

2021 SDOH Academy “Breakthrough” Series:

Webinar 2 - Building and Sustaining an Inclusive Workforce

April 15, 2021

Presented by the the Association of Clinicians for the Underserved, the National Health Care for the Homeless Council, the National LGBTQIA+ Health Education Center, and the National Nurse-Led Care Consortium.



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For more information, please visit [HRSA.gov](https://www.hrsa.gov).



SDOH Academy 2021: Breakthrough Series

Webinar 2 - Webinar 2: Building and Sustaining an Inclusive Workforce

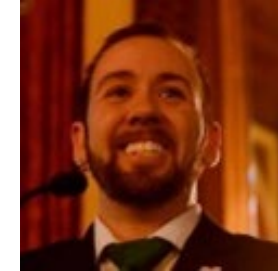


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NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF
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Dunn



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Housekeeping

- Webinar will be recorded
- PowerPoint slide deck and resources are available for download
- Use the Zoom platform for engaging with us and each other: chat, Q&A section, reactions, and raise your hand
- New realities: kiddos, furry friends, unstable internet, renovations, etc.



About the 2021 “Breakthrough” Series

Using our [core competencies framework](#), the SDOH Academy is offering a “[Breakthrough Series](#)” of webinars and office hours where SDOH Academy faculty will help you “break through” the clutter to find the: resources, experts, and peer linkages.

Each webinar will equip participants with the tools needed to increase their competency in four core areas SDOH response strategies and will be immediately followed by an optional, half-hour office hours session from 4:00pm - 4:30pm.

About the 2021 “Breakthrough” Series

- **Target Audience:** Staff from health centers, PCAs & health center-controlled networks
- **Time Commitment:** One hour, with an optional 30 minutes for “office-hours”
- **Registration:** Use the link at the end of this presentation or in the chat box to register for each session you plan to attend
- **Recordings:** All trainings are recorded and made available under the “SDOH Trainings” tab on the [SDOH Academy website](#)

Learning Objectives

1. Participants will discuss the value of hiring and supporting a diverse workforce that represents members of the health center patient population and larger community
2. Participants will identify workforce development practices that are culturally responsive
3. Participants will examine case examples of practices and policies that include diverse perspectives and experiences in their workforce

Poll #1: Who is administering SDOH screening at your health center?

- MAs
- RNs
- Primary care providers
- Front desk staff
- Patient fill out a screener independently
- Other (share in chat)
- No one currently

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Fostering a Health Care Workforce Able to Address Current and Emerging Needs Related to SDOH

Participants will deepen their understanding of:

- **Team-based care** and how to build **interprofessional teams**—clinical and nonclinical—that can address SDOH.

Participants will build capacity around:

- Training related to **cultural appropriateness, trauma informed care, and empathic inquiry**, as well as the techniques such as trauma-informed care and motivational interviewing to apply these concepts;
- Training in sensitive and effective communication related to **sexual orientation and gender identity (SO/GI) data collection**, and inclusive and affirming environments for LGBTQ patients; and
- Supporting a workforce that deals with SDOH

Why this Competency?

- Part of HRSA's 2019-2022 strategic plan
- Studies show that patient outcomes are improved by supporting a diverse workforce
- Members of the workforce who are from the communities served can link patients with resources and services
- Prioritizing learning for all staff builds trust and encourages growth

Poll #2: How equipped is your workforce to address SDOH within your health center?

- Extremely equipped
- Very equipped
- Moderately equipped
- Somewhat equipped
- Not very equipped

Chat Prompt: What would help your workforce feel better equipped to address SDOH?

Strategy 1: Increase cultural responsiveness through workforce diversity and inclusion.

Challenges

- Individuals from communities made vulnerable by systems of oppression may not have access to training opportunities.
- Rural health centers may struggle to reach diverse applicant pools.
- Formal auditing of staff and provider diversity might not be in place or may not be comprehensive.
- Not everyone in a supervisory position is comfortable hiring or supervising a diverse team.
- Diversity does not equal inclusion.

Ideas and Solutions

- Include CHWs, peer specialists, or patient navigators in your workforce.
 - Provide a growth trajectory for these staff (more in strategy 3).
- Examine hiring strategies to ensure that the health center is recruiting from diverse applicant pools.
- Develop a system to examine the current state of diversity by connecting with the health center's existing workforce.
- Have open and honest conversations regarding training needs regarding diversity and provide appropriate training to address the needs identified.
- Create a culture that is open to challenging and changing existing practices

Strategy 2: Create a workforce culture that is supportive and inclusive of people who have lived experience.

Challenges

- People with lived experiences may feel “tokenized” within the organization.
- Requires buy-in from all staff, not just those with lived experiences.
- People with lived experiences may need accommodations that the health center either doesn't have or is unwilling to provide.

Ideas and Solutions

- Examine pay-scales to compensate for lived experience and/or language proficiency.
- Develop systems for developing, monitoring, and periodically evaluating the integration of new hires into teams.
- Understand what the expectations and requirements of partnering organizations who may interact with the person with the lived experience.
- Celebrate diversity with special events, acknowledgments, and opportunities for staff sharing.

Strategy 3: Develop opportunities for professional development and advancement.

Challenges

- Health centers may have limited financial capacity to support professional development.
- In health centers that are understaffed, or have high turnover, staff may not have the time or capacity to pursue professional development opportunities.
- Leaders and managers may not have the capacity to oversee professional development.

Ideas and Solutions

- Pursue funding opportunities to support staff.
- Plan for professional development to fall within existing workloads. Include training and other professional development in job descriptions.
- Provide training for supervisors which includes opportunities to develop skills in mentoring.

Strategy 4: Formalize this work by engaging leadership and board members, and by developing written policies.

Challenges

- Policies can be stagnant, maybe not be well known among staff.
- The board may not be fully aware/immersed in health center staff culture.
- Leadership may set priorities without consulting with front-line staff.

Ideas and Solutions

- Optimize patient board member role to inform hiring practices.
- Include ancillary staff, providers, and other health center team members in strategic planning and decision making.
- Highlight written policies regularly at staff meetings/in huddles.
- Recruit a cultural champion among leadership.

References

1. HRSA Strategic Plan:
<https://www.hrsa.gov/sites/default/files/hrsa/about/strategic-plan/HRSA-strategic-plan-2019-2022.pdf>
2. Diversity improves performance and outcomes:
<https://pubmed.ncbi.nlm.nih.gov/30765101/>
3. Patient uptake and adherence to social prescribing: a qualitative study:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6189784/>

Resource 1:

Integrating Community Health Workers into Primary Care Practice: A Resource Guide for HCH Programs



Community Health Workers

Are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community they serve. It is through their trusting relationship with community members that CHWs are able to assist individuals in accessing services while also advocating for improvement in the quality and cultural humility of service delivery.

Source: American Public Health Association, 2014

Integrating Community Health Workers into Primary Care Practice

A RESOURCE GUIDE FOR HCH
PROGRAMS



1: CHWs AND HCH

4: TRAINING CHWs

2: CHW ROLES AND RESPONSIBILITIES

5: SUPERVISION OF CHWs

3: HIRING CHWs

6. CHW INTEGRATION AND SUPPORT

"Being a CHW has made me a better person in a very real sense. I'm more patient, understanding, and friendly in general – maybe it's just doing a job I love." ~ Community Health Worker

UNDERSTANDING
HOMELESSNESS
CLINICAL PRACTICE
MEDICAL RESPITE
CARE
CONSUMER
ENGAGEMENT
OUR RESEARCH

Integrating
Community Health
Workers into Primary
Care Practice

CHWs and Health
Care for the
Homeless

Roles and
Responsibilities of
CHWs

Hiring CHWs

Get Assistance

Link

<https://nhchc.org/research/publications/chws/>

Resource 2:

Recruiting, Training, and Retaining LGBTQ-Proficient Clinical Providers: A Workforce Development Toolkit



Recruitment

- In the advertisement:
 - Add language seeking LGBTQIA+ competency
 - Equal Opportunity Employment statement
 - “LGBTQIA+ people are encouraged to apply
- Recruitment sources:
 - LGBTQIA+ networks like “Out Professionals”
 - Similar listserv/orgs for specific geographic and/or practice areas (social workers, nurses, therapists, etc.)
 - LGBTQIA+ career fairs
 - LGBTQIA+ Chamber of Commerce (national and regional)

Hiring

- Keep in mind name changes for some applicants may be a potential barrier or concern - calling prior employers, for example
- Interview
 - If you're looking for specific areas of expertise, ask about those
 - Being “LGBTQIA+ competent” may be very different than well versed in transgender health needs.
 - “Tell us about your experience caring for LGBTQIA+ people.”

On-Boarding

- Ensure that LGBTQIA+ inclusion and nondiscrimination are a part of all training materials
 - Basic terms and concepts
 - Health Disparities
 - Communicating with cultural humility (including names and pronouns)
 - Preventing and addressing implicit bias
- Does your insurance coverage have considerations for LGBTQIA+ needs

Retention

- Employee nondiscrimination policies, including names and pronouns
- Personnel records
- Universal dress codes that are not gendered
- Guidelines to support administrative handling/communication for gender affirmation
- Mentorship opportunities
- Employee resource groups

Link

<https://www.lgbtqiahealtheducation.org/publication/recruiting-training-and-retaining-lgbtq-proficient-clinical-providers-a-workforce-development-toolkit/>

Resource 3:

Building an Inclusive Organization Toolkit



Answers the following questions

1. How can you use data to assess needs, implement action, and ensure accountability?
1. What are best practices in implementing policies to support an inclusive environment?
1. How can we create a culture of inclusion and equity demonstrated in our daily actions and words?

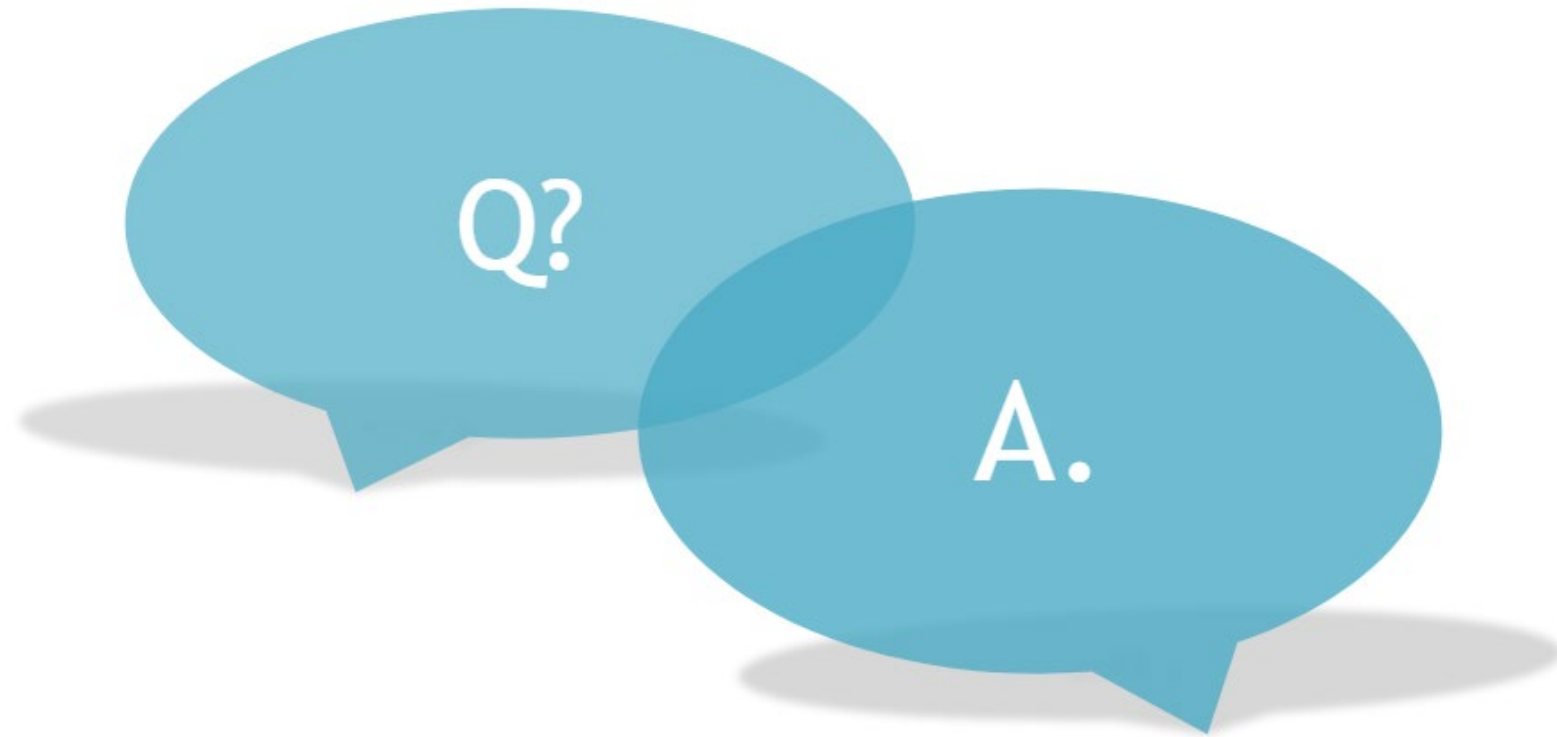
Includes

- Racial equity organizational assessments
- Examples of inclusive practices
- Health center profiles
- Cultural humility self-reflection questions
- Tips and a resource for leader and Board accountability
- Additional workforce resources

Link

<https://chcworkforce.org/wp-content/uploads/2021/03/Building-An-Inclusive-Organization-Toolkit-3.09.21.pdf>

Questions?



Key Takeaways

- A diverse workforce optimizes patient care and bolsters staff retention and satisfaction
- Building an inclusive workforce is not a top-down effort; it requires the input and participation of all staff
- Health centers don't need to reinvent the wheel; there are tools available to help support workforce inclusivity

Contact the faculty:



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The Faculty



Office Hours: *30 minutes*

