

Perspectives and Practices of New Hampshire Health Care Employers

Improving Quality, Reducing Costs, and Planning for the Future by Building Culturally Effective Health Care Organizations

November 2013



Institute on Assets and Social Policy
Heller School for Social Policy and Management, Brandeis University

This report was produced by the Institute on Assets and Social Policy (IASP) at Brandeis University in partnership with the Health Profession Opportunity Project (HPOP), New Hampshire Office of Minority Health and Refugee Affairs (OMHRA).

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Join us in learning from the Perspectives and Practices of New Hampshire's Health Care Employers. Enter into the conversation about how New Hampshire employers can build a strong and culturally effective workforce and organization for the future.

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Executive Summary

New Hampshire is changing. Its demographics are shifting and health care provision is reorganizing in multiple ways. At times, change creates uncertainty, but it can also present opportunity. The state and its health care employers, educators, community leaders, and workforce have a tremendous opportunity to embrace these changes in ways that will contribute to securing a strong economy—one that is built upon good jobs and good health for all of the state's residents. This report is part of a series that will examine the opportunities presented for each of these health care stakeholders. This first report focuses on New Hampshire's health care employers and the workplace, to learn about what they are doing, what they can do, and what kind of support they need to make health care jobs and health care outcomes in the state the best in the nation.

Interviews with over 50 New Hampshire health care employers and workers, education and training providers, career and job developers, and community leaders in four southern regions of the state were conducted in 2012. Management and direct care staff from hospitals, long-term care, home health care, dental care, and community and mental health centers were included. They surfaced promising employer practices in place today, and identified needs, challenges and strategies for the future to respond effectively and efficiently to a changing health care environment. The report focuses on the following four areas:

Preparing for the Future

Racial, ethnic, and linguistic minorities made up 50% of New Hampshire's population growth over the past ten years and this growth will continue, mirroring national trends. Research indicates that health disparities currently exist in New Hampshire among minority populations and that there are few minority employees in health care professions in the state. These trends will have broad impacts for the future delivery of health services and population health in three key ways:

- **Patient Care:** Increasingly, accreditation and reporting requirements focus on patient-centered care and satisfaction. This requires greater staff awareness of and responsiveness to the influence of patients' culture and language on their health outcomes and the centrality of patients' understanding of preventive health and treatment plans in promoting health.
- **Workforce Diversity:** Minority workers are under-represented within the health care workforce in New Hampshire. Research demonstrates that racial and ethnic concordance on the treatment team improves utilization of services and adherence to treatment plans.
- **Cost Containment:** Traditional responses to patient diversity, like interpreter services, are expensive and result in lost waiting time for both patients and staff, and in poor adherence to treatment plans. Workforce diversity can produce lower costs through saved time and service fees, and reduced hospital admissions and readmissions that negatively impact the provider's bottom line.

In addition to minimizing health disparities and improving patient care and satisfaction, bringing more diverse workers into the health care system offers opportunities for good jobs in a growing sector, and those with good jobs are more likely to experience good health themselves.

Developing Culturally Effective Organizational Practices

A culturally effective healthcare organization is one that provides direct care and is tied to a network of services that effectively cares for all people in the community regardless of racial, ethnic, or linguistic differences. In order to successfully move in this direction, managers will want to ensure they have the necessary capacity and a workforce prepared to respond to diversity in its many forms. Culturally

effective organizations focus on implementing inclusive policies and practices, data collection and its utilization for improvements, a commitment to building workforce diversity, and development of a culturally competent workplace environment. New Hampshire health care employers report current culturally effective practices such as:

- Demonstrating strong leadership through mission statements and policies that support diversity and inclusiveness.
- Engaging in recruitment practices that encourage minority hiring and reflect the value of diversity and language skills in their job descriptions, compensation and advancement policies.
- Creating supportive work environments and building cohesive teams that encourage knowledge and mutual appreciation of cultural differences.

Employer Perspectives on Workforce Education and Health Care Careers

Employers have a lot to say about how the workforce education and training system can improve its preparation of future workers, and what they need to be able to partner in the process, including:

- More multi-skill training and increased opportunities for non-classroom experience.
- Incorporate critical thinking and teamwork skill development across curricula.
- Embed work-ready preparation throughout training, including knowledge about the health care workplace environment and the changes that are underway.

Recommended Next Steps

Additional recommendations are offered for next steps including:

- Expansion of data collection systems and utilization to better understand the demographics of the patients served and the staff employed to ensure responsiveness to changing needs.
- Create opportunities for systematic education of senior and front-line management to become more culturally effective organizations.
- Increase representation of key community minority groups in advisory committees and boards to improve knowledge about how health care employer organizations and services can be more responsive and inclusive.

The interviews yielded important findings about employer practices and perspectives with implications for employer organizational practices as well as the workforce health care education and training system, and community-based organizations. Findings suggest that improved communication, partnership, and collaboration between all the key stakeholders will yield the most effective, sustainable, and scalable outcomes. Intentionally focusing on the development of culturally effective health care organizations is one part of a larger strategic effort underway in the state to keep up with changing times. As the state changes, all stakeholders will need to learn from each other and prepare, together, for the future.

This research was developed and produced by the Institute on Assets and Social Policy at Brandeis University in partnership with the Health Professions Opportunity Project (HPOP), in the NH Office of Minority Health and Refugee Affairs (OMHRA). Funding was provided by the US Department of Health and Human Services.

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I. New Hampshire at a Crossroads: Preparing for the Future

New Hampshire's health care employers are operating within an environment of uncertainty. Shifting federal and state funding, changes in insurance programs and laws, pressure to provide cost-effective services, new licensure and regulatory requirements, and changing demographics present both challenges and new opportunities. This report focuses on New Hampshire's health care employers and the workplace, to learn about what they are doing, what they can do, and what kind of support they need to make health care jobs and health care outcomes in the state the best in the nation.

Interviews with over 50 New Hampshire health care employers and workers, education and training providers, career and job developers, and community leaders in four southern regions of the state were conducted in 2012. Management and direct care staff from hospitals, long-term care, home health care, dental care, and community and mental health centers were included. They surfaced promising employer practices in place today, and identified needs, challenges and strategies for the future to respond effectively and efficiently to a changing health care environment. The report begins with some background on the changes underway, and then brings the voices of New Hampshire health care stakeholders into focus, setting a course for good health and good jobs for the future.

Building Culturally Effective Health Care Organizations

The future of health care in New Hampshire and the rest of the U.S. is being shaped by a growing emphasis on accountable care organizations (ACO's), patient-centered care, and reducing health disparities experienced by minorities and others. New Hampshire has been on the forefront of developing new health care models, including Dartmouth-Hitchcock Clinic's participation in the Pioneer Accountable Care Organization Model.¹ New federal initiatives, such as the Patient Protection and Affordable Care Act (ACA) of 2010, aim to expand health care access to all, but also to make health services responsive to patients from all backgrounds. Accrediting agencies including the Joint Commission,² the National Committee for Quality Assurance,³ and the National Quality Forum⁴ are calling for an end to health disparities and are beginning to link culturally effective care to accreditation, reimbursement and quality measures. Health care leadership, such as the American Medical Association, is also at the forefront as its Commission to End Health Disparities aims to address disparities in access to healthcare and in the quality of health services delivered to at-risk communities.⁵

These changes create an environment of urgency to reach all populations and service disparate needs across age, gender, race, ethnicity, linguistic diversity, disability, and geographic location. Defining long-term priorities within this shifting environment can often be overwhelming for health care providers. As managers hire for the future, they will be assessing who can best meet these expectations and serve the populations seeking care. To build a health care organization and network of services that effectively cares for all people in the community regardless of racial, ethnic, or linguistic differences, managers will want to ensure they have the necessary capacity and a workforce prepared to respond to diversity in its many forms.

*“Achieving a health care workforce that reflects the diversity of the U.S. population is an explicit goal supported by, among others, the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), and the Institutes of Medicine”.*⁶

- U.S. DHHS HRSA

Evidence indicates that developing a culturally effective organization assures high-quality care and improves patient satisfaction.⁷ It also reduces costs for non-critical health care events; understanding the needs of a diverse population improves use of appropriate health services and reduces trips to the emergency room for non-critical care health events.⁸ In 2006, New Hampshire could have saved nearly \$80 million on avoidable emergency room visits if patients had accessed appropriate and timely primary care.⁹

In recent years, New Hampshire employers have begun to partner with government, funders, academic institutions, and non-profit organizations to develop a knowledge base to improve care, reduce health disparities, and prepare tomorrow's workforce. Initiatives include a *Plan to Address Health Disparities and Promote Health Equity in New Hampshire*¹⁰ produced by the New Hampshire Health and Equity Partnership,¹¹ a New Hampshire Center for Public Policy Studies disparities report, *Health and Equity in New Hampshire: 2013 Report Card*,¹² and the New Hampshire Medical Society's Diversity Task Force, among others. Investments focused on strengthening the workforce and workplace environment, including the Health Profession Opportunity Project,¹³ and the Harvard Pilgrim Foundation Culture Insight *Partnering for Healthy Communities* initiative,¹⁴ are paving the way for long-term change.

The Impact of Demographic Changes on Health Care Service Delivery

Three interrelated factors suggest that this is the moment for New Hampshire health care providers to build on and implement strategies to become culturally effective organizations. The state's population is changing, not all New Hampshire residents are currently achieving optimal health status, and the health care sector is growing. These trends require planning for effective and efficient service delivery in the near future.

“The future of New Hampshire depends in part on the size, composition, and distribution of its population. For the state to continue to grow, prosper, and be a good place to live and raise families, policymakers must be cognizant of these demographic trends as they consider the future needs of its people, institutions, and organizations.”¹⁵

-Kenneth Johnson, Demographer, UNH

New Hampshire's Changing Population

As in past centuries when an influx of immigrants from other parts of North America and Europe came to join the early Yankee settlers, the pace of growing population diversity is again quickening in New Hampshire. New arrivals from elsewhere in the U.S. and around the globe have joined long-standing French Canadian, African American and more recent Latino communities in several areas of the state. The state's overall population is aging and will increasingly be in need of health services.

New Hampshire's diverse populations tend to be younger and have young families. They are the drivers of population growth and represent tomorrow's workforce.

Between 2000 and 2010, racial, ethnic, and linguistic minorities made up 50% of New Hampshire's population gain.¹⁶

By 2010, the cities of Manchester and Nashua had minority populations of about 20%.¹⁷

In 2010, the median age in the state was 41 years while the median age of the minority population was 27.¹⁸

Health Disparities in New Hampshire

Data on New Hampshire health disparities, reported by the New Hampshire Center for Public Policy Studies (2013),¹⁹ indicate that not all New Hampshire residents are achieving optimal health status. These are not statistics that are inherent to their race or ethnicity, but rather reflect an absence of preventive health care and treatment.

- Racial and ethnic minority women are more than three times as likely to have cardiovascular disease and are almost two times more likely to have diabetes when compared to white, non-Hispanic women.
- Minority men are more than two times as likely to lack health insurance coverage, indicating that they are less attached to work that provides such benefits.
- Racial and ethnic minorities are two times more likely to lack a personal health care provider.

Employers can take a leading role in reversing these trends by taking steps to become culturally effective organizations. Increasing workforce diversity is one part of a comprehensive strategy for improving health outcomes and reducing health disparities that is discussed in this report.

“...current evidence supports the notion that greater workforce diversity may lead to improved health, primarily through greater access to care for underserved populations and better interactions between patients and health professionals.”²⁰

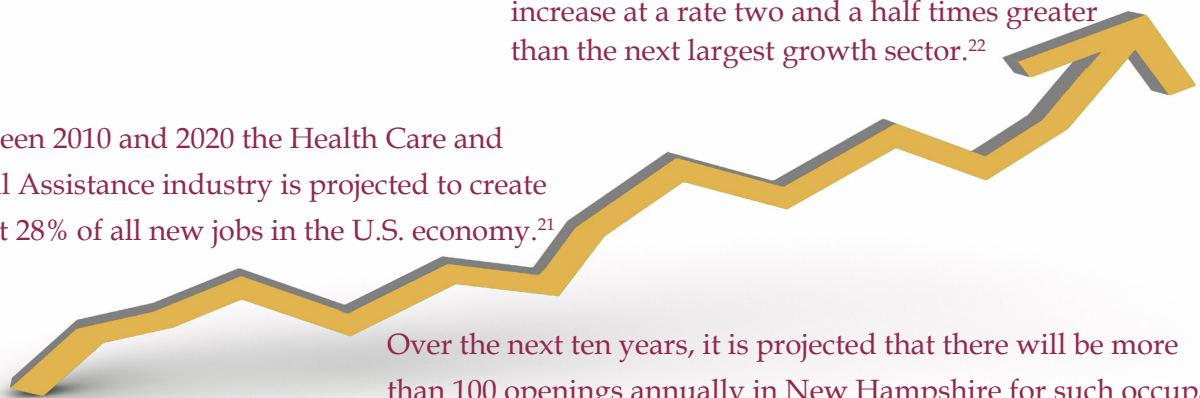
- U.S. DHHS HRSA

Health Care: A Stable and Growing Sector

In addition to helping minimize health disparities for today’s minority patients, bringing more diverse workers into the health care system offers opportunities for education and good jobs to minority workers in a growing industry so they are more likely to experience optimal health themselves. The projections for job growth in healthcare in New Hampshire, like the rest of the country, demonstrate that pursuit of careers in this field are likely to lead to well-paying, stable jobs with benefits.

The number of jobs in this field is projected to increase at a rate two and a half times greater than the next largest growth sector.²²

Between 2010 and 2020 the Health Care and Social Assistance industry is projected to create about 28% of all new jobs in the U.S. economy.²¹



Over the next ten years, it is projected that there will be more than 100 openings annually in New Hampshire for such occupations as Registered Nurse, Licensed Practical Nurse, Home Health Aide, Nursing Aide, and Medical Secretary.²³

Choosing a career path in healthcare brings benefits to workers that extend beyond income and stability. Many workers also benefit from being part of a field or a practice that they believe in. Helping others achieve optimal health and spending time in supportive workplace environments contribute to workers' overall satisfaction and well-being.

People Want to Work in Health Care

Across the board, the workers interviewed for this study expressed clear motivations for pursuing careers in health care that go beyond financial benefits. Working in strong teams, interacting with and helping patients, and meeting the needs of and learning from a diverse range of people all contribute meaning to their work.

“We work so close together, we’re like a family, I love working with my provider like I said, she’s an amazing person and she supports me and I support her. It’s a very caring group of people, and I think that’s what keeps us there.”

“I love the clinical part of the health care, I don’t like being behind a desk. I like doing immunizations, making sure that they are processed for medication, making sure their insurance goes through. I like hands-on with the patient, helping the minority because that’s what we do here, I never had the opportunity to do that. So actually, I like that part of my job. I like all aspects of my job; there’s every kind of person coming through that door.”

“I like helping people. I know that sounds cliché but I, that’s why I got into what I do. I like helping people, I like making them feel better; if I can put a smile on their face and you know, change their lives in just a little way, it just makes me happy. And I do get positive feedback from my patients, they’re phenomenal people, they’re just amazing and you see them go through a lot. They come to you with problems, you know, that’s what I’m there for. I hear them out and then whatever we can do to help them out, to fix them, it makes me feel better.”

“It is a business, but I don’t think of it like that. Patients are first, it’s like customers. They’re always right. My patients are always right.”

The research that follows builds on this momentum to help providers learn about, plan for, and implement low- or no-cost investments that can be made today, in order to meet their changing obligations in the future. Creating a culturally effective organization requires institutional direction, as well as partnership and cooperation with the wider community. Understanding the context just described is critical for moving forward. This knowledge can advance action through coordination and innovation, ensuring health care providers and their partners can keep New Hampshire strong and healthy.

II. Workforce Diversity: Perspectives and Experience

“I identify individuals that can reflect and represent the population that we’re serving here for many reasons—for ease of access, customer service, language diversity...all the things that you can think of.”

- Kris McCracken, Manchester Community Health Center

Findings from the more than 50 interviews conducted for the Health Care Employer Research Initiative reveal that health care employers, workers, and the wider community of stakeholders recognize both challenges and opportunities related to building culturally effective organizations. Conversations surfaced a number of critical issues including employers’ current experiences with workforce diversity, their approaches to new hires, retention and advancement, and leadership practices.

New Hampshire health care providers are anticipating a change in the health care environment. Many employers report that they do not currently have many diverse patients, but foresee a more diverse clientele in the future. With the increased emphasis on patient-centered care and treating the whole person, rather than the presenting symptoms, they recognize the need for competency in both the language and cultural needs of the patient. Most providers have experienced the need for language access already. Many find interpreter services are adequate, but very costly and not ideal.

Employers who currently have a diverse workforce identify benefits for minority patients, including improved care, utilization of services, and adherence to treatment plans when there is racial or ethnic concordance on the treatment team. They also have experienced a positive impact on their organization’s bottom line. An increase in the language capacity of nurses and medical assistants results in reduced interpretation costs. In fact, interviewees report that last year New Hampshire medical facilities lacking diverse staff spent \$100,000 to \$250,000—and some much more—for interpreter services alone.

Hiring in Transitional Times

Many of the employers, workers, career specialists and job developers interviewed recognized that racial, ethnic, and linguistic minorities may face unique challenges in the job search process due to underlying employer preferences, biases, or stagnant work norms. The sentiment expressed by many is that it will take some time to build knowledge within the employer community of the broad benefits of diversity.

RESEARCH QUESTIONS

How can New Hampshire health care employers create a more diverse workforce and foster greater recruitment, retention, and advancement of racial, ethnic, and linguistic minorities?

How can the workforce development field better prepare and support both workers and employers in the health care sector to improve minority hiring, retention, and career pathways in New Hampshire?

What are the opportunity structures or bridges that need to be developed or leveraged to build and sustain a more diverse and upwardly mobile minority health care workforce in New Hampshire?

“I think that there are many New Hampshire employers who have insufficient experience at managing a diverse workforce...they may be uncertain about what to expect...There has to be kind of a way to talk about what people bring in addition to their language skills that may be beneficial to your institution, because there is a lot.”

- Kris McCracken, Manchester Community Health Center

Prospective minority health care employees are receiving mixed signals about how to approach the job search process and about their prospects for being hired into health care professions. They express reservations based on personal experience and experiences of their colleagues.

“Usually they say when you go to pick up an application (in-person) it’s not good because, like once they see you they’re not going to call you, so better to do it online.”

- Minority Health Care Worker

“...sometimes I wonder...when I put my name on something, like an online application, and then should I lie? Do I put “Chavez” on there? Then I’m not going to get a call-back. And I think about that a lot, which is awful...”

- Minority Health Care Worker

Throughout the interviews many employers stated that they are looking for the best workers they can find, and that diversity would not be a barrier as perceived by these cited workers, but as of yet barriers do still exist for many. At the same time, increasing numbers of employers recognize the benefits of a diverse workforce, and they not only seek multi-cultural and multi-lingual workers, but also compensate them for their added skill set. Job developers are trying to help prospective employees capitalize on their unique skills.

“I tell them to put on their resume that they speak more than one language. Employers have said, ‘I am hiring you because you speak Spanish.’”

- Job Developer

“So someone comes here and I ask them in the interview if they’re multilingual and they say ‘yes’...they are actually compensated at a different percent; they are given additional pay because of the skill set they have.”

- Community Health Center Employer

Retention and Advancement of Diverse Staff

Estimates indicate that the cost of replacing staff due to employee turnover is \$2,500 to \$5,000 for direct care health workers and 20% of annual salary²⁴ for other clinical positions (excluding MDs and RNs.) While preparing for the future of health care, employers’ ability to retain and advance employees is tempered by the economic realities they face. Two factors currently have particular significance for building a diverse and skilled workforce in New Hampshire:

- The recession slowed staff turnover of older, more experienced workers creating a bottleneck in the natural pipeline. This has slowed the development of a future pipeline of experienced workers and raised awareness of the importance of intentionally building a diverse pipeline so that an experienced, diverse workforce will grow along with the growth in the general population.
- Many employers report no or reduced funds to support on-going training, career advancement, or diversity education. Despite the expressed need and interest for more staff training, many employers find the changing health care environment and payment structure leaves them with fewer flexible dollars.

Leading the Way to Inclusion

Employers were frank in their discussions about some of the challenges, which were largely discussed in terms of their older staff members and their client populations. They found the path forward was to address issues directly and show strong leadership. One issue surfaced with some regularity. New Hampshire's diversity initially came from French Canadians, who arrived in the state in the 1800s and early 1900s. The recent expansion of new populations of varied race, ethnicity, language and country of origin often brings older staff and patients into contact with new, non-white, or immigrant population groups for the first time. Older staff may have misperceptions about the skills, expertise, and contributions of people whose backgrounds are unfamiliar to them. Employer leadership and clarity is the path towards smoother and greater inclusion of diverse staffs.

“...one of our (supervisors)...was preceptor to women from African countries... She felt that when she told them what to do they should do it. They felt, well we've had education, we've had experiences in other environments...can we talk about that?...And her feeling was, 'No, I tell you what to do and you do it.'...What we said is, 'that is not the way we converse with people. You're a preceptor, here is your role, there's human dignity involved here so we want you to be open to that conversation.’”

- Long-Term Care Provider

Older patients may be uncomfortable at first hearing new accents or having caretakers of color. Particularly older patients have trouble with transitions and difference, yet employers who took the time were able to overcome these challenges in patient care.

“And I'll say to a patient, 'Today you're having difficulty because this is new. Once you've heard this person speak for a while, you'll begin to become accustomed to the rhythm of the language, you will, and you'll love her or you'll love him,' and they do...”

- Long Term Care Provider

In both instances, the availability of formal and informal strategies to help bridge the gaps can assist with these transitions. The bottom line is that transitions can be challenging, but as this employer states, what brings everyone together is keeping a focus on patient care and quality.

“We do have tensions among staff of different cultures. That's been another thing we've learned. You try to figure out how to work them through, but it's no different than any group of people that are together. People have to see that you're here to take care of the people you're caring for and that's got to be your primary focus.”

- Community Health Center Employer

III. Current Employer Practices

“It’s a learning experience for us as leaders in the organization to say, ‘Ok, we have never experienced this in our work lives. How do we work with the various resources in the community to help us understand, to help us respond in a way that’s going to be helpful?’”

- Sandy Brien, Havenwood-Heritage Heights

Several New Hampshire health care employers are developing strategies and implementing organizational practices to increase workforce diversity and create a positive workplace climate to promote hiring and retention of minority workers. Although different strategies are effective for different sectors and organizations, the findings presented here are applicable across health care sectors, and are broken down into two main categories: institutional policies and practices and the workplace environment.

Institutional Policies and Practices

Leadership: In culturally effective organizations, the leadership of senior management and supervising staff is critical for setting priorities and modeling inclusive behavior. Good leadership can structure the organization to capitalize on what all workers can contribute and build diversity as a way to advance patient care and improve the bottom line. Creating an inclusive environment minimizes conflict and makes staff feel comfortable and want to stay, thereby improving retention and the appeal of the organization to other prospective minority hires.

A New Start

Despite having a bachelor’s degree from abroad, one respondent described how she started over here in the U.S. and entered the medical field by attending training to become a medical assistant. *“Nobody was really up to hiring a ‘newbie’.”* After a year of job searching she found per diem work which became a full-time position soon after. Her diverse background and language abilities were considered an asset to her employer, and she believes that is one reason she was able to secure the job.

“I found out this position and, really, the fact that I am bilingual and it was Spanish language that they were looking for because the majority of the patients are from Hispanic background. It was really one of the things that, I believe, put me through the door.”

She hopes to advance in the health field and was unsure whether her employer offers tuition reimbursement or other types of support to assist her in pursuing the next stage of her career. *“That, quite frankly, I don’t know. I never really asked that question, I don’t really know.”* Now she serves patients from a wide range of backgrounds on a daily basis.

“You get to experience all groups, or I should say all ages of people, from the prenatal care to the newborns to toddlers, adolescents, adults, elderly, just everything. And the diversity because there are so many languages involved, I love languages, it’s really, really nice...I put my best forward to make sure that I don’t disappoint these people because they gave me that so crucial opportunity for me.”

“You need the support of leadership to promote training in cultural competency and acceptance and support for diversity in the workforce. It was my VP who started lighting the candle for me...I also had the support of the hospital CEO and the President and other VPs...”

- Glory Wabe, St. Joseph’s Hospital

Leaders expressed that changes in the demographics of their workforce raise new issues for organizational practices. Health care providers are adapting their institutional cultural norms because they value the contributions of diverse workers and recognize that a workforce reflective of the patient population ensures a higher quality of care. A shifting of norms and expectations, and new forms of flexibility benefit not only the workers but the workplace as well, as one employer explained in providing this example:

“Hispanic culture keeps their elderly with them at home. It has a huge impact on the whole family. So they may need to go home at lunch to look after them. Takes longer...So it’s very frustrating to deal with that dynamic. However, if we’re going to embrace their language and culture to help us deal with these people coming through, then we have to deal with that, have to accept it. We can’t just say, we want your language and your cultural knowledge, but forget your real life”

- Community Health Center Employer

Formal Policies and Procedures: New Hampshire health care organizations have instituted formal policies and procedures that embrace and support inclusiveness, such as:

- Agency mission statements that include diversity and inclusiveness as a goal to lay groundwork for policies that strengthen and support a receptive environment.
- Policies that call for patient acceptance of diverse staff demonstrate that the organization stands behind all of its employees, and can be used to reinforce those values.

“...our residents have a code of conduct that they have to follow that requires treating people with dignity and respect. If we have residents that are making inappropriate (racial or ethnic) comments, and we learn of it, we speak with them right away about the code and what is expected...”

- Sandy Brien, Havenwood-Heritage Heights

- Representation from key minority groups appointed to serve on advisory committees or elected to boards, or community leaders invited to meet to discuss how to better serve minority patients and recruit workers.

“...we changed purposefully because...you’re part of the community so you want...to look like what the community looks like. So it was actually taken on as a strategic initiative of the board of directors and the executive leadership...”

- Community Health Center Employer

Diversity Statement for Portsmouth General Hospital

“We will provide culturally competent care to every patient we serve. We will foster a culture of diversity and inclusion across all areas of our company that embraces and enriches our workforce, physicians, patients, partners and communities. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them the strengths of the organization.”

Philosophy Statement for Havenwood-Heritage Heights

“We are a community enriched by the diversity of its members, living together in a spirit of mutual respect and acceptance; offering services and programs that are meaningful and promote well-being; sharing facilities that meet environmental, physical, emotional and spiritual needs; providing a “haven” where residents experience a sense of physical and financial security; and responding to, and involved in, the needs of the wider community.”

“...we were having a small management meeting of supervisors here and I noticed no one on the team was of a different culture. So I changed it...they didn't represent who we are...our board of directors does...that's very helpful because it puts the dynamic at the table where decisions are made.”

- Community Health Care Employer

Hiring and Advancement: Some health care employers are initiating practices that encourage minorities to apply for open positions and aid advancement.

- Advertising positions using language that conveys that the organization values diversity and inclusion and employing outreach methods that effectively reach the whole community.
- Creating job descriptions and hiring criteria that identify and value the skills and expertise diverse applicants can bring to the position.
- Examining advancement practices and ensuring that minority workers understand training pathway opportunities even if the organization cannot provide its own financial assistance.

“Culturally, I've learned a lot. I actually had to go back to my boss and say, 'Alright, this is what I have for candidates, do I have some culturally underlying bias that's making me not lean this way, help me with this.'”

- Community Health Center Supervisor

The Workplace Environment

Building a Cohesive Team: Employers are adopting strategies to aid the introduction and integration of a diverse workforce. In addition to formal organizational policies and practices, employers have introduced informal customs that increase staff familiarity, acceptance and appreciation of what each staff member brings to the team.

- Introducing all new employees by posting their photo and some background information with suggestions for what other employees may want to ask them about themselves.
- Assigning volunteer, longer-term employees to act as mentors to make introductions, answer questions, etc.
- Building staff cultural awareness and appreciation through sharing of native food dishes and informal celebration of holidays.

“We do international fests a lot where we have international potlucks and everybody comes and brings food and shares experiences.”

- Hospital Employer

Providing Culturally and Linguistically Competent Care: New Hampshire health care employers engage in numerous practices to ensure that minority patients experience a welcoming environment and the highest quality care. Signage and materials are in the primary languages spoken by patient groups. When possible, they hire staff members who speak these languages. In addition, health care employers report:

- Maintaining relationships with minority community leaders to be aware of population changes and developing health care issues and seeking advice when unfamiliar with the cultural context for a patient’s care.

“When we hear that there’s some type of (treatment) issue, then I’m reaching out to the New Hampshire Minority Coalition. But I would love it to be a two-way street where we really collaborate well together. Maybe if they came to some of our department meetings...”

- Hospital Employer

- Providing routine cultural competency training for all staff with advanced options for those who have basic knowledge, and when appropriate, use own diverse staff to lead discussions.

“We always try to look at what our top cultures or minority groups are and do training quarterly here in the hospital. So if someone came in and is from a certain culture or background and we had a staff person what was from that culture, we would ask them to help us with the in-service.”

- Hospital Employer

- Encouraging self-reflection on how one’s own learned culture affects the workplace and contributes to equitable patient care.

“There are cultural practices around death and dying that my staff have encountered that they then share with their colleagues...The expressions of pain are different in different cultures, and we’ve talked about that...how giving voice to experiencing pain is more or less acceptable in different cultures.”

- Karen Baranowski, Home Health & Hospice Care

IV. A Healthier New Hampshire: Impact of Workforce Diversity

New Hampshire's changing environment, combined with the perspectives and practices highlighted above, suggest that workforce diversity can improve the health of New Hampshire communities by improving outcomes for the diversifying patient population and members of the health care workforce.

Improved Health Outcomes for Patients



Critical to reducing health disparities is to ensure that the benefits of good health care are available to all populations in a community, and that they are not limited by issues such as communication or cultural difference. Key stakeholder partnerships can achieve this goal through public policies, institutional practices, leadership supporting workforce diversity, and the development of cultural competency for staff at all levels.

Culture and ethnicity often influence a patient's perceptions of health and illness. Therefore, if health care providers appear insensitive to cultural differences—despite their best intentions—their actions may negatively affect the quality of the healthcare that they provide. Since different cultures vary in the way they perceive health and illness and how care is given, it is important that the organization is both ethnically diverse, and culturally competent and accepting.²⁵

This is an important factor in the way patients are evaluated and treated (medically and pharmaceutically), as well as in how they are educated about their health and maintaining good health. This could be as simple as describing medical conditions in their own language to providing treatment in ways that increase the receptivity of certain ethnic groups.

Benefits of Patient-Provider Racial and Language Concordance

Numerous studies of racial and/or language concordance report greater health care participation and more positive outcomes when the health care workforce is reflective of the racial, ethnic and linguistic composition of the local population. Specifically, research documents:

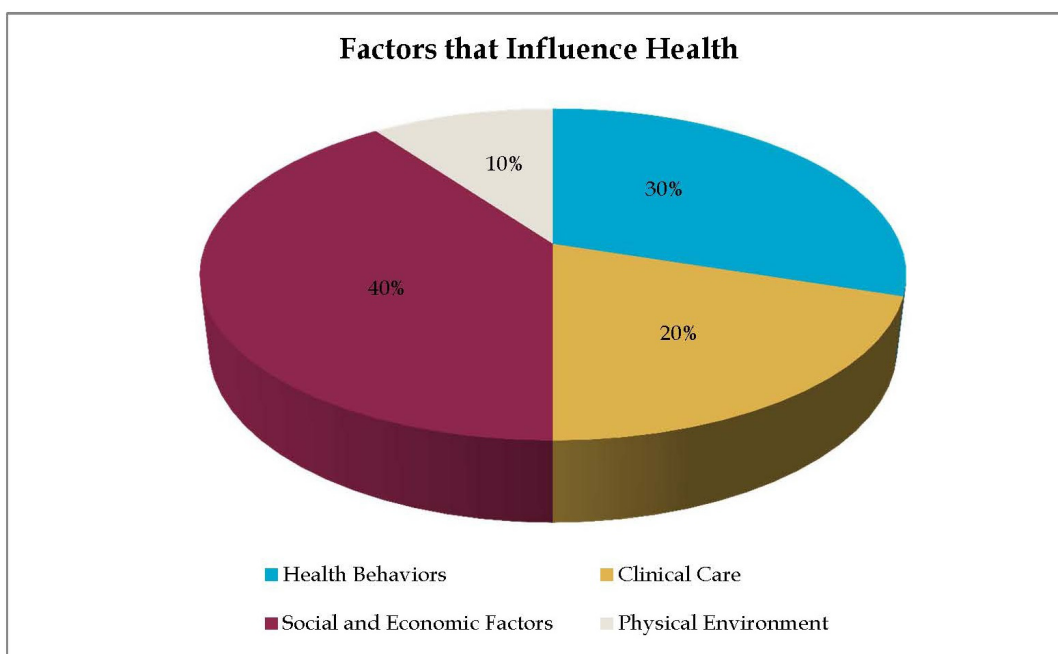
- Lower mistrust in the health care system.²⁶
- Increased use of needed health services.²⁷
- Increased patient understanding and engagement during clinical encounters.^{28, 29, 30}
- Higher patient satisfaction ratings.^{31, 32, 33, 34}
- Improved treatment adherence.³⁵

Research shows that if the racial, ethnic, and linguistic background of the patient and health care provider are similar, or concordant, patient satisfaction increases and adherence to the treatment plan improves along with patient health outcomes.

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, notes that in addition to building a racially and ethnically concordant workforce, the research literature and health care experts also stress the importance of having a culturally competent staff as a critical factor for serving all populations well.³⁶ The U.S. Department of Health and Human Services' Office of Minority Health (OMH) defines cultural competence as, "A set of congruent behaviors, attitudes, and policies that come together...that enable effective work in cross-cultural situations."³⁷ OMH has developed National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS) for use by health organizations. Recently released enhanced National CLAS Standards provide guidance for cultural competence in governance and leadership, communication and language access, and medical accountability.³⁸

Improving Health Outcomes for Workers

While health-related behavior and receipt of good clinical care are significant factors determining health status, approximately 40% of health is determined by social and economic factors, such as education, employment, and income.³⁹ Education leads to knowledge of and access to a healthy lifestyle as well as higher levels of economic security. Better jobs are more likely to offer health insurance and higher salaries, which along with accumulated or inherited wealth, enable families to finance a healthy lifestyle. These financial advantages, as well as the health status associated with social standing, are passed on to future generations.⁴⁰ Thus, one critical strategy to reducing health disparities is to ensure that access to education and training for jobs that pay well, provide security and career mobility, and that are essential to a community's well-being are available across all populations, cutting across differences in socio-economic status, race, and ethnicity.



Source: Adapted from County Health Rankings & Roadmaps.
<http://www.countyhealthrankings.org/what-works-for-health>

To assist health care providers by increasing the pool of skilled workers, federal funding to support education programs targeting minority and other low-income workers was significantly increased with the passage of the Affordable Care Act. New Hampshire organizations are building a knowledge base and supporting initiatives to reduce health disparities and increase the diversity of the health care workforce. While the Health Profession Opportunity Project (HPOP) by OMHRA has greatly advanced this activity, it does not stand alone. A comprehensive list of New Hampshire's initiatives and organizations is provided in Appendix A.

Identifying Needs and Progress through Data Collection and Utilization

Recent laws that apply to all health care providers accessing federal funds require the collection of racial, ethnic, and primary language patient data. By collecting race, ethnicity, and language (REaL) data for the patient population and using these data for quality improvement, gaps in health outcomes between populations can be monitored at the organizational level, and steps can be taken to diminish them. This knowledge helps health care providers assess the degree to which their organization

Employer Perspectives on Workplace Education and Preparation for Health Care Careers

Health care employers provided a wide range of information that may improve newly trained candidates' preparation for job openings, especially entry-level positions. While the observations below apply to all workers, they are of particular importance for minority workers who face additional barriers to employment.

Broaden the Scope of Health Care Training: New workers are trained in specific technical skill development, but employers want more multi-skilled certified workers.

- Employability increases with added specialty skills for high demand functions/areas (e.g., geriatrics or phlebotomy) and sufficient writing and computer skills for accurate and efficient case and medicine management, filing, and record keeping.
- Linguistic competency in English includes basic medical vocabulary and conversational fluency sufficient for workplace safety and solo work with patients.

Increase Opportunities for New Workers to Gain Experience Prior to Employment: Employers report that too many workers complete training in programs lacking sufficient clinical experience to qualify for most jobs without further on-the-job training. This limits opportunities for placement in full- or even part-time positions, frequently requiring new employees to start as per diem workers in less demanding settings.

- More pre-employment job internships and post-employment mentorships and on-the-job training would better prepare workers for jobs. Simulated practice can be an effective alternative, if workplace experience is not available.

is prepared to care for the community it serves. This data can also be used to analyze whether expanded interpreter services are needed and to project future population shifts.

As health care providers and hospitals implement electronic health records (EHR) and demonstrate “meaningful use” of their EHRs under the federal HITECH Act of 2009, the collection of such REaL data becomes a regulatory imperative and also determines, in part, the provider’s eligibility for government financial incentives.⁴¹ As part of demonstrating “meaningful use,” providers and health care organizations must collect data on each patient’s preferred language, sex, race, ethnicity, and date of birth.⁴² Those not demonstrating “meaningful use” of an EHR system by 2015 will experience reductions in Medicare payments.⁴³ The Affordable Care Act expands the patient demographic data collection requirement to all health and health care programs receiving federal funds, including Medicare and Medicaid payments.

Developing streamlined and state-of-the-art processes for data collection and utilization can help providers strategically develop a culturally effective organization that contributes to reducing costs and improving the bottom line returns to patients, staff, and the organization.

- Employers acknowledge that they have significantly cut back on opportunities for job internships and job shadowing as their budgets have been tightened. Finding resources for the support and supervision needed for students to obtain real clinical experience is something they seek but currently feel limited in providing.

Incorporate Critical Thinking and Teamwork Skills Across Curricula: Employers are looking for workers who can demonstrate critical thinking and teamwork skills; they suggest these need to be more integrated into workforce education and training.

- Practice and development of skills in decision-making and critical thinking is necessary for most health care environments. Employers are seeking those with experience in situation analysis, not just task-oriented training.
- With the growing emphasis on teamwork in health care, employers want workers who are adept in working in an environment that requires shared responsibility, effective communication, coordination, and reliance on follow-through by all team members.

Improve Job Seekers’ General Knowledge of Workplace Environment: Thorough preparation of job candidates for interviews and knowledge about the workplace environment helps health care employers better assess if a candidate is a good match for the job opening, and aids the potential employees in determining if the job is right for them.

- Job candidates present better in interviews when they have knowledge of the workplace and are familiar with organizational practices so they can speak to the applicable skills they possess.
- New employees benefit from understanding issues that are critical for discussion and agreement when starting a job, including schedules, pay rates, benefits, how Human Resources departments work, and the appropriate avenues for feedback.

V. Recommendations for Next Steps

Developing culturally effective health care organizations that effectively care for all people in the community regardless of racial, ethnic, or linguistic differences is a goal New Hampshire health care employers can strive towards. In order to successfully move in this direction, managers will want to ensure they have the necessary capacity and a workforce prepared to respond to diversity in its many forms. Culturally effective organizations focus on implementing inclusive policies and practices, data collection and its utilization for improvements, a commitment to building workforce diversity, and development of a culturally competent workplace environment.

The following strategies can support the steps that all New Hampshire stakeholders who are invested in seeing a strong, vibrant, and effective health care system can advance together. These highlight new ways to engage cooperatively across the employer, workforce, training/education, community, and philanthropic sectors. Everyone has a role in reducing health disparities, increasing workforce diversity, and creating a positive workplace environment that maximizes health outcomes and cost savings. These recommendations are drawn from the interviews, reflecting strategies already underway that can be built upon, and new approaches that are desirable but may need support to advance.

Health Care Employers

Health care providers in New Hampshire understand that the growth of a younger and more diverse population in the state mirrors demographic changes across the nation. In order to meet both their physical health care needs and their inclusion in the health care professions, there are low-cost organizational practices already seeded in the state that can be enhanced today, to assure the breadth and experience of provider care required to meet immediate and future workforce and patient needs.

Hiring

- Advertise positions using language that conveys an organizational commitment to the values of diversity and inclusion.
- Utilize creative outreach methods when hiring to effectively reach the whole community.
- Revise job descriptions to include culturally valuable characteristics to increase the pool of workers applying for positions and to broaden the decision-making criteria for hiring.
- Compensate workers for their added skill set if they provide language or other skills that benefit patients and reduce institutional costs.
- Increase opportunities for students to volunteer, intern, or observe in the health care setting in order to bridge the education-experience gap and improve school-to-work transitions.
- Reach out to other health care providers to help advance their workforce.

Retention and Advancement

- Design effective agency mission statements with diversity and inclusiveness as a goal to lay the groundwork for policies that strengthen and support a receptive environment.
- Provide routine cultural competency training for all staff with advanced options for those who have basic knowledge, and when appropriate, utilize the knowledge of diverse staff to lead discussions.
- Build a cohesive team by adopting strategies to aid the introduction and integration of a diverse workforce through informal customs that increase staff familiarity, acceptance, and appreciation.

- Examine advancement practices to ensure all workers have equal opportunity and knowledge about career advancement pathways and training opportunities.
- Track employee career advancement to better support upward mobility mentoring and coaching.

Organizational and Community Impact Assessment

- Collect race, ethnicity, and language (REaL) data on the patient population to inform quality improvement, monitor health outcomes, and identify steps to reduce disparities.
- Collect race, ethnicity, and language (REaL) data on the organization's workforce to assess whether it is representative of the patient and community population.
- Develop assessment tools to track cost savings resulting from greater minority patient primary care use, improved patient post-discharge adherence, and reduced costs for language translation and social service provision as a result of workforce diversification.
- Establish and implement a formalized strategy to bring community leaders onto advisory boards and into periodic staff meetings to share knowledge, improve communication, and problem-solve.
- Ensure signage is in the primary languages of the populations served and provide all written information in the predominant languages in the community.

Industry Associations

- Develop materials to share within association membership that highlight best practices and strategies for developing culturally effective organizations in each health sector.
- Engage association members to discuss strategies, share implementation development costs, and assess cost and benefit impact and outcomes from new activity.
- Identify opportunities for support to resource new staff and leadership training.

Workplace Development and Training Providers

Health care employers can institute intentional measures to recruit and hire a diverse workforce, but they also need to know that a reliable pipeline of skilled workers is being trained for the positions they seek to fill. Workforce development professionals can assess the effectiveness of workforce training by comparing outreach, career selection, and outcomes of minority and non-minority students in such areas as types of career and skills training received, job placements, wage levels, and upward career pathways.

Health care employers expressed concern that candidates for job openings, especially entry-level positions, are frequently insufficiently prepared to begin work in the position they hope to fill. Potential workers also state that they would like more clinical practice in real settings prior to beginning in a position, or to be able to engage in job shadowing when they are first hired.

Skills and Education

- Increase employability with added specialty skills for high-demand functions/areas, along with sufficient writing and computer skills, and knowledge of front-desk telephone/reception protocols.
- Improve education about human resources. New employees benefit from understanding issues that are critical for discussion and agreement when starting a new job.

- Improve workforce knowledge of the U.S. medical system including basic laws and eligibility, and provide opportunities to practice completing enrollment and reimbursement requirements, both paper and electronic.
- Enhance English competency by including basic medical vocabulary and conversational fluency in advanced ESOL classes.
- Incorporate critical thinking and teamwork skills across training curricula to respond to the evolving needs of today's health care environment.

Experience

- Better prepare workers for jobs through pre-employment job internships and clinical simulations, and post-employment mentorships and on-the-job training.
- Build work-ready skills upfront into classroom training rather than leaving to the end so that students are required to dress professionally, arrive and complete assignments on time, develop resumes, practice interviewing, observe workplaces, and engage in work simulations for several weeks or months prior to entering the job market.

Organizational and Community Impact Assessment

- Assess effectiveness of outreach and enrollment of minority students as a percentage of area representation.
- Measure equal employment opportunity and access by comparing career selection and outcomes of minority and non-minority students in types of career and skills training received, job placements, wage levels and upward career pathways.

Community Organizations (Nonprofit and Religious)

Both employers and the education/training community would benefit from greater interactions with minority community representatives to better understand the changing population, its needs, and how their organizations and services can be more inclusive and responsive.

- Elect representatives from key minority groups to serve in an advisory or board capacity to aid the organization to better serve minority patients.
- Partner with community-based organizations to recruit workers and students.

Philanthropy

Workforce development has largely focused on the supply side of the equation, or training. This research demonstrates that a focus on the demand or employer side of the equation is equally important if there is to be equity in hiring, in career mobility, and in access to culturally effective health care. Health care employers and workers are in transition. This is an important time for funders to help improve the organizational capabilities of health care organizations. They can contribute in many ways:

- Provide funding for hospitals and community health centers to offer mentoring, internships, and job shadowing experiences.
- Improve funding for additional training to enable lower-skilled minority workers to advance.
- Support pilot projects that help to build a pipeline of future workers and stabilize workers in their early years, while offering career pathways and opportunities for advancement.

- Help training providers develop curricula and run initial staff training on cultural effectiveness.
- Help education and training providers integrate work-ready programming into health care training programs.

Opportunities for System-Wide Collaboration

New Hampshire health care leaders, employers, and educators identified two potential areas of partnership for the larger health care network to support health care organizations to become more culturally effective. While these would initially need resources for piloting and development, they would then be sufficiently low-cost to be sustained through local health care organizations and supporters.

Develop Two Levels of Leadership Training

Developing training is costly and duplicative. New Hampshire has a vast number of diversity experts, and there are a wide range of additional resources available in the New England region that can be drawn upon. Most organizational change requires significant decision-making, weighing the pros and cons, and having very specific, detailed best practices and tools available, with support to modify programs for individual organizational and regional characteristics.

- **Senior Management:** Institutional leadership training in culturally effective best practices, organizational change processes, development of measurement and benchmarks to assess change, and cost impact assessments to be offered by a New Hampshire four-year college. This type of program would likely require participation once a month for a year or longer with some key provisions to be implemented. The health care organization would then receive recognition for implementation of Culturally Effective Organizational Practices (CEOP).
- **Front-line Supervisors and Staff:** Training to improve understanding of workplace diversity issues and effective workplace strategies and practices to be offered by community colleges or in partnership with non-profit organizations. Staff would receive paid release time from work to participate over the course of six months to one year. Upon completion, individuals will receive a Certificate of Completion in CEOP.

Create a network to support career ladders that span traditional boundaries

There is a tension in the health care field between the desire for experienced staff, trainees who need ready employment, and gaps in the employment pipeline that could be filled to allow for advanced training and experience and movement into more secure and well-paying health care positions.

- **Generate career pathways for entry-level workers:** Many home health care, long-term care, and respite care providers hire staff who have completed the minimal training for LNA, and arrive with limited experience. These workers experience significant turnover, irregular hours, and low entry-level pay. By articulating career ladder opportunities with hospitals, community health centers, and other employers, LNAs would have the opportunity to move into higher-level positions with better pay, which would increase initial job satisfaction and retention and save costs to the health care system as a whole.
- **Build system-wide employer networks to strategize for the future:** As home health care organizations become a part of larger managed care systems, a wide range of employers and industry association leaders could develop strategies for workforce coordination and innovation, with a focus on cost savings and providing quality care to all New Hampshire residents.

Moving Forward

New Hampshire is changing. Its demographics are shifting and health care provision is reorganizing in multiple ways. At times, change creates uncertainty, but it can also present opportunity. The state and its health care employers, educators, community leaders, and workforce have a tremendous opportunity to embrace these changes in ways that will contribute to securing a strong economy—one that is built upon good jobs and good health for all of the states' residents. Intentionally focusing on the development of culturally effective health care organizations is one part of a larger strategic effort underway in the state to keep up with the changing times. This study is the first in a series that brings health care employers into discussions to learn from them directly about what they are doing, what they can do, and what kind of support they need in working to make health care jobs and healthcare in the state as accessible and high-quality as possible. As the state changes, all stakeholders need to prepare, together, for the future.

This report gives voice to what New Hampshire health care employers and workers are saying about how the health care system can better serve the growing minority patient population and all New Hampshire residents through increased diversity in the workforce. It is the introductory report of a series that will examine best practices for effectively responding to the changing health care environment through a focus on workplace and workforce innovations that lead to more culturally effective organizations.

Paramount for health care employers and the communities they serve is a strategic approach to reducing costs while improving quality and reducing health disparities. Diversifying the workforce is a key component for success. We invite you to be part of the discussion and engage in this work to help keep New Hampshire and its residents moving forward in good health and employment. Please send us comments about this report and your suggestions for next steps, and let us know if you would like to become more involved with the initiative.

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Appendix A: New Hampshire Resources

Cultural Awareness Health Care Workgroup: Peer network of health care providers who are interested in creating change within their own organizations to improve culturally and linguistically appropriate services. www.healthynh.com/fhc-initiatives/cultural-effectiveness.html

Endowment for Health: Foundation with mission to improve health and reduce burden of illness, especially for the vulnerable and underserved, by advancing health equity and strategies such as endeavors to advance minority students in health professions. www.endowmentforhealth.org

Healthcare Employment & Training Grant: Partnership between three community colleges, state agencies, community organizations, and local hospitals to train and upgrade skills for workers in the health care field through a three-year federal grant. www.mccnh.edu/icu-healthcare-training

Health Profession Opportunity Project (HPOP): Five-year federal grant to OMHRA to provide multi-faceted assistance to low-income and minority workers to enter and advance in health care occupations and to engage the support of health care employers in this endeavor. www.nhhpop.org

New Hampshire Action Coalition: A coalition working to transform health care through nursing, including through a diversity work group. <http://campaignforaction.org/state/new-hampshire>

New Hampshire Health & Equity Partnership (H&EP): A public-private partnership to health and equity, including workforce diversity in their Plan to Address Health Disparities and Promote Health Equity in New Hampshire. Work groups include: equity data, awareness & promotion, and workforce diversity. www.healthynh.org/nhhpep-about-us/guiding-principles.html

New Hampshire Minority Health Coalition: Non-profit organization with mission to identify underserved populations with barriers to healthcare access; advocate for adequate & appropriate services; and educate & empower these groups to be active participants in their own health.

Partnering for Healthy Communities - Culture InSight Project: Harvard Pilgrim Healthcare Foundation technical assistance project with three objectives: 1) assist higher education to better educate a more diverse health care workforce; 2) engage New Hampshire Medical Society and others to be agents for delivery of culturally effective care; 3) create cadre of cultural competency trainers. www.harvardpilgrim.org/portal/page?_pageid=1438,385800&_dad=portal&_schema=PORTAL

Partners Investing in Nursing's Future (PIN)/NH Nursing Diversity Pipeline Project: Recently completed project with several components that promotes the nursing profession with youth, supports minorities enrolled in nursing programs, and offers scholarships for advanced degrees. www.partnersinnursing.org.

Appendix B: Research Overview, Design, and Methodology

The Health Care Employer Research Initiative is a partnership of the Institute on Assets and Social Policy (IASP) at Brandeis University with the New Hampshire Office of Minority Health and Refugee Affairs (OMHRA). This research is funded by the U.S. Administration of Children and Families (ACF) to inform the work of OMHRA's Health Profession Opportunity Project (HPOP), also funded through ACF. HPOP's goal is to expand employment opportunities in health care occupations for new and incumbent low-income and minority populations in New Hampshire.

The goal of the Health Care Employer Research Initiative is to identify New Hampshire health care employer needs, challenges, and best practices for increasing diversity in the health care workforce. This is a critical priority nationally, as well as in New Hampshire, in order to fill future employment needs as the current workforce retires, to reduce health care costs, and to improve future health care quality, patient satisfaction, and effectiveness. Using this knowledge, HPOP seeks to engage with health care employers, educators, and workers to build, retain, and advance a workforce that is responsive to the growing patient diversity in New Hampshire, ensuring the highest quality of care and public benefit.

The study began with a comprehensive survey of the national literature in the field. The results of this analysis have been summarized in a New Hampshire Health and Equity Partnership Issue Brief: *Strategies for Diversifying Your Healthcare Workforce*. These results also informed the development of protocols for interviews with health care providers, incumbent workers, and job developers and placement specialists in New Hampshire.

For this study, more than 50 interviews have been conducted to-date with confidentiality assured, although several interviewees gave consent for their name to be used in the report. First, six New Hampshire health care leaders were engaged in "sensitizing" interviews to gain valuable background and insight into the future of the health care field in New Hampshire. Then, fifteen health care employers (primarily CEOs and Directors of Clinical Operations or Social Work) at hospitals, long-term care facilities, home health care programs, community health centers and mental health centers across OMHRA's Health Profession Opportunity Project four target geographic areas were interviewed. Also interviewed were eighteen health care workers from the same mix of programs, half of whom were racial/ethnic/linguistic minorities. In addition, seven job developers and five community representatives were interviewed. The transcripts from these interviews were coded and analyzed to identify key findings and common themes.

The results of the qualitative research were presented to several groups and key individuals as a starting point for a discussion of the needs, challenges and best practices for promoting and supporting a more diverse workforce in health care in New Hampshire. These report-out sessions and discussions with the HPOP partners and other New Hampshire health care leaders also served to identify next steps for the research to effectively advance this effort.

Over the past year-and-a-half, researchers also engaged in valuable project discussions with members of the HPOP Business Advisory Councils in Nashua, Concord, Manchester, and the Seacoast to learn of the interests, concerns, and experiences of health care employers as they relate to aspects of the study, and to test the validity of the preliminary findings.



Institute on Assets and Social Policy (IASP) is a research institute at the Heller School for Social Policy and Management at Brandeis University, dedicated to advancing economic opportunity, security and equity for individuals and families, particularly those left out of the economic mainstream. Working in close partnership with constituencies, state and federal policy makers, grassroots advocates, private philanthropies, and the media, IASP bridges the worlds of academic research, organizational practice, and government policy-making.



Health Profession Opportunity Project (HPOP) provides training and improves employment opportunities and advancement in healthcare occupations for the state's new and incumbent low-income and minority workers. Through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families and via a state contract with Lutheran Social Services, Inc., OMHRA has committed to train a minimum of 1000 individuals in health occupations anticipated to be in high demand and to place a minimum of 500 in jobs over five years. OMHRA will ensure that at least 25% of all HPOP participants served will be racial, ethnic or linguistic minorities.

New Hampshire Office of Minority Health and Refugee Affairs (OMHRA) in the Department of Health and Human Services facilitates the provision of culturally and linguistically appropriate services to New Hampshire's residents; responds to the needs of community members with a specialized focus on racial, ethnic, and linguistic minorities; facilitates refugee and immigrant integration efforts; and creates partnerships to address health disparities and promote equity across sectors to improve the overall health of New Hampshire's residents. OMHRA partners with community agencies, academic institutions, federal and regional minority health offices, and health and human service organizations to address health disparities and promote health equity.

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