Supporting Providers of Color in the Pediatric Workforce: Practices to Diversify the Workforce and Improve Retention

National Webinar
January 19, 2023, 12:00-1:30pm ET

Made possible through support from the Robert Wood Johnson Foundation
Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:

- **Effective models for prevention and care delivery** that harness the field’s best thinking and practices to meet critical needs.

- **Efficient solutions for policies and programs** that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.

- **Equitable outcomes for people** that improve the overall wellbeing of populations facing the greatest needs and health disparities.
Agenda

• Welcome and Introductions
• The Importance of Building a Representative and Supported Pediatric Workforce
• Recruiting a Diverse Workforce and Developing Anti-Racist Simulations
• Capturing Patient Voice Through Human-Centered Design and Training the Next Generation of Pediatricians
• Promoting Staff Self-Care, Celebrating Successes, and Reducing Burnout
• Panel Discussion and Q&A
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Today’s Presenters & Panelists

Armelle Casau, PhD
Senior Program Officer,
Center for Health Care Strategies

Ben Danielson, MD
Pediatrician and Clinical Professor,
University of Washington
School of Medicine

Margaret Tomcho, MD
Pediatrician, Westside Family Health Center;
Medical Director, Pre-Health Programs;
Assistant Professor of Pediatrics, University of
Colorado School of Medicine

Neeti Doshi, MD, MPH, FAAP
Pediatrician, Children’s Health Center,
San Francisco General Hospital;
Assistant Professor of Pediatrics, UCSF

Elizabeth Castro, MHA
Strategic Support Manager,
ADOBE Program,
University of New Mexico, Health Sciences Center
The Need for Accelerating Child Health Transformation
Adopt **anti-racist practices and policies** to advance health equity

Co-create **equitable partnerships** with patients, families, and providers

Identify **family strengths** and address **health-related social needs**

Implement **payment and accountability levers** to support and sustain transformation
Pediatrician Workforce Demographics

Estimated ABP Certified Pediatricians by Race and Ethnicity and by Certification Status in 2022

<table>
<thead>
<tr>
<th>URiM (Under-Represented in Medicine)</th>
<th>In Training</th>
<th>Recently Graduated and/or Not Yet Certified</th>
<th>Certified General Pediatricians</th>
<th>Certified Pediatric Subspecialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
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- 41% of U.S. children are Black, Latino, Native American, or NHPI

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American Board of Pediatrics: https://www.abp.org/content/latest-race-ethnicity-data-pediatricians-pediatric-trainee
Kids Count Data Center: https://datacenter.kidscount.org/data/tables/103-child-population-by-race-and-ethnicity
Pediatrician Workforce Maldistributions

Distribution of ABP Certified General Pediatricians per 100,000 children (0-17) in 2022

American Board of Pediatrics: https://www.abp.org/dashboards/general-pediatricians-us-state-and-county-maps
The Importance of Building a Representative and Supported Pediatric Workforce

Ben Danielson, MD
Pediatrician and Clinical Professor,
University of Washington School of Medicine
Recruiting a Diverse Workforce and Developing Anti-Racist Simulations

Margaret Tomcho, MD
Pediatrician, Westside Family Health Center;
Medical Director, Pre-Health Programs;
Assistant Professor of Pediatrics,
University of Colorado School of Medicine
What is Known

- Health outcomes are better when healthcare providers represent the community served.
- Providers of color and those from under-represented backgrounds are more likely to serve under-resourced communities.
- We need to start earlier to provide career exposure and opportunities for children and teens.
- Innovative educational opportunities can address social risk factors and improve economic stability.
What is MC²?

- Medical Career Collaborative
- Longitudinal pipeline program that starts at the high school level
- Developed in response to the underrepresentation of minorities in healthcare professions
MC² Mission and Goal

- Provide exposure to health care career to high school students from diverse backgrounds.
- Support graduates as they get certificates or degrees.
- Ideally, hire back at Denver Health.
MC² Program Components

• **Junior Year**
  – Internships (Winter or Summer)
    • Paid internship at Denver Health
    • Onboarded as Denver Health employees
    • Matched with a department and mentor
    • Weekly seminars & formal presentation
  – Monthly field trips, workshops, trainings

• **Senior Year**
  – Post secondary coaching
  – Writing workshops
  – Professional development workshops
  – Shorter healthcare-related certifications

• **Alumni Programming**
  – Access to Denver Health sponsored certificate and training programs
    • CNA
    • EMT
    • Phlebotomy
    • Pharmacy Tech
  – Career coaching and support
Healthcare Interest Program (HIP)
HIP Mission and Goals

- Increase the success of underrepresented and non-traditional college students seeking careers in healthcare.
- Support the academic and professional development needs of its students through a combined approach (including mentorship, lectures, and workshops).
HIP Student Experience

- Cohorts of 15-25 students
- Involvement
  - 1 academic year
  - Earn 2 credit hours
- Attend bi-monthly seminars
  - Lectures, workshops, and panels with DH providers
  - Exposure to DH values, services
HIP Workforce Pathways at Denver Health

• During HIP
  – Networking + professional development
  – Workshops with HR
  – Leadership assessments

• Post HIP
  – Routine student follow-up
    • Bridge new connections
  – Certification + training opportunities

• Long-Term Aim
  – Create a representative provider/professional base that meets the needs of DH patient population.
“I have seen that in Denver Health there are solutions to connect providers to patients regardless of their background. Denver Health professionals work together to create communication and equitable healthcare experiences. [These solutions from various professionals make healthcare accessible and practical.]”

-HIP student, 2021

“I just wrapped up my first year of HIP mentoring, and I really, really valued it. I don’t often use that phrase about ‘volunteering being more rewarding for me than important for the recipient,’ but participating in HIP was very lifegiving this past year. That said, I’d like to participate this upcoming year, so put me on your list.”

-HIP Mentor
Youth Health Educators

- Elevate the youth voice into important adolescent health conversations.
- Provide necessary knowledge, resources, support, skills, and opportunities needed to become healthy, connected, and thriving adults.
- Develop youth-driven programming centered on strong and meaningful youth-adult partnerships.

*Flipping the clinic, with youth training the providers and clinic teams*
Pediatric Resident Simulation Modules

• Recognize bias and microaggressions in clinical scenarios (using pre-post scenario self-assessments).
• Practice ART of Being Questioned Framework w/ simulation-based learning and calling in/calling out.
• Distinguish between “cultural competence” and “cultural humility” when approaching patients with different lived experiences from your own.
• Practice patient-focused interviewing to practice cultural humility in clinical scenarios.
• Provide empathetic feedback to team members.
• Reflect upon your own health care practice and identify at least one change you can make to better mitigate the effects of bias in your clinical care.
• Gain experience with the STEP Anti-Bias tool as a means of self reflection about bias.
Pediatric Resident Simulation Modules

- Scenarios
  - Social determinants of health screening
  - Family with limited English proficiency
  - Identifying and responding to microaggressions expressed by care team member describing a patient/family as “difficult”
  - Reflection Room
Acknowledgements

- Pre-Health programs team
  - Vicky Rhine, HIP Director
  - Marisa Valeras, MC2 Director
- Children’s Hospital Colorado pediatric residents and faculty team
  - Drs. Kathryn Walsh, Adam Renee Rosenbaum, Kathryn Kalata, Matt Guerrieri, Keren Eyal, Mariana Nino de Guzman Ramirez, Sophia Meharena, Carol Okada
- CHCS’s ACHT initiative for assistance with funding simulation modules
Capturing Patient Voice Through Human-Centered Design and Training the Next Generation of Pediatricians

Neeti Doshi, MD, MPH, FAAP
Pediatrician, Children’s Health Center,
San Francisco General Hospital;
Assistant Professor of Pediatrics, UCSF
The Listening Project: Moving from Empathy to Equity
Guiding Principles

Proximity

Nothing can replace being proximate to our patient’s experiences

New Narrative

Courage to imagine new narratives – a more promising, healing reality

Hope

Fuels action and accountability

Action

We must do uncomfortable things
Process
Human-Centered Design

The core principle of HCD is to approach problem-solving by focusing on empathizing with each stakeholder in the ecosystem to understand their unique challenges and unmet needs.¹

- It’s a repeatable, iterative process
- It’s not designing on behalf of stakeholders, or users, or for users – it’s designing with them (Tim Brown)

Why HCD Matters

Human-Centered Design

Emotional Innovation

Business (viability)

Process Innovation

People (desirability)

Experience Innovation

Technology (feasibility)

Functional Innovation
<table>
<thead>
<tr>
<th>Architype</th>
<th>Race</th>
<th>Age</th>
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<tbody>
<tr>
<td>Single mother, developmental delay</td>
<td>Black</td>
<td>2, 13, 15</td>
</tr>
<tr>
<td>Homelessness, substance exposure, CPS involvement</td>
<td>White</td>
<td>0, 2, 3</td>
</tr>
<tr>
<td>Developmental delay, Spanish speaking</td>
<td>LatinX</td>
<td>3, 6</td>
</tr>
<tr>
<td>Substance exposure, hx incarceration, previous child loss</td>
<td>Black</td>
<td>0</td>
</tr>
<tr>
<td>Developmental delay, Spanish speaking</td>
<td>LatinX</td>
<td>2, 4, 5</td>
</tr>
<tr>
<td>Childhood trauma, Spanish speaking</td>
<td>LatinX</td>
<td>4, 2</td>
</tr>
<tr>
<td>Single mother, development delay</td>
<td>Black</td>
<td>2, 11, 13</td>
</tr>
<tr>
<td>Childhood trauma, Spanish speaking</td>
<td>LatinX</td>
<td>1, 4</td>
</tr>
<tr>
<td>Immigrant parent, medical complexity</td>
<td>Other</td>
<td>1, 4</td>
</tr>
<tr>
<td>Single father, medical complexity, hx homelessness</td>
<td>LatinX</td>
<td>4</td>
</tr>
<tr>
<td>New immigrant, seeking asylum</td>
<td>LatinX</td>
<td>0, 4</td>
</tr>
<tr>
<td>Prematurity, developmental delay, Spanish speaking</td>
<td>LatinX</td>
<td>3</td>
</tr>
<tr>
<td>Trisomy21, homelessness, Spanish speaking</td>
<td>LatinX</td>
<td>3</td>
</tr>
<tr>
<td>Single father, hx homelessness</td>
<td>LatinX</td>
<td>6, 4, 3</td>
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Reflection → Opportunity
## Fuel for Action

<table>
<thead>
<tr>
<th>Insight</th>
<th>How Might We…</th>
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<tbody>
<tr>
<td>Living with racism and poverty is <strong>complex</strong></td>
<td>Leverage every touchpoint to alleviate vs exacerbate that complexity?</td>
</tr>
<tr>
<td><strong>Meaningful</strong> resource connection and care coordination remain significant gaps within early childhood</td>
<td>Invest in and sustain <strong>culturally concordant family navigators/peer support</strong> to connect care?</td>
</tr>
<tr>
<td>Patient/community voice is powerful for system-wide change</td>
<td>Continue to <strong>amplify</strong> lived experience?</td>
</tr>
<tr>
<td>Families appreciate being cared for by a <strong>team</strong>, especially when the parent is acknowledged as a <strong>key player</strong></td>
<td>Expand holistic, team-based care within and across clinic walls?</td>
</tr>
<tr>
<td>Often, quality of care is <strong>provider dependent</strong></td>
<td>Foster a clinic wide approach to meet <strong>diverse needs</strong>?</td>
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Proximity
The Listening Project created a foundation for a trauma-informed care curriculum for UCSF pediatric resident trainees

New Narrative
Integrating storytelling and reflection into our workdays as health care teams can build a healing environment

Hope
Learning from the next generation

Action
Re-allocating finite resources to elevate BIPOC voices is necessary
Promoting Staff Self-Care, Celebrating Successes, and Reducing Burnout

Elizabeth Castro, MHA
Strategic Support Manager,
ADOBE Program,
University of New Mexico, Health Sciences Center
ADOBE Program

Wrap around care for high-risk adolescents and their families
  • Primary Medical Care
  • Psychiatric Care
  • Intensive Case Management with Family Navigators
  • Education Support
  • Therapy
  • Law Clinic

Demographics
  • Patient Population: 85% Latinx, 10% Native American, 3% Black, 2% White
  • Provider Population: 65% Latinx, 28% White, 7% Black
Promoting Staff Self-Care

What is self-care?
- Ability to stop working
- Ability to take time off
- Acknowledging personal issues and how they can affect work

How can administrators and leaders support this?
- Buy-in due to expenses of turnover and negative impact on patients
- Build culture around self-care
- Be clear on expectations

Why do we need to focus on Self-Care?
- Secondary Trauma Reduction
- Personal Trauma Layered Upon Patients’ Trauma
Celebrating Successes

Wins versus Losses
• Losses can be significant and overwhelming
• Wins are often overlooked

Formalize time to celebrate
• Weekly meetings to focus on the “New & Good”
• Sustain culture of self reflection
Reducing Burnout

Reflective Supervision

- Occurs 1x per week
- Focuses on the relationship between supervisor and supervisee
  - Built on collaboration, choice, and trust
  - Discuss cases and what to do differently to achieve outcomes desired
  - Discuss personal wins and concerns impacting person, at the human level
  - Discuss personal and professional growth
How Can We Provide This Level of Support?

State Funding
• Making the case with data and returns on investments
• Advocated for state-level financial support of the program

Medicaid Billing
• Medicaid reimbursement for case management services under “comprehensive community support services” billing

What needs to happen to make this more common across systems?
• Increase reimbursement rates
• Increase diagnosis that qualify
Panel Discussion
Question & Answer
Contacts

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Elizabeth Castro: evcastro@salud.unm.edu
CHCS ACHT Initiative: www.chcs.org/project/accelerating-child-health-transformation/
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