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# Healthcare Workforce Diversity: Why? How? And What's Next?

**A presentation to the Philadelphia Area Association of Health Care Recruiters  
(PAAHCR) May 4, 2006**

# What is Diversity?



Image: National Center for Research on Cultural Diversity

- Language skills
- Cultural knowledge
- Social practices
- Religious beliefs
- Economic Diversity
- Other intangibles

# Why Diversity? Economics



- 1 in 10 Pennsylvanians do not speak English at home -- but they all need healthcare. Source: U.S. Census data.
- Patient outcomes improve when patients are treated by healthcare providers of the same racial/ethnic background. Source: [www.cmwf.org/programs/minority/cooper\\_raceconcordance\\_753.pdf](http://www.cmwf.org/programs/minority/cooper_raceconcordance_753.pdf)

# Why Diversity? The Law



Mandates for healthcare providers receiving federal funds: Culturally and Linguistically Appropriate Services (CLAS) standards.

- **Standard 4**  
Health care organizations must offer and provide **language assistance services**, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- **Standard 6**  
Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. **Family and friends should not be used to provide interpretation services** (except on request by the patient/consumer).

Source: [www.omhrc.gov](http://www.omhrc.gov)

# Why Diversity? Labor



- 53,000 health-services jobs will be created in Pennsylvania between 2000-2010. Source: PA Dept. of Labor and Industry, *Pennsylvania Workforce 2010*.
- Between Jan. 2000-April 2004, *all* growth in Pennsylvania's workforce came from foreign-born workers. Source: Northeastern University, Center for Labor Market Studies.
- In a tight labor market, employers that welcome diverse employees will benefit.

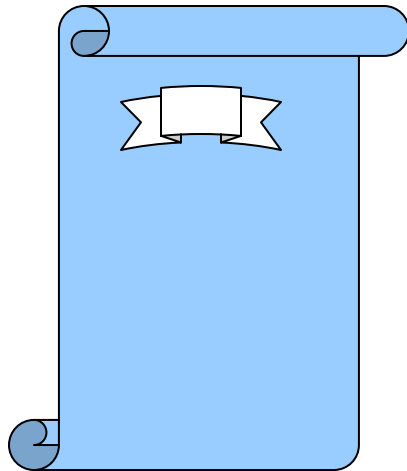
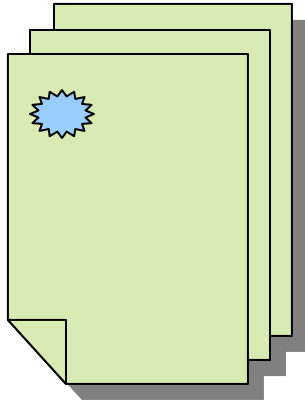
# Diversity: Making it Happen



## Find the right people:

- Understand *your* community's demographics  
(aka Koreans are not Chinese)
- Go beyond standard tactics  
(classified ads vs. outreach through ethnic organizations)
- Think long-term: Create career ladders for lower-skilled workers  
(do your CNAs want to become LPNs?)
- Reduce logistical barriers  
(transportation, childcare)

# Diversity: Making it Happen



## Verify credentials:

- Residency status and employment authorization (10+ acceptable varieties)
- Health-care credentials  
Educational Commission for Foreign Medical Graduates ([www.ecfmg.org](http://www.ecfmg.org))  
Commission on Graduates of Foreign Nursing Schools ([www.cgfns.org](http://www.cgfns.org))
- Employment Eligibility FAQ:  
<http://uscis.gov/graphics/howdoi/EEV.htm>

# Diversity: Making it Happen



## Manage acclimation:

- **Proactive Education**  
(facilitate activities to encourage cross-cultural understanding *before* tensions arise)
- **Establish Protocol**  
(ensure simple, private ways for staff to register concerns with *and about* supervisors)
- **Transparency**  
(spell out policies for promotion, seniority, etc. to ensure that workers share understanding of American processes)

# Where Do We Go From Here?

- Pending legislation: Are you ready?
- Join us! May 18 Panel Discussion  
Filling the Gap: How the Immigrant Labor Force Supports Health Industries Throughout the Delaware Valley (*flyers available today*)
- More questions? Contact information:  
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