The Connecting the Dots Initiative

A Comprehensive Approach to Increase Health Professions Workforce Diversity in California

INQUIRY 4:

If it's a Pipeline, Why Isn't There More Diversity at the Other End? Framing the Agenda for Health Professions Workforce Diversity

Produced by:
The Public Health Institute and
UCB School of Public Health

Sponsored by:
The California Endowment

Written by:
The Praxis Project

School of Public Health
UNIVERSITY OF CALIFORNIA, BERKELEY

the praxis project

The California Endowment

PUBLIC HEALTH INSTITUTE®

February, 2008

About the Initiative

The Connecting the Dots Initiative:
A Comprehensive Approach to Increase
Health Professions Workforce Diversity in California

This is one of seven reports that share findings from a coordinated set of inquiries commissioned by The California Endowment. The purpose is to foster a more comprehensive, evidenced-based understanding of the issues, challenges, and opportunities associated with efforts to increase health professions workforce diversity. Each report includes a set of targeted recommendations to increase health professions workforce diversity in California. The basic theme and title of the initiative is "Connecting the Dots," reflecting an understanding of the need for a thoughtful, deliberate, and sustained commitment by the full spectrum of educational institutions, health professions employers, businesses, community stakeholders, and other leaders in the public and private sectors. The Public Health Institute and UC Berkeley School of Public Health formed a partnership to conduct the research and take action as part of The Connecting the Dots Initiative, and worked in collaboration with UCSF Center for Health Professions, Gibson and Associates, and the Praxis Project.

Impetus for the Connecting the Dots (CTD) Initiative was provided by earlier reports from the Institute of Medicine, The Sullivan Commission, and The UCSF Center for Health Professions. These reports documented the dramatic under-representation of many racial and ethnic groups in the health professions and provided evidence that a more diverse health workforce can contribute to improved access and quality for health status for all Americans. They also made the case that increased representation is essential to our future health workforce and economy. The Connecting the Dots Initiative builds on those earlier reports by documenting the current state of affairs in California and developing an evidence-based, comprehensive strategy to increase health workforce diversity. The Connecting the Dots Initiative reports include:

- A quantitative assessment of the current level of diversity in CA health professions education institutions and among practicing professionals.
- A qualitative assessment of issues, challenges, and opportunities based on key informant interviews with the leadership of health professions education institutions, health professions employers, and state regulatory agencies.
- Profiles of over 30 exemplary practices to enhance health professions diversity
- An analysis of how the issue of diversity is framed in the California media, and strategies to re-frame the public dialogue.
- Qualitative and quantitative research with health professions students, faculty and alumni to explore the benefits of diversity in the educational environment.
- A comprehensive annotated bibliography and literature review of diversity-related research to date.
- A qualitative assessment of K-12 networks of support to pursue health careers in four CA communities.

All seven reports can be found at http://www.calendow.org/Article.aspx?id=2290. The Connecting the Dots Initiative is in its next phase to support the implementation of the targeted recommendations. For more information, please contact Shelly Skillern at sskillern@phi.org

About the Author

This report was written by the The Praxis Project. The Praxis Project is a non-profit organization based in Washington, DC. We are an intermediary working to support local policy advocacy as part of a comprehensive strategy for change. Our emphasis is on developing fields of work in ways that encourage multi-level, trans-disciplinary learning and collaboration. We work to identify "fulcrum" points, approaches that help lift and advance a wide range of work like meta-messaging -- communication strategies that cut across campaigns and issues for greater "echo" and impact.

For more information, please contact us at (202) 234-5921
or visit us on the web at www.thepraxisproject.org

Acknowledgements

Our thanks to all of the people who generously agreed to be interviewed, both anonymously and publicly, for their contributions to this document. Your insights improved our work tremendously. A special thanks to the journalists who went on record for us this time.

Makani Themba-Nixon provided overall research, writing and project coordination, Efua Morgan wrote up the journalist interviews and Youth Media Council's Malkia Cyril conducted three of the four interviews. Praxis' Technology Manager Josué Guillén developed the data infrastructure and design that allowed us to integrate open source solutions into our research design. Aisa Villarosa, our 2007 Summer Intern, contributed significantly to the final product (and to Praxis) by conducting the news content analysis and providing additional research. Aisa represented the University of Michigan well indeed.

Thanks are also due to Brightstar Ohlson and Brian Smedley for their thoughtful feedback on the initial draft. We are grateful to the Public Health Institute and The California Endowment for their partnership and support of this project. A special thanks to Kevin Barnett for his supportive coordination and leadership of the project. However, The Praxis Project is solely responsible for this publication and any analysis therein.

Table of Contents

Background

Health professions workforce diversity (HPWD) is a somewhat technical term for a myriad of issues that affect no less than the quality of our health, our life and even our comfort when we die. Given the complex relationship between care and health – how patients and providers communicate, how they understand each other, the importance of addressing life context and more – who cares for whom matters.

In California, these issues are particularly salient. With the nation's most diverse population including the largest number of people classified as Limited English Proficiency (LEP), caring for such a diverse population requires a health workforce with the requisite skills, competencies and experience. As obvious as this may seem to those working in the field, for many key actors including many policymakers, issues of health profession workforce diversity simply do not have the same sense of urgency or priority. For some, these issues are even bound up in negative associations that tie diversity and affirmative action to concerns about care quality and perceptions that certain communities are under represented because they are largely unable to "cut it" in post secondary institutions. In short, while advocates for greater diversity in the healthcare workforce see it as a critical component of quality care, many others see diversity as irrelevant to care quality or even see the two as competing, contradictory values.

This paper focuses on public perception and effective framing of issues of health professions workforce diversity as part of the Public Health Institute initiative titled, Increasing Health Professions Workforce Diversity in California: A Comprehensive Strategy to build on the IOM/Sullivan Commission Recommendations and Teaching Hospital Guidelines.

The primary objectives of this area of inquiry are to:

- conduct an analysis of public opinion research, electoral data and other data to determine key themes that shape the "framing context" for these issues

- identify key audiences and develop framing strategies to advance the issue of Diversity in the Health Professions in California.

- conduct 4-5 interviews with selected media representatives who typically cover health issues to solicit their perspectives on how these issues are currently covered, and how they could be presented to different audiences.

- apply these findings to the development of targeted media messages and other communica tions resources.

THE ROLE OF FRAMING AND STRATEGIC COMMUNICATIONS IN ADVANCING HPWD

What is framing? Framing is essentially the interaction between how information is packaged and prepared for others to receive it and how it is received and perceived. Imagine a picture hanging on the wall in a frame. In many ways, the artist "framed" the picture for you. What is in the frame – and what is left out – all shape what you see when you look upon the work. However, it is not the entirety of how you perceive the picture. Your interpretation of the images is shaped by "conceptual frames," categories or ways of seeing things and how you have learned to think about these images over time.

News frames operate the same way. Part of the equation involves what goes into news stories – who speaks, what they say, what images are employed, etc. Another part of the equation involves how the words and images in the story trigger concepts people already hold in their heads. Of course, not only news stories operate in this way. All stories and images trigger conceptual frames that are mediated by culture, environment, socialization, upbringing and more. However, we focus on news because news is the "official story." It identifies what is fact, what is important, and for policymakers, helps set the public agenda.

Praxis examined how news media frame stories relate to health workforce diversity and how these stories are interpreted through dominant conceptual frames. Framing recommendations follow the findings and analysis.

Methodology

MAPPING THE HPWD CONTEXT

We began this project with one primary goal: to develop an honest assessment of the framing challenges and opportunities for HPWD that is grounded in a strategy for concrete solutions. As an organization committed to health justice, it was important to focus on pathways for change. As a result, the public opinion analysis prioritized potential areas of support and pitfalls for developing public will to advance HPWD. Although several "pathways for change" were identified in the larger report, we developed four broad "action" categories organized along two sets of actors – action categories where the public sector (including non profits) is the primary target for change and action categories where there is more focus on public-private sector leadership. Of course, no category is mutually exclusive.

Mostly Public Sector Leadership	Public and Private Sector Leadership
Policies and investments that improve/strengthen K-12 education and community support infrastructure to increase the pool of eligible students from historically underrepresented communities	New kinds of collaborations across the board that construct a true pipeline or steady "flow" from historically underrepresented communities into the health professions – practitioners, faculty, administrators, etc. – and retains them.
Policies and investments that prioritize diversity and proportionate representation at the post secondary level so that especially our public colleges and universities are more representative of our state – at the student body, faculty and administrative levels.	Policies and investments that increase recruitment and retention of health professionals from historically underrepresented communities.

This "simplification" of the change pathways helped to prioritize the target audiences and related conceptual frames that guided our public opinion and framing analysis. Clearly, support for these policies and programs is strongly correlated to beliefs about the role of the public sector in addressing educational opportunity, diversity and equity. It is also tied to, among other things, the degree to which one believes that investing in these initiatives will be fair, practical and effective.

These were the primary issue or opinion categories under investigation for mapping the broader public conversation on HPWD. For advocates and other change agents, there was a more targeted inquiry detailed in Communicating Along the Pathways for Change section (below), which included in depth interviews with key decisionmakers "along the pipeline." We reviewed 31 related public opinion polls, surveys and analyses on health disparities, affirmative action, college admissions policy,

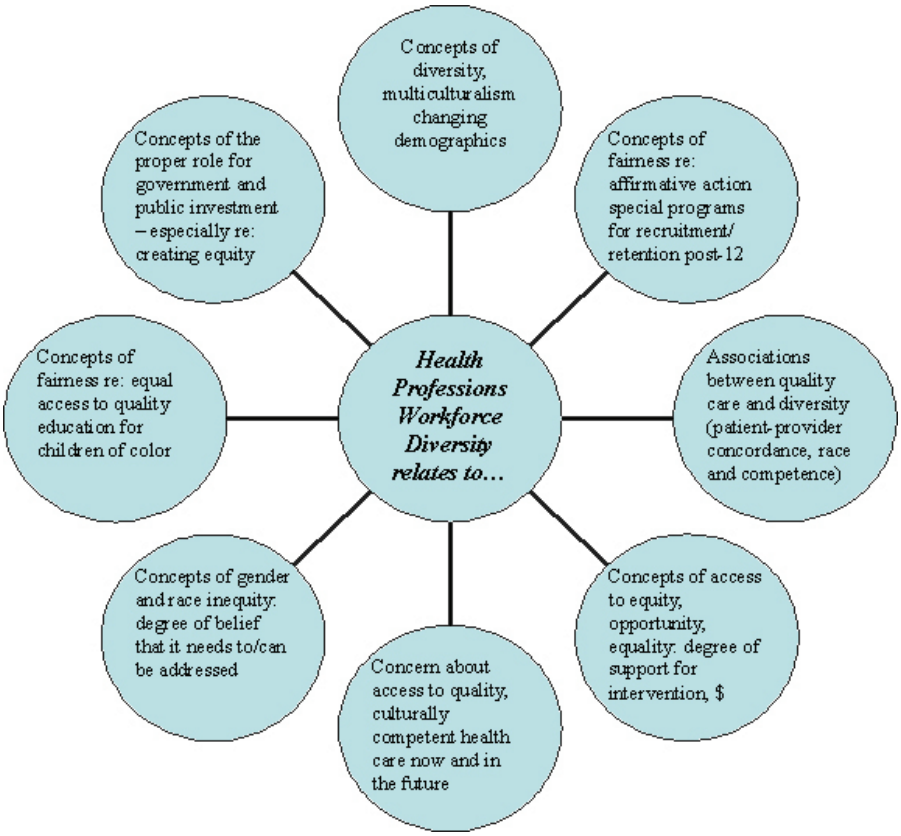
educational opportunity and more. In addition, we reviewed the compilation of health polls by the Henry J. Kaiser Family Foundation and a journal article that analyzed surveys concerning physician-patient racial and ethnic concordance . Figure 1 (below) shows the conceptual framing categories identified.

Figure 1:

Some Key Conceptual Frames Related to HPWD

Although the term "Health Professions Workforce Diversity" may be unfamiliar to many "lay persons," there are a number of familiar, underlying ideas or conceptual frames that are invoked by many of its ideas. Our beliefs related to these frames shape what we think about HPWD ideas and policy proposals.

For the news content analysis, we identified a maximum of 3,000 articles through Nexis© and Ethnic News Watch published from January 2002 through June 2007. Articles were chosen along the key coverage themes guided in part by the conceptual frames above (see Figure 2 below). We identified 355 articles (44 of which were from Ethnic News Watch) that devoted significant column space (at least one fourth of the article) to HPWD (Figure 3)[3].



In addition to analyzing news coverage, we conducted interviews with four journalists with experience covering issues of health care and/or health professions workforce diversity. A write up of the journalist interviews are in the section titled What Advocates Should Know: Advice from Journalists. Information gathered from the decisionmaking informants has been integrated into the analysis section in order to maintain informant anonymity. [4]

Key Findings

Finding #1: There is no clear public connection between increasing HPWD and improving the quality of health care.

Few news stories make the connection and no polls link increasing diversity and improving care quality. Public opinion on whether it is important for people to have providers of their same race or ethnicity (concordance) , if individuals believe they have experienced unfair or discriminatory health care, or the role race and ethnicity plays in college admissions, all point to a majority of people across racial and ethnic categories who believe that in many cases, ignoring race or "colorblindness" is more fair than considering race as a factor in decisionmaking. Although African Americans and Latinos are more likely to believe that race matters when it comes to how they are treated and are most likely to support public funding to advance equity, it will take dedicated communication efforts to build support for HPWD among broad publics as a matter of quality care. This is not to say that there is not a strong foundation of public support on which to make the case. In fact, there are significant numbers of Whites (hovering in the 30-35% range), and a majority of African Americans and Latinos (the groups for which we had data) that hold strong beliefs in support of interventions to increase diversity and address racism. These beliefs, with some targeted effort, can likely be expanded to encompass support for initiatives to increase HPWD as good, fair and the right thing to do

Finding #2: HPWD occupies a relatively small portion of the media coverage on key related issues.

Although a significant number of articles that do focus on HPWD are positive and highlight model programs, they constitute a small part of the coverage in key areas where they should be linked such as health care quality, opportunities for people of color and quality education (see Figure 2).

Finding #3: Solutions covered in the media mostly focus on model programs at the pilot or local level and rarely explore the systemic and structural issues that challenge HPWD.

Advocacy efforts receive little coverage. Important efforts to advance systems change at the post secondary level are mostly relegated to academic journals.

Finding #4: The connection between the K-12 quality education for all discussion and the HPWD discussion in news media is tenuous at best.

For example, many in the field stress the importance of high school and middle school preparation as critical to increasing diversity in healthcare professions. However, media coverage of school quality issues rarely mention its impact on health workforce diversity and coverage of health workforce

diversity often ignores education reform issues in favor of stories further down the "pipeline," like college admissions or corporate recruitment practices. In many cases, stories that do focus on the role of education before college are usually framed as an explanation for why colleges cannot meet diversity goals. In short, K-12 is where blame is shifted for the lack of post secondary campus diversity (the shallow pool of qualified students). Positive stories about K-12 efforts regarding HPWD are often framed around a pilot project and/or private sector partnership. As many stories about the latter appeared on business wire services, it may be that the coverage is the result of additional public relations resources to promote the partnership. This requires further study.

Finding #5: Perceptions of affirmative action significantly shape the discussion.

It comes as no surprise that HPWD issues (i.e., student admissions, hiring and recruitment practices) are strongly associated with the public conversation on affirmative action. As a result, much of the coverage of health workforce diversity outside of trade and professional publications links increasing diversity with tensions around minority performance, quotas and college admission policies. Although many articles on HPWD do not make blatant connections between affirmative action and HPWD, consistent use of descriptors like "qualified" to describe desirable "minority" applicants and recruits indicate how much discourse on diversity is contextualized by conceptual frames around affirmative action. The focus on emphasizing that minorities are/must be qualified (as oppose to assuming that an institution would not seek unqualified people) is part of a not too subtle code regarding recruitment, hiring and admissions practices that seek to increase racial and ethnic diversity.

Finding #6: Although there are important business angles to HPWD, there has been little coverage in the general business press.

Most "business" stories were found on paid business wires likely placed by companies promoting their outreach and philanthropy efforts. A significant number of these stories were in healthcare trade journals but only 14 articles out of the 355 HPWD focused articles were published in the general business press or in the business section of a daily newspaper.

Finding #7: Ethnic media has provided consistently supportive and sensitive HPWD coverage

Clearly, these outlets see a clear relationship between covering these issues and serving their readership. Nearly all of the articles exploring the impact of HPWD on communities were generated in the ethnic press.

Finding #8: 8. Leading spokespersons in HPWD stories reflect an emphasis on academia, health professionals and the health care industry as the main sectors concerned about these issues.

There were very few articles featuring the voices of consumers, students, community based groups or policymakers (see Figure 4).

Finding #9: Children and parents are nearly invisible in the discussion.

Even articles that highlight pilot programs for young people rarely feature their voice or make space for them to speak to their own stake in these issues. Parents are even more absent from the frame although both of these stakeholder groups are critical to expanding the base of support

Finding #10: Advocate views comprise the "majority voice" at the most detailed level of discourse but there is considerably less influence at the broadest/"values" level of public conversation.

Most strategic communications practitioners believe there are three levels of messaging. Level 1 is the expression of overarching values like fairness or responsibility — the core values that are easily understood and effect us at the level of emotion. Level 2 is the issue level, like housing, the environment, schools, or health. Level 3 is the level of policy detail – nitty-gritty information on the problem or strategy for achieving change. In the case of HPWD, most of the communication is taking place at the most detailed and professional level of discourse. Building public support and awareness will require targeted strategies to effectively communicate at Level 1.

Figure 2:
HPWD Coverage Themes

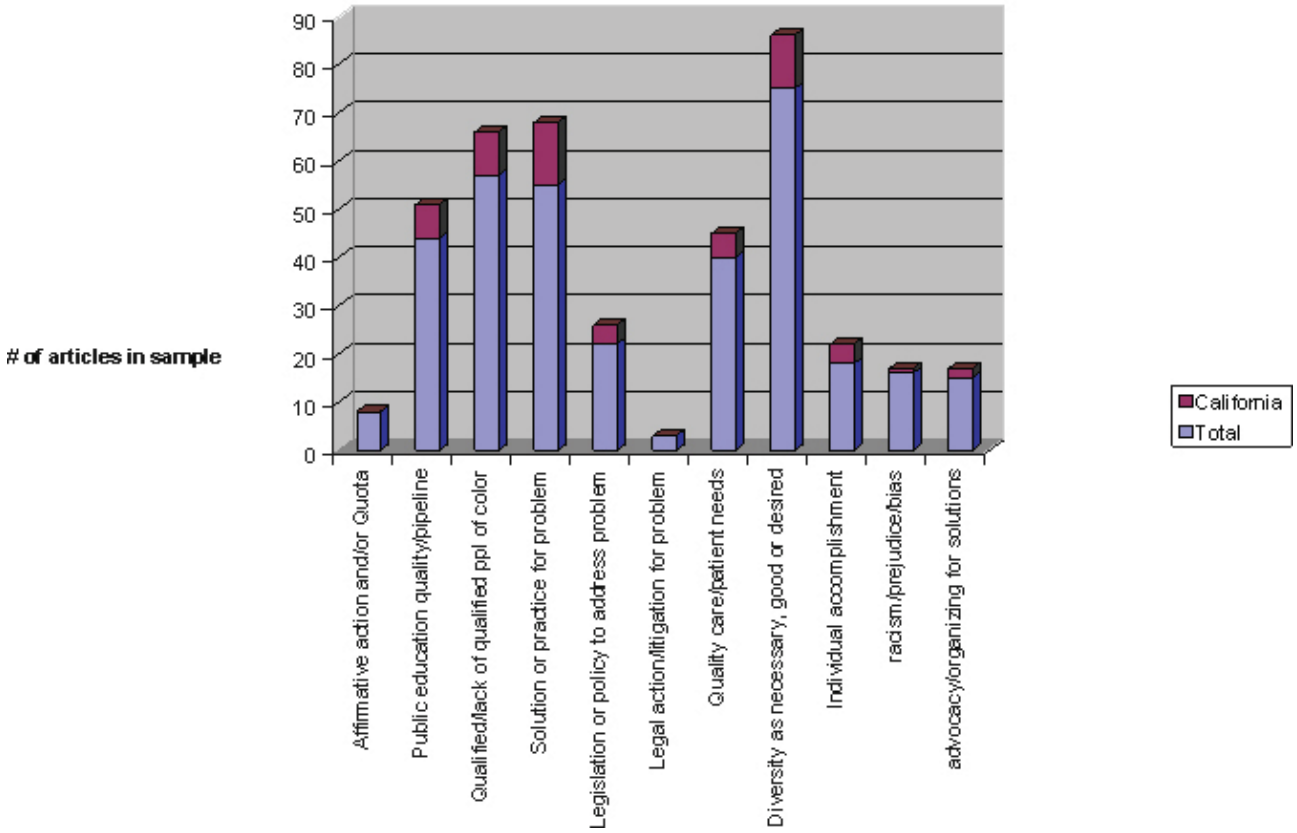


Figure 3:
Ratio of HPWD Mentions in Key Coverage Themes

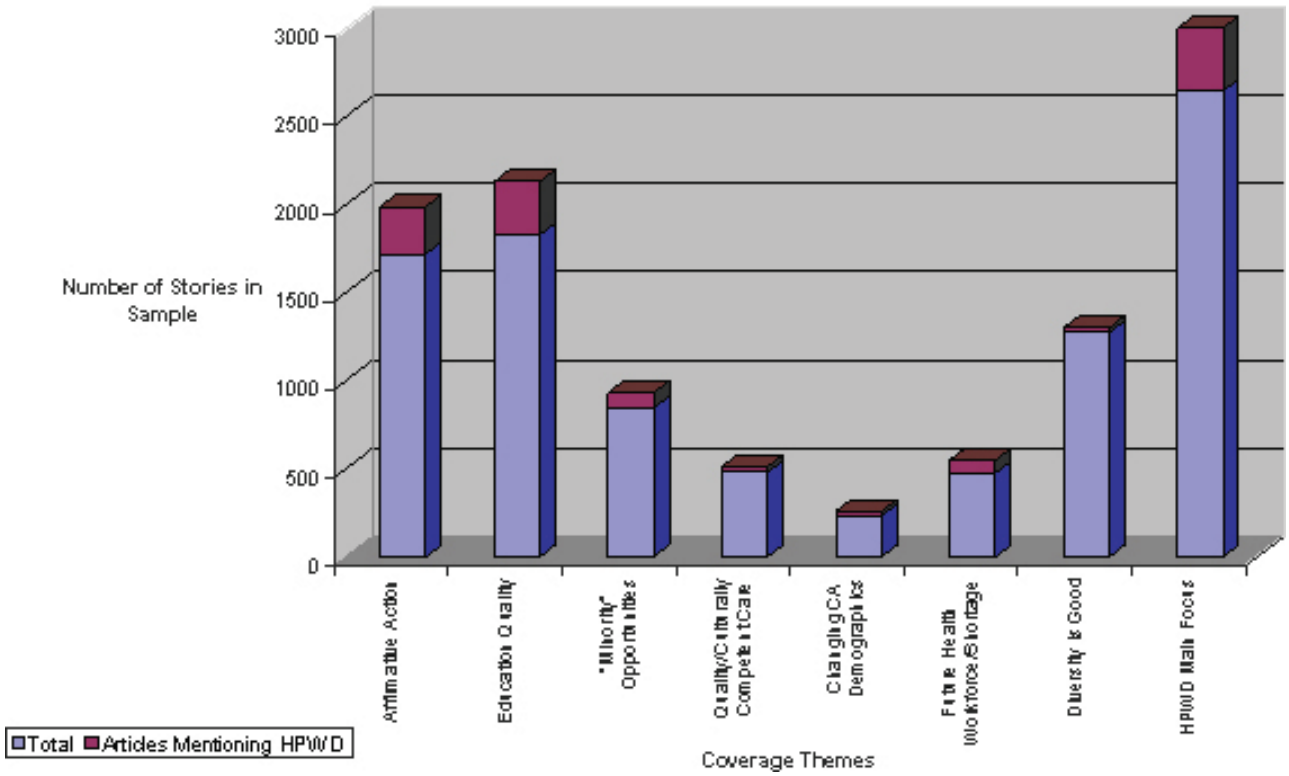
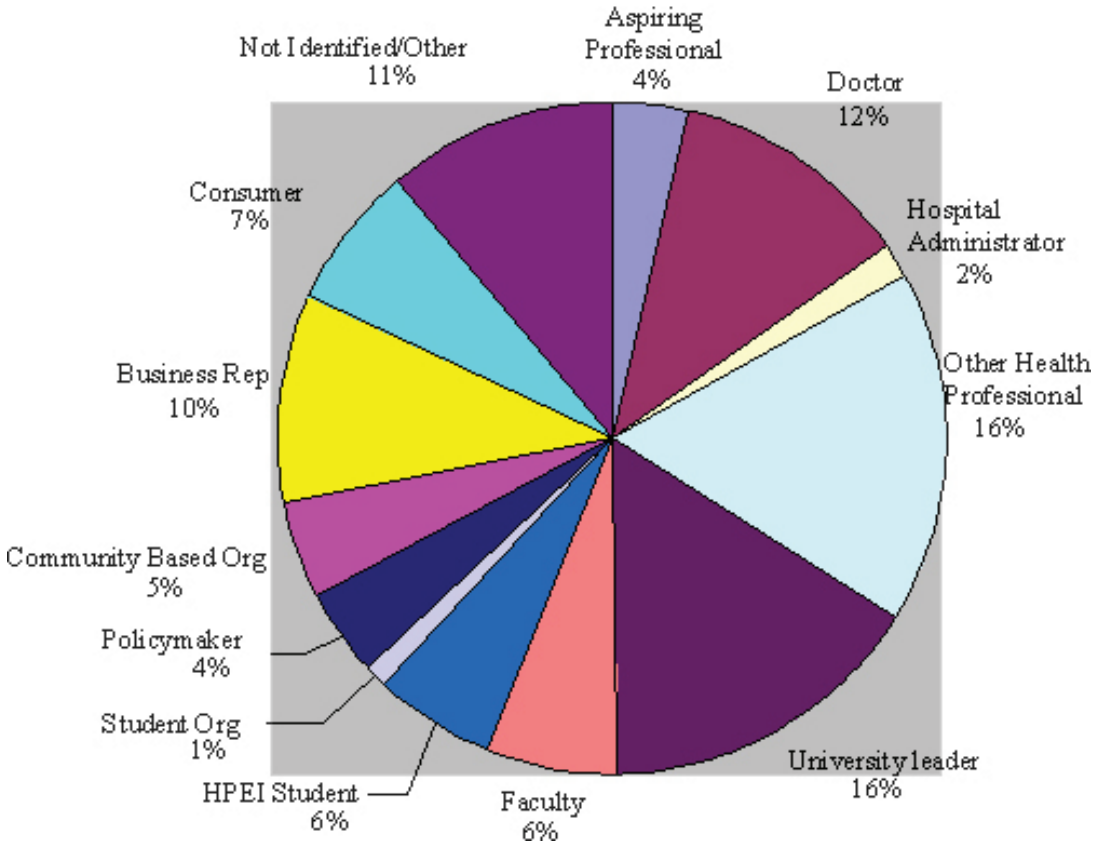


Figure 4:
HPWD Specific Articles-Types of Media Spokesperson



Key Findings: Journalist Interviews

FOR MANY HEALTH REPORTERS, CULTURAL COMPETENCY MORE IMPORTANT THAN DIVERSITY IN THE HEALTH WORKFORCE

John Fowler, Health and Science Editor for KTVU, has a primary demographic audience of adults 25-54 years of age living in the San Francisco Bay Area, mostly English speaking, and higher-educated than average. While he has a mandate to report on stories and issues that will interest his primary demographic, Fowler is committed to exploring issues that represent the concerns of diverse audiences, and has widely reported on health impacts in non-English-speaking populations and communities of color.

Like many reporters, Fowler does not believe that a health worker's background is especially relevant to the ability to effectively treat patients from different ethnic, sexual or racial groups. What resonates more with Fowler is a provider's cultural competence – the ability to effectively bridge the barrier of difference when attempting to communicate with, assess and provide treatment for the patient.

> "With respect to people that are less empowered, we try to give them a voice."

Fowler has produced stories on the impact of cultural competence in health care messaging in the Bay Area, addressing how it has been utilized in outreach campaigns to the Asian population around Hepatitis B awareness, and to the African American population around heart disease and AIDS. Reporters in general are approaching the issue of cultural competency in health care with greater urgency, in light of the disproportionate burden of conditions such as AIDS, asthma, and diabetes in minority communities.

Although it is encouraging that cultural competency has been increasingly recognized by reporters as a key issue in the dispensation of health care to diverse populations, greater efforts need to be made by advocates to help journalists understand why reporting on diversity in the health workforce is relevant as a standalone issue. The issue of diversity in the health workforce may currently fail to resonate with reporters in part because the field of journalism is also marked by a lack of diversity. Media professionals may subconsciously reflect their own biases when dismissing issues of diversity as being inaccessible or not newsworthy. This subtle bias is a critical barrier that needs to be addressed by advocates.

Another critical barrier to reporting on the issue of diversity in the health workforce is language – perhaps the most daunting barrier when trying to draw media attention to the health care concerns of ethnic populations. Non-English speakers are unable to communicate freely, and news reporters working on tight deadlines may hesitate to devote time and resources to translation services. When working on a recent story about tuberculosis in the local Chinese community, Fowler needed to make extensive use of translators, which made producing the story a greater challenge – a challenge that other reporters might see as reason to jettison a story.

Insofar as Fowler reports on diversity in the health workforce, he approaches the issue through the prism of spotlighting diverse faces in the profession whenever possible. He is concerned with issues of media representation of minorities, and has reported on initiatives by Asian American and Mexican-American groups to increase the participation of these burgeoning populations in the health professions. Says Fowler, "With respect to people that are less empowered, we try to give them a voice."

CULTURAL COMPETENCY IGNORED AT PATIENT'S PERIL, SAYS REPORTER JULIE PATEL

In the nonfiction bestseller The Spirit Catches You and You Fall Down, writer Anne Fadiman explored the disastrous cultural collision between Hmong refugee parents trying to care for an epileptic child and their local California county hospital. The book serves to remind that even well-meaning health care workers dismiss cultural differences at the patient's peril. In this instance, compounded cross-cultural misunderstandings and a language barrier led to an unwarranted social services intervention and to the child's eventual deterioration into a permanent vegetative state.

San Jose Mercury News reporter Julie Patel references this book when discussing why she believes that cultural competency and diversity in health care are important issues. "It's good to have a broad representation of who is providing the health care, so they're better able to diagnose the problem, and also better able to understand the cultural backgrounds of the people that they're treating," she says. Without cultural competency, minor and not-so-minor misjudgments can compound into a worst-case scenario – a catastrophic outcome, such as befell the Hmong family.

> "The main challenge to writing about diversity in the health workforce is how hard it is to document the subtle, small things that impact an issue."

It can be argued that such drastic scenarios are not the norm. But subtler incidents that impact a patient's treatment and recovery are much more common, and harder to track. While these types of incidents impact everyday treatment, they are often unmarked, or are ignored. This is the main challenge to writing about cultural diversity in the health workforce, according to Patel, as it is "hard to even document the subtle, small things that impact an issue."

> "You don't hear about it until something major happens, until someone is completely mistreated."

Patel advises advocates who are trying to call media attention to diversity and cultural competency in the health workforce that they should try to compile incidents of individuals and families who have been impacted by a lack of skill and experience on the part of health workers, due to a lack of cultural competency. "If there are any anecdotes or just compelling examples of situations when cultural sensitivity could have made a difference, especially if there are clusters of examples that show what the issue is and then data that shows the scope of it, that would help."

MAKING CULTURAL COMPETENCY RELEVANT TO A BROAD AUDIENCE

The San Francisco Chronicle is the second largest newspaper in California. Its readership demographic is older, mostly Caucasian, and with a higher education level than average. According to Chronicle reporter Jim Brewer, his readers would see the issue of diversity in the health workforce as secondary to their own health concerns, and he advises that the main challenge for advocates who are trying to focus media attention on the issue is finding ways to make it more meaningful both to reporters and to a mainstream audience.
If the correlation can be made between lack of diversity in the health workforce and distribution of care to a diverse audience, or if it can be shown that certain populations are unrecognized by the health industry and are being ignored, it would be considered newsworthy. Brewer adds that readership would be drawn to the issue of diversity "in the sense that it either drives or inhibits the health care industry from doing its job for all segments of society."

> "The idea is to link it to the problems that are already being covered…how is it affecting what the rest of us are getting?"

Advocates can also engage reporters – and their readers – by stressing the universality of the issue and showing how even a more affluent and homogeneous general audience has a personal stake in the debate. Is there a connection between a lack of cultural competency or a lack of diversity in the health workforce and rising health care costs across the board, for example? Or, are health care costs impacted by increasing reliance on emergency room care by populations who lack access to quality care, and is this lack connected to issues of diversity? Readers would see diversity in the health workforce as an issue with greater pertinence to their own lives if there was proven effect on the delivery of their own services.

By linking the issue of diversity in the health workforce to concerns that already have greater resonance with a broader audience, it can gain traction as a primary issue, rather than a secondary one. As Brewer says, "The idea is just to link it to the problems that are already being covered…how is it affecting what the rest of us are getting?"

FOCUS ON THE POLITICS AND POWER RELATIONS FOR MORE COMPELLING STORIES

Deepa Fernandes is an internationally renowned journalist familiar to Pacifica Radio listeners for her sensitive, in depth portrayals of a wide range of issues affecting communities of color and low income people. Host of a daily morning drive time news show in New York City and a national correspondent on a variety of issues including immigration policy, Fernandes is committed to Pacifica Radio's legacy of progressive community radio.

She describes her audience as "largely concerned, engaged people of all ages. Activists and others who want to hear an alternative view point." Although Fernandes routinely covers health issues and advocacy efforts to address health inequity, she has not done any coverage of health professions workforce diversity.

> "Who has the power? What decisions are being made? What's at stake? These are some of the elements that make an issue compelling. I'm not interested in creating a venue for 'experts' to spin their views."

"It's challenging for us to cover a problem without a real sense of how regular people are engaged in addressing it. Who has the power? What decisions are being made? What's at stake? These are some of the elements that make an issue compelling. I'm not interested in creating a venue for 'experts' to spin their views. We want to know what this looks like 'on the ground.'"

Fernandes recommends that advocates be prepared to describe who is involved in making change and outline any upcoming policy battles that help illustrate what is at stake. Having spokespersons that are directly affected can help, too.

"It's important to us to feature the voices of young people, parents, people trying to navigate systems of care in order to provide listeners with an opportunity to hear stories from the unusual suspects."

JOURNALIST INTERVIEWS' KEY TAKE HOME LESSONS FOR HPWD ADVOCATES

Provide clear examples of what is at stake/why HPWD matters for as broad an audience as possible. Journalists are often writing for multiple audiences and these audiences should be kept in mind when framing and pitching news stories. Always ask, *why should someone care about this?* The answers should inform story development at its core.

Identify diverse spokespersons that illustrate the stories we are trying to tell. Journalists want to tell compelling, visually rich stories. Although data is important, we need to convey what the data mean in human terms with good stories and compelling characters -- and without losing our focus on the role of institutions and public policies. The key is to ensure that spokespersons tell their story in ways that complement and elucidate the larger context.

Develop relationships with journalists over time by providing information and sources they can use – even when the story is not directly about HPWD. Journalists need good, reliable information and sources. Many of us are well connected to a wide range of helpful sources, especially on health and education issues. With consistent, strategic relationship building, advocates can expand the ranks of journalists who understand HPWD and its relationship to a number of important issues they cover.

WHAT ARE THE IMPLICATIONS FOR COMMUNICATING MORE BROADLY ON HPWD?

Journalists and the data agree: we need to better communicate what is at stake. One example of where we might begin is the primary metaphor used to describe where our health workforce comes from: the "pipeline."

A pipeline conjures up images of fluid, uninterrupted movement from point A to B – nearly the opposite of what is actually occurring with regard to HPWD. Truth be told, with navigating the rules, the schools, the costs and the pressure, the road to becoming a health professional (especially at the higher echelons) looks more like an obstacle course than a pipeline. Of course, we want a pipeline. *We need a pipeline* – a set of networks so interconnected, sturdy and efficient that everyone who chooses can flow through this system and have the necessary support to come out the other end ready to serve. Still, it will be important to convey that the pipeline is a work in progress. It is a goal, not yet a reality. However, there is an upside to this message: we already possess most of the know-how we need to make it a reality. We just need to come together and make it a priority.

In addition to re-examining our metaphors, there is also the need for clearer, simpler language to describe HPWD efforts – especially to those outside of the field. This will require taking a break from the level of detail and precision required for generating policy briefs or research and focusing instead on language that speaks to people at the level of their emotion. This does not mean developing emotive messages in isolation from policy goals. On the contrary, it is important to maintain consistency between each level of communication; meaning, communication messages should not contradict messages at the level of policy detail and vice versa.

It is important to note that a message is not a soundbite but an overarching theme that can be communicated using soundbites. For example, a soundbite might be, "We roll the dice hoping that we'll end up with enough doctors from the small pool of people who can afford to prepare for and pay for medical school. But it isn't good policy and it isn't good sense." The message, in this case, is that current policies to address the physician shortage are short sighted, impractical and puts us all at risk. The underlying values communicated are the need we all share for security, to have the services we need when we need them and to have sensible public policy.

Following (Figure 5) is a chart of message examples at each level of discourse along four message themes.

Figure 5:

Examples of Communicating at Levels 1-3

Message Themes	Level 1 (values)	Level 2 (issue)	Level 3 (policy)
There is a lot at stake. We must act now to avoid a health care crisis and ensure that there are enough providers for every community.	*Every community matters* Safety, valuing community, fairness, caring for others, compassion, etc.	The future of our health care depends on how we face this challenge together (set aside bias, etc.)	Policy goals and recommendations re: improving networks and collaboration; funding equity
Our solution is fair, practical and sensible: we must increase the number of providers from our communities so that we have a knowledgeable [*could also use culturally competent*] health workforce that reflects our state. (*A health workforce that looks like California*)	*This is about Californians caring for California* Local pride, common heritage, caring for neighbors, common sense	We need a health workforce that is truly representative. Achieving this means we have to clear the road blocks to opportunities in the health professions	Policy goals and recommendations re: improving support systems/policies to increase the number of students, professionals, faculty, etc., along the "pipeline"
We have the know-how to get this done	Ingenuity, initiative, rolling up our sleeves, "just do it"	All over the state, there are success stories. With the right investment, we can take success to scale	Communicating about successful programs and pilots
Working together, we can do it.	Sharing the work, taking responsibility, also rolling up our sleeves	The Legislature, health care sector, etc. all have important roles to play. We need you to play them	Communicating about successful collaborations and targeted briefings on policy options

These simplified messages for conveying issues around HPWD are grounded in change communications principles that prioritize communicating action. Messages to advance policy and/or institutional change must focus on the institutional roots of the issue and offer concrete, understandable "solutions" with change actors in mind. It does no good to develop messages promoting individual responsibility for an effort that requires action by legislators. Actions and messages must reinforce one another.

Good messages are *affective* – they touch us emotionally. They are *effective* – they convey what we need them to. They connect with shared dreams and beliefs. They surface the promise and possibilities in our coming together. Good messages also communicate "what can be done" so that those who are normally outside the process understand what they can do to have more power inside the process. Again, this requires that communication and strategies are integrated.

COMMUNICATING ALONG THE PATHWAYS OF CHANGE

The first step in developing an integrated, action oriented communications strategy is to identify actions and decision pathways where change must likely occur. We began mapping change agents by examining the core group of informants for the other inquiries and developing a list of corresponding key decisionmakers to implement emerging recommendations from the informants and researchers in each of the inquiries

Figure 6: Moving From Informant Audiences to Decisionmaker Audiences

Informant Audiences: Stakeholders With Critical Perspectives	**Corresponding Decisionmakers: Actors With Power to Shape the Issue**
Health professions educators at academic institutions	Faculty Senate, Department Chairs, Administrators, Chancellor, President, Trustees/Regents, Accreditation
Faculty members who take on "diversity enriching courses"	↓
Health professions educators at provider organizations	Professional Associations, Provider Boards
Health professions students from community college along the continuum through medical school	Campus and Statewide Student Associations
Pre-health and non-health related declared underrepresented minority students from each of the public university and college systems, private college and high schools	↓
Entry to mid-level professionals such as community health workers, associate degree nurses or medical assistants;	Unions and Professional Organizations
Practicing underrepresented minority graduates from California health profession schools.	↓
Health/Public Health Departments	County Board of Supervisors, Health Directors, City Council, State Director

Informant Audiences: Stakeholders With Critical Perspectives	Corresponding Decisionmakers: Actors With Power to Shape the Issue
Community Health Centers	Directors, Community Boards, Boards of Directors, Accreditation and Licensing
Health plans (Senior Administrators and Human Resource Directors)	CEOs, Boards of Directors, Senior Administrators and Human Resource Directors
Programs and Regulatory Agencies	Commissioners, Boards of Directors, Senior Administrators, Legislature
Teaching Hospitals	Boards of Trustees, President, Senior Administrators,
News Media	Editors, Publishers, Community Affairs Directors, Editorial Boards, Media Associations and Professional Organizations including ethnic media formations
Legislators/Elected Officials	Governor, State Legislature, City Councils, County Boards, Mayors, Legislative Caucuses, State Congressional Delegation, Elected Official Associations (ethnic and affinity)
Accreditation Bodies	Governing Boards, Senior staff, Legislative Oversight Committees, Legislature, Governor
K-12 Programs to support students going into health careers	School Boards, Superintendents, Accreditation, State Board, State Legislature and City Councils

SURFACING THE CHANGE MODEL

The project design implies a change model or approach to addressing these issues that has at least four elements:

1) Connecting practitioners/administrators with effective practice and other resources;
2) Connecting health related faculty, health workers and potential health workers with recruitment and retention resources;
3) Through media, research dissemination and other communications strategies, help build political will by investing HPWD issues with a sense of public urgency and priority; and
4) Connecting policymakers at all levels with good information and policies/models that increase funding and other supports for HPWD initiatives.

Practitioners, mostly captured in the left column (above), play a critical role in implementing HPWD practice and policies and advancing these issues from the "ground up" as identified in Change Model elements 1 and 2.

Given the set of findings from each of the inquiry areas, it is clear that actors in the left column believe dedicated funding and policy priorities are critical to moving HPWD issues forward, therefore helping to articulate an agenda for the audiences on the right. As a result, communication strategies targeting "practitioner" audiences should focus on engaging them in public agenda setting. In addition, a number of recommendations focus on strengthening practice in ways that lead to increased coordination and capacity across a variety of networks including K-12, the private sector, academia and so forth. This points to another critical communication objective: connecting these practitioners with good practice and practitioner networks.

The audiences on the right, then, constitute primary decisionmaker audiences with whom to communicate and engage mostly around change model Components 3 and 4. As decisionmakers, they will need a range of materials, resources and contacts in order to facilitate informed policymaking across the policy spectrum. Not shown here, but critically important are other, broader publics discussed above who have an important role to play in agenda setting as well.

In this framework, key communications objectives would look much like those outlined in Figure 7 (below).

Figure 7: HPWD Communications Objectives for Change Agents

Practitioners* →	What We Need to Communicate	← Policymakers
Where on the support continuum		**Where on the support continuum**
Unaware/on the fence and overall	*It's important, it matters, it's reasonable, necessary, fair and practical*	Unaware/on the fence
Contemplating action/ ready to act	*Who else has done it, how they did it (political and programmatic details), jump in the water is fine*	Contemplating action/ ready to act
Actively engaged in HPWD efforts	*Kudos, support, affirmation that they are part of a growing movement*	Actively engaged in HPWD efforts
Opposed to HPWD efforts	*This is an unreasonable, outmoded and marginalized position*	Opposed to HPWD efforts

* *Of course, there are practitioners that also set policy*

Recommendations

Recommendation #1: **Building on research and lessons learned from evaluating communications practice, develop and implement a broad based communications campaign that helps frame HPWD as a central issue of quality care.**

Given the demographics of frequent voters in California, and the state's history of putting social policy to the test with an initiative campaign, it will be important to develop a long term communications and public support strategy that increases the numbers of voters who understand the necessity of HPWD and its connection to their own quality of care.

Recommendation #2: **Tell stories that help the public understand the structural and historic reasons for the underrepresentation of certain communities in the health workforce over time.**

Polling data reveal that most respondents are unsure about whether race conscious interventions like affirmative action are fair. Of course, support for these interventions is sharply divided along racial lines with African Americans feeling most strongly in favor of them. Nearly everyone will need clear, easy to understand stories to explain why interventions are needed – especially policymakers

Recommendation #3: **Develop California based, dedicated communications resources to support coordinated messaging, story placement and story banking on HPWD.**

Many of the communications challenges outlined in the Key Findings (above) would be addressed if there was adequate communications capacity for HPWD. At minimum, there should be a strategic communications firm retained to support diverse spokesperson development and pitch and place stories – especially stories that help better weave HPWD issues into "larger," more familiar political narratives like education reform. With dedicated resources, there can be more strategic efforts to cultivate journalists in different areas of coverage or media, a story bank could be developed to help catalogue and make accessible story ideas and spokespersons, archival coverage, images and more. There are many effective models for coordinated communications to support issue advocacy from which HPWD efforts can benefit.

Recommendation #4: **Work more closely with ethnic and alternative media.**

These media outlets reach audiences that are likely to be aligned with many HPWD values and policy goals. Working effectively with these outlets requires attention to framing stories and identifying spokesperson that are audience appropriate and, in some cases, addressing language needs.

Recommendation #5: **Highlight and promote HPWD "ambassadors" that come out of the primary target audiences.** People respond to spokespersons or "characters" that are similar to themselves – especially when a speaker has a similar background and they have faced challenges that the audience is trying to navigate. Compelling spokespersons identified in other areas of inquiry should be "packaged" for media interviews, webcasts and "in person" speaking engagements targeting their peers..

Recommendation #6: **We can gain ground with more focus on kids and their need for better preparation.** Building on the work of Berkeley Media Studies Group, Opportunity Agenda and others, messaging should better link initiative goals with increasing opportunities for young people in target communities. .

Recommendation #7: **Kids and parents should get more air time.** As there is a strong connection between improving educational access and achieving HPWD goals, well trained, supported spokespersons with a grassroots stake in these issues can help others grasp the issue's importance and relevancy.

Recommendation #8: **Create online communities that support replication and advocacy on HPWD.** These "virtual" networks can range from public blogs where practitioners provide insider details on their initiatives to connecting stakeholders for electronic and community-based advocacy efforts. These communities can be a cost effective way to help practitioners feel less isolated and encourage deeper levels of engagement on HPWD beyond program development.

Recommendation #9: **Consumers have a role to play.** Given the comprehensive nature of the recommendations and the kind of funding effective implementation will require, consumers across a broad spectrum will need to make their voices heard in support of HPWD initiatives in order to generate the necessary political will to bring them about.

Recommendation #10: **Local elected officials and health care worker organizations also have a role to play.** Local governments can play a more significant role in these issues if given models for policy action – especially if the interventions have relatively low public cost (i.e., tying HPWD goals to community benefits in siting health care and teaching facilities). Trade unions and professional associations have a great deal of investment and passion around HPWD, but clear connections must be made to members' "bread and butter" concerns.

Discussion

This report provides direction on communications strategies for advancing a more representative health workforce in California. However, there is significant communications work still to be done in this area. Some of this work will require further research and inquiry. Some of what we need to know, we will only learn by doing, testing and reflecting on the lessons learned.

Internal communications needs

After review of the other inquiry area reports, it appears that those who identify themselves as active on HPWD issues comprise a small, mostly professional and highly dedicated group. Many of these are practitioners operating programs without the full support of their administration. Some are fortunate enough to be connected to larger networks where they receive support and useful input for their work. Although this report did not focus on the internal communications or infrastructure needs of HPWD advocates, it is clear that advocates need additional venues – formal and informal – for communications. Some basic recommendations are made above regarding web resources but further assessments should be undertaken in order to develop communications infrastructure that meets the full range of advocate needs.

Expanding the base of support

Clearly, this group must expand to encompass a larger number of stakeholders. However, expanding the base of active supporters for HPWD is not a communications project in the main. It is an organizing project that will require dedicated leadership and resources from membership groups with the skills and capacity to help build such a base. Hopefully, resources will soon be dedicated to expand organizing capacity in HPWD work. Such base building work will be critical to effective policy and media advocacy over the long term.

Developing cross issue messaging to build support for equity over the long term

Education quality. Access to care. Youth development. These are among the many issues negatively affected by the lack of public support for interventions that advance equity in communities of color. Given the fact that so many advocates are working to reframe public opinion in this area, it would make sense for HPWD advocates to connect with other communications initiatives on equity and for funders to consider dedicating resources to a coordinated, multi-issue communications initiative for racial justice along the lines of successful efforts in Ireland, New Zealand and Canada.

HPWD as a women's issue

There is a great deal of evidence that suggests that White women as well as women of color have an increased sense of stake in this area. Women are more likely to want to interact with doctors of their

same gender. They tend to be more supportive of interventions for equity. And there are several HPWD initiatives that will greatly benefit women and girls. It would be a worthwhile investment to conduct focus group research to better delineate effective communication strategies in this area.

Further areas of research and inquiry

There was limited public opinion research available to us directly on health professions workforce disparities. More research should be done to gauge public attitudes regarding public support for specific interventions. Research should also be conducted to test key recommendations and messaging among target audiences – particularly along the pathways of change. Focus group research would yield the most substantive, qualitative input. Such input would be ideal before additional resources are invested in refining and disseminating communications strategies. In addition, resources should be dedicated to sensitive, culturally appropriate evaluation and documentation of communications practice for HPWD. Although there is certainly an established body of proven practice for media advocacy, it would be good to track and monitor how these practices are unfolding in this area of work.

In closing, we are extremely grateful for the opportunity to work on this important initiative with the incredible team put together by the Public Health Institute. These are exciting times and there are many opportunities before us. We are hopeful, as we move into the implementation phase, that this initiative will help HPWD efforts gain greater capacity, broader support and more coordinated communications resources to create the pipeline of our dreams.

References

[1] Polls and analysis were reviewed from the Gallup Organization www.galluppoll.com 1997-2007. Categories of review include affirmative action, health care quality, diversity, race relations, minority relations, changing demographics, California politics, changing demographics, health workforce diversity and health professions shortage. A list of polls and analysis is below.

Gallup polling data and analysis reviewed

1. August 24, 2007. Blacks Convinced Discrimination Still Exists in College Admission Process Available with subscription at www.galluppoll.com

2. July 25, 2007. Race Relations Available with subscription at www.galluppoll.com

3. June 30, 2007. Black-White Educational Opportunities Widely Seen as Equal Available with subscription at www.galluppoll.com

4. June 25, 2007. Healthcare System Available with subscription at www.galluppoll.com

5. July 8, 2006. Whites, Minorities Differ in Views of Economic Opportunities in U.S. Available with subscription at www.galluppoll.com

6. December 13, 2005. Growing Diversity Translates Into Classroom Challenges Available with subscription at www.galluppoll.com

7. November 15, 2005. Healthcare Panel: Future Care Will Be There (Page 1) Available with subscription at www.galluppoll.com

8. September 30, 2005. Public Divided Over Future Ideology of Supreme Court Available with subscription at www.galluppoll.com

9. September 13m 2005. Blacks: Whites Have Advantage in College Admissions Available with subscription at www.galluppoll.com

10. August 23, 2005. Race, Ideology, and Support for Affirmative Action Available with subscription at www.galluppoll.com

11. September 15, 2004. Americans Weigh in on Improving Schools Available with subscription at www.galluppoll.com

12. August 31, 2004. Few Americans Feel Day-to-Day Racial Tension Available with subscription at www.galluppoll com

13. July 20, 2004. Do Blacks Receive Second-Class Healthcare? Available with subscription at www.galluppoll.com

14. July 6, 2004. Should Minorities Blend In or Stand Out? Available with subscription at www.galluppoll.com

15. April 13, 2004. Disengagement May Widen Physician Race Gap Available with subscription at www.galluppoll.com

16. November 11, 2003. Teens Show Steady Support for Affirmative Action Available with subscription at www.galluppoll.com

17. October 9, 2003. Women Skeptical of Societal Fairness to Their Gender Available with subscription at www.galluppoll.com

18. July 1, 2003. Equal-Opportunity Education: Is It Out There? Available with subscription at www.galluppoll.com

19. July 1, 2003. How Question Order Affects Attitudes on Affirmative Action Available with subscription at www.galluppoll.com

20. June 24, 2003. Public: Only Merit Should Count in College Admissions Available with subscription at www.galluppoll.com

21. April 1, 2003. Public Warming to Affirmative Action as Supreme Court Hears Michigan Case Available with subscription at www.galluppoll.com

22. January 28, 2003. The Gallup Brain: Bakke and Affirmative Action Available with subscription at www.galluppoll.com

23. December 3, 2002. Views on Healthcare by Party Affiliation, Part II Available with subscription at www.galluppoll.com

24. November 12, 2002. U.S. Race Relations by Region: The West Available with subscription at www.galluppoll.com

25. June 4, 2001. Public Overestimates U.S. Black and Hispanic Populations Available with subscription at www.galluppoll.com

26. May 3, 2001. Americans Ambivalent About Immigrants Available with subscription at www.galluppoll.com

27. April 6, 2001. About One in Four Americans Can Hold a Conversation in a Second Language Available with subscription at www.galluppoll.com

Other polling data and analysis

28. October 7, 2003. California Recall Election Exit Poll - 4214 Interviews (400 Absentee, 3814 Exit) - Final Data Proposition 54 Vote - Horizontal Percentages, Edison Media Research/Mitofsky International. http://www.mitofskyinternational.com/california/CAPR0230H.HTM

29. Undated. William C. Velazquez Institute analysis of Latino Voters in 2004 http://wcvi.org/latino_voter_research/latino_voter_statistics/ca_lv.html. Accessed June 1, 2007.

30. December 2005. Harvard School of Public Health, Robert Wood Johnson Foundation and ICR International. Americans' Views of Disparities in Health Care: A poll conducted by Harvard School of Public Health, Robert Wood Johnson Foundation and ICR International.

[2] Schnittker, Jason and Liang, Ke. "The Promise and Limits of Racial/Ethnic Concordance in Physician-Patient Interaction," Journal of Health Politics, Policy and Law, Vol. 31, No. 4, August 2006, Duke University Press and Henry J. Kaiser Family Foundation kaisernetwork.org Health Poll Search at http://www.ropercenter.uconn.edu/cgi-bin/hsrun.exe/roperweb/HPOLL/HPOLL.htx;start=hpollsearchAM?sid=D3

[3] Nexis© search conducted on August 6, 2006 and June 1, 2007 of news articles, journal articles and health publications including published reports. Ethnic News Watch indexes ethnic news publications. 3,000 is the maximum number of articles available through Nexis© search. Categories such as affirmative action had a larger number of articles but exceeded the maximum access number.

[4] In order to better prioritize target audiences, Praxis examined governance and policymaking structures long the "pipeline" by reviewing articles and studies as well as a engaging in a series of informal interviews or conversations with colleagues with insights in this area. These "conversations" included a trustee of a community college system in the Midwest that has developed programs helping welfare recipients transition into nursing careers, a local California city councilperson and a local California school board member, an activist and trade union staffer working to change policy at the University of California Board of Regents, an MD and administrator at a California public hospital and medical school faculty member, an executive of a health care corporation active on issues of health professions workforce diversity, a California based advocate working on health care quality and access as part of a statewide coalition, and two California based student organizers working on admissions and affirmative action.

[5] For an extensive discussion of attitudes regarding physician-patient racial and ethnic concordance, see Schnittker, Jason and Liang, Ke. "The Promise and Limits of Racial/Ethnic Concordance in Physician-Patient Interaction," Journal of Health Politics, Policy and Law, Vol. 31, No. 4, August 2006, Duke University Press

[6] For more on change communications, see Wallack, L. and Woodruff, K., et.al. News for a Change: An Advocate's Guide to Working With the Media, Sage Publications, 1999 and Themba, M. "The Bridge Just Beyond: Constructing Communications for Social Change," Social Policy, Summer 2005.