

Agenda Item 7:

Workforce Equity

Report Recommendations from The Fitzhugh Mullan Institute for Health Workforce Equity at The George Washington University

Presenter: Margaret (Meg) Ziemann, MPH, Research Scientist, The Fitzhugh Mullan for Health Workforce Equity, Department of Health Policy & Management, Milken Institute School of Public Health, The George Washington University

Elevating Equity through California's Health Workforce Funding Processes: Final Recommendations for HCAI (October 2024)

- Authors
 - Margaret (Meg) Ziemann
 - Edward Salsberg
- Funded by The California Health Care Foundation

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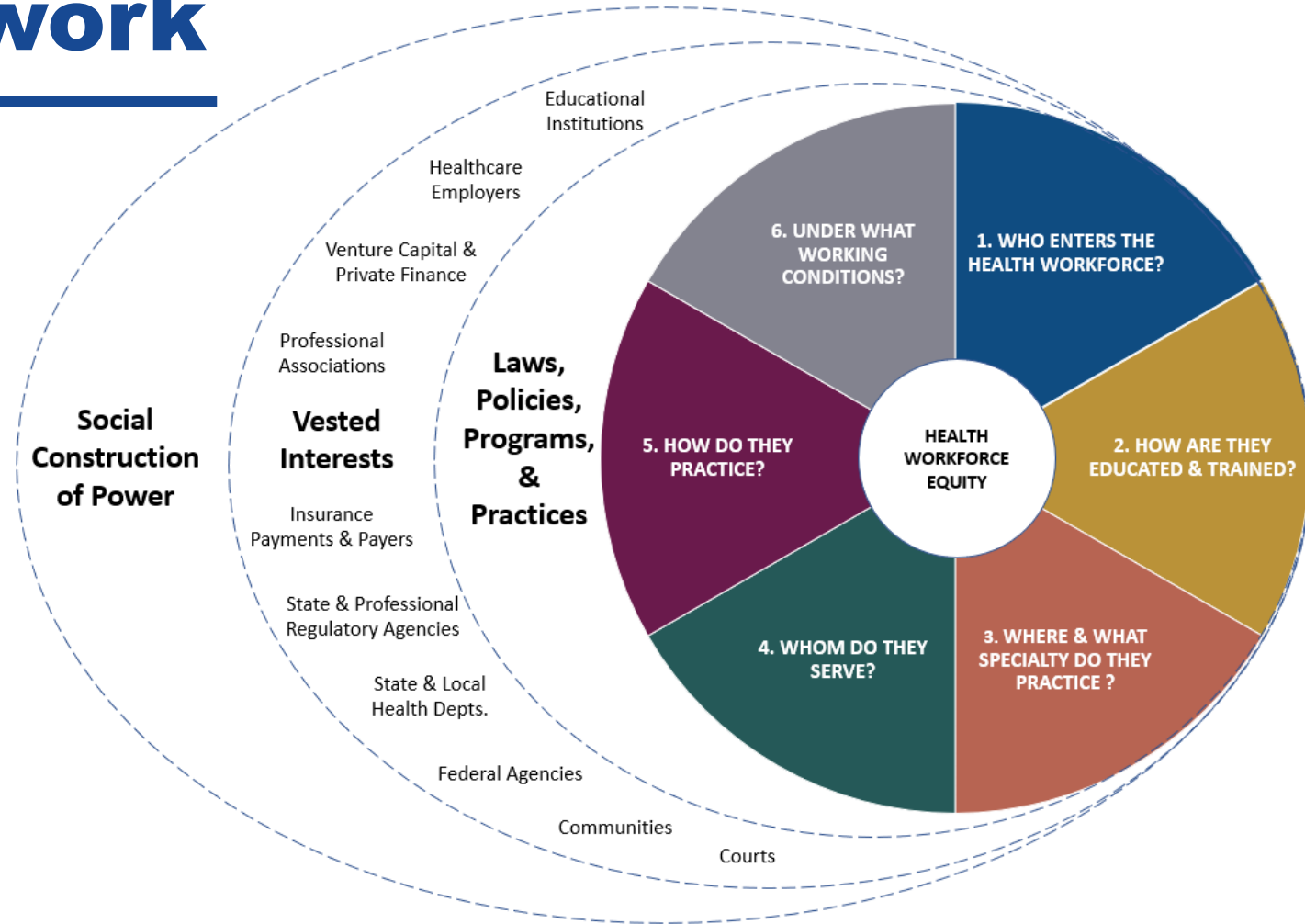
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Goals of HCAI Equity Analysis Project

Develop recommendations for HCAI to strengthen alignment of workforce development program funding/award making processes with equity goals of:

1. Diversifying California's workforce so that it reflects the California that it serves
2. Increasing health workers in medically underserved areas
3. Increasing health workers serving Medi-Cal members

GW Mullan Institute Health Workforce Equity Framework



Project Approach

Iterative

- Inventory
- National Scan
- Multiple Drafts of Recommendation
- Feedback Sessions with HCAI Staff

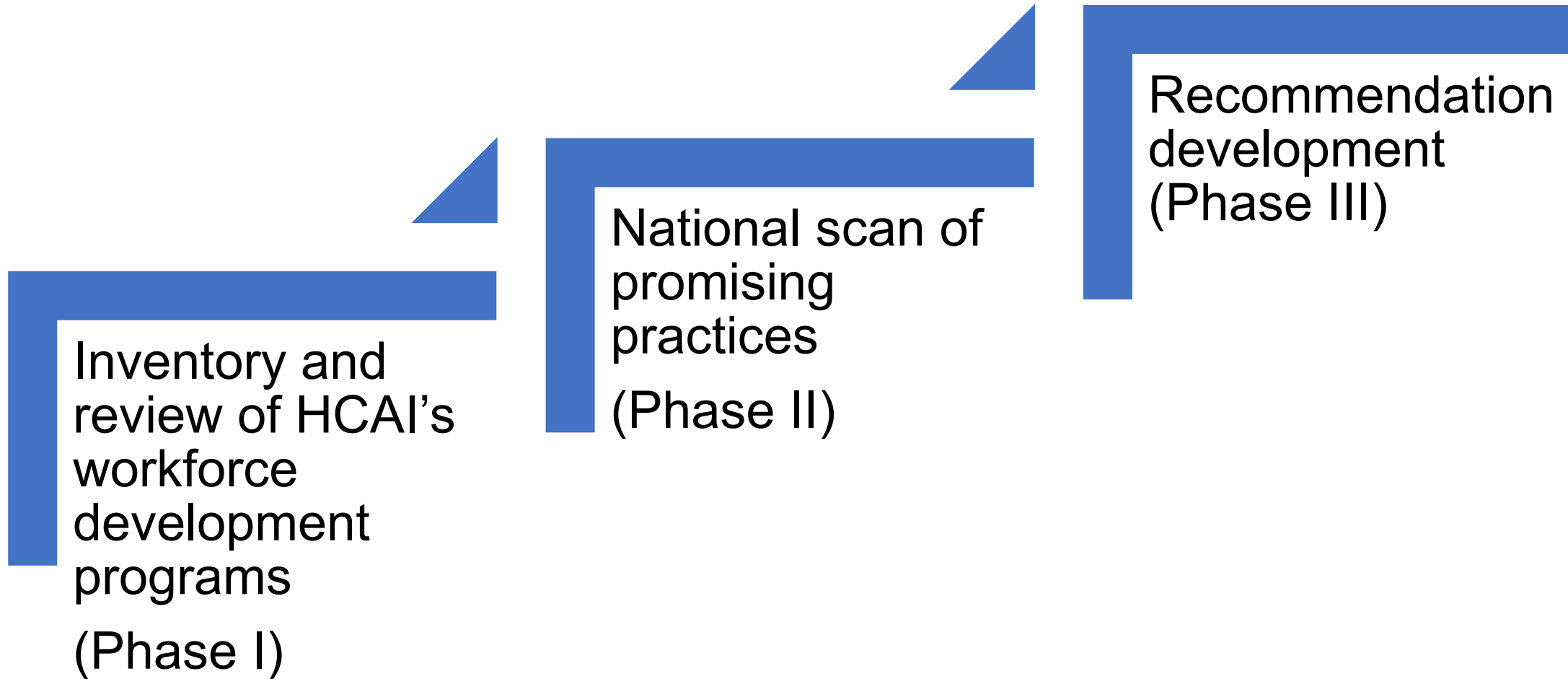
Evidence Informed

- National Scan
- Literature Review
- Evidence Generation from Related Fields
- At times, limited evidence for health equity practices

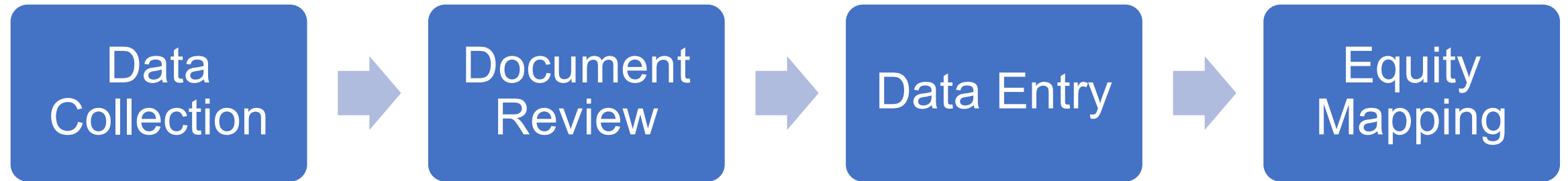
Collaborative

- Biweekly meetings with HCAI
- Ad hoc meetings as needed
- Continuous HCAI feedback loop to clarify, narrow, and refine recommendations

Project Phases



Phase I: Inventory Approach



Phase I: Programs Included in Inventory

| Organizational Grant Programs | Scholarship Programs | Loan Repayment Programs |
|---|---|---|
| <ul style="list-style-type: none"> • Song-Brown Healthcare Workforce Training Programs • Substance Use Disorder/Justice System-Involved Youth Training • Substance Use Disorder Earn and Learn Grant • Community-based Organization Behavioral Health Workforce Grant • Peer Personnel Training and Placement • Social Work Education Capacity Expansion • Psychiatric Education Capacity Expansion • Health Professions Pathways Program • Justice-System Involvement Youth: Behavioral Health Pipeline • Health Careers Exploration Program | <ul style="list-style-type: none"> • Allied Healthcare Scholarship Program • Advanced Practice Healthcare Scholarship Program • Associate Degree Nursing Scholarship Program • Bachelor of Science Nursing Scholarship Program • Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program • Vocational Nurse Scholarship Program • Train New Trainers Primary Care Psychiatry Fellowship Scholarship Program • Primary Care- Training and Education in Addiction Medicine Fellowship Scholarship Program • Behavioral Health Scholarship Program • Golden State Social Opportunities Program | <ul style="list-style-type: none"> • Bachelor of Science Nursing Loan Repayment Program • California State Loan Repayment Program • County Medical Services Program Loan Repayment Program • Licensed Mental Health Services Provider Education Program • Licensed Vocational Nurse Loan Repayment Program • Steven M. Thompson Physician Corps Loan Repayment Programs |

Phase I: Inventory Equity Assessment Areas and Implications

| Equity Assessment Area | Implication |
|----------------------------------|---|
| Statutory Authority | Program provisions are hardwired; Modifications to program provisions specified in statute may require legislative approval |
| Program Purpose & Mission | Gives program “identity”; Reflects program values and aims; May be the first or only program information the public accesses/sees |
| Eligibility Criteria | Represents the floor for being included in the applicant pool; Changes could significantly impact characteristics of applicant pool and may be under a higher degree of legal scrutiny, compared to other areas |
| Application Content | Data can be used on the front-end for applicant scoring and selection and back-end to assess progress in reaching programs’ stated goals (especially true of demographic data); Application process and nature of content could deter or encourage applicants; Data collected must allow for meaningful assessment of program fit |
| Scoring Method | Lots of flexibility to incorporate metrics and strategies aligned with HCAI equity goals; Scoring criteria alone would not exclude individuals or organizations from applying; Potential path of least (lesser) resistance |
| Program Requirements & Reporting | Major in terms of ensuring program equity goals translate to implementation and for purposes of tracking, evaluation, and accountability |

Phase I: Gaps Identified

- Stated goals and operational strategies are not fully aligned (e.g., Medi-Cal; cultural competency)
- Little onus placed on awardees for program assessment and data collection
- Organizational grantees are not held accountable for stated equity commitments in the award making process
- Inability to readily identify who ISN'T receiving funding
- Inability to readily identify who ISN'T even applying
- +/- of heavy reliance on quantitative, standardized measures in the application and review process
- Equal starting point for all applicants; no differentiation by institutional type to account for: 1) starting point capacities, and 2) institutions serving a disproportionate # of target population
- Some requirements placed on applicants and scoring metrics could have unintended consequences that present a barrier to equity aims

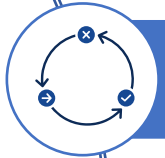
Phase II: National Scan

- Evidence-informed best practices to inform recommendations
 - Aims
 - For HCAI: Inform development of recommendations
 - For External Stakeholders: Help to understand the landscape of strategies that have been used to elevate equity in grantmaking and health workforce development
 - Key Elements Include:
 - Broad strategies and real-world examples to incorporate equity in funding processes across sectors and fields
 - Strategies that have been used to enhance equity in funding and programming specific to health workforce development
 - Summary of the evidence for effective strategies to advance each of HCAI's three stated equity goals

Phase III: Summary Recommendations for HCAI Operations



A1: Conduct enhanced outreach and support to targeted organizations and communities for whom HCAI awards are intended.



A2: Perform regular, data-driven equity audits across HCAI's program portfolio.



A3: Conduct a formal evaluation of HCAI grant programs to assess their effectiveness in achieving stated diversity, practice, and learning objectives.

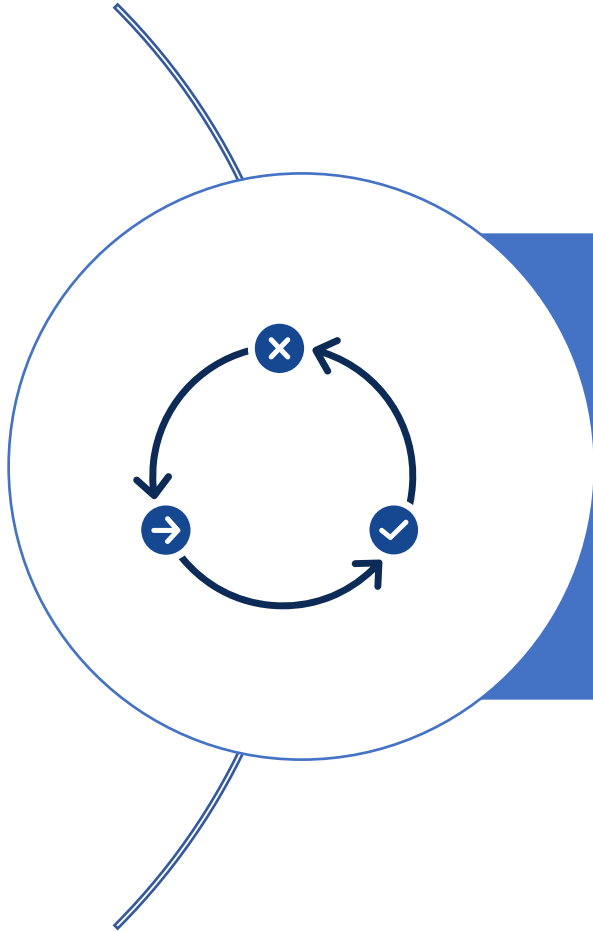


A4: Establish baseline data reporting requirements for organizational grantees as well as for scholarship and LRP programs including demographic data and unique identifiers for all program participants/beneficiaries.



A5: Leverage and expand HCAI's current initiatives to identify profession-specific shortage areas and regions with limited health professions education capacity, in order to guide targeted equity investments more effectively.

Deeper Dive on Report Recommendation A2



Perform regular, data-driven equity audits across HCAI's program portfolio.

Phase III: Recommendations for HCAI Organizational Grant Programs



B1: Prioritize community colleges and institutions that disproportionately serve individuals from underrepresented and disadvantaged communities in the review process.



B2: Collect demographic data of program personnel and institutional leadership as part of the application and administrative reporting mechanism for all grant awardees.



B3: Modify and weight institutional strategies for enrolling and supporting trainees from underrepresented communities based on the available evidence as it pertains to recruitment, admissions, and student retention/belonging; Require supporting documentation.



B4: Modify and weight institutional strategies for encouraging graduates to provide clinical services in areas of unmet need and expand metric to all organizational grants; Require supporting documentation.



B5: Make minor evidence-informed modifications and require supporting documentation for strategies to implement culturally responsive care training into the program operations; Require supporting documentation.



B6: Promote geographic representation of organizational awardees in the award making process.

Deeper Dive on Report Recommendation B3



B3: Modify and weight institutional strategies for enrolling and supporting trainees from underrepresented communities based on the available evidence as it pertains to recruitment, admissions, and student retention/belonging; Require supporting documentation.

Institutional Strategy Examples Related to Recommendation B3

Recruitment

- Community partnerships to increase access and exposure to health sciences; recruit and/or enroll individuals from disadvantaged or underrepresented communities
- Pathway programs
- Sponsored experiences for prospective students from disadvantaged backgrounds
- Targeted outreach before, during, and after the application process.

Admissions

- Holistic Review
- Accounts for candidate's socioeconomic status
- Diversity in review committee Implicit bias training for applicant reviewers and decision makers

Retention

- DEI institutionalized in policy and culture (e.g., mission statement, strategic plan)
- Financial support
- Maintains established mentorship or social support program; strives to pair trainees with staff, faculty, or peers with shared lived experience
- Individualized counseling, advising, or other academic supports
- Demonstrated efforts to recruit and retain diverse faculty and staff
- Documented zero tolerance policy for discrimination + related discrimination reporting systems
- Curriculum includes required DEI and health equity training for students/trainees
- Implicit bias or anti-racism training is required for all faculty and program staff
- Regularly collects and assesses data on student experience, perception of campus/institutional climate, and unmet needs

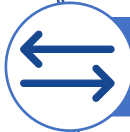
Phase III: Recommendations for HCAI Scholarship and Loan Repayment Programs



C1: Give funding priority to applicants who: are prior recipients of an HCAI scholarship still completing their education; attended or are using the scholarship to attend at least one year/12 credits of community college; participated in the Health Professions Pathway Program.



C2: Explore the use of an objective, place-based composite measure to assess and score disadvantaged background.



C3: Substitute all-or-nothing language scoring for a stackable points system; modify scoring points and weights to reflect language ability and ensure English-only speaking applicants otherwise eligible for awards are not disproportionately excluded from receiving them.



C4: Reduce the scoring weight for graduation date scoring criteria.



C5: Reduce scoring weight for previous volunteerism/work history in/with a medically underserved area/populations.



C6: Give preference to applicants from geographical areas with shortages in the profession for which a scholarship is being sought.

Deeper Dive on Report Recommendations C4 and C5



C4: Reduce the scoring weight for graduation date scoring criteria.



C5: Reduce scoring weight for previous volunteerism/work history in/with a medically underserved area/populations.

Implementation Considerations

Potential Limitations

- Resources
- Technical complexity
- Staff capacity
- Timelines
- Political feasibility and legality

Strategies

- Phased approach
 - Gradual timeline
 - Specific programs
 - Targeted professions
 - Partial adoption
 - Voluntary
- Leveraging existing efforts
- Performance monitoring
- Communication, transparency, and feedback loops

Takeaways and Larger Learnings

A close, collaborative working relationship between external partners and state/funding agencies is critical for a successful equity analysis and policy development

Recommendations intended to promote equity should be grounded in the contextual factors that may affect their implementation

Equity can be elevated in funding practices and policies; in outreach and recruitment; eligibility criteria; application content; evaluation and scoring; reporting requirements

Administrative, performance, and qualitative data adds rigor to an equity analysis and should be used to monitor the effects of policy changes.

Effects of equity strategies are compounded when combined

Funding analyses ensure state investments in workforce development and health disparities are properly targeted and optimized for maximum return on investment.

Stated commitments to equity by funding agencies should be backed by the resources to implement associated practices and policies

Final Thoughts/ Now What...

- Actions to shore up infrastructure are promising and will have benefits that extend beyond the equity analysis
- Recommendations are a starting point, but:
 - Can be further strengthened, especially in application review
 - May themselves have unintended consequences: **monitor and evaluate!**
 - Equity audits and additional data on outcomes are likely to lead to additional recommendations and improvements
- Process represents an opportunity for cross-program standardization and cross-learning; what works for one may not for another:
 - Learnings for behavioral health workforce programs?
 - Feedback and continuous improvement
- Policy implications of this work extend beyond California

General Public Comment

Facilitator: Van Ton-Quinlivan, Council Chair