Healthcare Workforce Diversity: Necessary, But Not Sufficient
Diversity Lacking

- Physicians
Figure 2
30-Year Trend in U.S. Physicians per 100,000 Population, NonHispanic White vs Latino, 1980 to 2010

Physician Per 100,000 Population

Year

1980 1990 2000 2010

NonHispanic White

Latino

211 270 296 315

135 141 119 105
California Lags Behind Competitor States
Latino Physicians per 100,000 Latino Population, Selected States, 2006-2009

NHW and Latino Physicians per 100,000 Population, Selected States, 2006-2009

Historic Latino Provider Shortage
Physicians per 100,000, Non-Hispanic White and Latino, California, 1980-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>NH White</th>
<th>Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>321</td>
<td>47</td>
</tr>
<tr>
<td>1990</td>
<td>365</td>
<td>55</td>
</tr>
<tr>
<td>2000</td>
<td>359</td>
<td>49</td>
</tr>
<tr>
<td>2006-9</td>
<td>376</td>
<td>56</td>
</tr>
</tbody>
</table>
Other Items

• Spanish speaking
Figure 4
Ability to Speak Spanish by Physicians for 5 States, NonHispanic White vs Latino, 2010

- California: 68% NonHispanic White, 5% Latino
- Florida: 91% NonHispanic White, 4% Latino
- Illinois: 70% NonHispanic White, 3% Latino
- New York: 81% NonHispanic White, 2% Latino
- Texas: 81% NonHispanic White, 3% Latino
Diversity Lacking

- Physicians
- Nurses
Figure 2. The Number of Non-Latino White (NLW) and Latino RNs in the Five States with the Largest Latino Populations, 2010

Figure 3.  
RN Ability to Speak Spanish by for 5 States,  

Source: US Census ACS 2008-2012
Diversity Lacking

• Physicians
• Nurses
• Dentists
UC regents push for more diversity

Minority undergrad admissions have risen, but less progress was made among graduate students and faculty.

By Teresa Watanabe

University of California regents Wednesday bemoaned what they called disappointing progress on efforts to increase diversity we do something very different,” said Regent Eloy Ortiz Oakley.

UC President Janet Napolitano said that increasing diversity on campus was a critically important goal that she discussed with chancellors every month and addressed through numerous efforts.

Some regents were clearly unaware of these efforts, however. One of them suggested that UC “adopt” high schools to help students become more competitive col-

The UC president also announced a new effort to provide about $25 million over the next three years to support the roughly 3,000 to 3,500 students who are in the country illegally and are not eligible for federal financial aid.

The funding includes $5 million a year for loans, $2.5 million for fellowships, staff support, textbooks and other needs and $600,000 for campus-based legal service centers to aid students and their families with immigra-

“We lament how terrible these numbers are but it will be the same next year unless we do something very different.”

— Regent Eloy Ortiz Oakley

and basketball players at UC Berkeley graduated in 2013 and 2014. Since then, he said, Berkeley has launched several reforms and appears on track to significantly improve those numbers.

Newsom noted that fewer than 2% of college basketball and football players make it to professional leagues, underscoring the need to make sure athletes have the academic preparation to pursue other careers.

The plan, which will be voted on by the full board, has applications for athletic director and coaches.

Most of these policies are already in effect on most individual campuses.

The plan sparked some debate, with some regents saying that college sports should not be undervalued. Regent Norman Pattiz, for instance, said that some students are able to attend UC only through athletic scholarships and cautioned against any effort to restrict access.

Newsom told regents
But Wait...

There's More!
Accountable Care Organization
caring for the
Health of a Population
with
Global Payment
What is an Accountable Care Organization (ACO)?

An ACO is a network of providers and/or organizations that are accountable for the health of a discrete group of Medicare beneficiaries.

- Local network of primary care physicians
- Hospitals
- Specialists
- Potentially other providers that accept joint responsibility for the quality and cost of care for a defined population of patients
What is an Accountable Care Organization (ACO)?

Potentially other providers that accept joint responsibility for the quality and cost of care for a defined population of patients
What is an Accountable Care Organization (ACO)?

Monthly capitation
Treat the Illness, Manage the Wellness
“An ACO is an HMO in disguise”
ACOs pursuing IHI’s "Triple Aim"
www.ihi.org/offerings/Initiatives/TripleAim

The Institute for Healthcare Improvement (IHI) believes that new designs can and must be developed to simultaneously accomplish three critical objectives, or what IHI calls the “Triple Aim”.

The "Triple Aim" is simultaneous pursuit of:

1. Enhancing the patient experience of care (including quality, access, and reliability);
2. Improving the health of the population; and
3. Reducing, or at least control, the per capita cost of care.

PwC finds that the objectives of the "Triple Aim" are pursuits successful ACO's should incorporate into their strategy, culture and operations.
Diversity and Wellness?
Current View of Latino Population Health

• National Academies of Sciences, Engineering and Medicine, 2016, p. 23
• “The primary drivers of poor health outcomes are race and poverty.”
Fresh evidence of a link between poverty and health.
Insurance by Race

Percent Insured by Race  Change from 2013 to 2014

- 2013: Hispanic
  - Increase: +7.2%

- 2014: Native American
  - Increase: +6.1%

- 2014: Black
  - Increase: +5.1%

- 2014: Other
  - Increase: +4.7%

- 2014: Asian
  - Increase: +5.4%

- 2014: White
  - Increase: +3.1%

LA NUEVA CALIFORNIA
LATINOS IN THE GOLDEN STATE
Current View of Latino Population Health

• National Academies of Sciences, Engineering and Medicine, 2016, p. 41

• “Health disparities across neighborhoods exist for a variety of reasons, including education and income.”
Assumption: No Wellness in Diversity
Latino Population Wellness
Coronary Heart Disease Deaths, Healthy People 2020 Goals and 2011 Data, US

Age Adjusted per 100,000

NH White: 111.1
Latino: 84.2

Source: Healthy People 2020 Objective Data Search
Cancer Deaths, Healthy People 2020 Goals and 2011 Data, US

Age Adjusted per 100,000

173.0

117.0

Source: Healthy People 2020 Objective Data Search

NH White

Latino

161.4

HP 2020 Goal
Chronic Obstructive Pulmonary Disease Deaths, Healthy People 2020 Goals and 2011 Data, US

Age Adjusted per 100,000

COPD

Source: Healthy People 2020 Objective Data Search
Stroke Deaths, Healthy People 2020 Goals and 2011 Data, US

Age Adjusted per 100,000

NH White: 36.7
Latino: 30.7

Source: Healthy People 2020 Objective Data Search
Infant Mortality, Healthy People 2020 Goals and 2011 Data, US per 1,000 live births

Source: Healthy People 2020 Objective Data Search
Adult Cigarette Smoking, Healthy People 2020 Goals and 2012 Data US

Source: Healthy People 2020 Objective Data Search
Managing Latino Wellness

- Increase supply of Latino providers, researchers
- Empower the diversity to ask different questions
African American Population Wellness
Figure 12
Life Expectancy at Birth in 2013, United States

Black Americans Narrow the Gap in Life Spans

By SABRINA TAVERNISE

WASHINGTON — It is a bitter but basic fact in health research: Black Americans die at higher rates than whites from most causes, including AIDS, heart disease, cancer and homicide.

But a recent trove of federal data offered some good news. The suicide rate for black men declined from 1999 to 2014, making them the only racial group to experience a drop. Infant mortality is down by more than a fifth among blacks since the late 1990s, double the decline for whites. Births to teenage mothers, which tend to have higher infant mortality rates, have dropped by 64 percent among blacks since 1995, faster than for whites.

Blacks are still at a major health disadvantage compared with whites. But evidence of black gains has been building and has helped push up the ultimate measure — life expectancy. The gap between blacks and whites was seven years in 1990. By 2014, the most recent year on record, it had shrunk to 3.4 years, the smallest in history, with life expectancy at 75.6 years for blacks and 79 years for whites.

Part of the reason has been bad news for whites, namely the opioid crisis. The crisis, which has dominated headlines — some say unfairly, given racial disparities — has hit harder in white communities, bringing down white life expectancy and narrowing the gap.

But there also has been real progress for blacks. The rate of deaths by homicide for blacks decreased by 40 percent from 1995 to 2013, according to Andrew Fene lon, a researcher with the National Center for Health Statistics, compared with a 28 percent drop for whites. The death rate from cancer fell by 29 percent for blacks over that period, compared with 20 percent for whites.

“Blacks are catching up,” said Samuel Preston, a demographer at the University of Pennsylvania. “The gap is now the narrowest it has been since the beginning of the 20th century, and that’s really good news.”

The history of health for black Americans has been one of deep inequity. At the start of the 1900s, life expectancy for blacks was nearly 15 years less than for whites, according to federal data. This was partly because infant

Continued on Page A12
Life Expectancy Gap Closes

Closing the Gap

Two decades of steady improvements in the health of black Americans have narrowed the gap between black and white life spans to 3.4 years, a record low.

Deaths from homicides, AIDS and the crack epidemic dragged down overall life expectancy for blacks from 1982 until the mid-1990s.

Sources: Centers for Disease Control and Prevention; National Center for Health Statistics; National Vital Statistics System
Managing African American Wellness

• Increase supply of African American providers, researchers
• Empower the diversity to ask different questions
Non Hispanic White Illness
Life Expectancy Drops for NH White

By SABRINA TAVERNISE

WASHINGTON — Life expectancy declined slightly for white Americans in 2014, according to new federal data, a troubling sign that distress among younger and middle-age whites who are dying at ever-higher rates from drug overdoses is lowering average life spans for the white population as a whole.

The new federal data, drawn from all deaths recorded in the country in 2014, showed that life expectancy for whites dropped to 78.8 years in 2014 from 78.9 in 2013. Men and women had declines, but because of statistical rounding, the decline did not appear as sharp among men.

Life expectancy for women fell to 81.1 in 2014 from 81.2 in 2013. The average life span for men also fell, but not enough to sink below 76.5 years, their life expectancy in 2013.

“The increase in death in this segment of the population was great enough to affect life expectancy at birth for the whole group,” said Elizabeth Arias, the statistician at the National Center for Health Statistics who analyzed the data, referring to whites from their mid-20s to their mid-50s. “That is very unusual.”

Dr. Arias, who is preparing a larger study of mortality trends over the past 15 years, said drug overdoses, liver disease and suicide were the main drivers of the gloomy trends among whites in recent years, a pattern also found by other researchers.

Life expectancy for whites had been rising for decades, but it has stagnated in recent years. It ticked up in 2010 and 2011, and was flat in 2012 and 2013.

Recent research has documented surprising increases in death rates among less educated whites. Last year, a paper by Anne Case and Angus Deaton documented rising death rates among middle-age white Americans, particularly those with no more than a high school education. Other research has found rising rates among younger whites.

The pattern had puzzled demographers, but the recent analyses have pointed to suffering and anxiety among working-class whites.

In contrast, life expectancy for blacks rose to 75.6 in 2014 from 75.5 in the previous year. Blacks have gained more than a year of life expectancy since 2008. Black men had the biggest increase of all the groups in 2014, rising to 72.2 from 71.3.

For Hispanics, life expectancy jumped to 81.8 in 2014 from 81.6 in 2013. Hispanic women had even more pronounced gains, with life expectancy rising to 84 years from 83.8 in 2013. Overall, Hispanics, like blacks, have gained one year of life expectancy since 2008.

The overall life expectancy for Americans, 79.8, remained unchanged.

The last time life expectancy for whites dropped was in 2005, around the time of a particularly severe flu season, though it was not clear that flu caused the decline.

The most recent dip before that was in 1993, around the time of the AIDS epidemic, when there was a decline in life expectancy for the entire United States population. The drop was steepest among blacks, whose life expectancy dropped to 69.2 from 69.6 in one year.

Typically, most of the deaths in the country occur among people in their 60s or older. Deaths in people who are younger or middle age are relatively rare and do not usually affect overall life expectancy. A surge in death rates at those ages is sometimes analogous to a generation of men going to war or a wave of mothers’ deaths in childbirth.

“There is the expectation that life expectancy will go up every year, and that has been realized just about every year over the past century,” said Samuel Preston, a demographer at the University of Pennsylvania.
EXCLUSIVE
ST. PAUL’S SEX ASSAULT DEFENDANT OWEN LABRIE BREAKS HIS SILENCE

WHY ARE WHITE AMERICANS DYING YOUNGER?

THE PAINFUL TRUTH
New Insights on NH White Illness

• Diversify providers, researchers
• Empower the diversity to ask different questions
Asian / Pacific Islander Illness
Asian Americans are at higher risk of having diabetes

By Soumya Karlamangla

The patients filing into Dr. Ronesh Sinha’s clinic in Redwood City, Calif., were like nothing he had ever seen.

As a doctor in training, Sinha studied which patients were usually diagnosed with Type 2 diabetes: they were at least middle-aged, ate too much fast food, drank soda and didn’t exercise.

The Silicon Valley techies visiting his office were typically slender Asian Americans in their 30s who worked out regularly and ate healthy meals. But, as Sinha repeatedly found, they either already had or were about to get diabetes.

“It was such a discordance from what I’d learned about in medical school,” Sinha said. “Maybe, I thought, this is just an anomaly.”

It wasn’t. What Sinha noticed a decade ago is now supported by a growing body of scientific research: Asians, in part for genetic reasons, are disproportionately likely to develop diabetes. They get the disease at younger ages and lower weights than others, experts say.

[See Diabetes, A6]
How Asian diabetes rates compare

Age- and BMI-standardized rate of diabetes (%) among 100,000 Californians:

**Women**
- White*: 5.9%
- Chinese: 10.9%
- Korean: 12.6%
- Vietnamese: 12.8%
- Japanese: 13.1%
- Asian (all): 13.3%
- Asian Indian: 16.8%
- Filipino: 18.9%

**Men**
- White*: 8.6%
- Vietnamese: 9.4%
- Chinese: 13.2%
- Japanese: 13.5%
- Korean: 16.8%
- Asian (all): 17.9%
- Asian Indian: 24.8%
- Filipino: 26.2%

*Non-Hispanic white

Source: Palo Alto Medical Foundation Research Institute

Los Angeles Times
Empower the Diversity of Leadership
Research Questions Arise from Personal Biography
Research Questions Arise from Personal Biography
Diversity and Personal Biography
Self Awareness: Key to Transformative Leadership
A Leader’s Self Awareness: Introspection and “Looking Glass Self”
A Leader’s Self Awareness: Introspection and “Looking Glass Self”

Primary Groups
- Family
- Friends
- Neighbors
- Communities
  - Faith
  - Ethnic
  - Gender orientation
  - etc
A Leader’s Self Awareness: Introspection and “Looking Glass Self”

- Secondary Groups
  - School
  - Work
  - Professional
  - Courts
- Secondary Groups (outer circle)
  - Television
  - Radio
  - Newspapers
  - Movies
  - Internet
- Secondary Groups (inner circle)
Transformative Leadership
Transformative Leadership

- Challenge the Process
- Inspire a Shared Vision
- Enable Others to Act
- Encourage the Heart

Model the Way
- Find your voice by clarifying your personal values.
- Set the example by aligning actions with shared values.
Finding Voice and Setting Example

• Authentic leadership
  – Your Voice
  – Your Values

• Not Authentic
  – Someone else’s voice
  – Someone else’s values
Healthcare Workforce Diversity: Empowered Leadership
2ND ANNUAL
PEPPERMINE
Gradatio School of
Business and Management
THE FUTURE OF
HEALTHCARE
SYMPOSIUM
Transforming Healthcare thru Technology and Data
KEYNOTE SPEAKERS
Jeanne Holm
data.gov
Amir Dan Rubin
Optum of UnitedHealth Group
ADDITIONAL PANELISTS WILL BE SHARING
THEIR PROFESSIONAL INSIGHTS FROM:
WebMD / Mayo Clinic / Walmart / IBM / Dignity Health
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bschool.pepperdine.edu/LATimes
ACOs pursuing IHI’s "Triple Aim"
www.ihi.org/offerings/Initiatives/TripleAim

The Institute for Healthcare Improvement (IHI) believes that new designs can and must be developed to simultaneously accomplish three critical objectives, or what IHI calls the “Triple Aim”.

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PwC finds that the objectives of the "Triple Aim" are pursuits successful ACO's should incorporate into their strategy, culture and operations.
Kaiser medical school to be in Pasadena

Site is near freeways, public transportation, affordable housing, medical provider says.

By Samantha Masunaga

Kaiser Permanente is moving forward with its ambitious plan to open a medical school that's more in tune with new technologies and local communities. The Oakland-based health care provider announced plans for a school in Pasadena in a recent press release.
Health Policy Research Process
Communicating Policy Findings

• Communicate to academics

**Latino Physicians in the United States, 1980–2010: A Thirty-Year Overview From the Censuses**

Gloria Sánchez, MD, Theresa Nevarez, MD, MBA, Werner Schink, MS, and David E. Hayes-Bautista, PhD

**Abstract**

**Purpose**
To update and extend a 2000 study on the California Latino physician workforce, the authors examined the Latino physician workforce in the 30-year time frame spanning 1980 to 2010, comparing changes in the rates

**Samples for 1980–2010**
Samples for 1980–2010) to identify total population, total number of physicians, and Spanish-language ability for both the Latino and NHW populations. They examined nativity for only Latinos.

**Results**
Results in all five of the states examined. At the national and state levels, Latino physicians were far more likely to speak Spanish than NHW physicians. Over the 30-year period, the Latino physician population has evolved from being primarily foreign born to being about
Communicating Policy Findings

• Communicate to academics
• Communicate to Public
Communication Strategy

• Contacts in media
  – Print
  – Electronic
  – Social
Disparity in Latino healthcare grows

"I thought the numbers could have been better," Sanchez said.

On a recent Friday, patients at the Harbor-UCLA clinic said they appreciated that so many doctors there spoke Spanish — and that they found it difficult to get by in medical settings where that wasn’t the case.

Irma Torres, 75, remembered one conversation with her 70-year-old husband, Miguel, when he was hospitalized for a heart condition.

"I asked him, ‘What did the doctor say?’ she recalled. ‘And he said, ‘I don’t know.’"

Angelina Campos, a 55-year-old who suffers from high blood pressure and migraines, was at the clinic to have her injured knee checked by Sanchez.

Campos said she preferred doctors who were fluent Spanish speakers, but that sometimes it was hard to get an appointment because wait times could be very long. She said she sometimes relied on her pharmacist to translate, after the fact, what an English-speaking doctor had told her.

"I feel more comfortable with a Latino caregiver," Campos said.

Dr. Gloria Sanchez, with patient Miguel Torres, says Latinos desperately need doctors who understand their words and problems.
For Latinos, finding doctor who speaks Spanish is hard

By Eryn Brown

Every day, chronically ill Latino patients stream into Harbor-UCLA Medical Center's family medicine clinic.

Some have neglected their health because they're flummoxed or alienated by the medical system, Dr. Gloria Sanchez believes — in desperate need of care from providers who understand their words and their problems.

"Latino physicians tend to be that bridge, this critical piece of healthcare communication," she said.

But such doctors are in short supply, said Sanchez, a professor and physician at the Harbor City facility.

Latinos as a group suffer disproportionately from poverty-related conditions such as diabetes and heart disease. Under the Affordable Care Act, more of them than ever have access to coverage.

But in a recent analysis published by the journal Academic Medicine, Sanchez and colleagues found that the number of Latino physicians was not keeping pace with population growth and suggested that correcting the imbalance could be key to addressing Latino health disparities.

"It's not affirmative action. It's an issue of quality of care," said David Hayes-Bautista, director of the Center for the Study of Latino Health and Culture at UCLA's David Geffen School of Medicine and a study co-author.

Combing through three decades of census data, Sanchez, Hayes-Bautista and other researchers found that the number of people in the U.S. who identified themselves as Latino or Hispanic grew 243% from 1980 to 2010, from just under 15 million to more than 51 million.

In 1980, there were 135 Latino doctors for every 100,000 Latinos in the U.S. By 2010, that number had fallen to 105. The ratio of non-Hispanic white doctors to non-Hispanic white patients, in the meantime, increased from 211 to 315 per 100,000.

When the researchers looked at the five states with the largest Latino populations in 2010 — California, Texas, Florida, New York and Illinois — the Golden State's Latino-doctor-to-patient ratio ranked lowest, with 50 physicians per

[See Latinos, B5]
Electronic-Television
Claudia Botero Univision
Telemundo-Enfoque Los Angeles
Social Media

Facebook
Communication Strategy

• Contacts in media
  – Print
  – Electronic
  – Social

• Mode of communication
  – Press release
  – Formal press conference
Undocumented Students Pursuing Medical Education: The Implications of Deferred Action for Childhood Arrivals (DACA)

Yohualli Balderas-Medina Anaya, MD, MPH, Mithi del Rosario, Lawrence “Hy” Doyle, EdD, and David E. Hayes-Bautista, PhD

Abstract

There are about 1.8 million young immigrants in the United States who came or were brought to the country without documentation before the age of 16. These youth have been raised and educated in the United States and have aspirations and educational achievements similar to those of their native-born. They are eligible to receive permission to reside and work in the United States. DACA defers deportation of eligible, undocumented youth and grants lawful presence in the United States, work permits, Social Security numbers, and, in most states, driver’s licenses. These privileges have diminished the barriers
Dr. Yohualli Balderas Press Conference at DGSOM, 2014
DACA Press Conference-Dr. Hy Doyle
Pre Health DREAMers at Press Conference
Chicago Tribune Interviews Dr. Yohualli Balderas
LA NUEVA CALIFORNIA
LATINOS IN THE GOLDEN STATE

NEXT

DAVID E. HAYES-BAUTISTA
LA NUEVA CALIFORNIA
LATINOS IN THE GOLDEN STATE

NEXT

DAVID E. HAYES-BAUTISTA
Title
First Level Bullets
Second Level Bullets
The Pipeline to Medical Education
Dual list
Photo & Bullet