking existing workforce development dollars to employer demand.</p> <p><b>Long-term impact:</b> Improve employee morale through internal investment and strong community connections. Address issues of health equity and identify community health needs. Improve the reputation in the community. Reduce the carbon footprint by increasing the number of employees living close to work. Increase community impact by targeting underserved neighborhoods.</p>
<p><b>TIMELINE FOR IMPLEMENTATION</b></p>	<p>6-9 months</p>

# Policy/Advocacy

## 2.1.7 Implement and increase diversity, cultural competency, and empathy training of workforce professionals (including HR) and leadership within health systems.

Create a culturally competent health care system to help improve health outcomes for patients and quality of care and contribute to the elimination of racial and ethnic health disparities. Cultural competence among health care professionals is acquired partly through leadership. Includes social relationships and leadership effects within health services to increase DEI efforts.

<p><b>LEAD</b></p>	<p>DEI leadership at hospitals</p>
<p><b>PARTNERS</b></p>	<p>Human resource consultants, DEI consultants</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<p>Recognition that diversity is necessary but insufficient to create a just and inclusive culture. Awareness that every leader and leadership team is at risk for blind spots in their organization’s inclusiveness. Appreciate that narrow leadership concepts and stereotypical traits of leaders may limit an organization’s ability to improve its DEI and overall performance.</p>
<p><b>REAL WORLD EXAMPLES</b></p>	<p>Avant Consulting Group, experts in creating compassionate spaces for hard conversations, partnered with UC Health's Training &amp; Organizational Development Department to train employees via new employment orientations, newly hired and promoted leaders through quarterly leadership orientations, their council on diversity, and EPIC users regarding updates related to gender inclusion. Avant Group used an interdisciplinary approach. Academics, experiential experts, health professionals, sociologists, and historians provided education related to racial socialization, implicit bias, microaggressions, identity consciousness, multiple levels of inequities, socio-political constructions of race, structural racism, socio-structural determinants of health, fat antagonism, inclusive leadership, and gender identity/expression. These relevant workshops were designed to change attitudes, raise awareness, cultivate empathy, and enhance knowledge regarding bias and structural inequities. Avant Group was mindful of these challenging conversations and incorporated strategies to ease anxieties and promote robust dialogue.</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>The more the organizational environment formally and informally supports and encourages culturally responsive assessment and service delivery, the more likely health professionals will develop cultural competence.</p>
<p><b>TIMELINE</b></p>	<p>3-6 months</p>

Policy/Advocacy

**2.1.8 Advocate for institutional and regional standards for retention and advancement of racially/ethnically diverse workforce.**

The health care workforce is becoming more diverse, but there is still a need to advocate and increase the institutional and regional standards for retention, advancement, and diversity of the health care workforce in all allied health fields. Most people of color in health care jobs remain in entry-level and often lower-paying jobs with limited upward mobility.

LEAD	Health care systems, Hospital, Employees/workforce
PARTNERS	Educational institution
SAMPLE PILOT DESCRIPTION	Comprehensive standards and programs that include social support, academic support, and financial support. Standards emphasize the need and obligation to serve and advocate for a racial and ethnically diverse workforce.
REAL WORLD EXAMPLE	In 2019, U.S. lawmakers introduced the <u>Allied Health Workforce Diversity Act</u> (H.R. 3637), making its way through the Senate. If passed, this legislation would allow the Department of Health and Human Services to provide grants to accredited PT, OT, audiology, and SLP education programs to increase diversity in the professions. Grants could be used to provide scholarships or to support recruitment and retention efforts for students of color.
POTENTIAL SUPPLEMENTAL POLICIES	<u>Mentorship and sponsorship</u> programs are best practices for advancing a racially and ethnically diverse workforce.
POTENTIAL IMPACT	Health professions' education programs improve as they strive to diversify their student populations, retain students of color, and provide culturally responsive education and training
TIMELINE	6-9 months

Policy/Advocacy

**2.1.9 Collaborate with and support efforts to increase rural health care education and employment opportunities.**



Maintaining healthy rural communities requires a consistent and qualified rural health workforce, both living and working locally in rural communities and providing specialized support via telehealth. This strategy involves ensuring that physicians, nurses, dentists, and other health care professionals are well-educated, well-trained, and have had an experience exposing them to and preparing them for rural practice and supporting health care services in a rural context.

<p><b>LEAD</b></p>	<p>Collaborative partnership of academia/university (medical colleges), Hospitals</p>
<p><b>PARTNERS</b></p>	<p>Educational Institutions, Community-based organizations</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<p>Strategies, programs, and activities used to educate and train the rural health workforce may include examples such as the following from <a href="#">Rural Health Information Hub</a>:</p> <ul style="list-style-type: none"> <li>• <b>“Grow-Your-Own and Career Ladder Programs</b> <ul style="list-style-type: none"> <li>• Programs like job shadowing, career fairs, and scrubs camps that introduce rural students to health careers</li> <li>• Health care facility programs that help employees advance their education and careers, including apprenticeships</li> </ul> </li> <li>• <b>Education and Training Provided in Rural Areas</b> <ul style="list-style-type: none"> <li>• Nursing and allied health education at rural community colleges</li> <li>• Rural rotations or curricula, including rural interprofessional education experiences</li> <li>• Residency programs and fellowships specifically designed to train physicians and nurse practitioners for rural practice</li> <li>• Continuing and professional educational opportunities for rural health professionals</li> </ul> </li> <li>• <b>Technology to Educate the Rural Health Workforce</b> <ul style="list-style-type: none"> <li>• Simulation</li> <li>• Distance learning</li> <li>• Telehealth applications for learning”</li> </ul> </li> </ul>
<p><b>REAL WORLD EXAMPLE</b></p>	<p>Many medical schools offer programs that provide rural training experiences to students who are considering practicing in rural areas (<a href="#">Medical School Rural Track (RT) Programs</a>). Rural tracks (also called programs, pathways, concentrations, or other terms) give students exposure to the broad scope of practice rural physicians experience. The initiative can fuel students’ interest in residency and a career in a rural area. It helps other students realize that they are better suited to an urban environment, which is important before committing to rural practice.</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>Investing in rural health care education can improve health outcomes in rural areas, facilitate recruitment and retention efforts, reduce workforce shortages and increase diversity.</p>
<p><b>TIMELINE</b></p>	<p>12-18 months</p>



## Priority 2.2

Track and consistently publish ongoing workforce data/statistics in a regional dashboard, including class sizes, vacancy rate, and diversity percentages at a regional level, publishing these results annually

### Featured Strategies

#### 2.2.1 Collect data on workforce gaps and training needs to inform decisions about health care workforce development.

Develop and routinely update core data sets that facilitate analysis of the supply, demand, and distribution of the health care workforce across health professions. Technical assistance and partnerships with licensure boards, educational organizations, and professional associations at the national, state, and local levels will be necessary.

<b>LEAD</b>	Health information exchange in partnership with hospitals and community health centers.
<b>PARTNERS</b>	Educational Institutions, Licensure/Governing Boards
<b>SAMPLE PILOT DESCRIPTION</b>	Develop a workforce surplus/shortage surveillance system that provides regular and frequent data (e.g., every 6–12 months) on key workforce indicators. This system would employ surveillance methods similar to those of other economic monitoring systems designed to track trends and prompt early warning of workforce changes. The development of such a system will require partnerships with public and private employers and organizations.
<b>REAL WORLD EXAMPLE</b>	<u>HRSA’s Bureau of Primary Care and Bureau of Health Professions</u> conduct some monitoring primarily for nurses, primary care clinicians, mental health professionals, dentists, and pharmacists for purposes of designating health professional shortage areas/facilities and medically underserved areas/populations and informing funding decisions to support clinician training. HRSA is well-positioned to assume leadership in directing resources needed to build a data infrastructure to support health care workforce research.
<b>POTENTIAL IMPACT</b>	Health outcomes are associated with various health professions, whether interprofessional team-based care is more efficient, lowers costs, and leads to safer care and improved patient outcomes.
<b>TIMELINE</b>	6–12 months

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### 2.2.2 Develop a best practices document on engaging employees at all levels to measure and improve workplace culture in health care.

Documentation of diversity, equity, and inclusion best practices to assist health care systems in maintaining employee engagement. Documentation can create a balanced organizational culture and have employees form personal relationships within the health system.

<b>LEAD</b>	Regional Health Improvement Collaborative with hospitals
<b>PARTNERS</b>	Human Resource consultants
<b>SAMPLE PILOT DESCRIPTION</b>	To demonstrate commitment to the organization’s mission and values, make sure all leadership decisions reflect the organization’s core values. The more leaders emphasize the organization’s values, the more respect they can earn from employees.
<b>REAL WORLD EXAMPLE</b>	The <u>National Fund of Workforce Solutions</u> programmatic best practices engage frontline workers directly with accessible learning and career growth opportunities that expand the internal and external talent pipeline. The organizational best practices build the necessary systems and support to ensure sustainability, business impact, and the best results for workers.
<b>POTENTIAL IMPACT</b>	Better company culture leading to better employee engagement, retention, improved work output, more open communication, collaboration, and innovation
<b>TIMELINE</b>	6-12 months

## Priority 2.3

Eliminate retention disparities for racially and ethnically diverse health care workers

### Featured Strategies

#### 2.3.1 Measure specific human resources data related to hiring decisions to identify hidden biases for internal assessment and improvement.

Human resource metrics (such as candidate diversity, turnover rates, wage rates and changes over time, retention metrics, and awards) are important figures that can help health care organizations track their workforce and measure how effective their human resources initiatives are within the workplace.

<b>LEAD</b>	Health care systems including hospitals, clinics, and Federally Qualified Health Centers
<b>PARTNERS</b>	DEI Professionals
<b>SAMPLE PILOT DESCRIPTION</b>	A health care organization Implements data and analytics can help organizations spot racial differences in wages, seniority level, etc. The following data (by race) can help employers identify areas for improvement: demographics of candidates at each step of the recruiting process, employee satisfaction, wage rates, performance review data, receipt of awards, retention, and turnover.
<b>REAL WORLD EXAMPLE</b>	Messer construction works to provide the opportunity for employees to successfully complete projects that match their capacity, skillset, and financial strength. <u>Messer’s Inclusive Excellence Fund supports</u> initiatives and programs offered through UC’s Office of Inclusive Excellence and Community Engagement, such as CPS Strong and Summer STEM Bridge, both striving to encourage underrepresented students and eliminate barriers to a diverse pipeline of engineers. At UC Health, the Messer Diversity Discretionary Fund goes toward new initiatives and programs that build cultural competency around implicit bias and advance sustainable change that increases employee engagement and supports positive patient outcomes.
<b>POTENTIAL IMPACT</b>	Improve diversity, equity, and inclusion strategies for the future, increase workforce diversity over time, retain better talent, and identify positive and negative workforce trends
<b>TIMELINE</b>	3-6 months

## Featured Strategies

### 2.3.2 Address root causes of pay inequities by positions (e.g., systemic underemployment and discrimination differences in underrepresented minorities and promotion-related pay increases).

Patterns of racial and sex segregation exist within the health care sector. In addition, BIPOC employees are concentrated in lower-level direct care and reproductive occupations. Direct care occupations provide hands-on care for patients, such as bathing, dressing, and feeding, including nursing assistants, home health aides, and patient care technicians. Reproductive occupations perform supportive tasks such as cleaning and cooking and include housekeeping and dietary workers. These workers provide vital essential services across all types of health care organizations, including acute, outpatient, and long-term care settings, and the importance of these workers.

<b>LEAD</b>	Health care organizations
<b>PARTNERS</b>	Human resources consultants
<b>SAMPLE PILOT DESCRIPTION</b>	<p>Create the most useful audits in health care; it will be essential to assure that they capture total compensation. Many physicians, particularly those practicing in academic settings, receive compensation from clinical and non-clinical activities. Comparing compensation for clinical activities alone would not capture these differences, contributing to lower overall salaries for the amount worked.</p> <ul style="list-style-type: none"> <li>• Hire auditors</li> <li>• Make sure auditors have appropriate employee data</li> <li>• Complete analysis that weeds out pay differentials based on legitimate factors</li> <li>• Correct pay gaps</li> <li>• Identify the cause of salary gaps</li> </ul>
<b>REAL WORLD EXAMPLE</b>	<p>With the support of New York Makes Work Pay (the <a href="#">NYS Comprehensive Employment Services Medicaid Infrastructure Grant</a>), NYAPRS partnered with the Institute for Community Inclusion on a project to identify the most important systemic barriers that limit the employment outcomes of people with psychiatric disabilities in New York State. The program identified policy and program improvement recommendations to best address these systemic barriers. This guides future efforts to improve access of New Yorkers to more effective employment services.</p>
<b>POTENTIAL SUPPLEMENTAL POLICIES</b>	<p>Acknowledge that women are more likely to volunteer or be volunteered for non-promotable work, and, within medicine, women perceive that they are more likely to be given uncompensated work (such as unpaid committee or teaching positions and office-improvement projects) alongside clinical care.</p>

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<p><b>POTENTIAL IMPACT</b></p>	<p>Identifying and addressing some of the lower wage employee pay disparities. The lack of accurate salary data creates a major barrier to leaders seeking to address inequities and to female physicians as they negotiate. Pay audits and increased transparency could help. Organizations outside of medicine have effectively used audits to reveal pay discrepancies and enhance pay equity.</p>
<p><b>TIMELINE</b></p>	<p>12-24 months</p>

### **2.3.3 Provide mentorship and sponsorship efforts that strengthen networks, build resiliency and increase the representation of women, people of color, and other underrepresented minorities through development and promotion.**

Sponsors act as brand managers and publicists for those whom they are sponsoring, meaning that they both advocate for and seek out opportunities for the sponsored employee. Mentorship focuses on help that a mentor can provide directly, such as guidance, advice, feedback on skills, and coaching. Both sponsorship and mentorship can be extremely helpful tools for members of underrepresented groups who are seeking to establish themselves or grow within an organization.

<p><b>LEAD</b></p>	<p>Health care organizations, Community-based organizations</p>
<p><b>PARTNERS</b></p>	<p>Educational institutions, Professional development associations</p>
<p><b>SAMPLE PILOT DESCRIPTION</b></p>	<p>Establish a formal mentorship program where new employees are matched with experienced employees to receive coaching and guidance. Train these mentors to ensure they are equipped to assist their mentees, and encourage mentors to work with mentees to set goals for improvement, touch base on a regular basis, and report out to other relevant stakeholders on the progress and efficacy of the mentorship program overall.</p>

## Featured Strategies

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<p><b>REAL WORLD EXAMPLE</b></p>	<p>The <u>Stanford Nurse Mentorship Program</u> at Stanford Health Care (SHC), relaunched in 2018, is an interactive web-based platform. According to Stanford, “[t]he program is designed to help nurses of all roles and levels of the organization succeed in reaching their own individualized goals in their nursing careers. The SHC–Nursing Mentorship Program acknowledges that aligning nurses’ goals with mentors that have already achieved those goals will streamline the nurses’ efforts to reaching a higher satisfaction with their professional lives. The SHC–Nursing mentorship program provides a customized mentorship pairing to each nurse’s individualized career goals. Evaluation of the program by mentees has indicated a high level of satisfaction with the program and a high rate of goal achievement from their mentoring relationships. The goals of the program are to promote a culture of mentorship, professional development, teamwork, and succession planning for the future of SHC while retaining the high-quality nurses and thereby decreasing costs associated with recruitment and orientation.”</p>
<p><b>POTENTIAL IMPACT</b></p>	<p>A more diverse workforce due to better retention of diverse employees, greater rates of internal promotion, improved relationships between employees at varying levels of seniority, better organizational decision making due to increased collaboration</p>
<p><b>TIMELINE</b></p>	<p>6-12 months</p>

## Featured Strategies

### 2.3.4 Offer flexible childcare options for health care employees.

On-site childcare provides employees with a company-sponsored childcare facility at or near their office. In-office daycare is offered during and after the traditional school day. Women and people of color are often the most in need of childcare to allow for career advancement, so that this policy could go a long way towards equity of opportunity.

<b>LEAD</b>	Health care organizations
<b>PARTNERS</b>	Childcare providers, Community-based organizations
<b>SAMPLE PILOT DESCRIPTION</b>	<p>Organizations should first evaluate and decide which childcare benefits will improve their workplace and fit their budget. Organizations should provide childcare benefits to all employees so that both men and women feel they can advance. Lastly, organizations should offer childcare savings accounts to all employees. Organizations can offer childcare benefits of varying costs, including:</p> <ul style="list-style-type: none"> <li>• Childcare subsidies</li> <li>• On-site childcare</li> <li>• Flexible employee schedules</li> <li>• Predictable employee schedules</li> <li>• Backup childcare assistance</li> <li>• Flexible childcare spending accounts</li> <li>• Parent &amp; caregiver employee resource groups (ERGs)</li> </ul>
<b>REAL WORLD EXAMPLE</b>	<p><u><a href="#">Wellstar’s Kennestone Hospital in Marietta, Georgia</a></u>. Wellstar’s learning academy is a child care center located on the hospital campus. The center remained open throughout the pandemic, serving as a lifeline for working mothers being asked to pick up extra shifts or work overtime amid surges of COVID-19 patients. Hospitals that leveraged on-site child care centers throughout the pandemic helped ease staffing shortages.</p>
<b>POTENTIAL IMPACT</b>	<p>Increase hiring pool to include parents with childcare needs, better attendance and timeliness among existing employees, increase socioeconomic diversity of hiring pool, improve employee performance by facilitating peace of mind and wellbeing and eliminating a logistical stressor</p>
<b>TIMELINE</b>	6-9 months

# Policy/Advocacy

## 2.3.5 Establish National Cultural and Linguistically Services Standards (CLAS) standards of inclusive practices for the entire health care workforce and patients.



The National CLAS Standards “are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations” according to the Centers for Medicare & Medicaid Services. CLAS are designed to be respectful of and responsive to each person’s culture and communication needs. CLAS helps organizations consider cultural health beliefs, preferred languages, health literacy levels, and communication needs.

LEAD	Health care organizations
PARTNERS	Community-based organizations, health care organizations
SAMPLE PILOT DESCRIPTION	<p>There is no single correct way to <u>implement the National CLAS Standards</u>. The organization may decide to implement some but not all of them, or wish to implement some sooner than others. However, to properly implement standards, organizations should collect and frequently update patient demographic data in order to assess the ongoing efficacy of CLAS interventions and any resultant changes in health outcomes or served populations.</p>
REAL WORLD EXAMPLES	<p><u>The Michigan Health &amp; Hospital Association (MHA)</u> developed the <u>Eliminating Disparities To Advance Health Equity and Improve Quality</u> guide based in part on CLAS standards in order to better support its member hospitals as they seek to provide equitable care. According to the guide, “[t]he MHA Keystone Center developed this guide to provide practical guidance for organizations seeking to eliminate disparities in care to advance health equity, including:</p> <ul style="list-style-type: none"> <li>• The importance of incorporating an equity lens into all improvement strategies, including quality, patient safety, population health, to improve health outcomes and the patient experience.</li> <li>• Establishing a common understanding of health organizations’ role in addressing health disparities to achieve equity in care.</li> <li>• Assessing each organization’s implementation level within key categories identified as critical components of any organization’s strategic plan to reduce disparities.</li> <li>• Providing targeted resources and critical steps to support organizations in their journey to advance current practices toward achieving equity in care.”</li> </ul>
POTENTIAL IMPACT	Advance health equity, improve health care quality, help eliminate health care disparities by improving cultural and linguistic appropriateness
TIMELINE	3-6 months



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**2.3.6 Create a standardized set of best practices for making space for employees of color to be heard and empowered on workplace issues of diversity and inclusion in health care.**

Creating a standardized set of best practices for making space for employees of color can help employers understand how cultural differences can impact how people work and interact at work. The best practices can assist health care systems in understanding concepts of intentional diversity, equity, and inclusion opportunities within workplaces.

<b>LEAD</b>	Hospital leadership, Federally Qualified Health Center
<b>PARTNERS</b>	Community-based organizations, Diversity, equity, and inclusion professionals
<b>SAMPLE PILOT DESCRIPTION</b>	A health care organization offers diversity training which focus on information relevant to their specific organization and employees, aligning with their existing diversity, equity, and inclusion initiatives and aimed at improving the weak points they have already identified. They partnering with a consultant to build customized training programs and identify remaining blind spots within the organization. Leaders communicate to the staff the importance of this training, what problems it is seeking to solve, and how the organization hopes to move forward.
<b>REAL WORLD EXAMPLE</b>	<u>McLean Hospital</u> created a core initiative of the Diversity, Equity, and Inclusion Office (DEIO) to develop sustainable practices and resources that foster growth, safety, and belonging. The DEIO Resource Page is an ever-evolving, internal resource for McLean and Mass General Brigham employees throughout the system to access educational materials, remain up to date on DEI events, and contribute to McLean’s DEI initiatives.
<b>POTENTIAL IMPACT</b>	Strengthened team dynamics, increased diversity long-term due to healthier workplace culture, greater innovation and improved decision-making due to prevalence of a wide range of experiences and viewpoints, improved patient experience
<b>TIMELINE</b>	3–6 months