Diversity & Disparities: Parallel Challenges for 21st Century Health Care
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Oppositional Thinking or the Interplay of Opposites?
Multiple Identities – Diversity

- Race
- Ethnicity
- Gender Roles
- Sexual Orientation
- Age/Generation
- Social Class
- Physical Ability

- Family
  - Origin/Procreation
- Spiritual
- Regional
- Career
- Role in Organization
Diversity and Disparities

“Diversity issues such as language differences, religious differences, cultural differences, gender, race and ethnic differences are not disparities in and of themselves. They are just differences. When they are not understood, valued and appreciated for their impact on the delivery of patient care, the healing process and communication/trust, they become contributors to disparities and unequal medical outcomes” (Hobby and Dreachingslin 2007, 6).
Changing Social Attitudes

- Melting pot or vegetable stew?
- Culture is why diversity matters
- Way of life of a people: values, beliefs, and behaviors
America’s Changing Racial/Ethnic Demographics  
(source: www.diversityinc.com)

- For every five (5.3) Non-Hispanic White U.S. residents over the age of seventy, there is one person of color (approx. 20%)
- For every two Non-Hispanic White U.S. residents under the age of forty, there is one person of color (33%)
- For every one and a half Non-Hispanic White U.S. residents under the age of ten, there is 1 person of color (40%)
America’s Changing Demographics cont.
(source: www.diversityinc.com)

Population of the United States
2050
(In millions)

- White: 210,283 (49%)
- Black: 61,361 (14%)
- Asian: 33,430 (8%)
- Hispanic: 102,560 (24%)
- Other: 22,437 (5%)

Projected Population Change in the United States
From 2000 - 2050
(In millions)

- Black: 71.3%
- Asian: 12.9%
- Other: 217.1%
- Hispanic: 187.9%
- White: 7.4%

Source: U.S. Census
The Sad Reality

- Racial and ethnic disparities in healthcare access, treatment, outcome, & satisfaction
- Racial, ethnic, & gender disparities in career accomplishment & satisfaction with workplace equity & opportunity
Career Experiences

- External labor market strategy—works for white males, but not others
- Lesser compensation, even controlling for human capital factors like education & experience
- Less satisfaction with equity and opportunity in the workplace
Table 1
Career Attainment of Women and Racially/Ethnically Diverse Individuals In General and Health Services Management

<table>
<thead>
<tr>
<th>People of Color</th>
<th>General Management</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representation in Workforce</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>Representation in Management Relative to Representation in Workforce</td>
<td>Under-Represented</td>
<td>Under-Represented</td>
</tr>
<tr>
<td>Representation in Senior Management</td>
<td>Under-Represented</td>
<td>Under-Represented</td>
</tr>
<tr>
<td>Earnings Relative to Non-Hispanic White Male Managers</td>
<td>Lower</td>
<td>Lower</td>
</tr>
</tbody>
</table>

Sources:
## Race, Ethnicity, and Perceptions of Workplace Relationships and Career Opportunities in Healthcare Management


<table>
<thead>
<tr>
<th>Perception</th>
<th>Women</th>
<th>White</th>
<th>Asian</th>
<th>Black</th>
<th>Hispanic</th>
<th>Native Am.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race relations within my organization are good</td>
<td></td>
<td>79%</td>
<td>60%</td>
<td>41%</td>
<td>55%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>90%</td>
<td>70%</td>
<td>53%</td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td>Minority managers usually have to be more qualified</td>
<td></td>
<td>6%</td>
<td>29%</td>
<td>75%</td>
<td>47%</td>
<td>30%</td>
</tr>
<tr>
<td>than others to get ahead in my organization</td>
<td></td>
<td>3%</td>
<td>33%</td>
<td>66%</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>White managers share vital growth and career</td>
<td></td>
<td>57%</td>
<td>29%</td>
<td>10%</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>related information with minority managers.</td>
<td></td>
<td>55%</td>
<td>37%</td>
<td>12%</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>The evaluation of both whites and minorities are</td>
<td></td>
<td>69%</td>
<td>51%</td>
<td>18%</td>
<td>33%</td>
<td>44%</td>
</tr>
<tr>
<td>equally thorough and carefully evaluated</td>
<td></td>
<td>75%</td>
<td>50%</td>
<td>22%</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Has a strong feeling of belonging to the</td>
<td></td>
<td>82%</td>
<td>70%</td>
<td>58%</td>
<td>71%</td>
<td>74%</td>
</tr>
<tr>
<td>organization</td>
<td></td>
<td>85%</td>
<td>72%</td>
<td>72%</td>
<td>79%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Focus Group Participation Rates

- Whites 5%
- Asians 28%
- Latinos 33%
- Blacks 53%
Drivers of Disparities in Health Care
Process & Outcome
Source: Institute for Health Policy (IHP) Meyers 2007:9

- *Individual socioeconomic circumstances*, including education, income, wealth, and occupation
- *Physical and cultural community environment*, including community assets, health-related norms, residential segregation by race or income, healthy foods, exercise/play areas, public safety, and pollution/toxins
- *Personal management of health*, including health behaviors, health resources, and health beliefs
- *Healthcare financing and delivery*, including health policy and healthcare providers/institutions
Drivers of Disparities in Career Accomplishment

- **Social Factors** include social attitudes, socioeconomic disparities, and the sociopolitical context
- **Human Capital Factors** include education, experience, and technical and interpersonal competencies
- **Organizational Factors** include policies, procedures, plant and technology, and people
**Diversity Leadership’s Three-legged Stool**

- **Public Policy** - to ensure a legal and regulatory environment designed to eliminate disparities in access and health status.
- **Clinical Practice** - to ensure patient satisfaction and loyalty and improve treatment outcomes through the cultural and linguistic competence of clinicians.
- **Organizational Behavior** - to ensure that leadership, staff, and the health services organization’s culture represent and value the communities they serve.
Organizational Performance is Driven by Leadership
Figure 1

Conceptual Framework for the Impact of Organizational Behavior on Racial/Ethnic Disparities

Figure I
Relationship Between Race, Leadership and the Self-Perceived Communication Effectiveness of Nursing Care Teams
Research on Diverse Groups

- We pick similar others to work with
- Homogeneous groups have less conflict and out-perform heterogeneous groups (except functionally diverse) in ‘real world’ studies
- Leaders who address diversity have more satisfied team members
- Over time, deep level diversity can overcome surface level
- We’re not ‘hard wired’ to divide ourselves by race/ethnicity
Diversity Sensitive Orientation

- What leaders believe about diversity drives the extent and nature of an organization’s diversity initiatives
- DSO characterizes the extent to which leaders believe:
  - That customer diversity should be an important driver of strategy
  - That workforce demographics should reflect customer demographics
- When coupled with an external strategic orientation, DSO is a strong predictor of the strength and range of diversity management practices
Diversity-Sensitive Orientation and Organizational Performance


FIGURE 1

LINKAGES BETWEEN ORGANIZATIONAL STRATEGY, DIVERSITY-SENSITIVE ORIENTATION AND HUMAN RESOURCE MANAGEMENT
Strategic Orientation Typology

- Miles and Snow: Based on rate of change in products and markets
  - Prospectors: first in market: innovative & flexible
  - Analyzers: balance innovation & efficiency
  - Defenders: stable core of services; tight resource control
  - Reactors: no consistent strategy
Who Manages Diversity?

- Prospectors & Analyzers do more—but external strategic orientation is necessary not sufficient
- **Prospectors & Analyzers with High DSO do the most!**
- Defenders and Reactors with Low DSO do the least
Organizational-Level Action Can Make a Difference

- Move toward Concordance: Among the Top 50 Companies for Diversity selected by DiversityInc. (2007), women of color made up 27 percent of managers, compared to the average of 17.6 percent in corporate America.

- Concordance isn’t Enough: Cultural and linguistic competence is an attitude and a skill set that can be developed in each of us.

- People, regardless of their personal diversity, can best build and use their cultural and linguistic competence in organizations that nurture it.
Leadership Matters (And It’s Personal)!!!

Essential Skill Set:

- the ability to identify and manage the impact of formative life experiences
- the ability to identify and develop one’s own majority and minority identity development status across multiple dimensions of diversity
- the ability to recognize (awareness) and manage (understanding/action) one’s own implicit bias
- the ability to identify each component of one’s own ‘Think, Feel, Do Chain’ (cognitive behavioral processes) and intervene to produce more effective actions
- the ability to self-monitor and adapt one’s preferred communication style to communicate more effectively with the receiver
Definitions: Identity Statuses

- Helms (1995:184) defines racial identity statuses as the “dynamic cognitive, emotional, and behavioral processes that govern a person’s interpretation of racial information in his or her interpersonal environments.”

- dominant status-determines one’s racial reactions most often,

- accessible statuses are at least strong enough for the individual to express in some circumstances
What Drives Change in Statuses?

Movement among statuses indicates a shift in worldview due to:
- Experiences
- Self-reflection or
- Conscious decisions on the part of the individual.  
  Thompson and Carter (1997)
What About the Organization?

Chrobot-Mason and Thomas (2004)

- A mono-cultural workplace in which differences are either ignored or devalued will encourage individuals at low statuses of identity development to remain static and individuals at higher statuses of identity development to regress.

- A multicultural workplace where diversity is important to the business strategy will encourage individuals with low identity development to progress and those at high statuses of identity development to sustain that personal growth.
What About the Organization?

Chrobot-Mason and Thomas (2004)

- Progressive, Parallel, Regressive: Leader/Follower Statuses
- “It is critical to understand the racial identity development of organizational leaders whose influence is manifested in the corporate values that guide diversity practices that shape the organizational climate for diversity.”
Implicit Bias
https://implicit.harvard.edu/implicit/demo/

- A web-based assessment of automatic preferences for one group over another
Attitude or Belief?

- Attitude: favorable or unfavorable dispositions toward social objects such as people, places, and policies
  - Explicit: conscious
  - Implicit: unconscious

- Attitudes reflect an evaluation or preference, while Beliefs reflect knowledge or stereotypes; Feel/Think
Results from the Web Site

- 88% of White and 48% of Black respondents were biased against Blacks; Latino and Asian respondents also show a pro-White bias
- 68% of non-Arab non-Muslim respondents and 36% of Arab Muslim respondents were biased against Arab Muslims
Social Desirability Bias?

- Race bias is seen as early as age three or four
- **Explicit** measures of this bias show a gradual reduction in bias in adolescence.
- Paradoxically, behavior is at odds with this decline in bias when assessed using objective measures.
- Poehlman and his colleagues (2005), based on a meta-analysis, conclude that implicit attitudes better predict discriminatory behavior than do explicit attitudes.
Research Highlights

◆ A growing body of research supports the contention that social behavior like management and customer relations or interpersonal communication is influenced by implicit biases.

◆ Commonly shared implicit biases result from “consensually shared beliefs about social groups” that are “the result of information common to the social backdrop.”
Johari Window: Feedback & Disclosure

<table>
<thead>
<tr>
<th>Known to Others</th>
<th>Known to Self</th>
<th>Not Known to Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known to Others</td>
<td>Open</td>
<td>Blind</td>
</tr>
<tr>
<td>Not Known to Others</td>
<td>Hidden</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Awareness Training Can Help

◆ Training increases self-reported awareness and understanding

◆ Training sometimes reduces bias or prejudice as measured by pre and post assessment tools
  (Crandall, et. al. 2003; Crosson, et. al. 2004; Dogra 2001; Hood, et. al. 2001; Majumdar, et. al. 2004)

◆ Training can have differential effects by gender, race, ethnicity
  (Ely 2004; Hood, et. al. 2001)

◆ Awareness may or may not result in increased engagement with diversity or changed behavior
Training Has Differential Impact

- White men react more negatively to diversity training in general, particularly if they perceive it to be remedial
  (Holladay et. al. 2003, Sanchez & Medkik 2004)

- Trainee culture and gender interact to influence perceptions of training utility and trainer effectiveness
  (Holladay & Quinones 2005)
The Larger Society & The Health Care Industry

-Challenges to Address
  -Workforce Demographics
  -Systemic Inequities
Changing Work Force
BLS Data

- Toossi (2007) identified three trends in the labor force that will dominate between now and 2016:
  - Slower growth overall;
  - Increasing numbers of older workers;
  - Continuing growth in racial and ethnic diversity
## Comparison of Labor Force Entrants and Leavers by Race & Ethnicity


<table>
<thead>
<tr>
<th>Group/Decade</th>
<th>1996-2006 (actual)</th>
<th>2006-2016 (projected)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entrants</td>
<td>Leavers</td>
</tr>
<tr>
<td>White Non-Hispanic</td>
<td>55.0%</td>
<td>81.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Black</td>
<td>14.6%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.1%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
## Health Professions Gender, Racial/Ethnic Demographics, and Representation Relative to Workforce Representation 2006

<table>
<thead>
<tr>
<th>Medical and Health Services Managers*</th>
<th>Women</th>
<th>Hispanic or Latino</th>
<th>Black or African American</th>
<th>Asian</th>
<th>Racial/Ethnic Minority*</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.3</td>
<td>5.3</td>
<td>10.3</td>
<td>4.8%</td>
<td>20.4</td>
<td></td>
</tr>
</tbody>
</table>

| Physicians and Surgeons               | 32.2  | 5.7               | 5.2                       | 17.0  |
|                                       |       |                   |                           |       |

| Registered Nurses                     | 91.3% | 4.2               | 7.5                       | 22.6  |
|                                       |       |                   |                           |       |

| Licensed Practical & Licensed Vocational Nurses | 94.2 | 7.0               | 23.2                      | 3.1   |
|                                               |       |                   |                           |       |

| Nursing, psychiatric, and home health aides | 88.9 | 13.1              | 34.8                      | 4.0   |
|                                             |       |                   |                           |       |

## Educational Disparities


<table>
<thead>
<tr>
<th></th>
<th>Not High School Graduate</th>
<th>High School Graduate or Higher</th>
<th>Less than Bachelor’s Degree</th>
<th>Bachelor’s Degree or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>15%</td>
<td>85%</td>
<td>70.8%</td>
<td>29.2%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>14.1%</td>
<td>85.9%</td>
<td>73.1%</td>
<td>26.9%</td>
</tr>
<tr>
<td>**White Non-</td>
<td>9.5%</td>
<td>90.5%</td>
<td>69%</td>
<td>31.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>40.7%</td>
<td>59.3%</td>
<td>87.6%</td>
<td>12.4%</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>19.3%</td>
<td>80.7%</td>
<td>81.5.0%</td>
<td>18.5%</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>12.6%</td>
<td>87.4%</td>
<td>50.3%</td>
<td>49.7%</td>
</tr>
</tbody>
</table>
Human Capital:
High School Graduation Rates

High School Graduation Rates by Ethnic Group
1999-2006

Source: U.S. Census Bureau
Human Capital: College-Going Rates

College-Going Rates of High School Graduates Aged 18 to 24 by Ethnic Group, 1999-2006

Source: U.S. Census Bureau
Human Capital: Growth Rates in College Enrollment

Growth in College Enrollment by Ethnic Group
1994-95 to 2005-06

Source: U.S. Department of Education
De Facto Segregation

- high proportion of Hispanic and black students attended a school that had not only relatively few white students but relatively few students of any racial or ethnic identity other than their own

- Asian students were less likely than Hispanic or black students to be heavily concentrated in schools largely comprised of students of their own race and ethnicity.”

Public School Funding, Race/Ethnicity, & SES

- School districts serving high poverty communities or communities with high concentrations of people of color are under funded relative to communities with high concentrations of wealthier non-Hispanic White households.
Impact
Source: The Education Trust (2006:1 & 6)

“Our low-income and minority students, in particular, get less of what matters most; these students get the fewest experienced and well-educated teachers, the least rigorous curriculum, and the lowest quality facilities.”

Funding gaps “are compounding the disadvantages that low-income students face outside of school and undercutting public education’s ability to act as an engine of social mobility.”
Household Wealth/Net Assets
Source: Pew Hispanic Trust 2004

- Latino Household: $7932
- Black (non-Hispanic) Household: $5988
- White (non-Hispanic) $88,651
- Asian American wealth is more unevenly distributed among Asian ethnic groups than is non-Hispanic White wealth: households of Southeast Asian ethnicity lagging behind Asian Indian, Chinese, and Japanese households.
Is There A Business Case for Demographic Diversity?
Evidence for Business Case

- Carter & Spence (1996) case study-growth in customer base and positive operating margin tied to diversity initiative
- Wright (1995) statistically significant association between stock price valuation and receipt of the US Dept. of Labor Award for affirmative action
- Hopkins, Hopkins, & Mallettee (2001)-diversity programming is associated with strong organizational commitment for managers of color and white male managers
- the 2007 DiversityInc Top 50 Companies for Diversity® list has outperformed the Nasdaq, Dow Jones Industrial Average, and the Standard and Poor’s 500 over the latest ten year period
Evidence for Business Case

- Kochan (2003) five year study of association between race and gender diversity and business performance
  - Diversity won’t automatically translate into better (or worse) results
  - Diversity is a labor market imperative and social expectation or value
  - The business case for diversity is complex and nuanced
Evidence for Business Case

  - Impact of demographic diversity depends on the context
  - Context includes organizational culture, HR practices, and strategy
  - Unless explicit attention is given to managing diversity, its impact is likely to be negative
Framework for Action
Dreachslin & Hobby 2008
Given the right infrastructure, clinicians who are motivated to deliver culturally and linguistically competent care are empowered and enabled to do so.

4 key areas for executive action:
- Policies: ‘diversity talk’
- Procedures: ‘diversity walk’
- Plant/Technology
- People: cultural competence & concordance
Formal mentoring programs. Such programs ensure that the human tendency toward similarity/attraction does not adversely affect the quality and diversity of the pipeline.

Professional development and training. This builds human capital through enhanced technical and interpersonal skills, including cultural competence and diversity management at all levels of the organization.

Work-life balance and flexible benefits. Intangible advantages like these aid in the recruitment and retention of diverse staff.

Affinity groups. Such groups address the social/emotional needs of diverse staff and capitalize on the power of diversity.
REINFORCE

Diversity leadership is the most important predictor of hospital adherence to CLAS standards (Weech-Maldonado et al. 2007a)

- Strategic plan goals for diversity in two areas:
  - Recruitment and Retention of a Culturally Diverse Workforce
  - Provision of Culturally and Linguistically Appropriate Patient Care
- Routine assessment of diversity goal achievement as part of strategic planning
- Dedicated person, office or committee assigned responsibility to promote the hospital’s cultural diversity goals
- Annually report to the community about the hospital’s performance in meeting the cultural and language needs of the service area.
Diversity Leadership-CWF Study


- Adherence to the CLAS standards resulted in significant increases in satisfaction for all patients, irrespective of race, ethnicity or primary

- Diversity leadership can result in across the board improvement in patient perceptions of high quality health care.
Challenge and Opportunity

◆ Opportunity- To Emerge as the Exemplar of Diversity Leadership and Renew the Historic Values and Mission of Healthcare Organizations

◆ Challenge- To move past inaction and resistance to action and involvement