CHARTIS
25 years of believing in better

ARTICLE

How to advance equity in the workforce for better outcomes: Five critical questions for health system leaders

| JUN 03, 2024

https://www.chartis.com/insights/how-advance-equity-workforce-better-outcomes-five-critical-questions-health-system-leaders

The pandemic increased awareness of how equity, diversity, and social drivers impact healthcare experience, access to care, and health outcomes. It also highlighted gaps in workforce engagement, well-being, productivity, and trust.[1]?Rather than addressing the issues separately, an organization's strategy to improve health equity for the community must go hand-in-hand with cultivating equity in the health system's own workforce.

Healthcare leaders who have identified opportunities to integrate workplace health equity into their overall strategy and operations are seeing results on both fronts. When organizations prioritize their workforce's health and representation of the community, they are supporting their organizational goals of improving the health and health outcomes of the populations they serve.[2]

Uniting health and workforce equity delivers value

Successful healthcare organizations evaluate and modify organizational policies that have historically disadvantaged certain groups, address specific social drivers of health for their employees, and attract and hire employees who represent the populations the organization serves. Doing so delivers value for patients, employees, and the organization. For example, connecting employees to community-based social health resources saves employers nearly $2,450 per employee per year.[2]

Understanding the answers to five key questions can help health system leaders create equity and inclusion for the workforce.

1. How do we increase our pipeline of under-represented talent and improve health equity for the populations we serve??

Healthcare workforce diversity plays a significant role in advancing health equity. The medical community is struggling with severe workforce shortages and an inadequate number of slots in health professional programs to meet future demand.[3]

The Supreme Court of the United States'?decision on affirmative action?will make it even more challenging to increase the number of minority physicians and healthcare professionals.[4]?Funding cuts targeting scholarships and diversity recruitment efforts decrease enrollment by individuals of color in undergraduate and professional advanced degree programs.[5]?The decision also could have longer-term impact on succession planning and talent development.

A recent study found that in the absence of affirmative action, organizations can enhance workforce diversity by pursuing an anchor institution strategy that incorporates social and economic disadvantage and addresses social drivers of health.[6]?Health systems can partner with educational institutions (including community and vocational schools, high schools, and even middle schools) or other community-based organizations to hire from local and under-resourced demographics to help facilitate entry points for diverse talent.

Prioritizing recruitment of individuals who have the skill, knowledge, and interest in promoting health equity can also drive improvement. Providing access to healthcare experts in the form of education or clinical resources to support community health and prevention can help advance interest in health professions. These relationships create opportunities to build connections in ways that can support and strengthen community alignment and engagement and extend the organization's talent pipeline for generations to come.?

BOLSTERING THE PIPELINE VIA A TEEN LEADERSHIP PROGRAM AT GRADY HEALTH SYSTEM

Atlanta-based Grady Health System created the Teen Experience and Leadership Program (TELP) to provide hands-on experience for local teens. The program helps to build the organization's future workforce pipeline. It also empowers employees to serve as role models and deepen their community engagement.[6]?More specifically, the program aims to:?

- Foster community partnerships by offering teenagers and young adults unique opportunities to delve into the world of healthcare.
- Provide an immersive experience in both clinical and nonclinical roles, exposing people as young as 14 years old to roles in finance, human resources, legal, and compliance.
- Allow for diverse shadowing experiences seven days a week, giving students who play sports, hold jobs, or have other responsibilities opportunities beyond traditional 8 to 5 business hours.
- Equip students with essential leadership and communication skills.

"We have been able to reach out to the community, to a lot of people who really have not had any personal affiliation with Grady at all," said Yolanda Wimberly, MD, Senior Vice President and Chief Health Equity Officer at Grady, in a recent podcast. "About 95% of the students who have rotated through the program have never stepped foot on the Grady campus before."

Dr. Wimberly noted that 116 unique schools are sending students to the program. Students come from all walks of life, economic statuses, and types of schools.[7]

2. How does our organization utilize talent management systems to define achievable targets for increasing under-represented ascending leaders across all levels?

Increasing diversity, equity, and inclusion at all levels of the organization helps hospitals and health systems reflect the communities they serve and, most importantly, reduce healthcare disparities. These priorities also increase employee engagement and attract talent.

However, more often than not, stark differences exist in workforce distribution by race, especially at management and senior leadership levels. In a recent engagement, Chartis identified that the racial diversity gap increased significantly at the manager level and above, with only one member of the executive team identifying as a person of color. In a 2021 analysis,?Chartis looked at 100 leading US hospitals and found that 54% of these hospitals did not have a single Black leader in a C-suite role. Only 18% had a Black leader in one of the most common C-suite roles (i.e., chief executive officer, chief financial officer, chief operating officer, chief medical officer, and chief nursing officer).[8]?A diverse leadership team and workforce are critical for healthcare organizations to reduce health disparities.

As part of its assessment activities, the?Chartis Center for Health Equity & Belonging?evaluates diverse representation by job classification. As highlighted in the example below, this type of assessment can help organizations quickly identify gaps and opportunities to inform targets and new pathways for developing

ascending under-represented leaders and staff.?

Example workforce distribution by job classification by race and ethnicity

Health system leaders should establish a baseline target for achieving diverse representation and measure representation at all levels. By doing so, organizations can assess the impact of providing employees equal opportunity for career development and progression.

Just as organizations measure for gender in representation, organizations should evaluate equity of communities who are under-represented in workforce-related policies (including hiring, retention, compensation, performance, and succession planning). Leaders can measure the impact of these efforts through an annual review of diversity, equity, and inclusion goals and by monitoring metrics tied to those goals.

Elevating diversity in leadership: Sinai Chicago’s Rise Higher program

Sinai Chicago, a large private safety-net health system, has showcased its commitment to diversity, equity, inclusion, and belonging through its Rise Higher Program. Launched in September 2022, the initiative is a strategic response to the recognized need for greater diversity in leadership roles within healthcare.[9]

Rise Higher specifically targets minority caregivers who have not traditionally been considered for leadership positions. The program offers a comprehensive 12-week course of virtual active learning, including weekly three-hour classes. Participants benefit from the mentorship of executive leaders, who provide guidance and support for their professional development.

This program aligns with Sinai Chicago’s wider dedication to diversity, equity, inclusion, and belonging. That dedication is reflected in the composition of its senior leadership team—51% of whom identify as people of color—and how they are shaping a health system that truly reflects the diversity of its community.[10]

3. Which workforce key performance indicators (KPIs) are we using to compare our performance on workforce metrics to benchmarks?

Organizations can help identify equity gaps in under-represented populations by using demographically segmented quantitative and qualitative KPIs (such as quarterly reports on retention, turnover, and promotion). They should be stratified by demographics such as gender, age, race, and ethnicity. Employees "vote" with their feet, and turnover is often a lagging indicator.

Health system leaders should assess the methods the organization uses to benchmark current workforce diversity and the recruiting and hiring practices deployed to address gaps. Employee engagement surveys, burnout surveys, and stay interviews can help assess the possibility of employee turnover, which may be a leading indicator of systemic issues (e.g., racism, sexism, and homophobia). Measuring turnover rates pre- and post-interventions can help to build and sustain desired outcomes.

Benchmarking performance is also critical. In addition to evaluating internal performance, health system leaders should consider comparing performance to regional or national benchmarks to help gauge progress. For example, the American Heart Association has released a new Workforce Well-Being Scorecard, which is designed to help employers evaluate the culture of health and well-being within their workforces. They can identify gaps and determine how their progress stacks up to peer organizations.[11]

Annual employee education on topics such as health inequity, health disparities, unconscious bias, systemic racism, and cultural humility are foundational for building a culture that embraces truth, compassion, and psychological safety. Ensuring that all employees receive education and refreshers annually and measuring understanding and impact as part of ongoing performance reviews will ensure that these tactics are not simply check-the-box exercises.?

4. Do we have a patients' "rights and responsibilities" policy that supports a safe environment for our workforce and well-communicated procedures to guide professionals in their responses to these difficult situations?

A patient "rights and responsibilities" policy provides guidelines for accessing and receiving care.[12]?It presents an opportunity to evaluate the institution's processes for handling patients who are exhibiting behavior that is considered racist, violent, or sexually harassing against employees. The policy ensures that the system is designed to balance accountability and safety for both patients and employees.

Rates of such behavior remain high in most health systems.[13]?These episodes create emotionally charged, complex challenges for front-line workers who may find themselves ethically obligated to help patients and families who are simultaneously abusive and demeaning.

Policies and procedures that outline patient behavioral expectations guide workers during these events and may help reduce the harmful impact of distressing patient exposures. They also communicate to healthcare workers that the institution supports their well-being and has anticipated these issues.

Investigating the chain of events after a patient rejects a healthcare worker based on their race or after a patient sexually harasses a healthcare worker can reveal the level of organizational preparedness for these events.?

5. How is our organization identifying and addressing social drivers of health that may impact our lowest-paid employees?

Lower-paid workers in health systems often struggle with basic needs. In a recent engagement, the?Chartis Center for Burnout Solutions?found that among the health system's 600 workers in food services, environmental services (EVS), and transport, 23% had difficulty affording the clothing or shoes needed for their jobs, 12% were worried about stable housing in the next two months, and 10% had had their utilities threatened to be shut off. Smaller percentages of workers were often worried about food running out before their next paycheck; had problems getting childcare; or resided in housing with water leaks, mold, or ovens that didn't work.

Providing living wages and social service resources to employees benefits the organization's workforce and the community's economic sustainability.?

Example social drivers of health for EVS, food service, and transport workers at a 14-hospital system

The workforce is more intimately linked together than many recognize. A hole in one department or job responsibility due to social need factors can drive down how other members of the workforce function and create turnover.

For instance, staffing issues within EVS (such as sterile processing or cleaning rooms) will cause a decrease in operating room throughput. Or if transport workers are burnt out or insufficiently staffed, interventional radiologists will have to transmit their own patients. Because "burnout trickles up," there is at minimum a soft return on investment for attending to the needs of this portion of the workforce.

To ensure sustainability, health system leaders must identify employee social drivers of health in concert with developing strategies that support long-term retention and engagement. For example, organizations that offer a tuition assistance program with local healthcare educational programs could extend this assistance program to the children of lower-paid employees. This benefit could act as a retention and recruitment tool and could be a key element of the value proposition for recruiting.

Employers are also positioned to offer support across other areas of consumer need, such as financial literacy, wealth management, and financial tools that increase awareness and skills for building and sustaining financial stability.

Furthermore, employer-sponsored benefits often serve as a catalyst for helping people live healthier lives. As employers, health systems play a vital role in ensuring equity in income, economic stability, and workplace benefits (such as paid time off and medical benefits). And while many employers are aware of the need to evaluate their benefits offerings to meet the evolving needs of their workforce, leaders need to consider whether benefit plans may inadvertently exacerbate inequity in social, economic, and health outcomes.

For example, many health plans require an out-of-pocket payment for nonroutine preventive care visits (such as emergency room visits). But research shows that some populations may rely on the emergency room for routine medical care. Cost-sharing efforts may worsen the outcomes for employees who are most at risk for complications.[14]?Asking for data to understand this impact on your health system's lowest-paid employees can help to identify drivers and address opportunities for potential plan design changes.?

Alleviating workforce food insecurity: Cottage Health Employee Resource Connect

Cottage Health and the Santa Barbara County Public Health Department conducted a community health needs assessment and identified six priority health issues, including socials needs, such as food and housing insecurity.

To address these needs, Cottage Health introduced social needs screening programs for employees and patients. Cottage Health developed Employee Resource Connect, an intervention connecting employees to food, transportation, behavioral health, and housing resources through surveys in which employees indicate whether needs are urgent. Navigators from a community family service agency respond to requests within 24 to 72 hours, depending on urgency.

After screening 1,500 employees, Cottage Health leaders learned that 20% of them experienced one or more social needs—the highest need being food insecurity. In response, Cottage Health developed Employee Resource Connect–Food Program. Employees with food insecurity are eligible to receive $50 to use at hospital cafeterias or cafes. Additionally, family service agency navigators aided in identifying long-term solutions, including additional financial support when necessary.

Programs initially introduced in 2019 have been adapted to continue supporting employee needs, and the organization is looking to expand the program further. Expansion areas include strategies for greater screening, particularly among Spanish-speaking employees, and offering in-person

resource navigation on site at Cottage Health.[15?]

Strategic priorities for promoting health equity within the workforce

Healthcare workers are a vital resource who collectively contribute to the well-being of patients and communities. Connecting the workforce investment to health equity is essential to ensure a more just and equitable health system. Health system leaders should evaluate the following strategic efforts:

1. Diversify the talent pipeline.
2. Build programs to develop under-represented leaders at all levels.
3. Develop targets and regularly monitor KPIs.
4. Create psychological and physical safety for employees.
5. Identify and address social needs of lowest-paid employees.

By prioritizing and actively addressing these issues, health systems can provide more accessible, inclusive, and culturally appropriate care for all individuals—ultimately improving health outcomes and reducing disparities in healthcare delivery.

Sources

[1] Dan Shapiro, PhD, et al, "From Fatigued to Flourishing: 4 Actionable Data-Driven Strategies to Foster a Thriving Workforce," Chartis, December 1, 2023, https://www.chartis.com/insights/fatigued-flourishing-4-actionable-data-driven-strategies-foster-thriving-workforce.

[2] Laurie C. Zephryn, et al, "The Case for Diversity in the Health Professions Remains Powerful," The Commonwealth Fund, July 20, 2023, https://www.commonwealthfund.org/blog/2023/case-diversity-health-professions-remains-powerful.

[3] Patricia Pittman, PhD, et al "Health Workforce for Health Equity," Medical Care, September 9, 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8428843/.

[4] Tina Opie and Ella F. Washington, "Why Companies Can—and Should—Recommit to DEI in the Wake of the SCOTUS Decision," Harvard Business Review, July 27, 2023, https://hbr.org/2023/07/why-companies-can-and-should-recommit-to-dei-in-the-wake-of-the-scotus-decision.

[5] Elise Colin and Bryan J. Cook, "The Future of College Admissions Without Affirmative Action," Urban Institute, June 23, 2023, https://www.urban.org/urban-wire/future-college-admissions-without-affirmative-action; Michael Mitchell et al, "State Higher Education Funding Cuts Have Pushed Costs to Students, Worsened Inequality," Center on Budget and Policy Priorities, October 24, 2019, https://www.cbpp.org/research/state-budget-and-tax/state-higher-education-funding-cuts-have-pushed-costs-to-students.

[6] Victoria Ngo, PhD, et al, "Using Social Determinants to Diversify the Health Care Workforce: UC Davis Health's Playbook," NEJM Catalyst, January 2024, https://catalyst.nejm.org/doi/10.1056/CAT.23.0261.

[7] AHA Living Learning Network, https://issuu.com/performanceimprovementaha/docs/grady_lookbook_digital_8.5x11_final/s/28883918.

[7] "Meeting Demand: Creating a New Pipeline of Health Care Workers," American Hospital Association Advancing Health podcast, December 7, 2023, https://www.aha.org/advancing-health-podcast/2023-12-08-meeting-demand-creating-new-pipeline-health-care-workers.

[8] Orane Douglas, et al, "Leading While Black: Addressing Social Justice and Health Disparities," Chartis and National Association of Health Services Executives, 2021, https://www.chartis.com/insights/leading-while-black-addressing-social-justice-and-health-disparities.

[9] Diversity, Equity, and Inclusion Annual Report, Sinai Chicago, 2022, https://www.sinaichicago.org/wp-content/uploads/2022/11/Sinai-Chicago-FY2022-DEI-Annual-Report.pdf.

[10] Sinai Chicago Case Study, American Hospital Association, June 2022, https://www.aha.org/case-studies/2023-01-03-sinai-chicago-illinois.

[11] American Heart Association, "About the Workforce Well-Being Scorecard™," https://www.heart.org/en/healthy-living/company-collaboration/well-being-works-better/workforce-well-being-scorecard.

[12] Patients' Bill of Rights, U.S. Officer of Personnel Management, https://www.opm.gov/healthcare-insurance/healthcare/reference-materials/bill-of-rights/.

[13] Nancy Krieger, "Measures of Racism, Sexism, Heterosexism, and Gender Binarism for Health Equity Research: From Structural Injustice to Embodied Harm—An Ecosocial Analysis," Annual Review of Public Health, November 25, 2019, https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-040119-094017.

[14] Shantanu Nundy, et al, "Employers Can Do More to Advance Health Equity," Harvard Business Review, January-February 2023, https://hbr.org/2023/01/employers-can-do-more-to-advance-health-equity.

[15] Community Health Needs Assessment Report 2022 for Santa Barbara County, https://www.cottagehealth.org/population-health/community-health-needs-assessment/2022/; Community Benefit Implementation Strategy, Cottage Population Health, https://www.cottagehealth.org/app/files/public/874e456c-8e13-4bc2-92fa-f6152337866b/Cottage_Population_Health_Community_Benefit_Implementation_Strategy_2019-2022.pdf; and 2023-2026 Community Benefit Implementation Strategy, Cottage Population Health, https://stmlcottagehealthncus001.blob.core.windows.net/public/Cottage_Center_for_Population_Health_CHNA_Implementation_Strategy_2023.04.28.pdf.

© 2023 The Chartis Group, LLC. All rights reserved. This content draws on the research and experience of Chartis consultants and other sources. It is for general information purposes only and should not be used as a substitute for consultation with professional advisors. It does not constitute legal advice.

Our services

STRATEGIC TRANSFORMATION

PERFORMANCE TRANSFORMATION

DIGITAL & TECHNOLOGY TRANSFORMATION

CHARTIS CENTERS FOR AI & STRATEGIC INTELLIGENCE

PAYER TRANSFORMATION

STRATEGIC COMMUNICATIONS & CHANGE MANAGEMENT

LEARN MORE ABOUT THE AUTHORS

Valerie Montgomery Rice, MD

President and CEO, Morehouse School of Medicine

Shaifali Ray

Partner and Vice President, Chartis Center for Health Equity & Belonging

Dan Shapiro, PhD

Senior Partner and Executive Director, Chartis Center for Burnout Solutions

Jody Banks

Associate Vice President