

Creating a Diverse Healthcare Workforce



Tonya Fancher MD MPH

Director, Center for a Diverse Healthcare Workforce
Associate Dean, Workforce Innovation and Education Quality
Professor, General Internal Medicine
TLFancher@UCDavis.edu

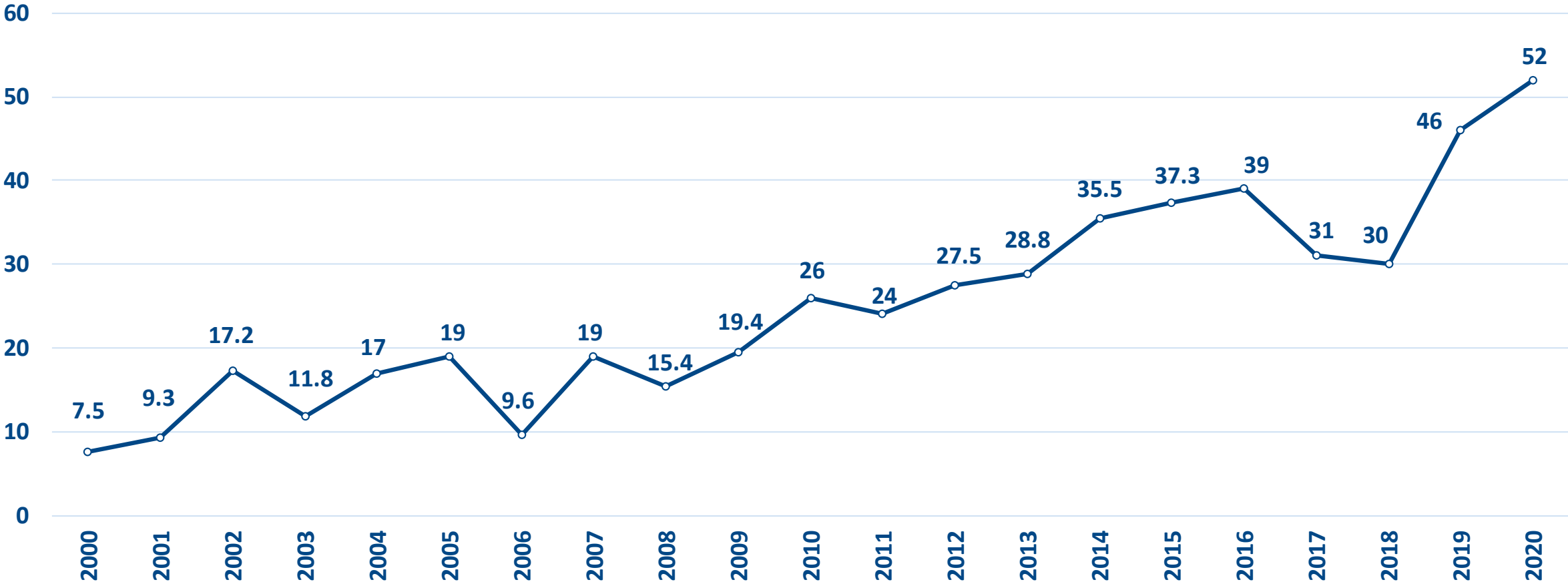
Disclosures

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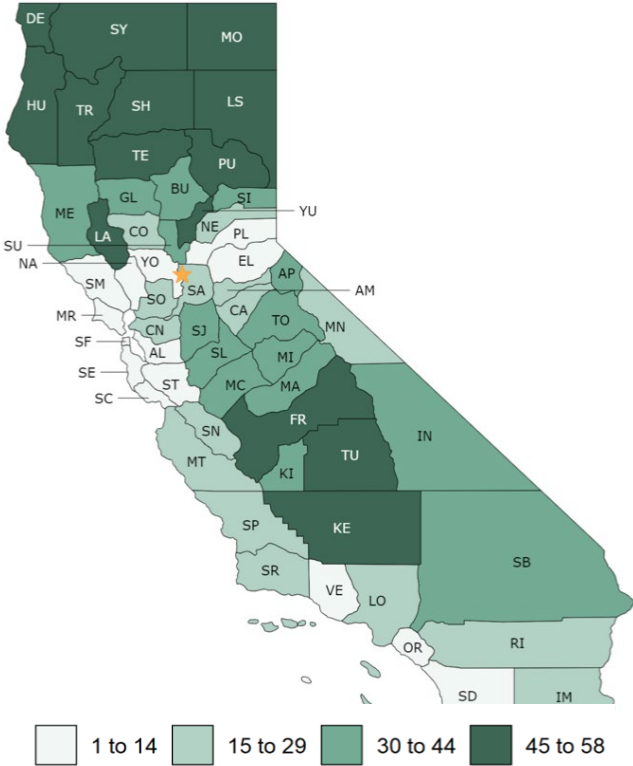
American Medical Association (AMA) Accelerating Change in Medical Education
American Medical Association (AMA) Accelerating Change in Resident Education

% of UC Davis SOM Matriculants From Groups Underrepresented in Medicine* (2000–2020)



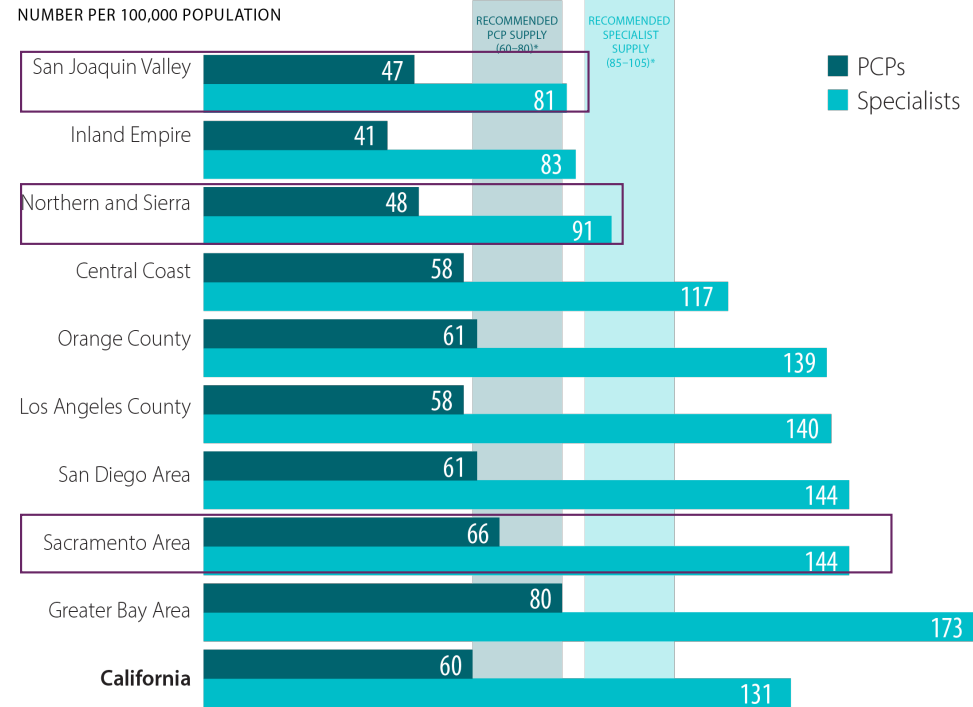
*Includes students who identify as American Indian/Alaskan Native, Black/African American, Hispanic/Latinx, Native Hawaiian, or Filipino

Training the Doctors that California Needs

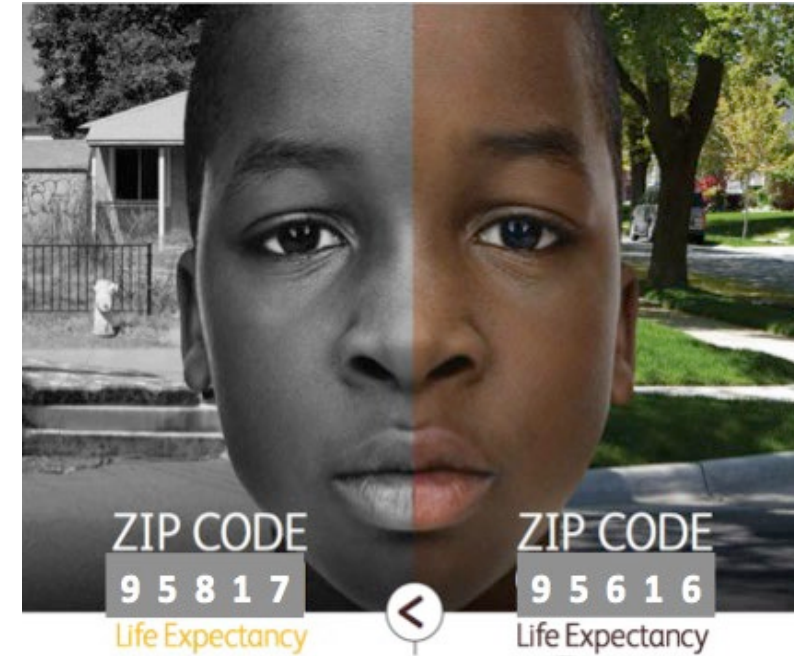


California Health Outcomes 2021
www.CountyHealthRankings.com

Primary Care Physicians and Specialists, by Region California, 2020



California Health Care Foundation



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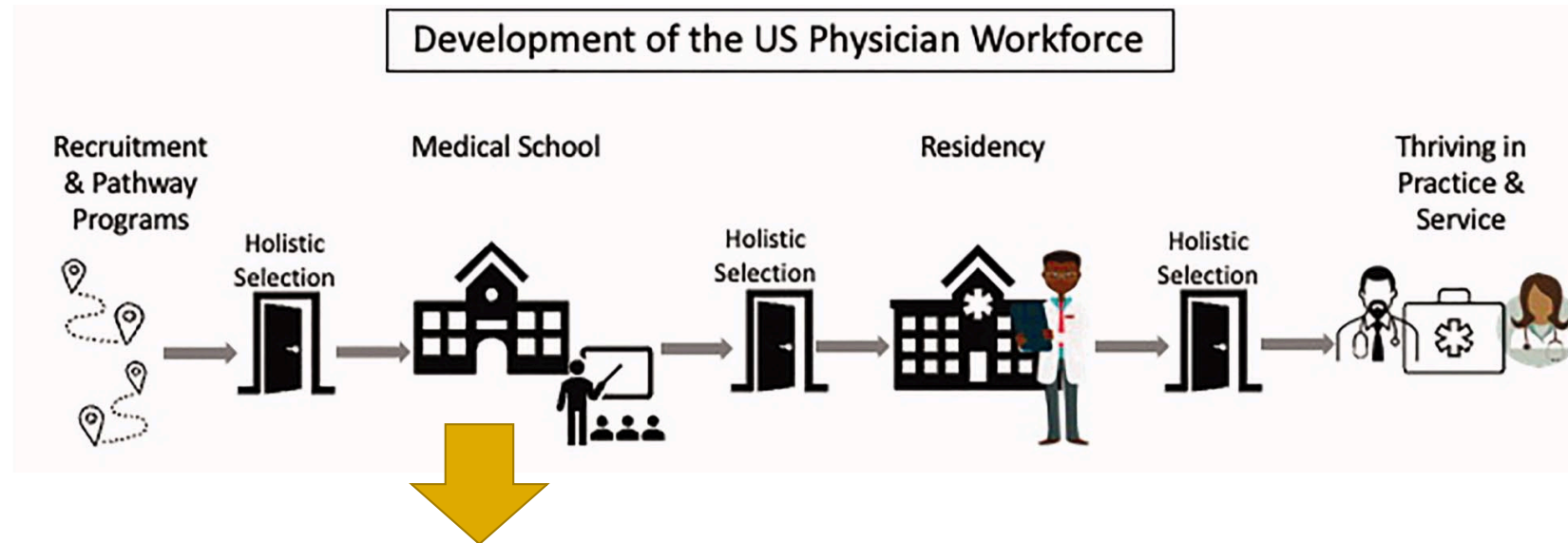
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Racially concordant care improves health outcomes

More primary care docs improves life expectancy

Where you grow up influences where you settle down

How Medical Schools Can Address Community Health Needs



- **Admit the right students** (and offset the costs, of course)
- **Create inclusive learning environments:** peers, belonging, shared vision
- **Train students in place** in rural, urban, tribal settings (... not tertiary care hospitals)
- Develop **competencies for community-based care:** social and structural determinants of health; equity; leadership; community partnership; advocacy
- Address **structural challenges:** admissions, assessments and grades, attrition
- Provide **role models** (career, personal, professional)

Socially Accountable Admissions: a more diverse and better distributed workforce

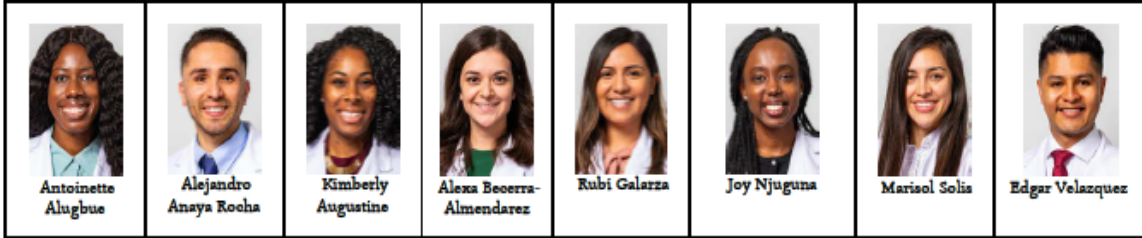


- **Refining our mission**
 - A public school committed to WORKFORCE needs
- **Rethinking who decides who gets in**
 - Diversity of admissions committee
 - Community members and multi-professional colleagues
- **Changing how we look at applicants**
 - Valuing non-traditional strengths: community college, disadvantage, grit, geography
 - Blinding metrics, implicit bias training
 - Using a locally derived disadvantage score
- **Making the med school experience more equitable**
 - Focused pathways
 - Grade equity
 - Diverse faculty

Inclusion: Pathways to address community health needs

- **Rural:** Rural PRIME
- **Urban:** TEACH-MS (Transforming Education and Community Health) (HRSA)
- **Central Valley:** REACH (San Joaquin Valley PRIME)
- **Primary Care:** ACE-PC (Accelerated Competency-Based Education in PC) – (AMA, Kaiser)
- **NA/AI Communities:** Tribal Health PRIME – est. 2022 (State)
- 30% of students (6-10 per program)

PC



Central Valley



Rural



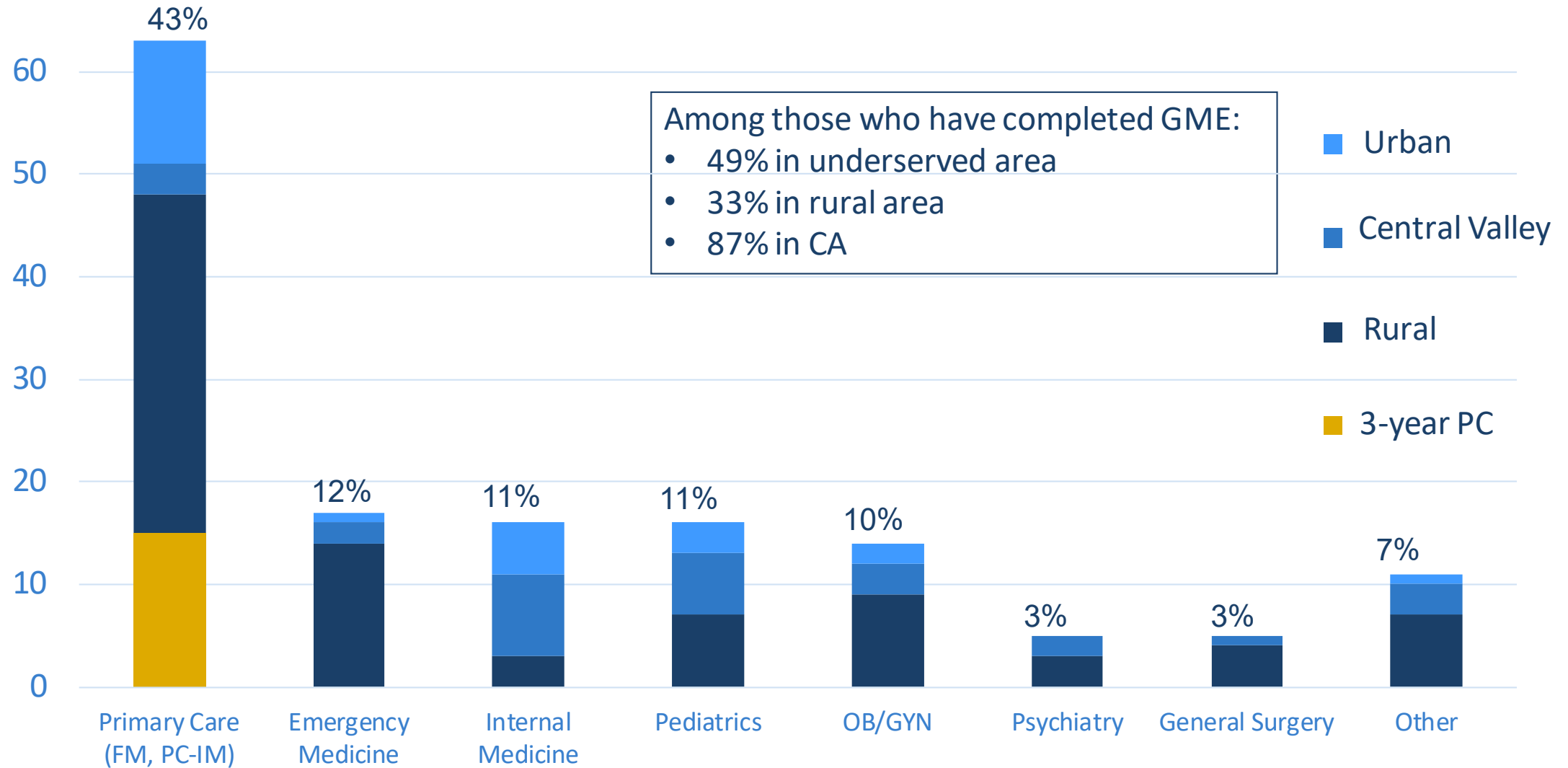
Urban



MD and Pathway Scholars by Race and Ethnicity (12 years)

Cohort	AN/AI	Black	Latinx	Asian	White	Other	Total
MD	13	72	153	446	406	103	1193
3-year PC	0	8	15	9	4	1	37
Rural	3	3	41	14	57	6	124
Central Valley	1	5	26	17	3	5	57
Urban	1	10	22	14	4	3	54
Total	18	98	257	500	474	118	1465

Pathway Scholars GME and Practice Outcomes (n=147 graduates)



Facilitators of Success

External support to establish and study programs

- HRSA and AMA
- Infrastructure, collaborators, flexibility
- Intentional support for junior faculty

Communities of Practice

- Established and new networks
- Invested in success

Share share share

- Supported dissemination and uptake leading to more

Internal support

Research and Implementation

- Implementation and Research



Facilitators: Research that informs Recruitment

- **Making Medical School Admissions More Equitable**
- **Holistic Admissions and MMI**
- **Community College Pathways to Med School and Family Medicine**

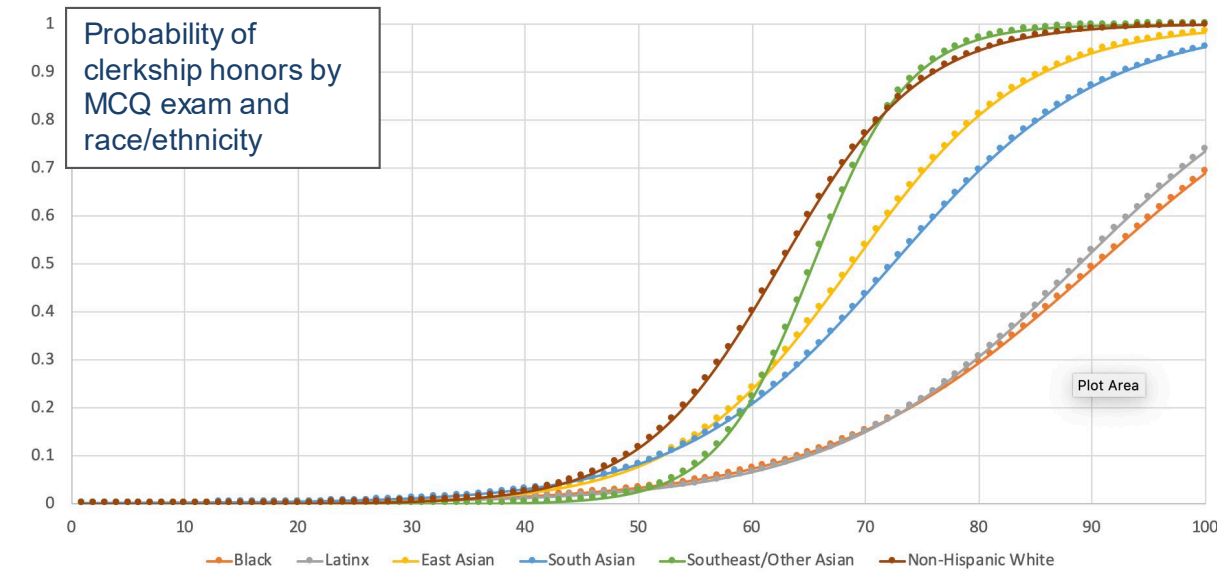
Underrepresented Groups in Medical School, 1997 and 2017.*			
Variable	1997	2017	Percent Change
No. of first-year medical school slots	18,857	29,118	54
No. of matriculants from underrepresented groups	2850	3713	30
Percent of matriculants from underrepresented groups	15	13	-16
No. of people from underrepresented groups in U.S. population	65,497,000	106,835,890	63
No. of matriculants from underrepresented groups per 100,000 population	4.3	3.5	-20

* Underrepresented groups are defined as American Indians or Alaska Natives, blacks, and Hispanics or Latinos. Data are from the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the U.S. Census Bureau.

- **Success and Attrition Among Deaf and Hard of Hearing Pre-Health Students**
- **Standardized exams among Medical Students with Disabilities**
- **Students with Disabilities more likely to enter primary care** but higher likelihood to take leave of absence, longer time to graduate, lower board scores
- **Reducing Medical School Admissions Disparities in an Era of Legal Restrictions: Adjusting for Socioeconomic Disadvantage**

Facilitators: Research that informs the Learner Experience

- Racial **Microaggressions** among Minority Medical, Nursing, and Physician Assistant Students
- **Microaggressions** Toolkit for health professions
- Success of **Medical Students with Disabilities**
- **Addressing the ACGME Diversity Standard**
- **Socioeconomic Disadvantage, Self-Designated Disadvantage, and Academic Performance**
- Expectations of **Admissions Leaders and Diversity Office Leaders**
- Medical student clerkship **grade equity**
- Attrition during medical school: **Who and When?**





Eliminating the Barriers

Post-bacc to MD: Reimagining IndianS into MedicinE (RISE)

- OHSU's Northwest Native American COE (HRSA!)
- Washington State University COM
- University of California Davis SOM
- Northwest Portland Area Indian Health Board
- 43 tribal nations & 2 tribal-focused non-profits
- Indian Health Service

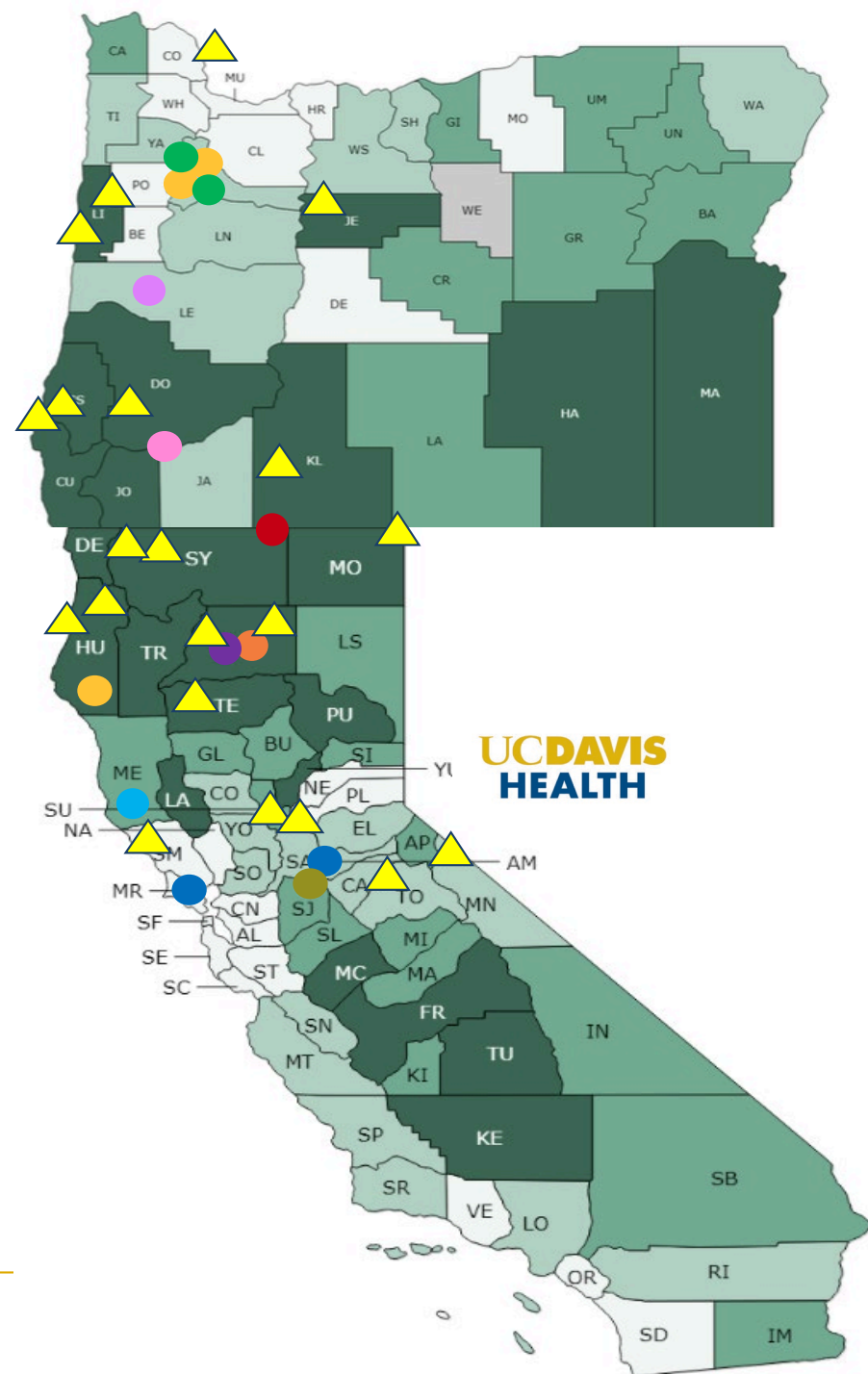
To expand # of AI-ANs in health workforce who serve AIAN people in Western Region of Indian Health Service through robust pathway programs and tribal partnerships e.g., Wy'East Post-Bacc for AIAN students



UME to GME: COMPADRE the CA OR Medical Partnership to Address Disparities in Rural Education

To reduce health disparities by transforming the MD workforce – to be better prepared, more equitably distributed & more deeply connected to underserved communities.

- Across states and institutions
- Rural, Tribal and Urban
- 10 Healthcare Systems and an FQHC network
- 16 Hospitals, 7 Specialties and 31 GME Programs
- **UME to GME**
- Prepare students to care for populations in under-resourced settings

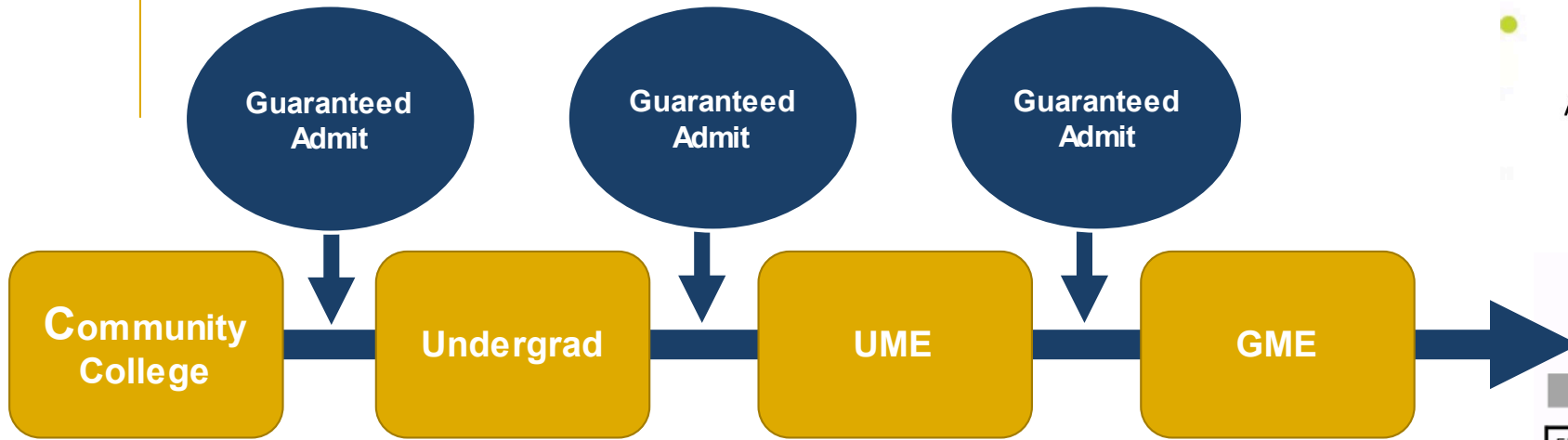


Community College to Medical School: Avenue M the road to medical school



Avenue M: "The road from community college to medical school"

Jerrod D. Witt, MD/MBA



Longitudinal Mentoring

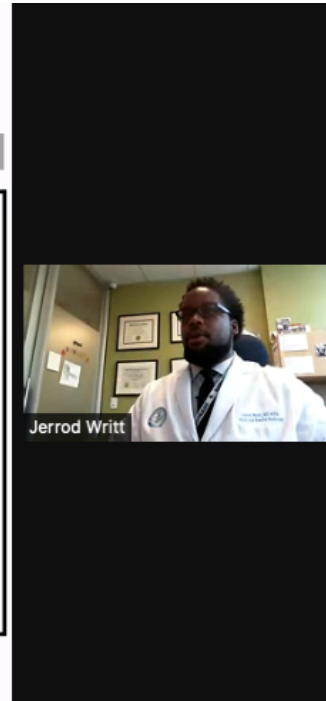
Professional Identity Formation with a Culturally Informed Lens

Stage Appropriate Curriculum and Clinical Work

Barriers

Elements to create a sharable model:

- Guaranteed Admit from Community College to 4-year (UC Davis has a transfer guarantee for all CA Community College students (!), others?)
- Guaranteed Admit from 4-year college to medical school (existing models BS-MD programs, UC Davis (!), others)
- Investment of resources to support students long-term
 - People
 - Financial Aid



A diverse workforce gives better care in the right places

KEY LESSONS

Meaningfully engage invested stakeholders

- Other HRSA grantees
- CHCs and employers (e.g., Kaiser Permanente)
- Organizations and accreditors: AAMC, AMA, ACGME

Sustainability

- Elevating junior faculty
- Changing policies and procedures

Address barriers

- Entry to medical school: premed pathways + priority selection/conditional admit
- Entry to residency, UME + GME linkages, especially where they want to practice
- Tyranny of standardized exams
- Equity in the med school experience
- Financial needs

SAVE THE DATE
for the
ADMISSIONS REVOLUTION:
*Systematic Approaches to Diversifying
the Healthcare Workforce*

Sunday
March 27, 2022

Hyatt Regency Phoenix
**122 N 2nd St
Phoenix, AZ 85004**

TLFancher@UCDavis.edu