



THE UCLA CENTER FOR HEALTH POLICY RESEARCH



Performance Measurement and Interprofessional Competencies

Advisory Committee on Interdisciplinary,
Community-Based Linkages (ACICBL)

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Agenda

- **General Framework informed from academic department and professional organization discussions; NAM report on interdisciplinary research; Disparities and EDI committees**
- **Operationalizing Equity, Diversity, Inclusion (EDI) in Training**
 - **Cultural competency**
 - **Diversity within the context of interprofessional education and team based care**

Key Components of Equity, Diversity, Inclusion in Training

- **Curricular Content**
 - **Annually Audit materials for inclusionary examples in case studies for example, solving problems specific to racial/ethnic groups, limited English proficient, intersections with housing, food insecurity instabilities and other SDOH**
 - **Include patient/consumer participation in the Audit process**
 - **Avoid stereotypes, divisiveness, otherness**
- **Recruitment and retention of Diversify Workforce (harder)**
- **Transforming Culture of Organizations (most difficult and takes longer)**

Continuum on Becoming an Anti-Racist Multicultural Organization

MONOCULTURAL ==> MULTICULTURAL ==> ANTI-RACIST ==> ANTI-RACIST MULTICULTURAL

Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets

Exclusive An Exclusionary Institution	2. Passive A "Club" Institution	3. Symbolic Change A Compliance Organization	4. Identity Change An Affirming Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
<ul style="list-style-type: none"> • Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc. • Openly maintains the dominant group's power and privilege 	<ul style="list-style-type: none"> • Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials. • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life • Often declares, "We don't have a problem." • Monocultural norms, policies and procedures of dominant culture viewed as the "right way" business as usual" • Engages issues of diversity and social justice only on club member's terms and within their comfort zone. 	<ul style="list-style-type: none"> • Makes official policy pronouncements regarding multicultural diversity • Sees itself as "non-racist" institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff • Expanding view of diversity includes other socially oppressed groups <p style="text-align: center;"><i>But...</i></p> <ul style="list-style-type: none"> • "Not those who make waves" • Little or no contextual change in culture, policies, and decision making • Is still relatively unaware of continuing patterns of privilege, paternalism and control • Token placements in staff positions: must assimilate into organizational culture 	<ul style="list-style-type: none"> • Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an "anti-racist" institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage • Actively recruits and promotes members of groups have been historically denied access and opportunity <p style="text-align: center;"><i>But...</i></p> <ul style="list-style-type: none"> • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched 	<ul style="list-style-type: none"> • Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles • Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments 	<ul style="list-style-type: none"> • Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression. • Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression • Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.

Wordcloud from a Health Services Researcher Survey on Workforce Culture/Climate 2020



Team-Based and IPED and EDI

- **Team-based care and IPED involves people of disparate backgrounds**
- **Exposure to new methods/approaches, languages, and cultures shaped by each team member's disciplinary and lived-experience**
- **Disconnect between professionals and patient population by race/ethnicity, language, SES**

Team-Based and IPED and EDI

- **Organizations need to carve out extra time for building consensus for learning new methods, languages, and cultures**
- **Training program leaders/instructors should immerse themselves in the languages, cultures, and disciplinary and lived-experience knowledge of their team members and patient population**
- **Organizations should incentivize this immersion**

Evaluation is critical

- **Assess not only the outputs of training—professional competencies, placement but also to view more general outcomes in terms of organizational EDI organizational culture goals**
- **For example, how trainees see role of social determinants, structural racism in shaping the health circumstances of patients and connecting that with solutions**

Developing measures for specific domains

- **Curricular Content**
- **Recruitment and retention of Diversify Workforce**
- **Transforming Culture of Organizations (most difficult and takes longer)**

Preliminary thoughts on examples

- **Diversity of team composition—race/ethnicity, gender, immigrant status, languages spoken at home**
- **Creating practitioners with an expanded EDI vocabulary and abilities with an enhanced understanding of the interconnectedness inherent in complex problems**
- **Can measure human resource investments in achieving this**
- **Case studies on how EDI consciousness raises the quality of team-based care**

Probing each trainee/team member's experience—2 Q's

- Each team member's / trainee's sense of belonging
- Each team member's understanding of lived experience of patient population
- Probing what can be done to improve the workforce climate

Key Questions

- **Is EDI-centered training leading to better team understanding of, and amplification of team member's professional contributions**
- **Is EDI-centered training attracting new entrants to training programs that diversify the trainee pool/workforce**
- **Is EDI-centered training retaining BIPOC in the workforce?**

Key Metrics folded into Competencies

- **Does the EDI-Centered training program/team-based care produce some measurable progress toward problem (for example reducing food insecurity, improving pedestrian safety in patient population) that they are trying to solve? EDI-centeredness may have influence on how long did it take to come up with solution, how deep was the impact?**
- **Do participants demonstrate an expanded professional vocabulary and abilities to work in cross-cultural and interprofessional settings?**

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Thank you!