State of Illinois
Illinois Department of Public Health

Diversity in Health Care Task Force

Annual Report 2022

IDPH
Illinois Department of Public Health

Executive Summary

Introduction

Pursuant to 20 ILCS 2310-213, this report from the Diversity in Health Care Task Force details the purpose of the task force, membership and activities of the task force, and its policy and advocacy recommendations for the Office of the Governor and General Assembly. The purpose of these recommendations is 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.

Task Force Overview and Activities

The task force convened its first meeting on June 26, 2020. After an election of a chair and establishment of three working groups: Education, Leadership, and Collaboration, the task force met again in September and November 2020 to discuss relevant literature and data to appropriately frame and generate a list of key recommendations. Two annual reports were published in 2020 and 2021.

Recommendations

The task force will use the key recommendations to advise the Office of the Governor and General Assembly to engage students and the community at large to ultimately diversify the health care workforce.

Task Force Overview and Activities

Legislative Mandate

Effective January 1, 2020, newly enacted state legislation (P.A. 101-0273) established the Diversity in Health Care Professions Task Force, with administrative support to be provided by the Illinois Department of Public Health (IDPH). The act set forth the mission of the task force to work towards specified objectives that achieve greater diversity within the health care workforce (newly cited as 20 ILCS 2310-213).

Task Force Composition

The task force consists of the following licensed to practice in Illinois professional categories: two dentists, two medical doctors, two nurses, two optometrists, two pharmacists, two physician assistants, two podiatrists, and two public health practitioners.

Membership *Indicates leadership of a working group

Gloria E. Barrera, MSN, RN, PEL-CSN*

Lisa Charles Fields, PHD, PA-C

Martin Cortez, PharmD, BCPS

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Len Meyer, MHSA*

Erik Mothersbaugh, OD, FAAO

Vidhya Prakash, MD, FACP, FIDSA, FAMWA (Chair)

Bryan Richardson, MD

Natalie Tucker, Pharm D

Carmen Vergara, RN-BSN, MPH

Framework

The task force elected to use the following framework to generate a list of key recommendations.

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.

Objectives

- Minority students pursuing medicine or health care as a career option.
  - Establishing a mentee/mentor relationship with current health care professionals and students by:
    - Utilizing social media to communicate important messages and success stories.
    - Holding a conference related to diversity and inclusion in health care professions.
  - Early employment and support by:
    - Researching and leveraging best practices, including recruitment, retention, orientation, workplace diversity, and inclusion training.

        - Identifying barriers to inclusion and retention and proposing solutions.
    - Health care leadership and succession planning including:
        - Providing education, resources, and tool kits.
        - Developing health work environments, leadership training on culture, diversity, and inclusion.
        - Obtaining workforce development concentrated on graduate and post-graduate education and succession planning.
    - Collaborate with the following to achieve greater diversity in medicine and the health professions.
        - Policy makers
        - Medical and specialty societies
        - National underrepresented minority organizations
        - Other groups

Priorities

- Affirmative action programs should be designed.
- Recruitment activities should support and advocate for the full spectrum of racial, ethnic, and cultural diversity.
- Recruitment and academic preparations of underrepresented minority students should start in elementary school and throughout.
- Financial incentives should be increased to minority students.
- Staff should be hired in these organizations who are accountable to the organizational leadership and to implement and measure the effectiveness of their activities.
- Formal program or mechanism to ensure that these individuals rise to leadership positions at all levels.
- Organizations with a stake in enhancing workforce diversity should implement systems to track data and information on race, ethnicity, and other cultural attributes.

Considerations

- What does the data tell us about the existing disparities?
- What are local, regional, and national think tanks who can help us with the data?
- What does the literature tell us about solutions at scale?
- How should we prioritize our initial list of recommendations/action items?
- Who are the key stakeholders and experts we need to bring to the table?

Task Force Activities Since 2021 Annual Report

The team focused on the key objective of collaboration and on prioritization of data collection and analysis. In 2021, the task force disseminated a survey to state health care institutions of higher learning. The purpose of the survey was to obtain vital information on data, policies, and practices in the realms of equity, diversity, inclusion, and justice. Twenty-two institutions participated in the survey. After a thorough analysis of the survey, the task force decided to engage stakeholders from these institutions in an open discussion about current practices, successes, barriers, and strategies to ultimately diversify the health care workforce.

On November 15, 2022, the task force held a virtual summit, “Support JEDI (Justice, Equity, Diversity, and Inclusion): Join the Force!” during the IDPH Public Health and Social Justice: Pathways to Minority Health Equity conference.

Task Force Updates and Recommendations

Introduction

Diversity in health care—why does it matter? According to the U. S. Census Bureau's population projections for 2000 to 2050, the country will experience substantial growth in racial and ethnic diversity. Notably, Asian and Hispanic populations are expected to have the largest level of growth.[1] The multicultural patient population requires culturally competent care, with cultural competence defined as "the knowledge, skills, attitudes, and behavior required of a practitioner to provide optimal health care services to persons from a wide range of cultural and ethnic backgrounds."[2] Cultural competence is attained not only through didactics and reading, but especially through education in environments that reflect the diverse patient population.[2] The task force believes there is a duty to recruit and to train diverse talent in the health care educational arena and further, recruit and retain diverse health care professionals.

In addition to enhancing a culturally competent health care workforce, diversity in the health care professions will undoubtedly optimize clinical care for underserved and historically marginalized communities. The data on health outcomes in Black, Hispanic, and Native American populations is sobering. The risk of hospitalization and mortality due to COVID-19 is considerably higher in each of these groups compared to White patients.[3] Illinois data shows that the highest percentage of low birth weight occurs among Black patients, with a correlation between a baby's low birth weight and the mother's socioeconomic status. Further, the death rate due to heart disease, cerebrovascular disease, and malignant neoplasms is higher in Black patients compared to White patients.[4] Proactively addressing social determinants of health that are at the heart of these disparities, coupled with improving access to diverse and culturally competent health care providers are vital to eliminating disparities in health care and health outcomes.

Access to excellent health care and improved health outcomes are two other reasons to diversify the health care workforce. Black, Hispanic, and Native American physicians are more likely to treat a larger proportion of minority patients than White physicians.[5,6] Further, women and Black and Hispanic physicians are more inclined to care for patients who are impoverished and on Medicaid.[2] Racial concordance between patients and their health care providers is associated with improved patient satisfaction,[7] and at least one study showed that patients treated by female physicians had lower mortality and hospital readmission rates than patients treated by male physicians.[8] In addition to improved access, patient experience, and health outcomes, there is a positive correlation between diverse teams and financial performance.[9]

How can members of the health care workforce be recruited and trained? Globally, people of color experience lower hiring rates, lower representation in leadership positions, and more bias at work. Strategies to improve equity, diversity, and inclusion in any organization include high-level leadership championing these efforts, centering diversity and inclusion in the business strategy, holding executive leadership accountable for outcomes related to diversity and inclusion, systemic strategies to mitigate implicit bias, and investing in leadership training and coaching so managers create psychological safety and equitable environments where they lead.[10] In the health care realm, the establishment of formal working groups with support from leadership to develop a plan to promote diversity and inclusion, coupled with clear goals, transparency in reporting on progress, and promotion of best practices for diversity and inclusion are essential. Further, creation of diverse pipeline programs, expanded training opportunities, and recruitment strategies with communities of color through a collaborative approach will further the likelihood of success in diversifying the health care workforce.[11] Organizations like the American College of Healthcare Executives model organizational commitment to diversity through their policy position on increasing and sustaining racial/ethnic diversity in health care leadership.[12]

The task force remains committed to its mission to diversify the Illinois health care workforce. The task force strives to collaborate with health care institutions of higher learning to develop a core set of guidelines to develop and to sustain exceptional pipeline programs, to collect and track data related to bridge health disparities in underserved and historically marginalized communities, and to ultimately optimize health and health care for patients. The survey and summit are key first steps to achieving the task force's mission.

References

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11. AcademyHealth. The Future of Diversity and Inclusion in Health Services and Policy Research: A Report on the AcademyHealth Workforce Diversity 2005 Roundtable.
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IDPH Diversity in Health Care Task Force Survey and Analysis on Optimizing Diversity, Equity, and Inclusion in Illinois Health Care Professions

In 2021, the task force disseminated a survey to state health care institutions of higher learning. The purpose of the survey was to obtain vital information on data, policies, and practices in the realms of equity, diversity, inclusion, and justice. Twenty-two institutions participated in the survey. The survey and analysis are below.

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

The task force generated a tool to gather data on equity, diversity, and inclusion in policies and processes at statewide medical institutions. Refer to the questionnaire below, which was sent to more than 250 medical institutions.

Survey

Effective January 1, 2020, newly enacted state legislation established a Diversity in Health Profession Task Force. The mission of the task force is to develop specific objectives to achieve greater diversity within the health care workforce. In order to learn more about organizations and institutions in the state with similar missions, the task force members created a survey to identify barriers that may be preventing your organization/institution from fully achieving the established goals. Please take 10 minutes to complete the survey.

Name

Name of Organization (free response)

With which branch(es) of health care professions do you/organization work? (Select all that apply. Multiple response, checkbox for each profession, add "other" to fill in the blank)

Allopathic Physicians

Osteopathic Physicians

Podiatrists

Optometrists

Dentists

Advanced Practice RNs

Physician Assistants

RN, LPNs

Medical Assistants

Mental and Behavioral Health Professionals

Public Health

Pharmacists

Physical Therapy

Occupational Therapy

Pathologists' Assistant

Chiropractor

Other: fill in option

Are you affiliated with an institution of higher learning? If so, please check who is trained in your institution (Select all that apply. Multiple response, checkbox for each profession, add "other" to fill in the blank)

Allopathic Physicians

Osteopathic Physicians

Podiatrists

Optometrists

Dentists

Advanced Practice RNs

Physician Assistants

RN, LPNs

Medical Assistants

Mental and Behavioral Health Professionals

Public Health

Pharmacists

Physical Therapy

Occupational Therapy

Pathologists' Assistant

Chiropractor

Other: fill in option

What is the mission statement for your organization? (free response)

Do you think your mission statement prioritizes diversity, equity, inclusion, and justice in health care? Yes or No. Why or why not? (Free response)

Some 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.

Sources

Start Here: A Primer on Diversity and Inclusion (Part 1 of 2) (harvardbusiness.org)

What Exactly Is Diversity, Equity, and Inclusion?... (naceweb.org)

The Just Organization: Creating And Maintaining Justice In Work Environments (wlu.edu)

How would you rate diversity, equity, inclusion, and justice with respect to gender, race, ethnicity, sexuality, and ability in each of the following areas in your institution? 1-5 Likert type scale response (strongly disagree to strongly agree) with room for comments after each.

My organization is diverse in its makeup of leadership.

My organization is diverse in the makeup of its student and/or trainee body (if applicable).

My organization is diverse in the makeup of its employees.

My organization prioritizes diversity, equity, inclusion, and justice in selecting leaders.

My organization prioritizes diversity, equity, inclusion, and justice in selecting trainees.

My organization prioritizes diversity, equity, inclusion, and justice in selecting employees.

My organization prioritizes diversity, equity, inclusion, and justice in funding for research.

Is your organization involved in pipeline programs to develop future health care providers and leaders? Yes or No

If Yes to the question above, please describe your pipeline program/programs (free response).

Please briefly describe what outcome metric(s) you/your organization uses to track the following (free response):

Diversity in the makeup of employees and/or trainees.

Equity and inclusion in processes related to selection of employees and/or trainees.

Equitable and inclusive policies related to allocation of resources.

Equitable and inclusive policies related to promotion and tenure.

Equity and inclusion in selecting health care leaders.

Please briefly describe what barrier(s) you/your organization have identified that limits diversity, equity, inclusion, and/or justice (free response).

Do you have any regional, state and/or national support for diversity, equity, inclusion, and justice resources/training? Yes/No. If Yes, please list.

Does your organization require additional support for DEI training in health care? If so, please list your needs.

Please briefly describe your/your organization's experience working in the space of diversity, equity, inclusion, and justice in health care professions, with a focus on opportunities for improvement (free response).

Optimizing Diversity, Equity, and Inclusion in Illinois Health Care Professions

Report of Findings

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The survey had a total of 22 respondents representing multiple fields in medicine and allied health care. RNs and LPNs comprised 18% of the represented health care professions and medical assistants represented 11%. Most respondents (24%) indicated when asked, "With which branch(es) of health care professions do you/organization work? (select all that apply)," that their field classified as "Other." Within the "Other" category, most respondents stated that they represented the field of medical billing and coding (12%), followed by Medical Laboratory Technology, CNAs, and Massage Therapy (8% respectively). (Figures 1 and 2)

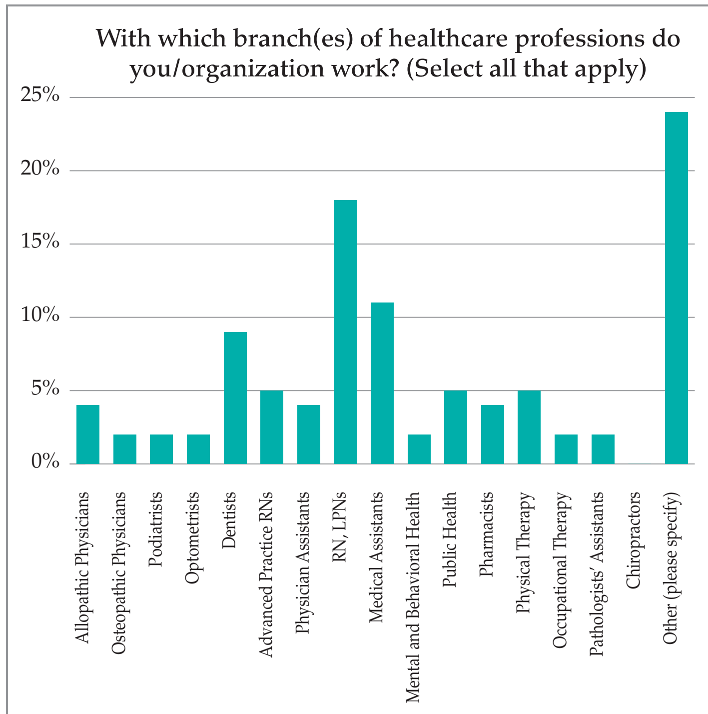

Figure 1: Branches of Health Care Professions

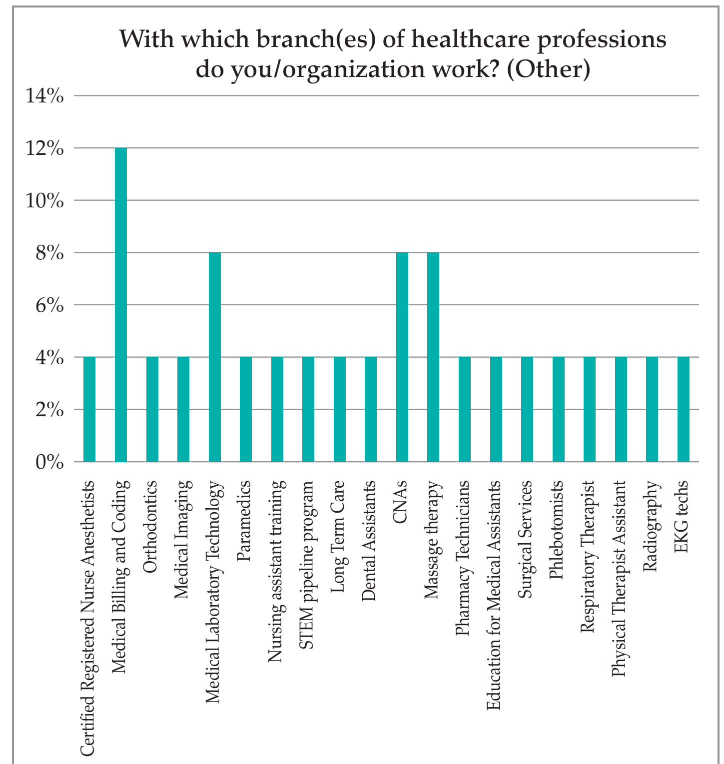

Figure 2: Branches of Health Care Professions (other)

RNs, LPNs, and Medical Assistants were the professions of respondents that indicated they were affiliated with an institution of higher learning (13% and 16% respectively). Again, most respondents, 33%, indicated that their health care field fell under "Other." In that "other" category, massage therapists represented 12%, followed by Phlebotomists, Basic Nurse Assistants, CNAs, and N/A individually comprising 9% of the responses. (Figures 3 and 4)

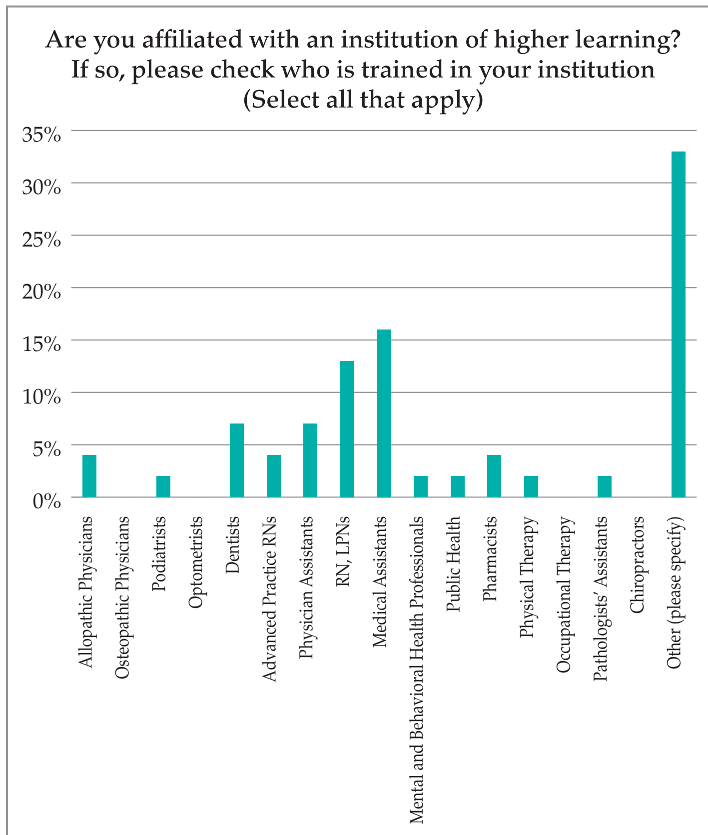

Figure 3: Affiliation with an institution of higher learning

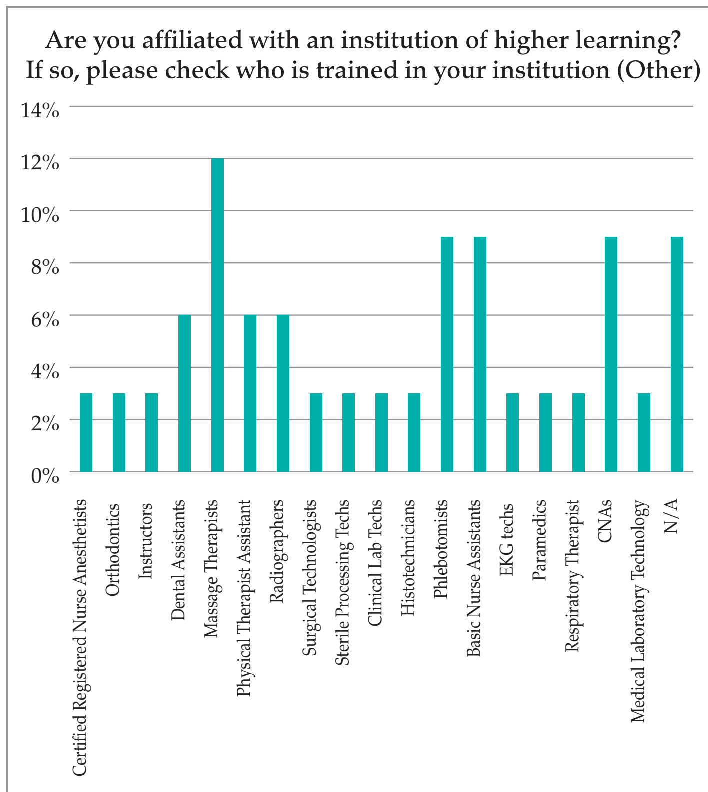

Figure 4: Affiliation with an institution of higher learning

Respondents were asked the mission statement of their organization. Common themes across represented organizations' mission statements were identified. A total of 13 themes/categories were generated. Among the themes identified, quality and affordable education was the most common. Additionally, other popular themes included service; diversity, equity, and inclusion (DEI); and diversity among staff and students. (Figure 5)

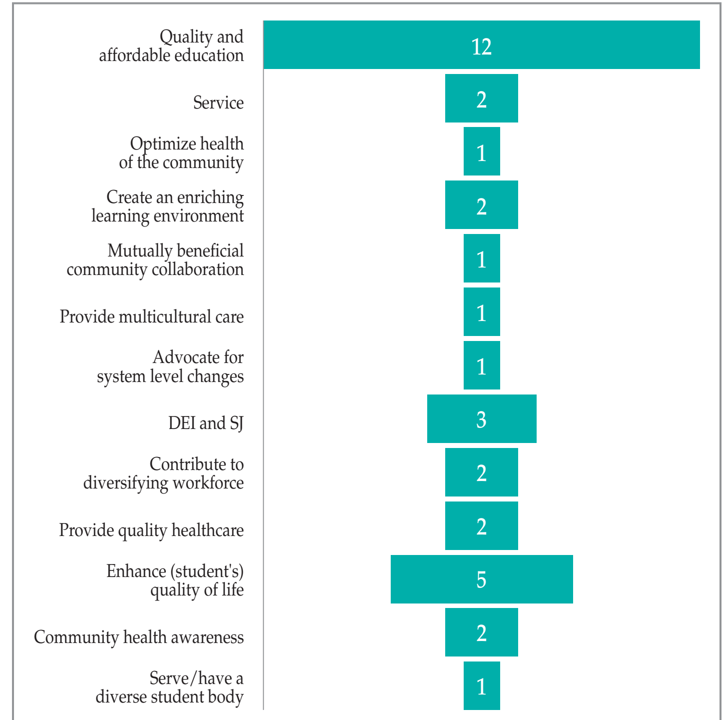

Figure 5: Categories/themes that emerged in mission statements of participating organizations

When asked, "Do you think your mission statement prioritizes diversity, equity, inclusion, and justice in health care?" most respondents indicated that they believed DEI was prioritized within the mission statement in some way (Figure 6). Respondents were asked "why or why not?" and 11 respondents completed this.

Five themes were generated from this question. Most respondents indicated that their organizations prioritize equality with statements such as "consider everyone as equal." Some organizations responded that their mission statement does prioritize DEI in health care as well as in other services provided. Some respondents highlighted that DEI is a focus within their organizations, but not included in their mission statements. Additionally, diversity among students and resources dedicated to diversity was noted as prioritizing DEI and justice in health care. (Figure 7)

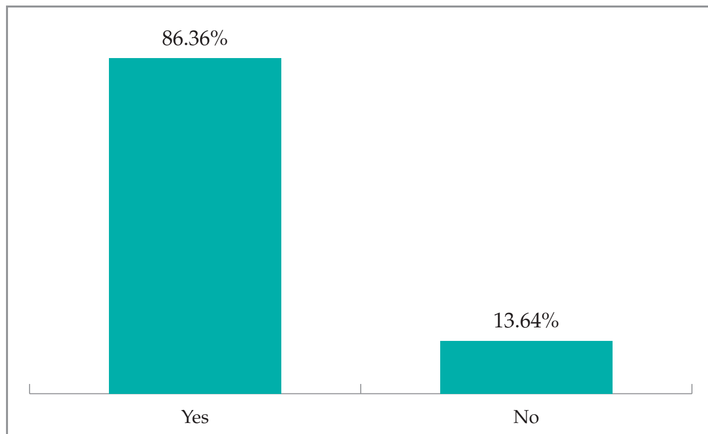

Figure 6: Response distribution for question 6. Do you think your mission statement prioritizes diversity, equity, inclusion, and justice in health care?

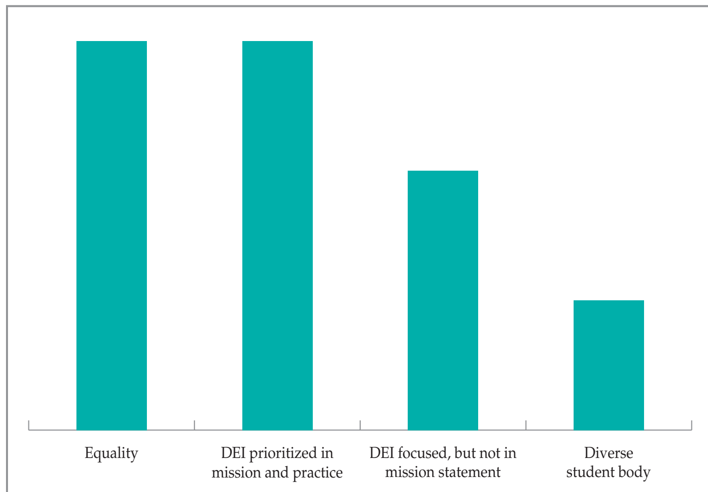

Figure 7: Themes that emerged from question 6. Do you think your mission statement prioritizes diversity, equity, inclusion, and justice in health care?

Most respondents indicated they "strongly agree" and "agree" that their organizations had components of DEI throughout different components of their organization, except for research. The latter was almost evenly distributed between "strongly agree" and "neither agree nor disagree." (Figure 8)

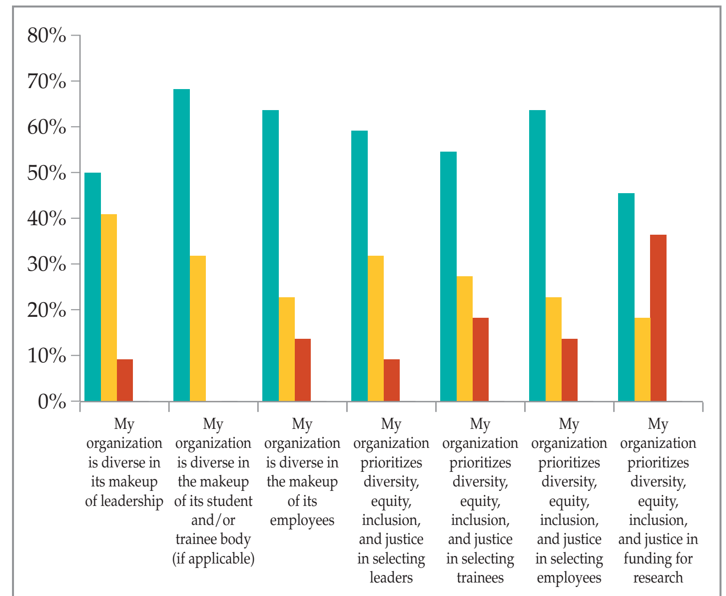

Figure 8: Response distribution for question 7. How would you rate diversity, equity, inclusion, and justice with respect to gender, race, ethnicity, sexuality, and ability in each of the following areas in your institution?

Most respondents indicated that their organization was involved in pipeline programs to develop future health care providers and leaders (63.6%). Eleven of the 14 indicated their organizations were involved in pipeline programs and went on to describe their pipeline programs. Most respondents indicated "a wide range of college programs offered" was the pipeline mechanism. Additionally, relationships with professional associations and hospitals were noted by organizations in a pipeline program, along with themes. (Figures 9 and 10)

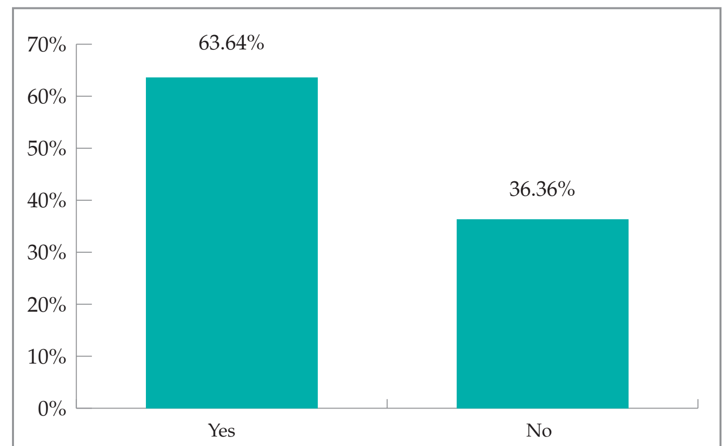

Figure 9: Response distribution for question 8. Is your organization involved in pipeline programs to develop future health care providers and leaders?

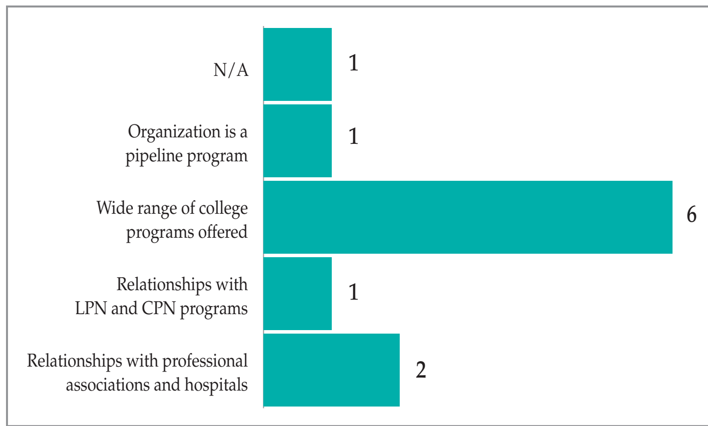

Figure 10: Count of themes/categories that emerged from question 8. Is your organization involved in pipeline programs to develop future health care providers and leaders?

Several themes were generated from the question asking participants to describe the outcome metric(s) their organization uses to track equity and DEI in practice. Specifically, five focus areas were discussed: "diversity in the makeup of employees and/or trainees," "equity and inclusion in process related to selection of employee and or trainees," "equitable and inclusive policies related to allocation of resources," "equitable and inclusive policies related to promotion and tenure," and "equity and inclusion in selecting health care leaders." Of the themes generated from participants' statements, tracking demographic data was commonly stated as a metric used to evaluate diversity in the makeup of employees and or trainees. For assessing equity and inclusion in the employee selection process, "survey" was commonly stated as the metric or more appropriate method of choice. Additionally, "regular policy review" was commonly stated as a metric of choice for assessing equitable policies related to allocation of resources. Adding to that, for assessment of equitable policies relating to promotion and tenure, most participants stated that they do not use a specific metric system. The same results were seen for assessing equity in selecting health care leaders. Notably, "Not applicable/ not stated" emerged frequently in this question as well. (Figures 11-15)

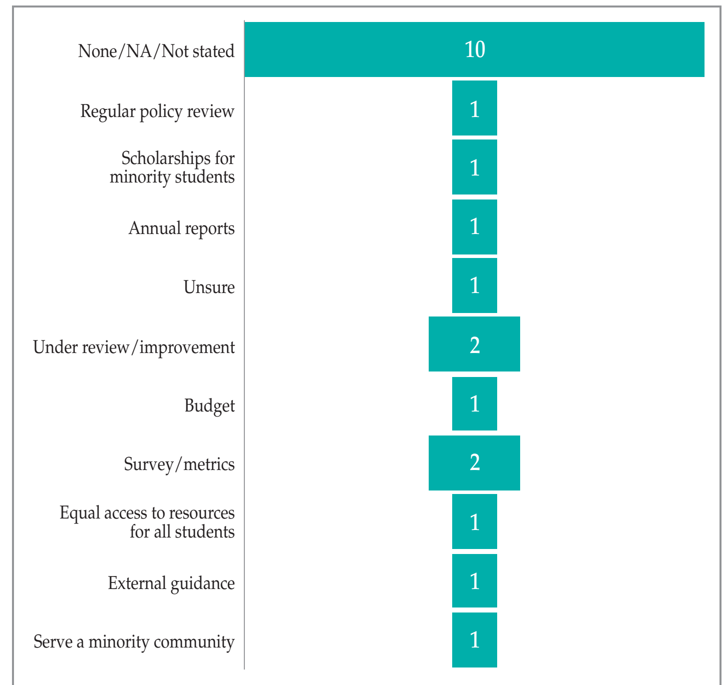

Figure 11: Themes/categories that emerged from Question 9. Equitable and inclusive policies related to allocation of resources.

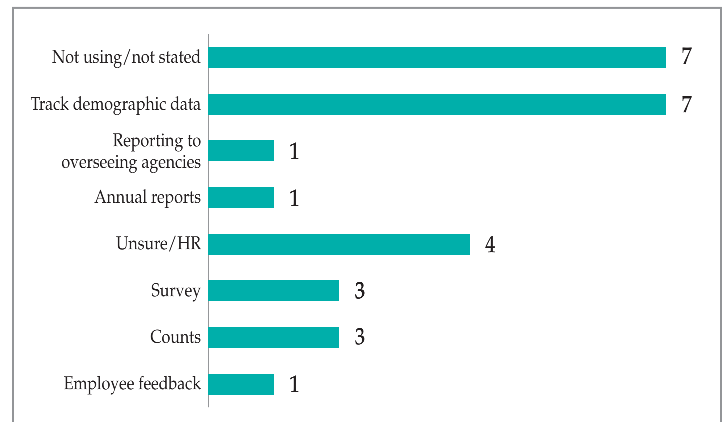

Figure 12: Themes/categories that emerged from Question 9. Diversity in the makeup of employees and/or trainees.

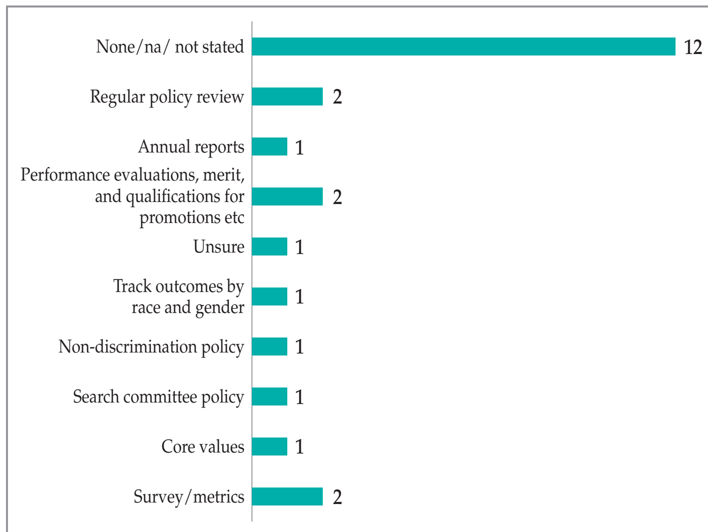

Figure 13: Themes/categories that emerged from Question 9. Equitable and inclusive policies related to promotion and tenure.

Figure 14: Themes/categories that emerged from Question 9. Equity and inclusion in processes related to selection of employees and/or trainees.

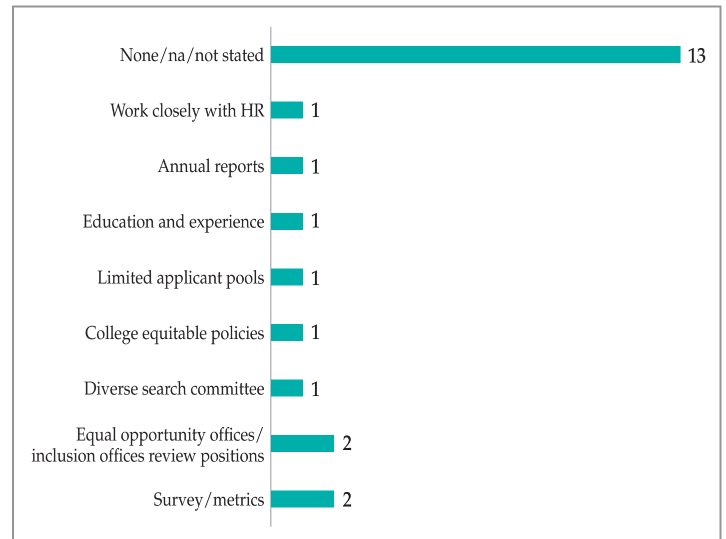

Figure 15: Themes/categories that emerged from Question 9. Equity and inclusion in selecting health care leaders.

Nine themes were generated from the question about barriers limiting DEI among organizations. Among the themes generated, "no barriers" were commonly stated by participants. –A total of 10 statements highlighting no barriers were generated from participants' responses. The next commonly stated themes as barriers limiting DEI were, "Applicant pools are not reflective of community being served" and "Resources for outreach and programming." (Figure 16)

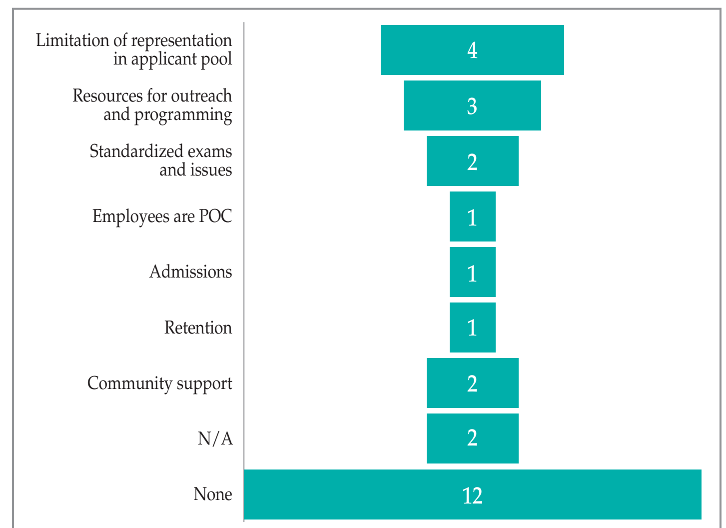

Figure 16. Themes/categories that emerged from Question 10. Please briefly describe what barrier(s) you/your organization have identified that limits diversity, equity, inclusion, and/or justice.

Most respondents indicated that there was no external support for DEI training (Figure 17). In response to "if yes, please list," most respondents who completed this identified that their support came from state, college, or organizational funding. (Figure 18)

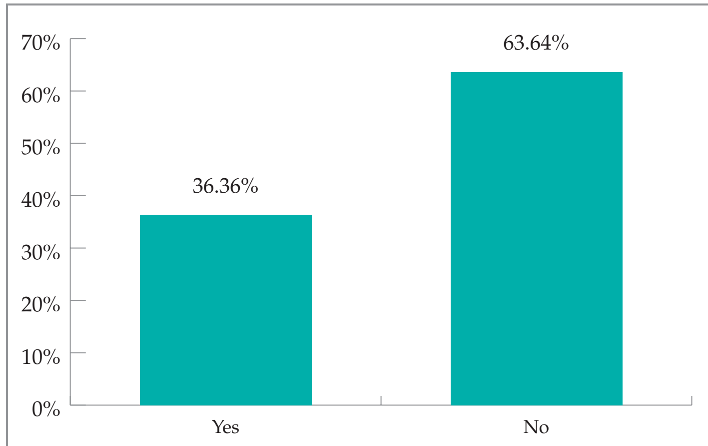

Figure 17: Response distribution for Question 11. Do you have any regional, state and/or national support for diversity, equity, inclusion, and justice resources/ training?

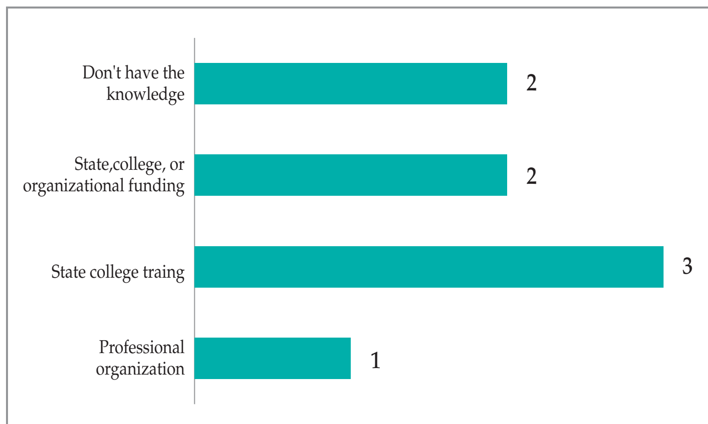

Figure 18: Themes/categories that emerged from Question 11. Do you have any regional, state and/or national support for diversity, equity, inclusion, and justice resources/training?

Most respondents indicated that they did not believe that their organization needs additional support for DEI training (Figure 19). Among those that indicated they required additional support, five themes were identified (Figure 20). Some of these themes highlight DEI training activities and modules that could be helpful in informing DEI practices in health care for their organization.

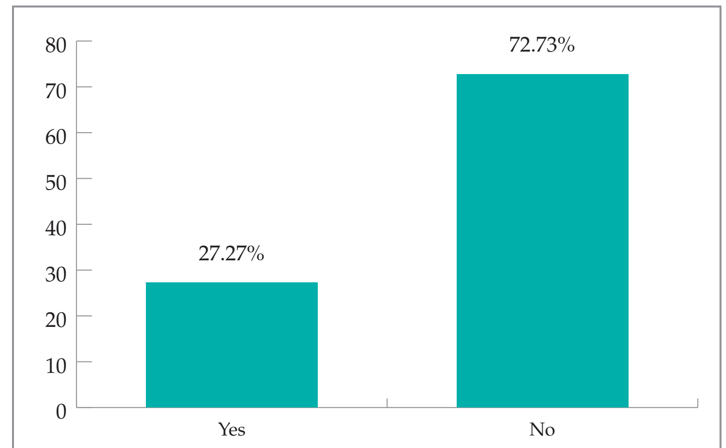

Figure 19: Response distribution for Question 12. Does your organization require additional support for DEI training in health care?

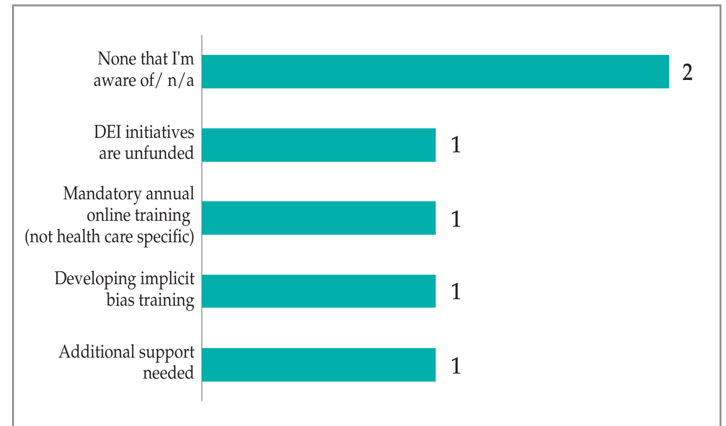

Figure 20: Themes/categories that emerged from Question 12. Does your organization require additional support for DEI training in health care?

When asked to describe their organization's experience working in the DEI space, the most common theme/ category that emerged was "not applicable," followed by highlighting of non-discriminatory practices, and part of the company or college's mission and vision statement (Figure 21). Of the themes identified, non-discriminatory practices and diversifying student enrollment and staff recruitment were commonly stated by participants. One can infer from the statements supporting these themes that, in general, DEI efforts have been initiated or encouraged within these organizations. Some organizations engage in passive applications of DEI by relying on the college demographic as an identifier of diversity experience.

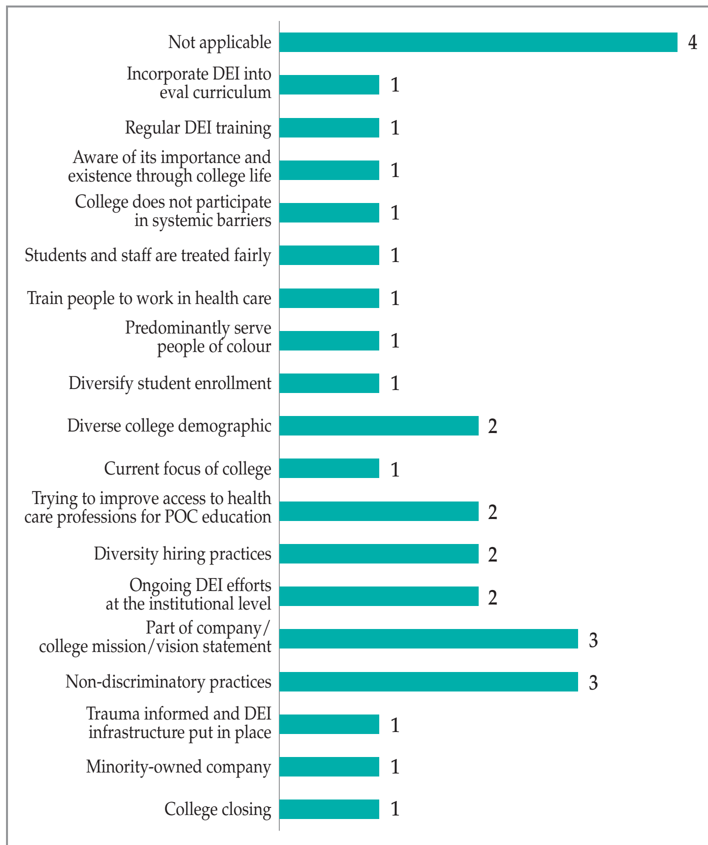

Figure 21: Themes/categories that emerged from Question 13. Please briefly describe your/your organization's experience working in the space of diversity, equity, inclusion, and justice in health care professions, with a focus on opportunities for improvement.

IDPH Diversity in Health Care Task Force Summit: Support JEDI (Justice, Equity, Diversity, and Inclusion): Join the Force!

On November 15, 2022, the task force held a virtual summit, "Support JEDI (Justice, Equity, Diversity, and Inclusion): Join the Force!" during the IDPH Public Health and Social Justice: Pathways to Minority Health Equity conference. There was strong representation from Oak Point University, Rosalind Franklin University of Medicine and Science, Southern Illinois University School of Medicine (SIUSOM), and University of Illinois Chicago (UIC). The purpose of the summit was to convene leaders from health care institutions of higher learning across the state to review the results of the survey and share current practices, successes, barriers, and lessons learned in equity work. After a review of the survey, summit participants broke into small groups to do a deeper dive into three key areas: data and metrics, resources, and barriers/lessons learned. A summary of key points from each small group discussion is outlined below.

Data and Metrics around Equity, Diversity, and Inclusion: led by Dr. Sodabeh Etminan

The group started by asking the question, "What data are our institutions collecting?"

Participants representing SIUSOM, Rosalind Franklin, and UIC shared their processes. The group underscored the importance of uniform data collection across the state through the use of electronic data tools. Essential data points include number of applicants, number of applicants granted interviews, matriculants, and graduates. As part of the data collection, they would include data points on ethnicity, race, and gender of applicants, trainees, and faculty.

Resources (State, Regional, and National Support) for Equity, Diversity, and Inclusion: led by Gloria E. Barrera and Dr. Ziemowit Mazur

A memorable quote came from a participant who shared a key piece of advice: "Let your authority match your accountability." The group discussed the request for definitive funding as a first step towards sustainable equity, diversity, and inclusion programs. The need to invest in pipeline programs beginning in elementary schools was emphasized. Mobilizing volunteers was another key strategy group members highlighted. The need to share and to develop resources among institutions was underscored.

Barriers/Lessons Learned: led by Dr. Charles McPherson and Dr. Karona Mason

The group began the discussion with the importance of financial support for equity work. Many programs are thinly staffed or dependent solely on grants instead of allocated funding from their organizations. Grassroots and student-led movements are impactful methods to convince leadership of the need for dedicated resources. Further, data is difficult to ignore. An organized method to collect, analyze, and track data on equity, diversity, and inclusion measures and transparency with the data is vital. A rigorous process is necessary, beginning with an initial assessment of measures, such as leadership commitment to equity, followed by an evaluation of whether the institution's mission statement reflects equity, diversity, and inclusion, and the presence of allocated funding for equity programs. The group shared success stories, one of which came from UIC, which incorporated equity, diversity, and inclusion principles in its mission statement.

Next Steps

The task force plans to host more sessions for leaders in health care institutions of higher learning. The goal is to distill the many pearls gleaned during the summit and further discussions into a central set of guidelines for equity, diversity, and inclusion best practices.

In the 2021 annual report, Dr. James Guevera's New England Journal of Medicine publication on strategies for racial and ethnic diversity at medical schools was highlighted. The hope is to incorporate these strategies into the guidelines as they are applicable to all health care institutions of higher learning. Guevera's strategies are summarized below:

- Institutions shift from an applicant-deficient lens to a system-deficient lens.
- Standardize the design and evaluation of pipeline programs.
- Develop consensus on diversity-related measures and metrics of success.
- Faculty recruitment and promotion committees are diverse and trained in implicit bias.
- Measure and improve inclusivity in clinical training environments.1

The task force trusts that the development of guidelines, coupled with ongoing engagement with institutional leaders, students, and employees will bolster efforts to diversify the health care workforce across the state. The task force will continue to mobilize communities through collaboration, learning, and understanding. The task force aspires to a future where diverse teams reflect the multicultural population and provide exceptional care for all patients. The task force envisions a society where health disparities are non-existent and where every patient achieves their full health potential. Together, great progress is being made.

References:

Guevara JP, Wade R, Aysola J. "Racial and ethnic diversity at medical schools—why aren't we there yet?" N Engl J Med. 2021;385(19):1732-1734.

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