Advancing the Movement for Health Workforce Diversity

HECTOR FLORES, MD
CHAIRMAN, DEPARTMENT OF FAMILY MEDICINE
CO-DIRECTOR, FAMILY MEDICINE RESIDENCY PROGRAM
WHITE MEMORIAL MEDICAL CENTER
MAY 12, 2016
Do We Need Health Workforce Diversity?

Preaching to the Choir
California: Challenges in the Pipeline

% of Adults > 25 y.o.

Source: American Community Survey, 2011
Where are the New Jobs? And Upward Mobility?
Quest for Diversity: Feelin’ the B.E.R.N.?*

1. Appeal to fairness and justice
2. Appeal to access and quality
3. Appeal to Cost-Effectiveness and Value-Based Payment
4. Appeal to enlightened self-interest

*Breakthrough for Equity, Right Now!

1970s - 2005
What Worked (Until the Backlash)?

- **AAMC 3,000 X 2000**
  - 1970 – 1985 only 6% of medical students were URM
  - 1991 AAMC engaged 126 allopathic schools to make an institutional commitment to recruit and enroll 3,000 URM (20% of entering class) by Y2000
  - Commitment included Admissions Committee training and education (Simulated Minority Admissions Training; Holistic Review)
  - Policies in DHHS and various individual states to support URM admissions
    - MARC, MBRS, SCORE, RISE (NIH, CDC)
    - Set-asides for HBCUs – Minority Schools Bio-Medical Support (MSBS)
    - HRSA Programs – BHP, BPrHC
    - California OSHPD – HPCOP
  - Fostered H.S. Science Academies, Junior NHSC network, feeder colleges (UC Diversity Task Force), medical school coalitions (WAMII), Rural Health Network

- Progress – peaked in 1995 with 2,000 URM matriculants (12% of entering allopathic students)
Legal Challenges to Affirmative Action

- 1978  Bakke v. Regents of UC – quotas are unconstitutional
- 1996  Hopwood v. Texas (5th District Court)
  - California Prop. 209 + 7 other states with similar ballot measures
  - Recognition that certain racial, ethnic, and socio-economic groups are disadvantaged
- 2003  Grutter v. Bollinger, race-based admissions is in the “nation’s compelling interest”
- 2014  SCOTUS confirmed states’ rights to outlaw race-based admissions
- 2016  Decision on Fisher v. Texas is pending for June; could make race-conscious admissions a thing of the past
So What’s Next? Feelin’ the B.E.R.N.?

3. Appeal to Cost-Effectiveness and Value-Based Payment – making the “business case”
So What’s Next? Feelin’ the B.E.R.N.?

4. Appeal to enlightened self-interest
Who will take care of us?
USA 2050

- Total population expected to be 405 million
- Annual health care expenditures at $6 Trillion?
- Medicare – about 92 million recipients expected; $1.5 Trillion cost
- Medicaid (Medi-Cal) – about 100 million recipients expected; $900 Billion
- National debt at $30 Trillion?
- Social services and community outreach will depend on outside labor

Source: U.S. Census Bureau and CMS and Medicare Trust 2013
The New Face of the Health Workforce
What Works (despite the backlash)?

1. Admissions policies that deem students in the top 10% of their high schools as meeting CSU and UC admissions criteria
2. Recruitment, coaching, mentoring and academic enrichment anywhere along the pipeline
3. URM faculty, education of admissions committee, and re-affirming institutional mission
4. Scholarships, Financial Aid, and Loan Repayment
5. Hiring policies, equal pay, professional development and coaching, membership in academic and professional societies
6. Networking
7. Funding and advocacy— the power of appropriations
PRIME Visionary: Alberto Manetta, MD

- Senior Associate Dean, UCI College of Medicine
- Ob/Gyn faculty and mentor
- LMSA Advisor
- PRIME Program founder 2004 – first time in 23 years that UC expanded class size
- Distinguished Physician Award, AMA 2005
Assemblymember, PRIME Champion
Marco Antonio Firebaugh, JD

- Civil Rights and Immigrant’s Rights Champion
- Authored California DREAM Act (in-state tuition and FA) Legislation
- Advocate for the poor, to improve access to medical care and higher education
- Mentored now-Senator Ricardo Lara
- Made possible the UC Program In Medical Education (PRIME-LC)
Assemblymember, Jenny Oropeza

State Assembly (2000-2006)
Chaired the Assembly Budget Committee and in 2004, in the middle of a record deficit, found the money for PRIME
State Senate (2006 – died in office 2010)

1957 - 2010
What can CHPC and Stakeholders Do?

- Reform K-12 Education (right after we end world hunger!)
- Continue to advocate with stakeholders, elected officials, and civic leaders
- Partner up with Place-Based Investing and the Building Healthy Communities movement (TCE, TCWF, BSC-F, Kellogg, RWJ, Casey, Macy, Skillman)
- Promote the Careers Pathways Trust Program (DoE), California Coordinated Primary Workforce Pathway with health plans (Kaiser, Blue Cross, Blue Shield), delivery networks, health care purchasers, and communities
What can CHPC and Stakeholders Do?

- Continue to be role models and sustain Model Programs
- Study and catalogue the pathways to achievement for disadvantaged students and immigrants who succeed
- Engage America in the broader dialogue about race, gender, sexual identity, class, religion, and nation of origin to revitalize Equal Opportunity
- Learn from models and businesses outside of health care
- Support immigration reform
- Feel the B.E.R.N. (workforce diversity style)!
Thank You!

HECTOR.FLORES@AH.ORG