Health Professions Education and Diversity: Challenges, Opportunities, and Emerging Lessons From the Field

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Outline

• Impetus, Benefits, and Framing
• Findings and Lessons from CA Initiative
• Accreditation as a Lever for Change
  – Study One Key Findings
  – Study Two Consensus recommendations
  – Areas for Further Inquiry
• CODA Diversity Standards
• Emerging Lessons / Summary
• Q and A
Impetus

• Institute of Medicine / Sullivan Commission committees and reports
  – Consider application of community benefit principles (e.g., social contract) to health professions education institutions.
  – Can accreditation serve as a lever to strengthen HPEI commitment to diversity?

• Agreement among both committees that accreditation is key area of focus

• First step in process is to assess current standards
Institute of Medicine Report
Institutional and Policy-Level Strategies

• Modify HPEIs’ admissions practices
• Reduce financial barriers to HP training
• Increase emphasis on diversity goals in HPEI program accreditation
• Improve HPEI campus “climate” for diversity
• Apply community benefit principles to improve the accountability of HPEIs to the diverse racial and ethnic communities they serve.
Why Seek Diversity

Who gets the benefit?
Benefits of Increased HP Diversity

• UR providers more likely to serve minority and medically underserved communities
• Racial and ethnic minority patients report greater levels of satisfaction with care provided by UR providers
• UR providers reduce cultural and linguistic barriers and improve cultural competence among colleagues
• Diversity in higher education and health professions training settings produces better educational outcomes for all students
Compositional Diversity
Numerical and proportional representation of population groups from diverse backgrounds.

Curricular Diversity
Diversity-related content and pedagogy to promote shared learning and integration of skills and experiences.

Institutional Climate
Environment that provides opportunities for shared learning among individuals and groups from diverse backgrounds.
Connecting the Dots: California Statewide Initiative
CTD Comprehensive Strategy

• Establish an evidence base for change through multi-level inquiry
• Provide practical evidence to encourage and support replication
• Increase public understanding of scope and depth of issues involved
• Create environment that demands coordinated action

Take action
Health Workforce Pathway

Target Groups:
- Incumbent Workers
- High School and Community College Students
- Career Changers
- Displaced Workers
- Undergraduates
- Immigrant Health Professionals
- Residents

Quality, Culturally Competent, Health Workforce
Supply and Demand

Supply

State Education Agencies
- K-12 Oversight
- Higher Ed Accreditation

Allied Health Programs
- Under-Graduate Colleges and Universities
- K-12 Schools
- Psychology Schools/Programs
- Public Health Schools/Programs
- Nursing Schools/Programs
- Medical Schools
- Dental Schools
- Pharmacy Schools

Demand

State Health Services Agencies
- Health Care Delivery
- Health Planning and Administration

Local Public Health Agencies
- Health Care Administration
- IPAs and PPOs
- Biotechnology Firms
- Pharmaceutical Companies
- Health Plans

Pathway for California Health Care Workforce
CTD Phase I 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
- Updated literature review
Many Innovative Efforts, but we found...

- Small scale
- Dependent on busy passionate champions
- Insufficient institutional commitment
- Lack adequate/sustainable funding & infrastructure
- Collaboration difficult without capacity and stability
- No well defined strategy or critical path
- No overall ownership, home or accountability
- In general, limited progress in the aggregate...
Perfect Workforce Storm

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 maldistribution
- 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
Beyond CTD

• Developed series of reports and comprehensive set of recommendations...to sit on a shelf???

• Provided TA to broad spectrum of statewide and regional stakeholders, but more ongoing, comprehensive support needed....

• Formed California Health Workforce Alliance to serve as mechanism to implement recommendations

• In CA, demographics are reality...this is about investing in our own communities.
First Study – Process and Key Message

• Barnett, Hattis and Perez study funded by Kellogg FDN

• Reviewed accreditation standards related to diversity in allopathic and osteopathic medicine, dentistry, public health, psychology, social work and nursing

• 12 Key Observations summarized current state and ways in which HPEI accrediting bodies attempt (or not) to incorporate diversity concepts into their respective accreditation standards

• Consistent message - Substantive changes in diversity-related accreditation standards must be driven by HPEI program leaders – rather than by the staff of the accrediting organizations
# Summary of Results

## Summary Table of Diversity-Related Accreditation Standards

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- √: Recognized
- *: Formerly recognized
- X: Standard language effectively addresses this dimension of diversity
- 0: Standard limited to anti-discrimination language
- Y: Diversity language included as one of a set of criteria within a standard
Key Observation One

• There are two basic views about the role of accreditation. One view is that the role of accreditation is to set minimum standards, while the other views accreditation as a process of encouraging continuous quality improvement. Accreditation agencies appear to be at different locations along the continuum between these viewpoints.
Key Observation Four

It would be useful for accreditors to provide clearer guidance on precisely how specific accreditation standards are enforced. Well-defined outcome and process metrics are also needed to allow for a more effective evaluation of a program’s compliance with diversity-related accreditation standards.

ADA’s structural diversity standard reads “Admissions policies and procedures must be designed to include recruitment and admission of a diverse student population,” yet at the time of the study, there were 14 programs with no AA first year enrollees, and six with only one. Three schools have no first year Latino enrollees and 12 have only one. Not a single program has been cited as noncompliant with the standard.

There may be plausible explanations, such as the institutions made good faith efforts that did not yield positive results. Some accreditors use an “efforts” test, but there is no guidance or other metrics used to measure compliance.
Key Observation Six

Leadership is a key variable that affects the ability of institutions and programs to develop and implement sustainable programs to increase racial and ethnic diversity, ensure that the institutional climate is conducive to shared learning for everyone, and implement educational programs that produce culturally competent graduates.

Currently there are no accreditation standards that measure the demonstrated commitment of the institution’s or program’s leadership to diversity issues.
Key Observation Seven

Current accreditation standards do not specifically encourage health professions school efforts aimed at expanding the pipeline or pool of UR applicants.

While such efforts can be both labor and resource intensive, accreditors should consider adopting accreditation standards that emphasize the importance of such efforts and to encourage a sense of shared responsibility among health professions schools, while recognizing that institutions and programs along cannot solve the pipeline challenge.
Key Observation Ten

• Most accreditation agencies for HPEIs do not include language regarding the responsibilities of HPEIs to engage local communities or to play a role in addressing **societal imperatives** (e.g., increasing diversity, reducing health disparities).
First Study – Next Steps

• Next Steps section of the 2007 report focused on engaging HPEI leaders from programs and schools in a next level of discussion about the issues raised by Key Observations in 2007 report. So that is what we did with Kellogg and CA Endowment support.

• Acknowledged the need to continue to define diversity from the **three dimensions** of compositional, curricular and institutional climate perspectives. Led us to focus on how accreditation standards could be used to support diversity efforts of HPEI programs and schools along all three dimensions.
Second Study
Process and Participants

• Focus in four disciplines with sufficient commonality: dentistry, medicine, psychology, and public health.

• Selection of four areas of focus.
  – Leadership and Institutional Commitment
  – Admissions
  – Institutional Climate
  – Social Contract

• Select 4-5 academic leaders and accreditors from each discipline.

• Series of conference calls to ID out issues in each of four areas.

• In person meeting to flesh out issues.

• Electronic review and refinement of draft recommendations.

• Series of cross-discipline calls to refine draft report.
Accreditation as an Agent for Change

• Accreditation effectiveness results from consensus, not coercion

• Conditions for successful promulgation of standards
  - Demonstrable need addressed by standard
  - Evidence that standard contributes to educational quality
  - Standard is amenable to consistent interpretation and assessment

• Limitations on leverage
  - Legal and social constraints
  - Resource requirements for compliance with standards
Elements of Collaboration

• Key role of professional organizations (both education and practice communities)
  – Research on the impact of diversity
  – Dissemination of diversity processes and outcomes
  – Refinement of tools for characterizing and evaluating diversity

• Conversations among accreditors
Consensus Recommendations
Institutional Commitment
Selected Recommendations

• Develop a **mission statement** that articulates institutional goals and expectations for diversity.

• ID an **institutional leader** responsible for leadership, coordination, and monitoring progress towards identified diversity goals and objectives.

• Define roles and responsibilities of administrative leaders (e.g., **department chairs**) to achieve and sustain goals and objectives for diversity.

• **Document steps taken** to create and maintain a supportive environment that facilitates shared learning about diversity issues from an appropriate variety of perspectives.

• **Establish metrics** and/or concrete actions that establish accountability for achievement of diversity related goals and objectives for **all academic departments and programs**.
Admissions
Selected Recommendations

• Develop a formal mission statement and/or purpose for the admissions committee that recognizes the institutional and educational benefits of admitting and matriculating a diverse student body.

• Implement admissions strategies, such as Holistic or Whole File Review that facilitate the due consideration of individual characteristics in addition to the academic performance or potential of applicants.

• Establish breadth of diversity as one of the criteria for membership on admissions committees.

• Provide ongoing and/or periodic activities to educate members of admissions committees about diversity-related issues relevant to their responsibilities for student selection.
Institutional Climate
Selected Recommendations

• Establish accountable leadership and centralized coordination of activities to strengthen compositional and class room diversity as well as the overall institutional climate tied to diversity.

• Integrate student learning from field or clinical experiences into the classroom setting as well as in the design of the overall educational experience.

• Integrate diversity-related health and health care issues across the curriculum.

• Provide institutional support for student interest groups, and for the facilitation of productive interactions across such groups.
Institutional Climate
Key questions to address

• What constitutes a critical mass for achieving diversity goals, and how can it be measured?

• What competencies are gained or enhanced by having students and faculty members from suitably diverse backgrounds?

• What changes in behavior are expected when learning takes place in a diverse environment?

• What sort of specific barriers inhibit the creation or maintenance of a supportive environment for diversity?

• What sort of metrics should accompany the creation or maintenance of a supportive environment for diversity?
Social Contract
Selected Recommendations

• Clarify the **roles and responsibilities** of an institution or program in addressing local or regional health and/or health disparities.

• Develop mechanisms to ensure **ongoing engagement with local stakeholders**, especially in communities with disproportionate unmet health-related needs.

• Adjust **curricular content to meet emerging needs** at local, regional, national, and international levels.

• Expand the pool of qualified applicants from UR backgrounds through **targeted investment** in the development of a regional or local pipeline.

• Consider professional attitudes or behaviors, such as a commitment to social justice / community service, **as criteria in admissions for students and the recruitment of faculty and staff.**
Areas for Further Inquiry

• Institutional Commitment and Leadership
  – Assess the impact of alternative strategies and components
  – Comparative analysis across institutions

• Admissions
  – Alternative criteria
  – Weighting of variables
  – Review sequence, pool of applicants
  – Cohort approach
  – Committee composition
  – Role of administrative leaders
Areas for Further Inquiry

• Institutional Climate
  – Create Opportunities for Shared Learning
    Comparative analysis of mechanisms to stimulate innovation (e.g.,
    educational series with external leaders, structures for students to share
    lessons from field experience, and formal facilitation of inter-interest
    group dialogues.)
  – Faculty Development
    • Environmental issues in faculty recruitment (e.g., critical mass,
      "town-gown issues, opportunity for spouses"
    • Influence and prioritization of institutional priorities (e.g., research,
      service-orientation), self identity, and aspirations
    • Burdens carried by UR faculty
    • Impact of diversification on scope/content of research
Areas for Further Inquiry

• Institutional Climate, continued
  – Diversity and the Curriculum - Alternative approaches to the integration of diversity-related content
    • Pedagogical methods
    • Breadth, depth, timing, and form of integration
    • Critical thinking capacity

• Social Contract
  – Impact /implications of investment in regional pipelines
  – Role of HPEIs in addressing societal imperatives
Issues in Implementation

- Significant disparity in knowledge, interest, and engagement among HPEIs

- Substantial internal resistance in some institutions

- Incremental approach (within comprehensive vision)

- Key steps
  - Institutional assessment (evidence base for informed dialogue)
  - Establish formal working group to develop mission statement
  - Periodic retreats to ID and address emerging issues
  - Engage community-based organizations
  - Expand base of support through broad definition of diversity
1-4 The dental school **must** have policies and practices to:

a. achieve appropriate levels of diversity among its students, faculty and staff;

b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and

c. **systematically evaluate comprehensive strategies** to improve the institutional climate for diversity.
CODA Diversity Standards

Intent:
The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.
2-16 Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

**Intent:**

Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be **best prepared for dental practice in a diverse society** when they learn in an environment characterized by, and supportive of, diversity and inclusion.
CODA Diversity Standards

2-25 Dental education programs must make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

Intent:

Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.
California Dental Pipeline Collaborative

- California’s five dental schools
- Continuation of RWJ national initiative
- Focus in three areas:
  - Community-based training
  - Cultural competency
  - UR enrollment
- Partnership with over 70 community health centers
- Development, expansion, and institutionalization of post-baccalaureate programs
Accomplishments to Date

• Ongoing collaboration among dental schools to recruit UR and low-income students

• Significant increase in the amount of dental care provided to underserved communities

• Increase in the number of dental school graduates who go on to practice in CHCs

• Increased support among community stakeholders for pipeline programs

• Shared information and resources to develop comprehensive cultural competence curricula
Key Challenges

• Annual Fluctuations in UR Matriculation
• Continuing Financial Crisis in Dental Education
• Faculty Resistance
• Global Economic Crisis and Impact Upon State Budgets
• Clarification of benefits (e.g., financial model) and need for capacity building among CHCs
Challenges and Emerging Lessons

• **Securing Faculty Buy In**
  Some faculty members still do not support the community health programs.

• **Advantages of Cross-Institutional Collaboration**
  Resource sharing and coordination of efforts among medical, dental, nursing, public health, and other health professions programs is essential.

• **Importance of Focused Leadership**
  Sustainable change requires focused leadership and action by administrators and faculty, with attention to all aspects of the process.

• **Full Partnership with the Community**
  Need **equal partnerships** with community agencies. More has been accomplished with community partners through collaboration and shared planning of outreach programs and events than with a we-know-what’s-best-for-you attitude and approach.