

Agenda Item 16:

Measuring Diversity in Healthcare Workforce Education and Training

**Facilitators: Elia Gallardo, Chief Equity Officer and Deputy Director of
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Coordinator and Jessica Fifield, Program Evaluation Manager**

Equity Office



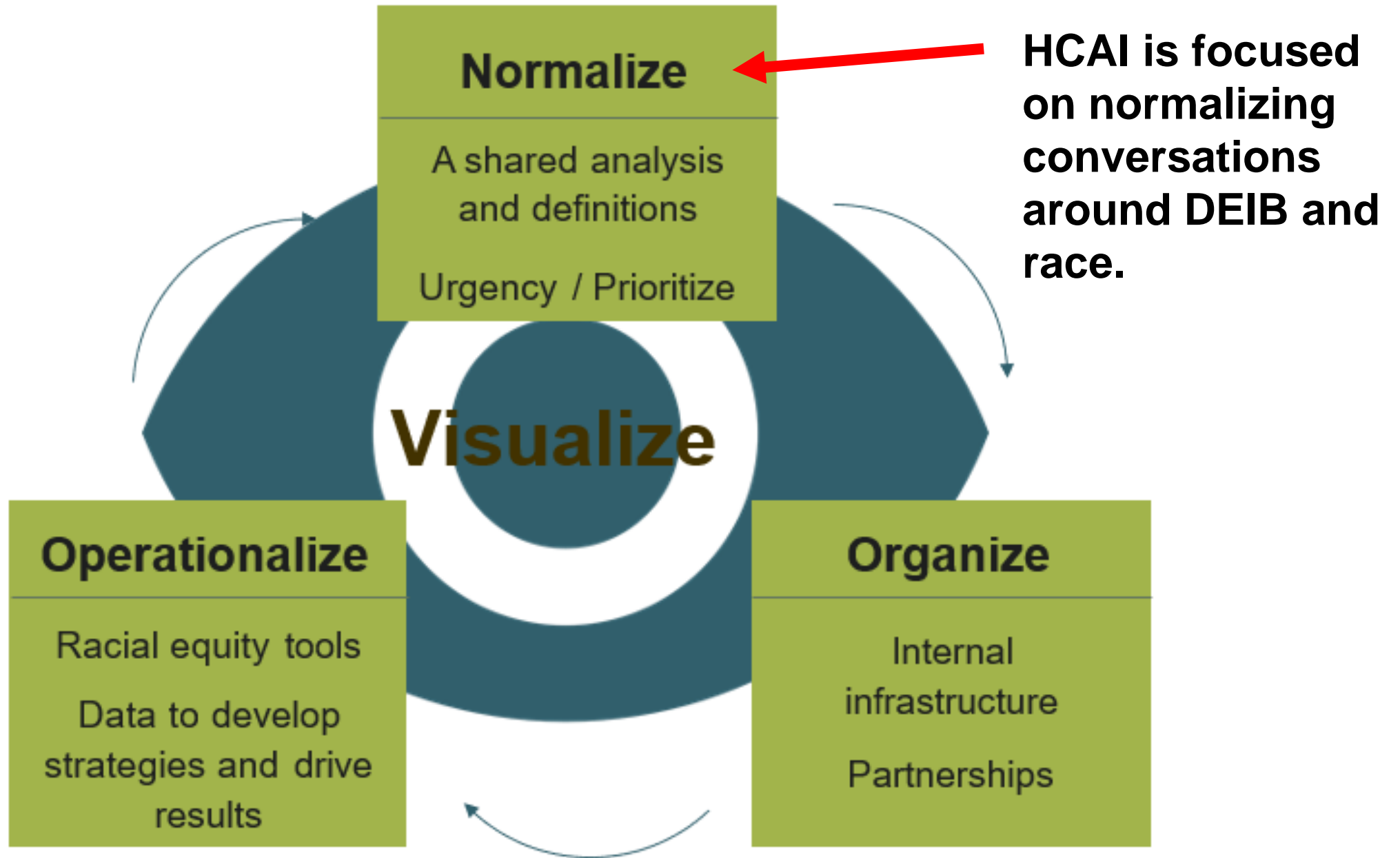
Provide support to HCAI and its offices to embed equity into all program work and organizational efforts.

Executive sponsor to the Racial Equity Team (RET) as first step to bring racial inequity to the forefront for the department.

In partnership with RET, promote equity and inclusion internally and externally through all programs, policies and practices.

Centering Equity and DEIB at HCAI

- Equity is embedded in our mission, vision, and values.
- As a State Agency whose work impacts millions of Californian's, including our most underserved communities, it is our collective responsibility to actively work towards dismantling health inequities so that all communities receive quality health care.
- We must acknowledge the role that government has played in perpetuating disparities in the health arena – and actively choose to disrupt systems rooted in racism and oppression.



Year in Review



Staff Trainings on Implicit Bias and Mitigating Bias



Established Racial Equity Team



Hired first Chief Equity Officer and Health Equity Coordinator



Conducted first DEIB survey



Implemented DEIB Hiring Initiative to enhance recruitment



Discussion sessions to promote dialogue around racial and health equity



Developed Land Acknowledgment, Equity and Black Liberation statements

Statutory Language

- [HSC Section 128250] “...responsible for helping coordinate California’s health workforce education and training to develop a health workforce that meets California’s health care needs.”
- [HSC Section 128252(b)] "The council shall carry out the duties imposed upon it by this chapter with primary consideration given to increasing workforce diversity and furthering improved access, quality, and equity of health care for underserved, underrepresented, and Medi-Cal populations."

Governor's Executive Order (N-16-22)

- Governor Gavin Newsom signed an executive order directing state agencies to advance equity via their strategic plans, operations, data tools, community engagement practices, policies, and programs
- The Governor's executive order aligns with HCAI's mission to expand access to quality, affordable health care for all Californians through resilient facilities, actionable information, and an equitable health care workforce

California's Health Workforce

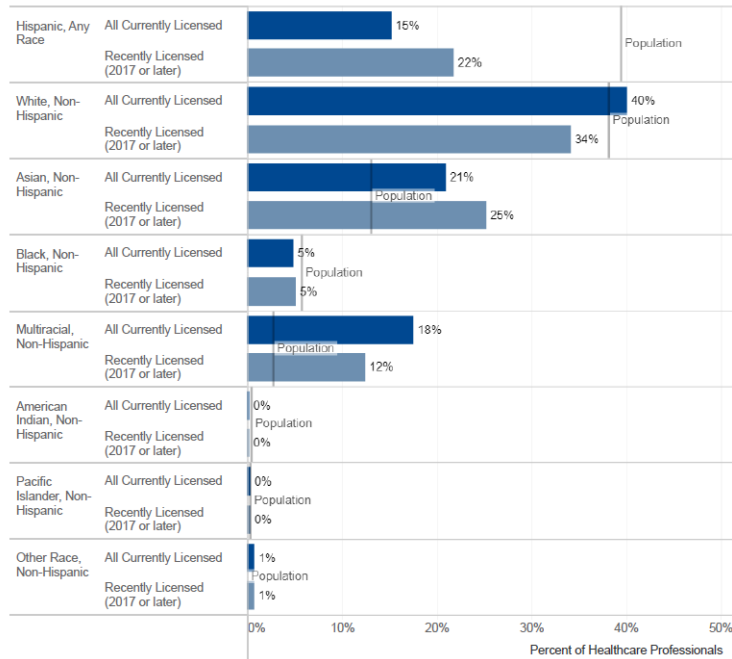
How do we develop a health workforce that meets California's health care needs?

“Several landmark studies have shown that representative care (when the racial/ethnic background of the physician workforce mirrors the racial/ethnic background of the population served) contributes to better health outcomes for patients from underrepresented communities. However, California's medical student education pipeline is not supplying enough physicians, especially Latino/x or Black physicians, to support representative care in the state. ”

2023 report published by the California Health Care Foundation

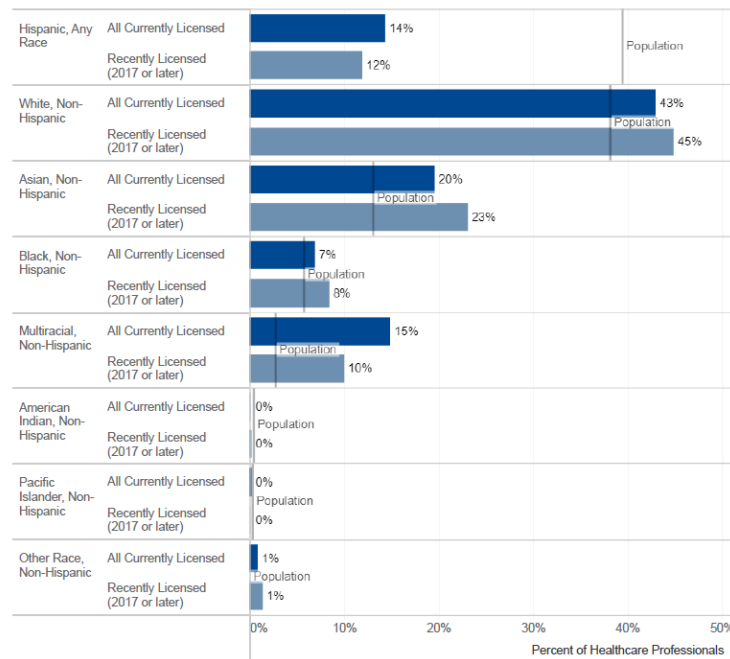
Registered Nurses

Healthcare Professionals by Race/Ethnicity and Recency



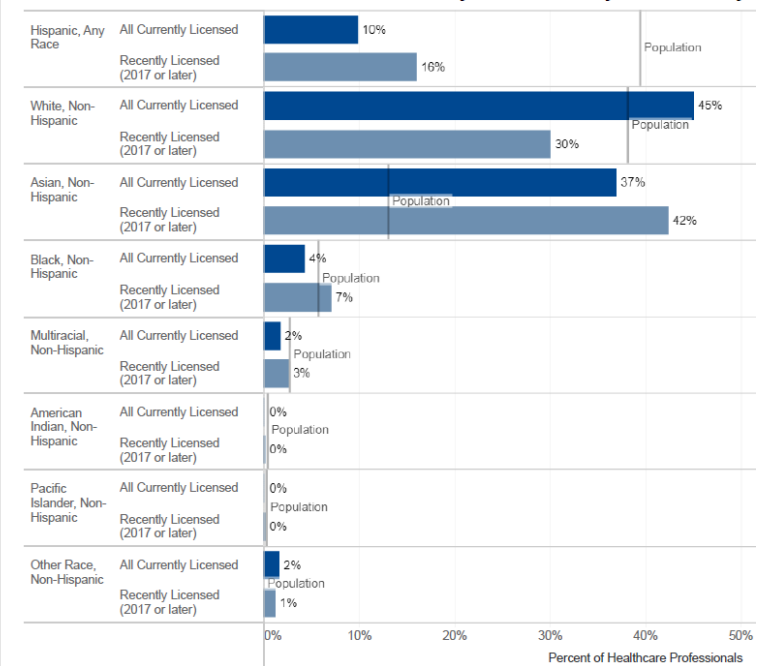
Nurses Practitioners

Healthcare Professionals by Race/Ethnicity and Recency



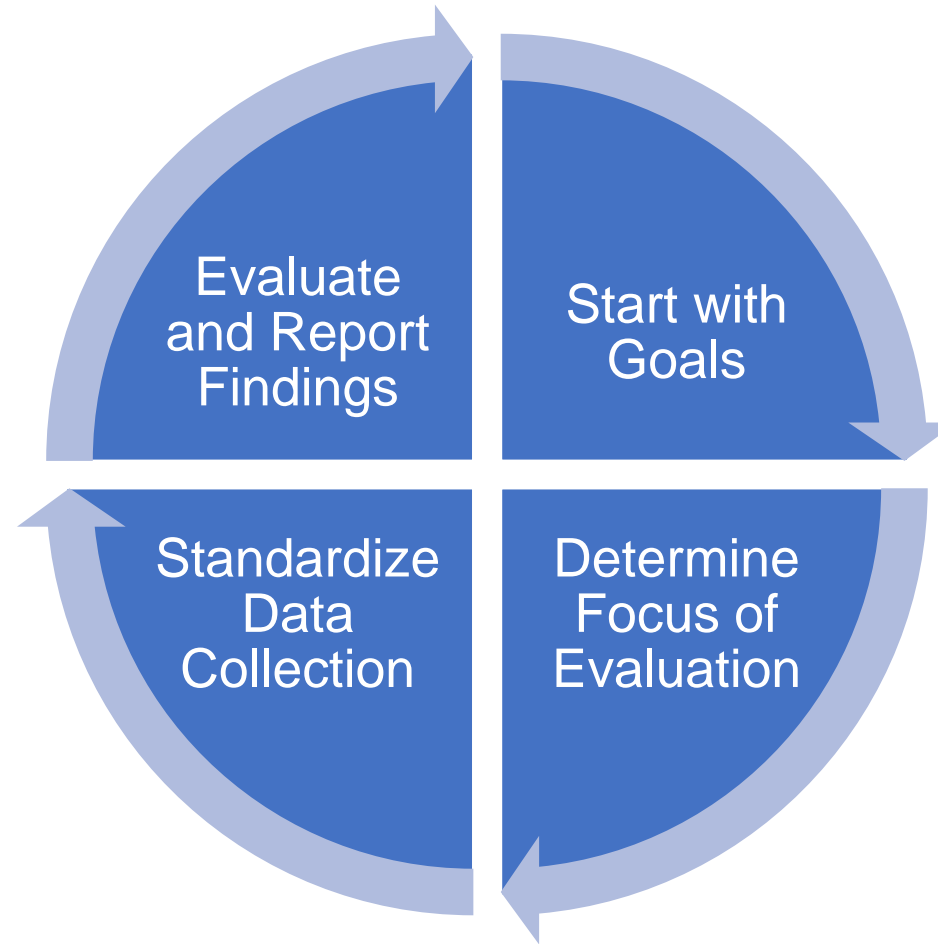
Physicians

Healthcare Professionals by Race/Ethnicity and Recency



Program Evaluation Overview

Program Evaluation Framework Overview



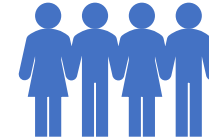
Start with Goals



Effective Early Outputs
for Career Stages



Increase # of Health
Professionals



Increase Workforce
Diversity



Reduce Shortages

Focus on Key Performance Indicators

	Key Performance Indicator	Lo Repayment	Scholarship	Ed Capacity Grants	Pipeline Grants
1	Increase concordance between awardee and patient population (REaL SOGI) and cultural/ linguistic competence of awardees	X	X	X	X
2	Increase capacity for organizations to train health professionals			X	
3	Increase proportion of HCAI awardees providing care to Medi-Cal recipients (Beginning 2025 for most programs)	X	X	X	
4	Provide outreach and exposure to health professions for individual who are underrepresented in medicine				X
5	Provide investments and increase number of providers based on geographic need	X	X	X	
6	Provide investments and increase number of providers based on provider type/ type of care needed	X	X	X	
7	Retain existing professionals serving in an area of unmet need	X			
8	Train health professionals in areas of unmet need		X	X	

Standardize Data Collection with Consistent Measures and Sub-Measures

- Accreditation, Pre-Accreditation Activities, Capacity Expansion
- Area of Unmet Need/ Geographic Need
- Award Amount, Average Amount, Threshold Funded Amount, Funding Shortfall
- Competency* (Behavioral Health, Cultural, Linguistic, Other Program Specific)
- Completion of Training Program/ Hours
- Concordance (Race, Ethnicity, Language, Sexual Orientation, Gender Identity)
- Diversity (Race, Ethnicity, Language, Sexual Orientation, Gender Identity)
- Effective Early Outputs
- Enrollment, Increased Enrollment
- Exposure/ Outreach Activities
- Health Professions/ Professionals/ Providers/ Profession Type
- Health Professions Trainee
- Health Professions Training/ Training Site
- Licensed or Certified Health Professional
- Medi-Cal Recipients Served
- Pre-License or Pre-Certification Activities
- Retention

Example

Language

- Purpose: evaluate and increase language concordance between healthcare providers and the patients they serve in California
- Definition: language concordance occurs when providers and patients communicate in a shared language
- Approach: collect and evaluate against Medi-Cal threshold list(s) published by the Department of Health Care Services
- Implement: standard data collection across loan repayment, scholarship, and grant programs on a rolling basis beginning in FY23-24

DHCS Medi-Cal Threshold Data Matrix

Threshold and Concentration Languages
For All Counties as of July 2021

County / # of Languages that meet T/CS (Inc. English)	Arabic	Armenian	Cambodian	*Chinese	English	Farsi	**Hindi	Hmong	**Japanese	Korean	**Laotian	**Mien	**Punjabi	Russian	Spanish	Tagalog	**Thai	Vietnamese
Alameda (5)	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	Y	N	Y
Alpine (1)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Amador (1)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Butte (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Calaveras (1)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Colusa (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Contra Costa (3)	N	N	N	Y	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Del Norte (1)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
El Dorado (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Fresno (3)	N	N	N	N	Y	N	N	Y	N	N	N	N	N	N	Y	N	N	N
Glenn (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Humboldt (1)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Imperial (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Inyo (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N
Kern (2)	N	N	N	N	Y	N	N	N	N	N	N	N	N	N	Y	N	N	N

Questions or Feedback