



**Healthcare Workforce Development Division**  
400 R Street, Suite 330  
Sacramento, California 95811-6213  
(916) 326-3700  
Fax (916) 322-2588  
[www.oshpd.ca.gov](http://www.oshpd.ca.gov)

## **Literature on Business Case for Health Workforce Diversity**

California faces major challenges as it relates to the diversity of its health workforce. The diversity of the health workforce does not reflect the diversity of the state's population. For example, Latinos represent 38 percent of the State's population while only 5 percent of the State's physicians. This misalignment impacts access to quality health for minority populations. As California increases the recruitment of minority populations into health professions, many organizations want to know the bottom line—the business case for having a diverse workforce. This document provides a list of the literature that documents the business case for health workforce diversity.

### **Reducing Disparities through Culturally Competent Health Care: An Analysis of the Business Case**

Cindy Brach and Irene Fraser, *Quality Management in Health care*, 2002, 10(4), 15-28

The persistence of racial and ethnic disparities in health care access, quality, and outcomes has prompted considerable interest in increasing the cultural competence of health care, both as an end in its own right and as a potential means to reduce disparities. This article reviews: the potential role of cultural competence in reducing racial and ethnic health disparities; the strength of health care organizations' current incentives to adopt cultural competence techniques; and the limitations inherent in these incentives that will need to be overcome if cultural competence techniques are to become widely adopted.

Full report can be located through the following link:

<http://www.nrchmh.org/images/Disc1/Reducing%20Disparities%20through%20Culturally%20Competent%20Health%20Care%20An%20Analysis%20of%20the%20Business%20Case.pdf>

### **Exploring Diversity in the Physician Workforce: Benefits, Challenges, and Future Direction**

Association of American Medical Colleges, 2006

The growth in health disparities coupled with projections from the emerging physician shortage presents challenges to both medical educators and the health care community at large. Key strategies for expanding access to care for underserved populations and persons from minority groups include increasing the number of individuals from these populations who work in the medical field and ensuring that all physicians are skilled in the delivery of culturally competent care. To examine the current state of research on diversity in the physician workforce and identify the challenges of conducting such research, the Association of American Medical College's Division of Diversity Policy and Programs convened a panel of researchers and funders to present findings on the impact of diversity in medicine and to discuss the implications of public policy on the ability of these efforts to both proceed and create change.

This publication explores the themes that emerged from the panel discussion including:

diversity improving interaction with health care systems for patients from minority groups; the importance of racial and ethnic concordance between doctors and patients; studies on the effects of physician diversity are hard to randomize; and that evidence is one factor that can help change policy.

Full report can be located through the following link:

<https://members.aamc.org/eweb/upload/The%20Diversity%20Research%20Forum%20Explorinq07.pdf>

### **Making the Business Case for Culturally and Linguistically Appropriate Services in Health Care**

Alliance of Community Health Plans Foundation, 2007

The Alliance of Community Health Plans Foundation has identified business benefits achieved by health care organizations implementing one or more of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care published in 2000 by the U.S. Department of Health and Human Services, Office of Minority Health.

This report describes 13 examples that reflect several different CLAS-related projects implemented by diverse health care organizations that range in size from large integrated health care delivery systems to small satellite community clinics. The implementing organizations point to a range of business successes from these projects including: increased market share among limited English proficient patients; substantial reductions in outsourced language interpretation services and subsequent savings in related costs; increased patient and provider satisfaction; more efficient use of staff time by reducing communication delays between patients and providers; and cost-savings resulting from shorter hospital stays and more prompt and efficient patient discharges.

Full report can be located through the following link:

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf>

### **Diversity Management and Cultural Competence: Research, Practice, and the Business Case.**

Janice L. Dreachslin, Journal of Healthcare Management, 2007

The demographics of United States population are changing and a change in the health workforce and patient diversity is already occurring, presenting both challenges and opportunities to healthcare organizations and their leaders. While diversity is best defined broadly, the change in the racial and ethnic composition of the country provides perhaps the most powerful illustration of the challenges and opportunities that America's increasing demographic heterogeneity and shifting personal beliefs about diversity present. This paper provides an overview of some major dimensions of diversity along with an outline of their implications for healthcare managers. Insights from research about diversity and cultural competence and the relative value of customization and homogenization are discussed as well. Finally, the strength of evidence for the business case for diversity is summarized.

Full report can be located through the following link:

<http://www.biomedsearch.com/article/Diversity-management-cultural-competence-research/161921093.html>

## **Culturally Competent Health Care: A Plan for Employers to Improve Employee Health and Medical Plan Efficiency by Eliminating Disparities in Care.**

Andy Hiles, 2010

Employers have become increasingly aware of disparities in health care attributable to race, ethnicity, and socioeconomic status. Health care disparities are due to a number of factors: systemic/structural sources as well as the lens—or cultural context—through which the individual views his or her health and interactions with medical providers. A recent study by the Johns Hopkins Center for Health Disparities Solutions calculated the direct and indirect costs of racial and ethnic disparities in health care in the United States. The estimated cost for the period 2003 through 2006 was \$229.6 billion.

Employers are now in a position to analyze their own health care data to identify and reduce costly disparities and strive for a more equitable health care system. This report uses the term “Culturally Competent Health Care” to describe an approach to health care that offers all participants equal access and opportunity to receive quality care and medical purchasing efficiency through elimination of structural barriers and respect for the cultural context of each individual. Culturally competent health care is not a new diversity program. Rather, it is a prism for employers and their health plan partners to look through to better promote employee health and medical purchasing efficiency in an increasingly multicultural society. This paper provides background on culturally competent health care and includes steps that employers can take to phase it into their existing health care programs.

Full report can be located through the following link:

[http://www.aon.com/attachments/culturally\\_competent\\_health\\_care.pdf](http://www.aon.com/attachments/culturally_competent_health_care.pdf)

## **Business Case for Diversity Healthcare**

Diversity Council, 2011

This article provides a toolkit that offers a business case for diversity healthcare in Minnesota. Different elements analyzed are: rising cost in marketplace; aging population and rising demand; changing racial demographics impact on service delivery; and threats and opportunities.

Full report can be located through the following link:

[http://www.diversitycouncil.org/toolkit/BusinessCase\\_Healthcare.pdf](http://www.diversitycouncil.org/toolkit/BusinessCase_Healthcare.pdf)

## **Variety is The Spice of Life: Ensuring Health Workforce Diversity**

Grant Makers in Health, June 2011

Provider shortages and lack of diversity in health workforce are both contributing factors the lack of reliable access to health care for people of color, low-income and disadvantaged groups in the United States. To examine strategies for improving the diversity of the health professional workforce, Grantmakers in Health (GIH) convened a strategy session to examine funder’s potential roles as individual foundations and working together, in support of innovative programs and strategies. This report includes the findings of the strategy meetings which include: benefits of a diverse health professional workforce; what is currently being done; and what funders can do to support to development of a diverse and culturally competent workforce.

Full report can be located through the following link:

<http://www.scribd.com/doc/69219825/GIH-Health-Workforce-Diversity-Strategy-Session-2011>

**Building the Business Case- Healthcare Diversity Leadership: A National Survey Report.**  
Witt/Kieffer, 2011

A 2011 report from the Brookings Institute shows the U.S. has reached a demographic tipping point, with minorities accounting for 98 percent of the population growth in the nation's largest metro areas during the last decade. This demographic shift has huge implications for healthcare organizations planning new services and adopting population management techniques linked to health reform. Never before has it been more important that healthcare leaders embrace cultural competency and recruit diverse leaders to better serve their patients.

To illuminate the state of diversity leadership within today's healthcare organizations, Witt/Kieffer completed a national survey during 2011. Survey findings highlight the following: respondents see diverse leadership as a valuable business building; respondents perceive more positive diversity activities within their own organizations; while the pool of diverse candidates for healthcare leadership has grown over the last five years it has not grown in their organization; minority representation is still weak; top five solutions for diversity success; perceived barriers vary based on race/ethnicity; and respondents are in total agreement about best practices that will lead to advancement of minority executives.

Full report can be located through the following link:

<http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Healthcare%20Diversity%20Leadership-%20a%20National%20Survey%20Report.pdf>

**Setting the Stage for a Business Case for Leadership Diversity in Healthcare: History, Research, and Leverage**

Ebbin Datson, Amani Nuru-Jeter, 2012

Leveraging diversity to successfully influence business operations is a business imperative for many healthcare organizations as they look to leadership to help manage a new era of culturally competent, patient-centered care that reduces health and healthcare disparities. This article presents the foundation for a business case in leadership diversity within healthcare organizations and describes the need for research on managerial solutions to health and healthcare disparities. It also provides a discussion of clinical, policy and management implications that will help support a business case for improving the diversity of leadership in healthcare organizations as a way to reduce health and healthcare disparities.

Full report can be located through the following link:

<http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/Business%20Case%20for%20Diversity%20Leaders.pdf>