

IDPH DIVERSITY IN HEALTH CARE TASK FORCE RECOMMENDATIONS

VIDHYA PRAKASH, MD, FACP, FIDSA, FAMWA

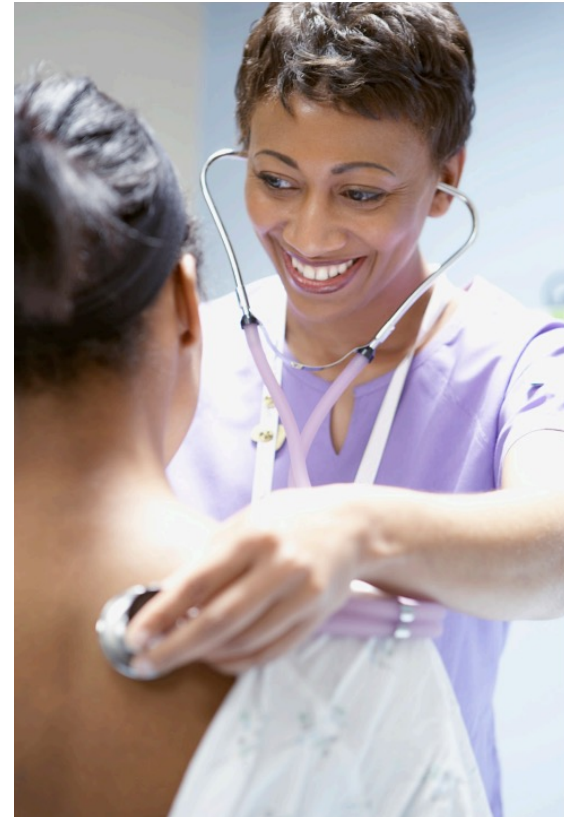
ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION 20TH ANNIVERSARY

SEPTEMBER 21, 2023



IDPH DIVERSITY IN HEALTH CARE TASK FORCE

- Established in 2020
- Purpose/Goal
 - To diversify the health care workforce by engaging students, parents, and the community to build an infrastructure that assists students in developing the skills necessary for careers in health care



IDPH DIVERSITY IN HEALTH CARE TASK FORCE MEMBERS

- Gloria E. Barrera, MSN, RN, PEL-CSN
- Lisa Charles Fields, PhD, PA-C
- Martin Cortez, PharmD, BCPS
- Sodabeh Etminan DMD, MPH
- Christina Morettin, OD, FAAO
- Karona Mason, DPM, MA
- Melissa Martin, MPH
- Len Meyer, MHSA
- Erik Mothersbaugh, OD, FAAO
- Vidhya Prakash, MD, FACP, FIDSA, FAMWA
- Charles McPherson, PharmD
- Ziemowit Mazur, PhD, EdM, PA-C, DFAAPA
- Natalie Tucker, Pharm D
- Carmen Vergara, RN-BSN, MPH

OBJECTIVES AND PRIORITIES

OBJECTIVES

- Minority students pursuing health care as a career
 - Mentorship
 - Early employment and support
 - Health care leadership, succession planning
 - Collaboration to optimize diversity in health care

PRIORITIES

- Affirmative Action programs
- Recruitment activities
- Early academic preparation
- Financial incentives
- Leadership Accountability
- Leadership development
- Standardized tracking of data

WHY MUST THIS BE A PRIORITY?

Disparities in health care and outcomes in Black, Hispanic, and Native American populations

Diverse, culturally competent health care workforce is essential in improving outcomes and eliminating health disparities

More data reveals that physicians who are Black, Hispanic, and Native American practice in underserved communities, and racial concordance between patient and provider leads to improved patient satisfaction and outcomes

Patient outcomes improved when cared for by diverse teams

Positive association between diversity, quality, and financial performance in health care

- Gomez LE, Bernet P. "Diversity improves performance and outcomes." *Journal of the National Medical Association*. 2019;111(4):383-392. Diversity improves performance and outcomes – ScienceDirect
- Kington R. "Increasing Racial and Ethnic Diversity Among Physicians: An Intervention to Address Health Disparities?" In *The Right Thing to Do, the Smart Thing to Do: Enhancing Diversity in Health Professions—Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W. Nickens*. 2001: 64, 68.
- L. Cooper-Patrick et al., "Race, Gender, and Partnership in the Patient-Physician Relationship," *Journal of the American Medical Association* (11 August 1999): 583–589; and S. Saha et al., "Patient-Physician Racial Concordance and the Perceived Quality and Use of Health Care," *Archives of Internal Medicine* (10 May 1999): 997–1004.

PEDIATRICS CLINIC, CENTRAL ILLINOIS

An 11 year-old girl checks in for her annual appointment with her pediatrician.

Upon learning that her provider is a man, her mother immediately asks for a woman.

What questions do you have?



COMMITTEE RECOMMENDATIONS

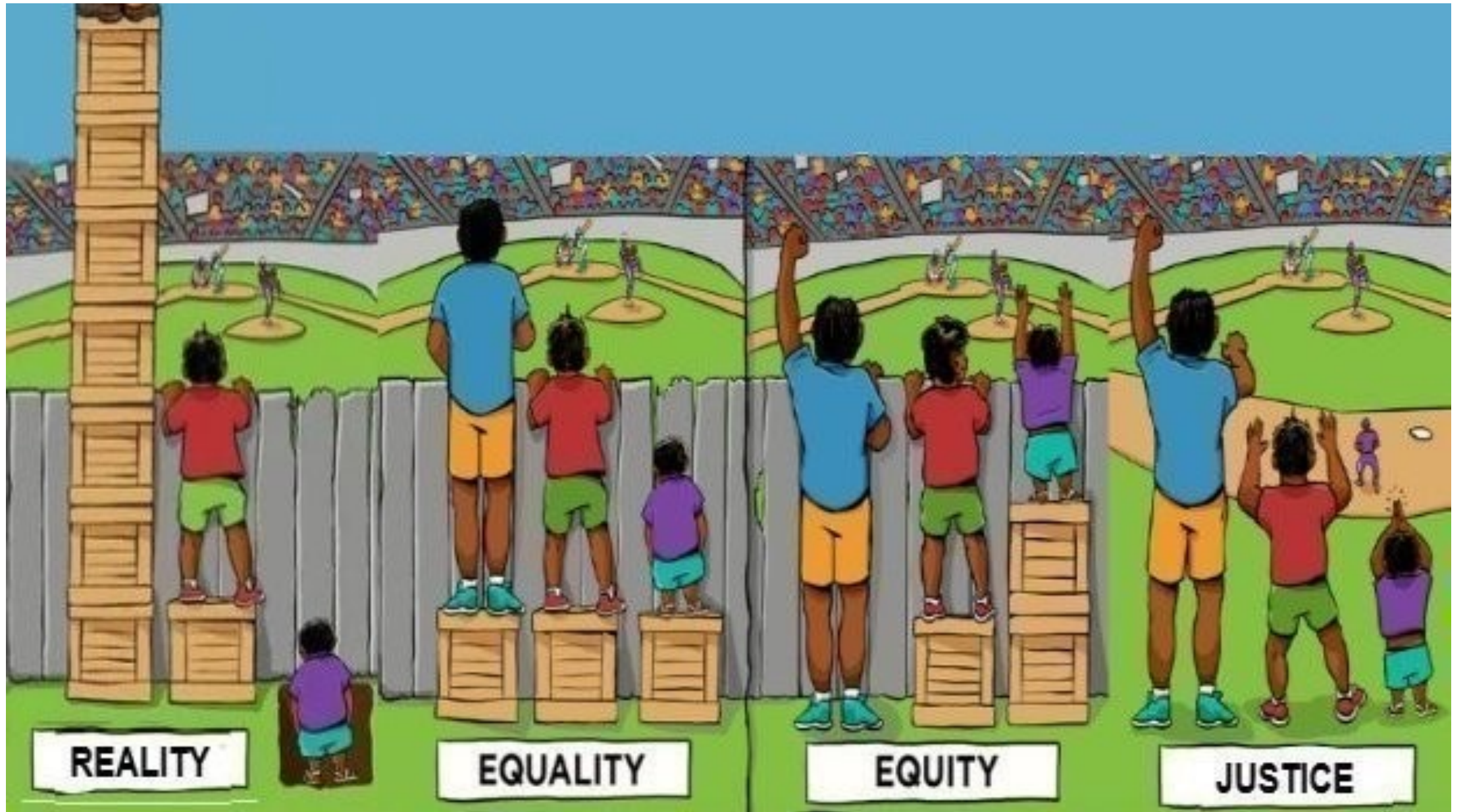
LEADERSHIP	EDUCATION	COLLABORATION
<ul style="list-style-type: none">• Launch a statewide survey• Expand survey to regional organizations• Sponsorship for national leadership training	<ul style="list-style-type: none">• Appropriate funding to pipeline programs• Develop standardization for pipeline programs• Universal guidelines for institutions of higher education as it relates to their institutional commitment to diversity, equity, inclusion, and justice.• Mentorship	<ul style="list-style-type: none">• Build collaborations between health care institutions of higher learning and key state stakeholders to form a statewide diversity in health care coalition• Include national partners• Create opportunities to engage community-based organizations and pipeline programs

IDPH Diversity in Health Care Task Force Survey on Optimizing Diversity, Equity, and Inclusion in Illinois Health Care Professions



DEFINITIONS

- **Diversity:** Representation of a variety of attributes, including, but not limited to, national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structures.
- **Equity:** Fair treatment, access, opportunity, and advancement for all while identifying and eliminating barriers that have prevented the full participation of some groups. In other words, giving people the resources they need to succeed.
- **Inclusion:** A cultural and environmental feeling of belonging and sense of uniqueness. It represents the extent to which employees feel valued, respected, encouraged to fully participate, and able to be their authentic selves.
- **Justice:** Fairness in processes and outcomes characterized by a belief that outcomes are deserved, entitlements are fulfilled, and outcomes and processes are morally acceptable.



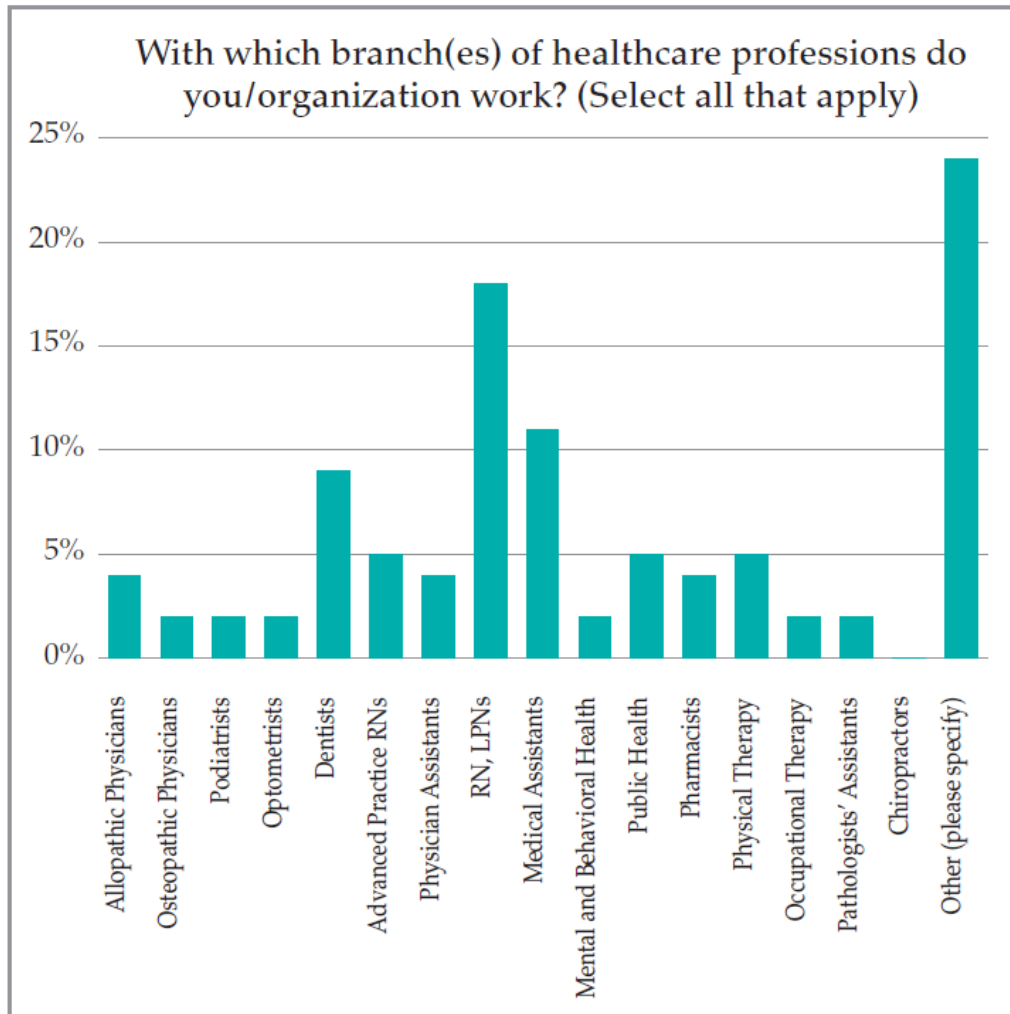


Figure 1: Branches of Health Care Professions

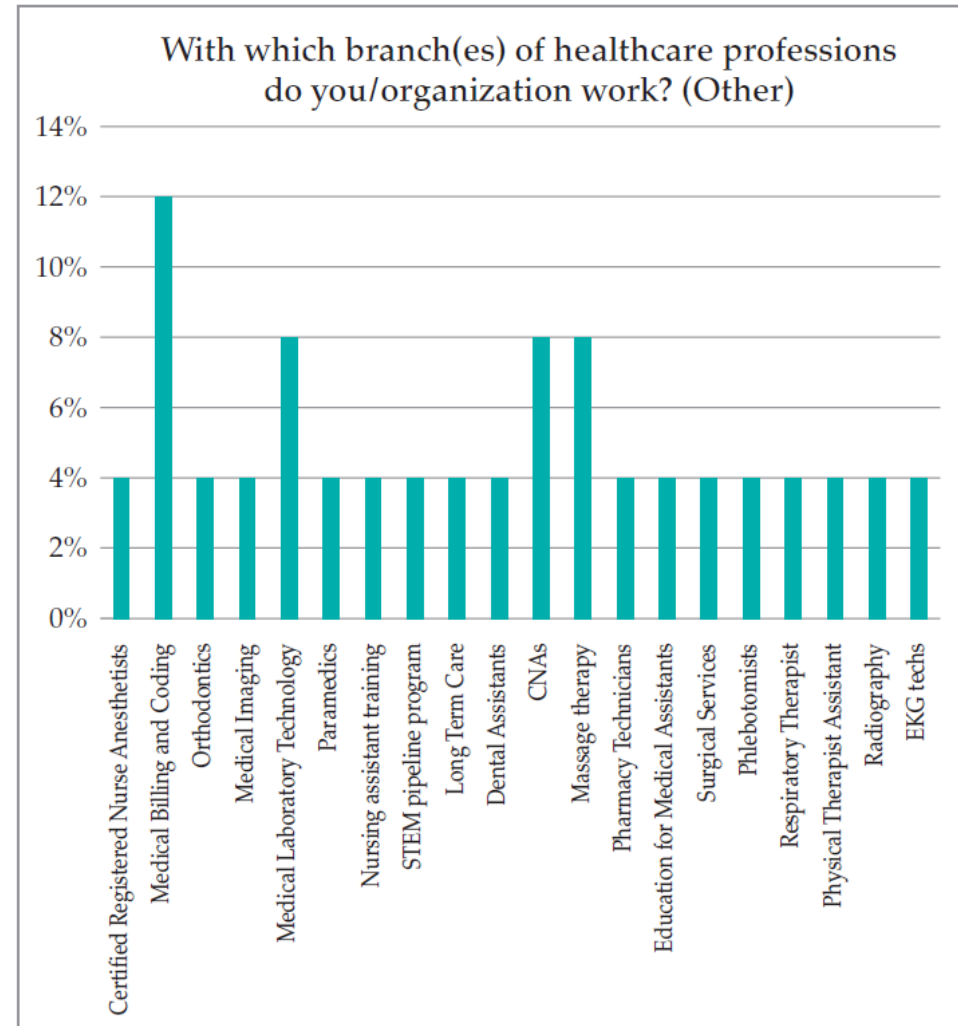


Figure 2: Branches of Health Care Professions (other)

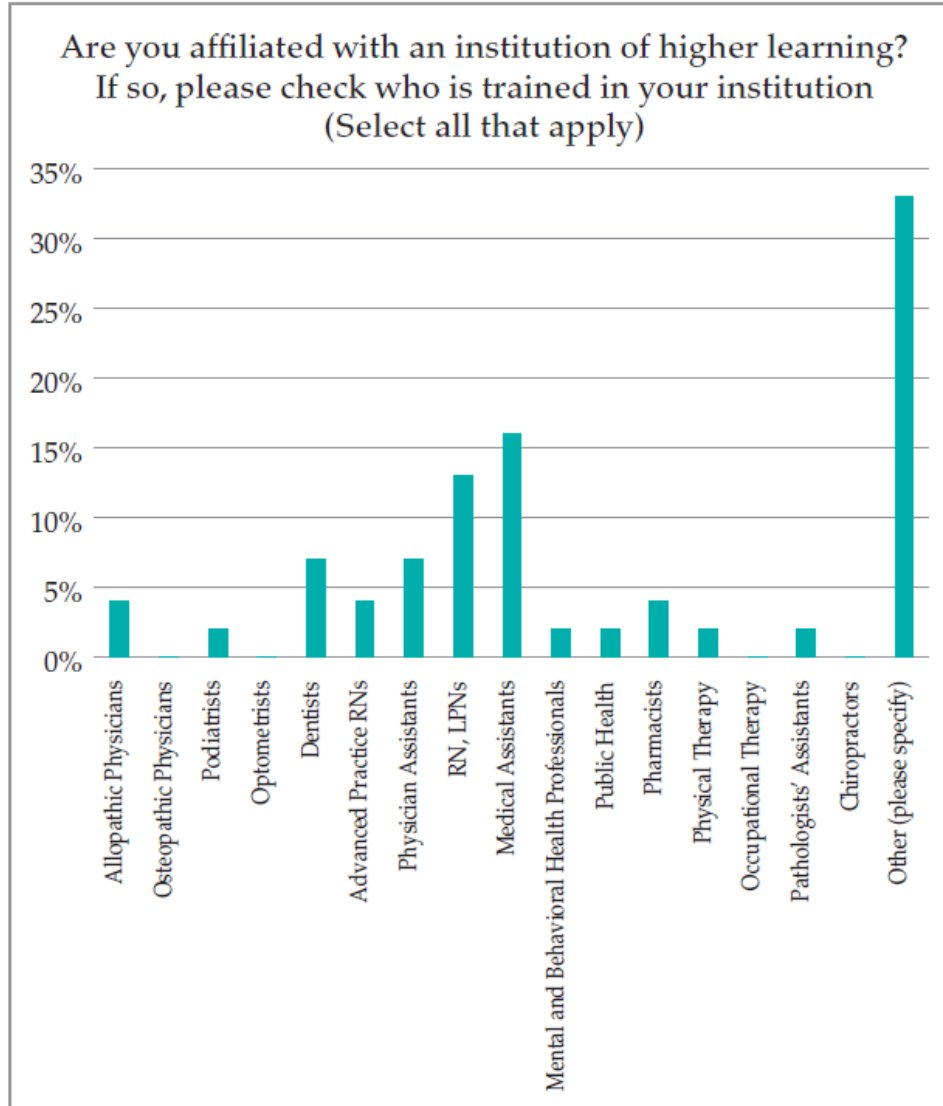


Figure 3: Affiliation with an institution of higher learning

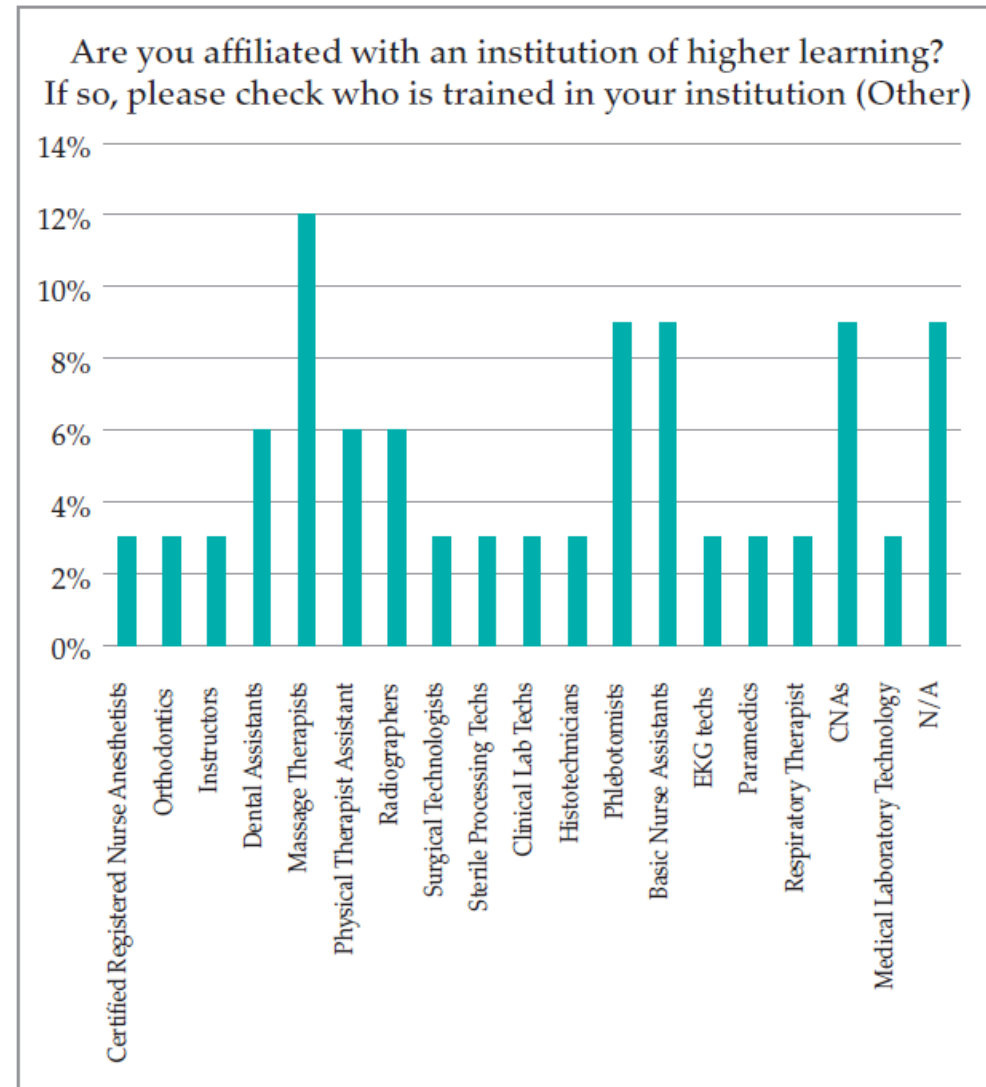


Figure 4: Affiliation with an institution of higher learning

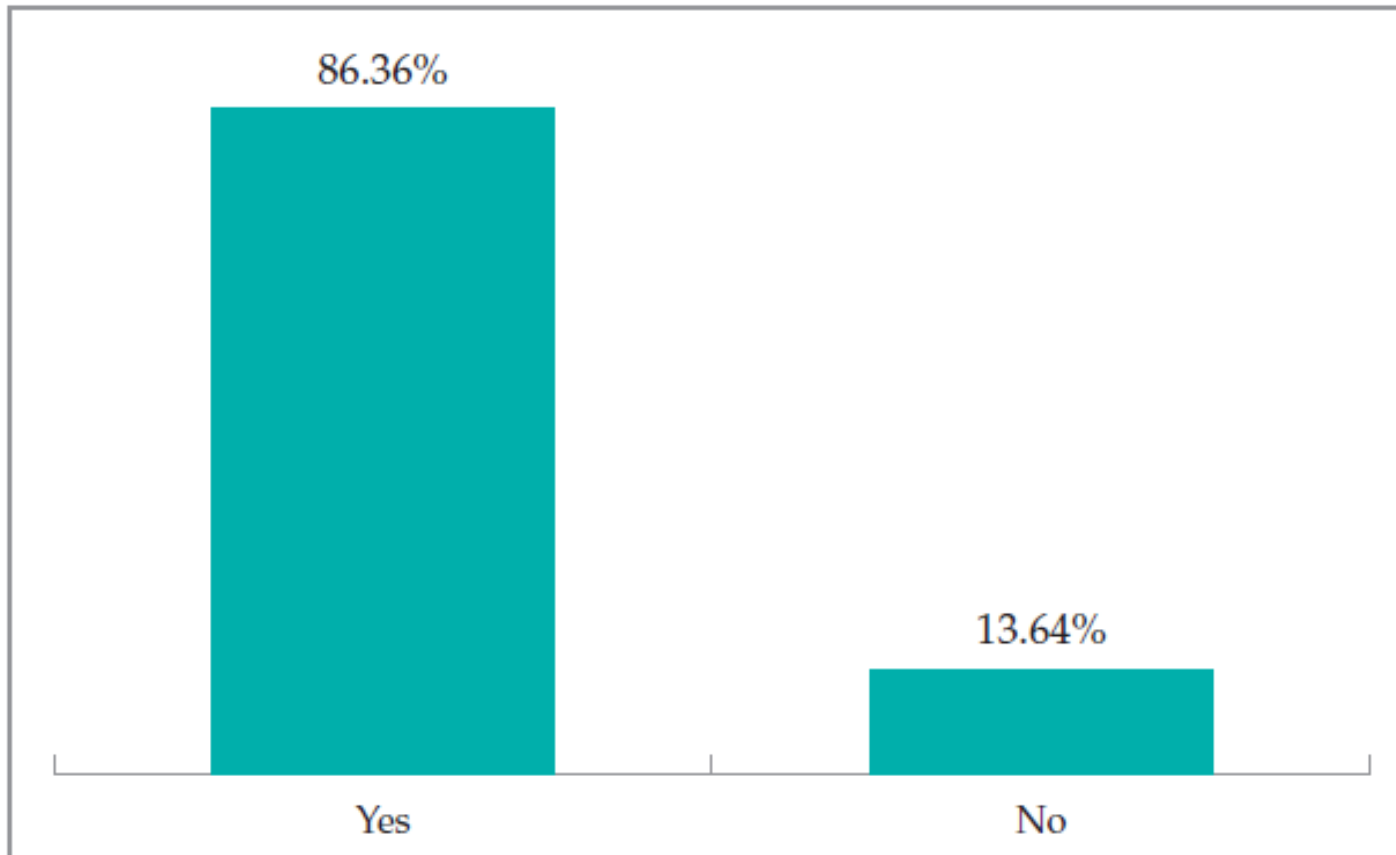


Figure 6: Response distribution for question 6. Do you think your mission statement prioritizes diversity, equity, inclusion, and justice in health care?

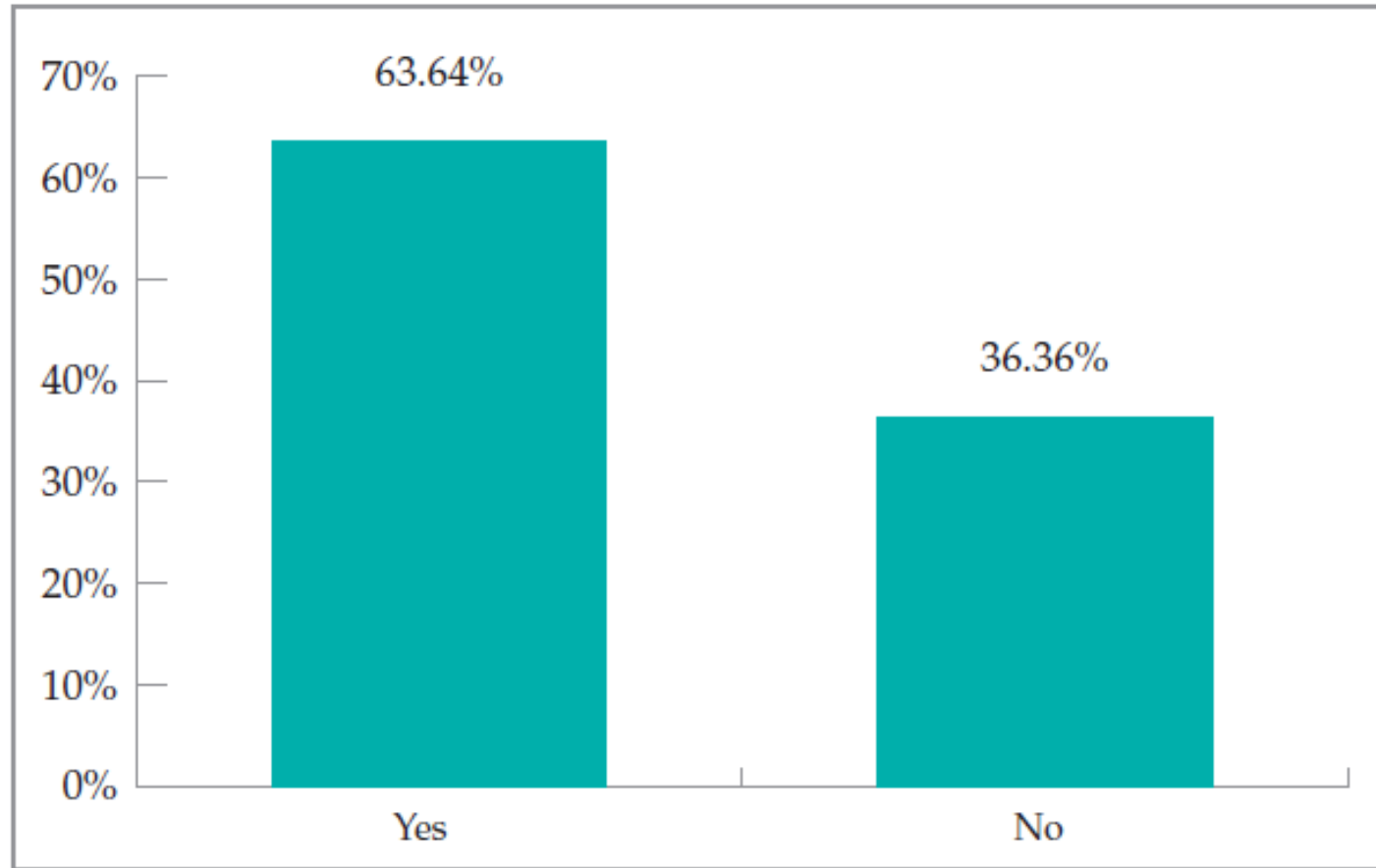


Figure 9: Response distribution for question 8. Is your organization involved in pipeline programs to develop future health care providers and leaders?

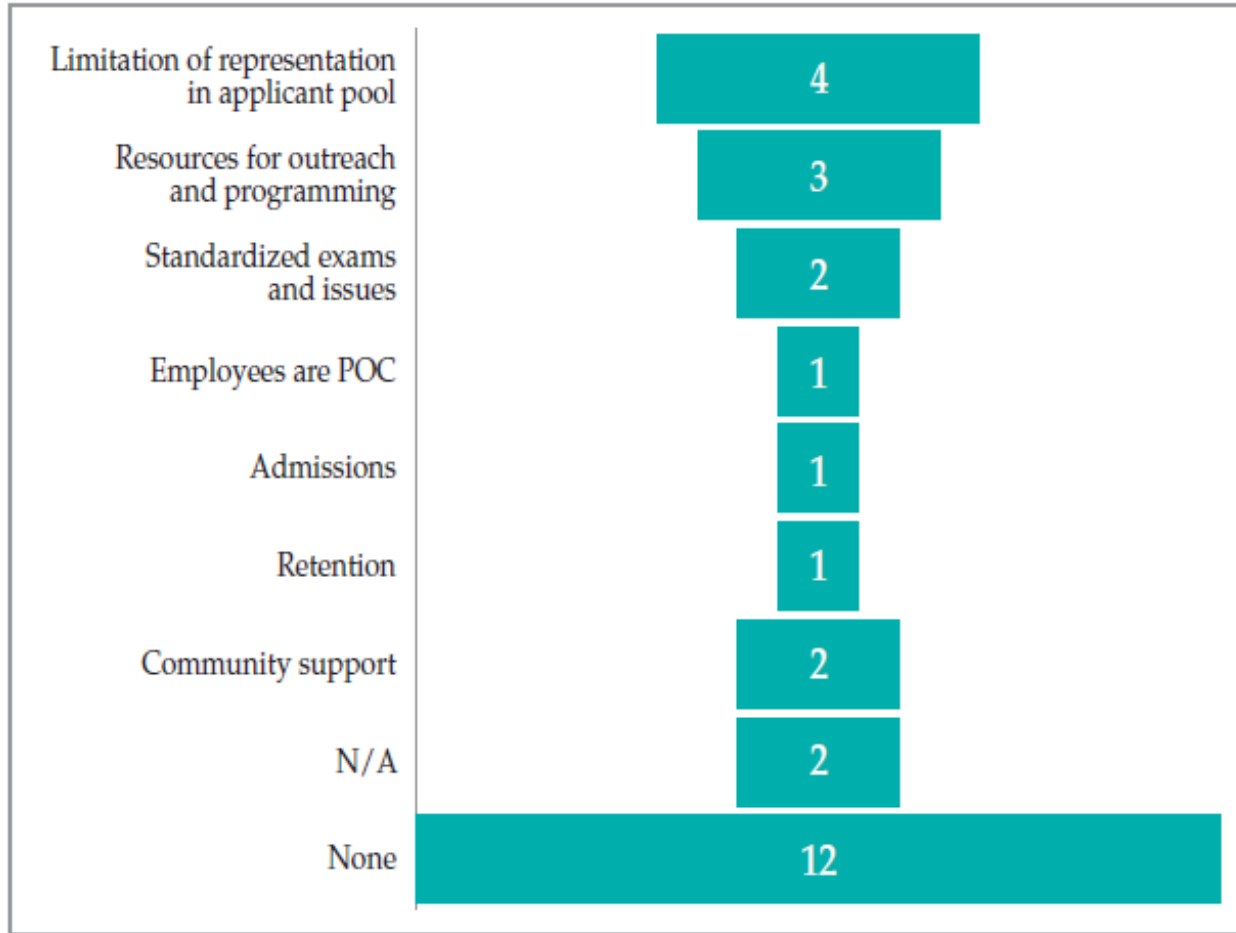


Figure 16. Themes/categories that emerged from Question 10. Please briefly describe what barrier(s) you/your organization have identified that limits diversity, equity, inclusion, and/or justice.

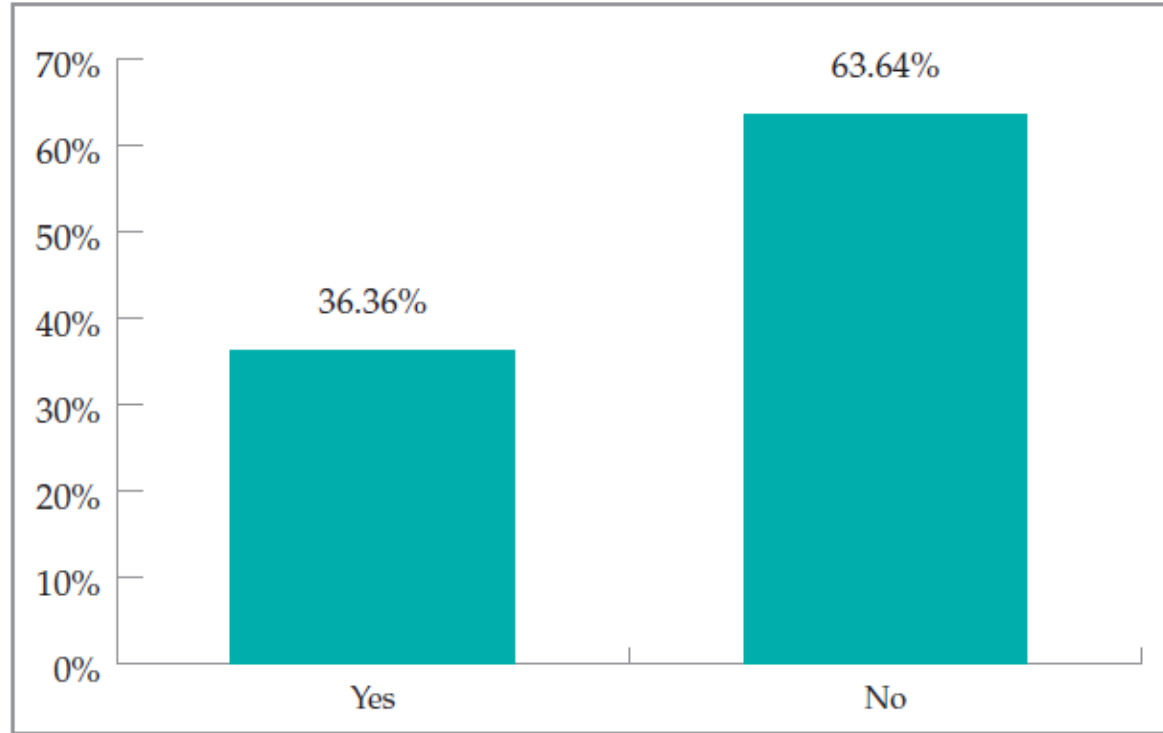


Figure 17: Response distribution for Question 11. Do you have any regional, state and/or national support for diversity, equity, inclusion, and justice resources/training?



PUBLIC HEALTH & SOCIAL JUSTICE

pathways to minority
health equity

November 15-16, 2022
Virtual Platform

2022 Illinois Minority Health Conference

BREAKOUT SESSIONS

	Data and Metrics	Resources	Barriers/Lessons
Moderator	Dr. Sodabeh Etminan	Gloria E. Barrera Dr. Ziemowit Mazur	Dr. Karona Mason Dr. Charles McPherson
Discussion Questions	<ul style="list-style-type: none">• What is your current process around capturing data and metrics?• Highlight your successes.• What are opportunities?	<ul style="list-style-type: none">• What resources do you have in place?• Describe successful collaborations, partnerships, and processes.• What are opportunities?	<ul style="list-style-type: none">• What barriers have you encountered?• What are some success stories in navigating these barriers?• Highlight lessons learned.

SUPPORT JEDI: JOIN THE FORCE! SUMMIT

Small Group	Key Points
Data and Metrics around Equity, Diversity, and Inclusion	<ul style="list-style-type: none">• There is an opportunity for uniform data collection across the state• Essential data points include: number of applicants, number of applicants granted interviews, matriculants, and graduates, and ethnicity, race, and gender of applicants, trainees, and faculty
Resources (State, Regional, and National) for Equity, Diversity, and Inclusion	<ul style="list-style-type: none">• Stable funding sources are required to sustain equity, diversity, and inclusion programs• Investment in pipeline programs, K-12, is imperative• Mobilization of community volunteers will be impactful• Institutions must develop and share resources
Barriers	<ul style="list-style-type: none">• Many programs are thinly staffed or dependent solely on grants instead of allocated funding• An organized, electronic method to collect, analyze, and track data is not standardized or readily available• Leadership must be commitment to equity by action

OBJECTIVES AND PRIORITIES

OBJECTIVES

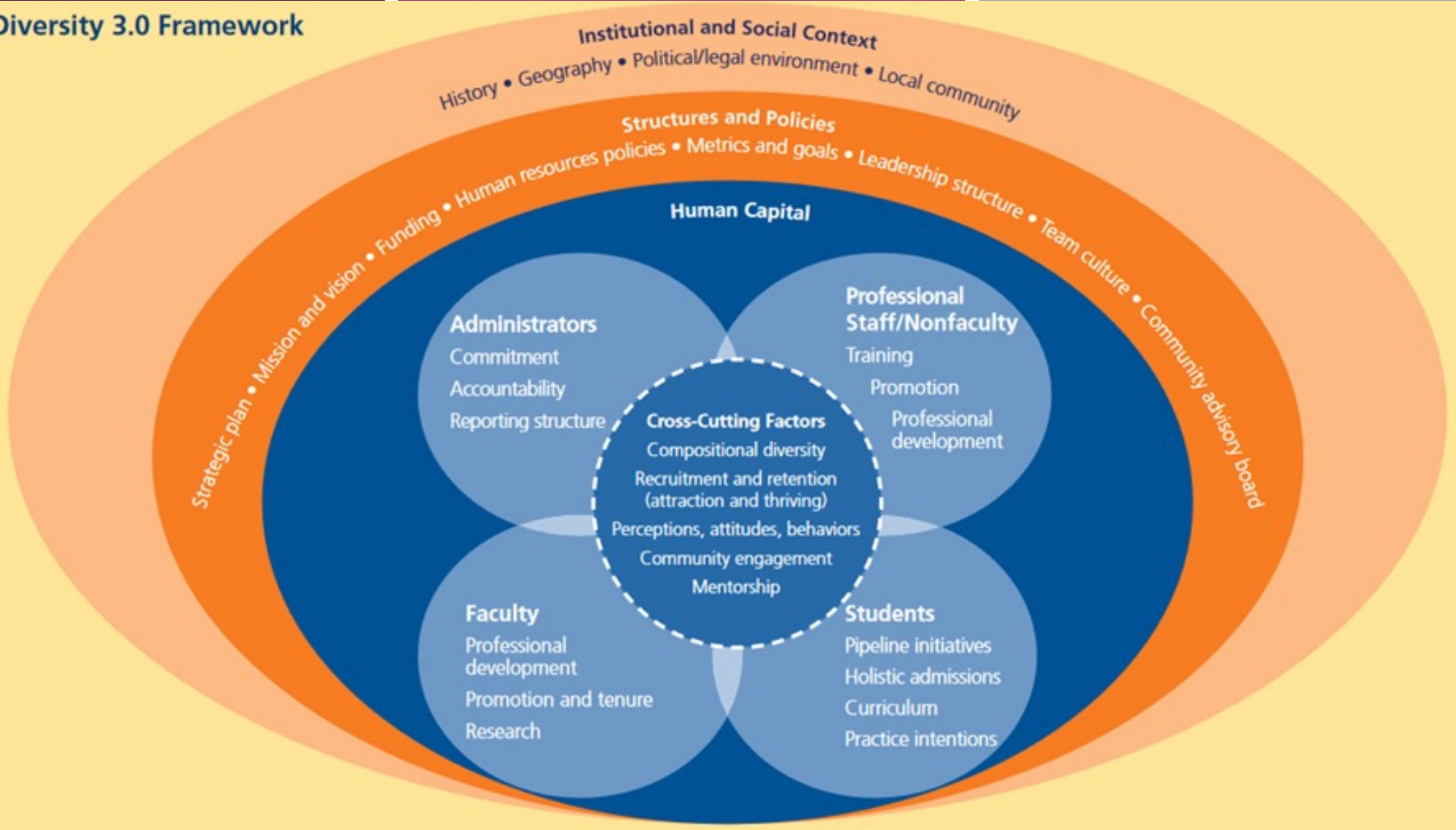
- Minority students pursuing health care as a career
 - Mentorship
 - Early employment and support
 - Health care leadership, succession planning
 - Collaboration to optimize diversity in health care

PRIORITIES

- Affirmative Action programs
- Recruitment activities
- Early academic preparation
- Financial incentives
- Leadership Accountability
- Leadership development
- Standardized tracking of data



The Diversity 3.0 Framework





(Slip Opinion)

OCTOBER TERM, 2022

1

Syllabus

NOTE: Where it is feasible, a syllabus (headnote) will be released, as is being done in connection with this case, at the time the opinion is issued. The syllabus constitutes no part of the opinion of the Court but has been prepared by the Reporter of Decisions for the convenience of the reader. See *United States v. Detroit Timber & Lumber Co.*, 200 U. S. 321, 337.

SUPREME COURT OF THE UNITED STATES

Syllabus

STUDENTS FOR FAIR ADMISSIONS, INC. v.
PRESIDENT AND FELLOWS OF HARVARD COLLEGE

CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR
THE FIRST CIRCUIT

No. 20–1199. Argued October 31, 2022—Decided June 29, 2023*

Harvard College and the University of North Carolina (UNC) are two of the oldest institutions of higher learning in the United States. Every year, tens of thousands of students apply to each school; many fewer are admitted. Both Harvard and UNC employ a highly selective admissions process to make their decisions. Admission to each school can depend on a student’s grades, recommendation letters, or extracurricular involvement. It can also depend on their race. The question presented is whether the admissions systems used by Harvard College and UNC are lawful under the Equal Protection Clause of the Four-



EPA

THANK YOU!



REFERENCES

1. Gomez LE, Bernet P. “Diversity improves performance and outcomes.” Journal of the National Medical Association. 2019;111(4):383-392. Diversity improves performance and outcomes – ScienceDirect
2. Kington R. “Increasing Racial and Ethnic Diversity Among Physicians: An Intervention to Address Health Disparities?” In The Right Thing to Do, the Smart Thing to Do: Enhancing Diversity in Health Professions—Summary of the Symposium on Diversity in Health Professions in Honor of Herbert W. Nickens. 2001: 64, 68.
3. L. Cooper-Patrick et al., “Race, Gender, and Partnership in the Patient-Physician Relationship,” Journal of the American Medical Association (11 August 1999): 583–589; and S. Saha et al., “Patient-Physician Racial Concordance and the Perceived Quality and Use of Health Care,” Archives of Internal Medicine (10 May 1999): 997–1004.
4. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/life-stages-populations/minority-health/diversity-healthcareprofessions-annualreport-2022.pdf>
5. [Diversity, Equity, Inclusion, and Entertainment: A Conversation Worth Having \(linkedin.com\)](#) [Diversity, Equity, Inclusion, and Entertainment: A Conversation Worth Having \(linkedin.com\)](#)
6. Nivet, Marc A. EdD, MBA; chief diversity officer; Castillo-Page, Laura PhD; senior director; Schoolcraft Conrad, Sarah MS; director. A Diversity and Inclusion Framework for Medical Education. Academic Medicine 91(7):p 1031, July 2016. | DOI: 10.1097/ACM.0000000000001120