Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/primary-care-today/conversations-healthcare-workforce-disparities/12903/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Conversations in Healthcare Workforce Disparities

Announcer:
Welcome to ReachMD. This activity, entitled “Conversations in Healthcare Workforce Disparities” is provided by Prova Education.

Dr. Vega:
The Program in Medical Education for the Latino Community at the University of California at Irvine takes students with a meaningful experience in the Latinx community and gives them extra training beyond their regular medical school training to become not just outstanding clinicians, but real leaders for California’s poor and disenfranchised Latinx communities. We’ve accepted about 12 students per year since 2004, and this program is definitely succeeding. Over 80% of our students in the program are Latinx themselves. But I should point out that not 100% are. What’s really important is the work they do after graduating. So even after residency, after fellowship, 85% practice in areas with a high concentration of poor Latinx patients. These are federally qualified health centers; these are county hospitals. And even though they’re really early in their careers, 75% are doing some type of leadership outside of their practice, whether that’s mentorship, or community organizing. It’s really incredible to see this strong force of physicians making a difference in California’s Latinx health equity. So we’re really proud of the work they do, and the program continues every single year.

This is ReachMD, and I’m Dr. Chuck Vega.

Dr. Roswell:
And I’m Dr. Robert Roswell.

Dr. Vega:
So, Rob, welcome to you, and welcome to everyone listening in on this podcast. Maybe you want to tell the audience about your experience in programs which are designed to create a more diverse healthcare workforce.

Dr. Roswell:
Thanks, Chuck. We have a program that starts in high school called the Medical Scholars Pipeline Program. Thinking about the pipeline to get to medical school, to diversify our physician workforce, really, starting in high school is critically important. That pipeline program is geared to those who are socioeconomically disadvantaged, to Black and Hispanic students, making sure they get into a great college. There’s also a College Pipeline Program. The point is that they get into great medical schools or schools in the healthcare field.

So just looking at some of our stats, we’ve been doing the Medical Scholars Pipeline Program for high school students for about 9 years, and in that time frame, all of our pipeline students have gone and been accepted to college. A lot of them have also joined the College Pipeline Program and have either matriculated to medical school or dental school, PA school, or something in the healthcare-related fields. This is particularly a proud program for us at the Zucker School of Medicine because some of those pipeline students have already matriculated into our classes at the School of Medicine, and some of them actually have already graduated and matriculated into residency at our health system.

We actually have another pipeline program that goes to middle school, and we bring those students to our school, teach them study habits, they interact with our medical students, and just to ensure that they graduate middle school on time. And then even that’s too late, so we even have another pipeline program that goes way to early elementary school. Kids put on their white coats and show that no matter what your ethnicity or race is, you can be a physician. So our pipeline programs actually stem way back from elementary, spanning all the way now until college, that we have elementary, middle school, high school, college pipeline programs. And so it takes a village, but I think we’re doing a great job at sort of building that pipeline and making sure that there’s no leaks along the way.

Dr. Vega:

I love the idea of getting out there with your white coat because for these kids, they have to see it to be it. The pipeline, particularly for people of color in healthcare, it leaks at every single level, and so we really want to support folks as much as we can. And you made a really good point as well, Rob, regarding it's not just about getting people into medicine, but just promoting health careers in general, whether you're a nurse practitioner, a physician assistant, a pharmacist, an RN. These are all great careers, which are generally going to be very stable and something that can really lift individuals and families out of poverty. And of course, that's where we're concentrating our efforts there, in those communities.

So I think that, overall, we're working along similar lines to try to create a different healthcare workforce, but that doesn't just mean that you'll have somebody with that background in a position where they'll be able to have a better life. But it also has a greater outsized impact on the health of the community. Maybe you can comment about how having that more diverse workforce helps improve patient care.

Dr. Roswell:
I think it's critically important that you have a diverse physician or a healthcare workforce because there are data to show that race- or ethnicity-concordant care actually improves outcomes. And so it's a really interesting topic to dissect, that why, if someone comes from the same community or from the same race, do the health outcomes improve? And I think the other question to ask is if somebody's from a different race or ethnicity, does that not improve outcomes? It's sort of a complex question to answer. I think having race- and ethnicity-concordant physicians and patients – let's say back in the 1800s, they came from the community. The physician coming with the MD bag, going to see patients, knew the patients in the community, knew what was going on in that particular community. And I think really to help a community, you have to understand, somewhat, about that community. Now, we've modernized medicine, and so instead of going specifically to one community, we're looking at sort of global healthcare and national healthcare, and we've gotten away from the communities and understanding them. And I think right now, we're doing an about face, where we're actually doing a lot of community engagement and outreach, because we see that if you don't know the community, again, what specific issues are plaguing a particular community, it doesn't register the increases in Department of Health outcomes. So, actually, diversifying the physician workforce has a definite advantage, where you get people from different communities who tend to actually go back to those same communities.

And I think if you look at the problem that we have with the physician workforce today, is that under-resourced areas and rural areas are the areas that do not have enough medical care, whether that's physicians, NPs, PAs. And, to get people from those particular communities, which are Black and Hispanic, Native American communities, or to go back to the rural parts of America, that is going to increase and better our health outcomes. So by diversifying our physician workforce in the broad sense of terms – racial, ethnic, and actually geographic – we actually improve health outcomes, because those people go back to their communities. And also, deepen the conversation that we have about strategies to improve health outcomes in our nation, whether it's a particular community or a particular geographic location. So this is why all of the diversity that we're talking about is critically important, because it's really about saving lives.

Besides having the physician or the healthcare workforce mirror what the community looks like, it's also about education, right? You also have to have people who are trained to understand differences in culture, and differences in how communities function, so if they're from a different community, you could actually go into that community and engage and make sure that they improve health outcomes in those patients and those communities. And so, it's a difficult, sort of, way of looking at things, but I think there's such impact between physician diversity and healthcare diversity that the impact that that can make – and also looking at just this overall, the recruitment and education and training.

So Chuck, for our listeners, what tips do you have for them to improve diversity in their practice?

Dr. Vega:
I think we both have some great programs here. But it's clear not everyone can develop that level of depth of a program, where you have follow-up of students from middle school through health training. But I think that all of us can be a visible part of our community. We can be out there getting to know our community, being an example and a model. I think that maybe you can't initiate a whole program, but you can do some volunteer work in a school. You can show up on career day, you can be part of a PTA. I think that providing mentorship – it's sorely needed now, particularly for low-income people of color, and I think that can be really valuable because these younger students, whether they be in middle school or high school, oftentimes they have no connections to somebody in healthcare. And so providing that modeling could be really important.

And then, providing a chance for young people to actually volunteer in your setting. And that can be whether you're a nurse, a pharmacist, or a physician, giving them the chance to actually see you at work and see what you do, getting some meaningful experience, can have an outsized impact. And even – I know some students who have had some shadowing experiences for just a

couple of visits, but they're determined to go to medical school based on those interactions. They really hold on to them, and they see and they value them. And so that's something that's, of course, very gratifying for me to see as well.

So for those of you that are just tuning in, you're listening to ReachMD. I'm Dr. Chuck Vega. I'm here today with a true expert in workplace diversity, that's Dr. Rob Roswell, and we're just about to delve deeper into structural inequity. Rob, can you give us an overview of structural inequity? And as follow-up to that, how can educational opportunities help to overcome this imbalance and positively impact workplace diversity?

Dr. Roswell:
But if you think about structural inequity, it talks about the overarching system. And let me just quickly talk about a story about how we help patients, or a quick metaphor I think will explain structural inequity. So those in public health know about the river and the drowning story. But those who don't, let me explain a little bit, that there are people who are seeing people who are going in this river, and they see bodies just passing by. And of course, people are drowning, so they start picking the bodies out of the water, and then the person sees another one coming down. And soon, many people are just taking these drowning people out of the river, out of the stream. And soon, they develop an elaborate system to get more of these people out of this stream. And then someone says to the people who are organizing this, "Why don't we go upstream and find out why these people are actually falling in the stream?" So that's a public health analogy about moving upstream. So upstream causes the downstream consequences. And so if you think about that, the structural inequities are the reason that we have the downstream consequences in terms of educational inequities, socioeconomic inequities. And so the things that we're talking about, particularly in the pipeline programs, those are downstream solutions. And we're looking to actually help learners who are in middle school or high school and college actually get into medical school. But those educational inequities, they really started way before, and it's really the structure and the system that we have that really produces these inequities. So a lot of times I think about we in medicine like to stay downstream because it's easy. We could get these pipeline programs, mentorship. But then, some of us have to actually go upstream, up the river, and look to the structures that are actually causing these downstream effects. And when I think about it, I think people – they could either advocate for different policies, changing the educational system within their neighborhoods or their jurisdiction. There's a lot of things that people could do for advocacy, and I think it depends on what your bandwidth is and where you actually are in the river. Are you one who's going to go and sort of advocate for policy change? Or you can do as what you were saying, Chuck, you could invite students to come to your practice and mentor students and give them opportunities. So I hope I explained that okay, that there's a whole litany of things that we can do to actually impact diversity, and it's upstream and downstream, and I think folks just have to think about where they have the bandwidth to sort of help in. But everyone could help.

Dr. Vega:
Yeah, that's a great point, and I love that analogy. I would just emphasize that your position on that river may change over time. Some months you're completely overwhelmed, and certainly we've experienced that with the pandemic, but there are some times where you have a little bit more perspective, and you can get involved. And maybe it's through organized medicine and those political action groups on a more policy-based level. I would also emphasize that it doesn't have to be in your clinical practice. Maybe you're part of a faith-based organization, and you could do some mentorship there. And then, very pertinently, maybe you have some decision in who's being hired in your hospital, in your practice. Think about holistic review and making sure that you're trying to have your practice match the community you serve in terms of background. Those are things that I think that are achievable for many different clinicians out there. They can make a difference.

And with that, we need to wrap up our conversation due to time; it's been great. Rob, do you have any other take-home points that you want to make before we leave?

Dr. Roswell:
Yeah, the only take-home point I would make is just that we think about all of these inequities and how to solve them. I think what I would challenge folks to do is to think about why they're happening and not just solving that problem, but think deeply about why things are happening.

Dr. Vega:
Right. I think find your place on the river and get involved, because if we do, pulling together, we'll certainly make a difference. I also want to point out that this is a good moment to promote the other podcast that was done as part of this series with Dr. Candice Taylor Lucas, which discussed cultural humility. Maybe you don't necessarily reflect the background of your patient race, ethnicity, sexual orientation, all of those different things that make us, but it's a discussion of how to reach across and practice in a way that takes those values into account of your patient and gives them great care. So hopefully you can listen to that one as well. It's a nice complementary piece to this particular podcast, which was great.

I want to thank our audience for listening. Hopefully, you found this valuable to your practice and your soul. Dr. Rob Roswell, you're outstanding. Thank you again for your valuable insights and expertise.

Dr. Roswell:
Thanks, it was great speaking with you as well.

Announcer:
You have been listening to ReachMD. This activity is provided by Prova Education.

To access this episode as well as others from the series, or to download this activity, go to ReachMD.com/Prova. Thank you for listening.