The State of Diversity & Inclusion in the Healthcare Industry
Preface

This report is the second in a three-part series of Diversity Best Practice studies focused on the healthcare industry. The first report in the series, Industry Overview, provided a big picture view of the industry, and offered a snapshot of the major challenges and trends impacting healthcare today.

This second report in the series, Next Generation Health Workforce & Workplace, examines challenges ranging from workforce shortages and changed skill needs to innovations in the workplace that are significantly changing how and where work is performed.

The third report in the series, Patient-Centered Care, will examine the industry-wide shift to patient-centered care and services, and explore best practice approaches to delivering services in an environment of dramatically changing patient needs.
Introduction

Significant challenges including regulatory uncertainty, increased demand for services, population changes, new care models, and a more informed and involved patient-base are forcing healthcare industry leaders to rethink their business strategies.

Workforce shortages pose a particular challenge to the industry. The health labor force has not kept pace with US population growth, or the influx of new consumer groups provided access under the Affordable Care Act (ACA). The nation’s population is also aging, placing additional burden upon an industry already struggling to meet consumer demands. In many sectors of the healthcare industry, significant segments of the workforce are approaching retirement, simultaneously impacting shortages and increasing demand for health services. Worker shortages aren’t the only challenge facing the health labor force. Advances in technology and automation have fundamentally changed many healthcare jobs, and consequently, the skills and competencies needed to perform them. A McKinsey study estimates that 60 percent of all new jobs in the 21st century will require skills and experience held by 20 percent of the current workforce. The workforce is also becoming increasingly multi-dimensional. By 2024, nearly half of the US workforce will be female and 40 percent of US workers will be from a diverse ethnic background. Individuals age 55 and older are the only age group in the US population with a projected increase in labor force participation.

The health workplace is undergoing its own transformation. Today’s nonstop, technology-driven global economy is reframing the world of work as we know it, and worker preferences are taking a front seat in decisions related to how, when, and where work is accomplished. New work arrangements including flextime, telecommuting, and virtual teamwork have become commonplace and are fundamentally changing the employer/employee relationship. An emerging open talent economy and growing contingent workforce further mark the shift away from the traditional hierarchy with an employee base fixed on a balance sheet, to new partnerships with a virtual talent pool of consultants, freelancers, contractors, and temporary workers that have no formal tie to the organization.

There is a new paradigm for care delivery. A growing continuum of outpatient care facilities, retail-based telehealth services, and on-line diagnosis and treatment options are changing the way care is delivered, and has the potential to improve access and outcomes in significant, cost effective ways. At the same time, pressure stemming from healthcare reform and increased competition are driving efforts to reduce costs and eliminate waste, and automation is increasingly being introduced to make healthcare processes more productive and efficient. As the industry continues the transition to a patient-centered care model, technology and automation will be central to making population health management both scalable and sustainable.

There is no question the healthcare industry is in the midst of dramatic, unprecedented change. Planning for the workforce and workplace of the future will require innovative strategies and a new way of thinking about the provision of care. Although it is hard to predict what the health workforce and workplace will look like ten years from now, it is clear that maintaining the status quo is not an option.
Healthcare Workforce Shortages

**PHYSICIANS**

**Shortfall of between 61,700 and 94,700 physicians by 2025.**

Physician retirement decisions will have the greatest impact on shortages in the healthcare industry: more than one-third of currently active physicians will be 65 or older by 2025.

Source: 2016 AAMC report estimate

**Registered Nurses**

**Nearly 40% of registered nurses are over the age of 50.**

The number of nurses leaving the workforce each year has increased steadily from 40,000 in 2010 to a projected 80,000 by 2020. Some studies project that more than 1 million additional nurses will be needed by 2022.

Source: AAMC

**Insurance Workforce**

**25% of the current insurance workforce will retire by 2018, leaving the industry facing a potential deficit of 400,000 positions.**

According to a report by PwC, the annual yield of graduates from the nation’s risk management and insurance programs meets only 10 to 15 percent of industry needs.

Source: McKinsey

**Pharma Industry Jobs**

**The shortage of STEM talent in the current pipeline could create a skills gap resulting in two million pharma industry jobs going unfilled by 2025.**

Source: The Pharmaceutical Research and Manufacturers of America (PhRMA)

**Shifting Skillsets**

Across the healthcare industry, high-skill, high-wage jobs in STEM, data science analytics, IT, and research and development are increasing at a rapid rate. These are occupational areas that have historically had disproportionately low levels of diversity. Low-skill, low-wage jobs in home care and paraprofessional health occupations are also fast growing. According to the BLS, between 2014 and 2024, home care occupations will add more jobs than any other single occupation in the US economy. These are occupational areas that employ disproportionately high concentrations of women and minority workers. Ninety percent of home health workers are women, and more than half are from a minority background. These are among the lowest paying jobs in the healthcare industry. At the same time, automation, outsourcing, and offshoring trends have eliminated many middle-skill jobs, and inadvertently cut off pathways to advancement for many workers in lower wage occupations, in effect stranding them in lower skill occupations.

Experts predict that pay gaps will continue to widen as global competition, advances in technology, and automation trends change job descriptions and impact skill needs for the future. Understanding and proactively addressing these challenges is critical to determining the role women, minorities, and other marginalized groups will play in the emerging healthcare topography. As the industry takes steps to develop the next generation of healthcare professionals, it will be critical to ensure equitable opportunities for all segments of the healthcare labor force.

Source: PHI
Data science analytic skills

Companies in all industries are adding data analytics positions at a rate five times faster than the overall national employment growth rate.

In 2015, there were more job postings for data analytic skills than the total number of posts for RNs and truck drivers combined—two of the largest hiring occupations in the US.

By 2021, 69% of employers will give preference to candidates with data analytic skills. However, only 23% of college and university leaders report their graduates will have those skills.

75% of respondents to the 2015 Deloitte Human Capital Trends survey identified data analytics as important, but only 8% believe their organization is strong in this area.

The US will face a shortage of up to 190,000 data analytic scientists and 1.5 million managers and analysts who can understand and make decisions using Big Data by 2018.

82% of insurance professionals believe their company doesn’t take advantage of technology and analytic capabilities that are available; only 25% of insurers are currently investing in data analytics.

Estimated annual job openings for data analytic roles to number 2.72 million in 2020.

Source: Jacobson Report; Accenture – Strategy Meets Action; Gallup poll conducted with the Business Higher Education Forum; McKinsey; PWC

Leveraging Diversity & Inclusion in the Workforce and Workplace

Diversity and inclusion (D&I) efforts remain an important objective for many healthcare organizations, but increased commitment and focus are needed to achieve meaningful headway and close the opportunity gap that persists for many healthcare workers.

Equity, Rigor/Cultural Competence Required

D&I is occupying an increasingly central role in today’s complex healthcare landscape. As the US population moves from white majority to no majority, a diverse workforce becomes a vital bridge between workplace and marketplace. However, despite years of highly publicized diversity initiatives and expenditures, the demographics of the healthcare workforce still don’t reflect the US population or communities served, and workplace inequities persist for many workers. While women outnumber men four-to-one in the health workforce, and many of the less skilled occupations in the industry are highly diverse, better paying jobs and upper management positions across the healthcare industry remain the realm of white men. Today women, minorities, and other under-represented groups continue to be significantly underrepresented in the C-Suite and corporate boardroom. The lack of diversity and cultural competence in the healthcare workforce contributes to bias, access barriers, communication errors, and lower health outcomes for significant segments of the patient population.
Foster a Culture of Inclusion

In most best practice companies, mandatory diversity training, interventions to reduce bias, standardized hiring processes, and diverse recruitment strategies are common approaches to attract and recruit a diverse talent pipeline. But organizations looking to retain, develop and advance diverse talent, must also embed a culture of inclusion in the workplace and each step of the employment life cycle. Institutionalizing diversity and inclusion into each HR process requires both commitment and accountability - from the top leadership down to the front line employee. Unfortunately, this is where many D&I efforts fall short. As an example, in the DBP Inclusion Index, although 82 percent of companies reported they hold managers accountable for D&I related issues as part of their performance review, only 46 percent tie D&I results to compensation. Social media visibility has made transparency a necessity. Gender and racial disparities in the workplace are widely communicated through social media and have proven to have a significant negative impact on brand and reputation. Conversely, authentic leaders and inclusive organizational cultures are lauded and promoted through the same platforms and held up as the ‘best of the best’, creating a new standard for attracting best talent. Industry leadership must take ownership of D&I and instill accountability at all levels to close the gap between concept and execution. For many leaders, this will involve a paradigm shift that moves D&I from a function of HR compliance to establishing it as a core business strategy.

Health Industry:
Current State of Diverse Workforce

Although minorities represent 31% of hospital patients, they comprise only 14% of hospital board members. 12% of executive leadership positions, and 17% of management positions.

Only 9% of CEO positions at hospitals and health systems are held by minorities, the second-lowest percentage across all industries.

47% of not-for-profit hospital governing boards lack a single minority member.

Between 80-90% of leadership roles in medicine, such as medical school deans, are filled by men.

Women are 52% less likely than men to be promoted to senior healthcare positions, even after controlling for age, experience, education, and training.

Within the top 19 MedTech firms only 33% of general management and CEOs are women.

In a survey of women in the MedTech industry, 37% reported the greatest obstacle holding them back from advancing to senior leadership positions was a ‘glass ceiling/overt discrimination’.

Only 17% of senior management positions and 34% of middle management positions in life sciences companies are held by women.

60% of pharmacists are women. The pharmacist workforce is approximately 10% Black, 18% Asian, and 5% Hispanic.

Women and minorities are highly represented in retail health sales, stock, and cashier positions, which are often low-paying hourly occupations with limited or no benefits.

61% of insurance jobs are held by women; 11% Blacks, 6% Asian, and 10% Hispanics.

Between 80-90% of leadership roles in medicine, such as medical school deans, are filled by men.

Only 10% of insurance underwriters are Black; 6% are Asian, and 5% Hispanic.

Source: American Hospital Association and AGHE-HealtheCareers; Institute for Diversity in Health Management; Deloitte
Hospital Report Card: Accountability Lacking

Three of the most important factors contributing to D&I success are: recruitment and retention, providing equitable opportunities for development and advancement, and linking D&I to performance and compensation. Yet in the 2015 NAACP Opportunity and Diversity Report Card, these same three areas received the least attention by hospital CEOs participating in the study:

- Less than half of respondents, (48 percent), have a documented plan to recruit and retain a workforce that reflects the diversity of their patient population.
- Only 42 percent have a program in place to identify diverse employees in the company for promotion.
- Just 18 percent have tied performance expectations for hiring managers to diversity goals.
WORKFORCE:
Reinventing Recruitment
Addressing the talent needs of the current and future healthcare workforce will require rethinking old practices and developing new approaches to attract and keep talent.

5 WAYS TO RETHINK WORKFORCE PLANNING AND RECRUITMENT

1. Strategic Workforce Planning

Consumer demand for healthcare services is projected to increase for the foreseeable future, however, the number of health professionals available to provide those services has remained static. The dilemma has created a skills gap across all sectors of the industry, and the scarcity of qualified workers has put negotiating power into the hands of job seekers. Strategic workforce planning to identify and attract new talent pipelines in an environment of worker shortages, changing population demographics, and changing skill needs is critical.

2. Refining Employer Brand

A diverse workforce and inclusive culture have become central to employer brand and reputation, and key to attracting new talent. Today’s healthcare organizations are competing for talent in a highly transparent job market. With the increased use of social media, business leaders are focused on redefining brand and promoting their employment reputation, rather than risk having it defined for them on Facebook or Glassdoor.

3. Next generation requirements

Cultural competency and the ability to thrive in a team-based, technology-driven, agile workplace are must haves for the next generation workforce. Millennials already comprise more than half of the US labor force. This generation demands purposeful, compelling work, expects a culture of continuous learning, and values a diverse workforce and inclusive workplace. They view flexibility as a way of life. To attract and retain this talent pool, employers must offer penalty-free flexible work arrangements and a host of work-life integration benefits and incentives.

4. Explore new technology and new avenues of recruitment

Companies that rely on standard recruitment tactics—tapping senior execs’ alma maters, focusing on the ivies, setting up a booth at the local college career fair—will get lapped in the competition for scarce talent. These methods may deliver talented candidates, but the slate is often homogenous in race, ethnicity, gender, socioeconomic background, physical ability, and ways of thinking. To be truly competitive, companies need a diverse team of talent and these traditional scouting methods won’t deliver the diversity an organization needs to excel. Healthcare leaders will need to leverage new avenues and technologies to source and select the right candidates, including social networks, pre-employment assessments, video interviewing, job simulation, and gamification.

5. Leverage Employee Resource Networks

Organizations can also leverage ERG/BRGs to build the pipeline of talent. These groups can promote the company brand at leadership development programs and conferences, and can serve as employer ambassadors connecting with associations, schools, multicultural centers, and alumni networks.

Engage managers in recruitment

- A study by Harvard Business Review (HBR) found that only 15 percent of respondent companies have college recruitment programs targeted to women and minorities. This is a significant missed opportunity: managers take recruitment responsibility seriously and will work hard to find strong candidates. Engaging them activates their involvement in the diversity enterprise, creates opportunities for interacting with multi-cultural groups, and fosters an identity as diversity champion.

- The HBR study found that five years after a company implements a college recruitment program targeting female employees, the share of women in management positions increased by ten percent; recruitment programs focused on minorities increased the proportion of black male managers by eight percent and black female managers by nine percent.
Recruitment Focus

Physicians

Consider older candidates and internationally trained physicians. Over one third of practicing physicians in the US are 56 or older, and about 25 percent are international medical graduates.

Leverage the hospital website as recruiting tool. Highlight the key amenities of medical practice in the area. Include testimonials from physicians on staff. Engage the local Chamber of Commerce – their website can include information directed at attracting healthcare professionals.

Use multiple sourcing techniques. Approaches can include postings on physician employment sites, medical journal advertising, and attendance at physician-focused conferences and events. Social media platforms including LinkedIn, Facebook and Twitter are also sourcing tools: 87 percent of physicians ages 26-55 and 65 percent ages 56-75 use social media. Ninety-four percent of physicians use smartphones for professional reasons; 31 percent use social media for professional networking.

Partner with physician-focused organizations. Many national associations offer student memberships, continuing education programs, workshops, scholarships, internships, and fellowships, and therefore are a good source for tapping into new talent.

A few leading associations include:
➤ National Medical Association
➤ American Medical Women’s Association (AMWA)
➤ National Council of Asian Pacific Islander Physicians (NCAPIP)
➤ National Hispanic Medical Association (NHMA)
➤ Association of American Indian Physicians (AAIP)

Source: American Hospital Association and ACHE

Nurses

UnitedHealth partners with Milwaukee Area Technical College (MATC) with the goal of doubling the size of its registered-nursing program over three years. The effort increases recruitment at local high schools and in lower-income communities, and expands the number of tutors, teaching assistants and other support services to ensure students have access to additional resources throughout their education. UnitedHealth nurses also provide mentoring to MATC nursing students. Through the effort, MATC added 36 additional clinical training sites throughout the area.

High School Students

Children’s Hospital of Chicago offers a six-week summer internship to local Latino high school students to encourage them to get interested in a career in healthcare. It is a highly competitive program. Students, ages 17 to 19, are chosen from 14 underserved Chicago public high schools and must be bilingual. Once selected, students observe surgeries, help medical imaging staff examine x-rays, and spend time in the emergency department. Students hear presentations from care specialists across a range of medical disciplines. Additional funding by JPMorgan Chase expanded the program and provides students with a $1,000 stipend to participate. The program has 3,600 alumni who work in hospitals around the country.

Girls in STEM

Johnson & Johnson’s efforts to improve the STEM pipeline include the WiSTEM2D Youth Partnership Programs, launched in collaboration with the Smithsonian Science Education Center, FHI360, and Junior Achievement Worldwide. The program is focused on increasing participation in STEM education among one million girls ages 5 – 18 worldwide. To date, more than 300 J&J employees have served as mentors. The company recently launched the WiSTEM2D Scholars Program to support female assistant professors studying STEM2D disciplines through mentoring and scholarships. The Bridge to Employment program operates in 19 countries and has graduated 4,300 students; nearly half of program graduates plan to pursue a career in STEM.
WORKFORCE:
Invest in the Internal Pipeline
Develop and advance the internal pipeline

Over the next ten years, 10,000 people will turn 65 every day. This trend has significant implications for movement and turnover in the executive ranks of many healthcare organizations, and provides a unique opportunity to change the industry’s demographic profile.

Many organizations in the health industry are already addressing workforce shortages by developing their internal pipeline and advancing diverse employees into management and leadership positions. Leveraging existing HR information and data analytics can help in this endeavor by generating important insights about the workforce and identifying high-potential diverse employees as leadership candidates. Engaging managers at all levels in identifying and developing high-potential employees – and recognizing and rewarding them for their efforts – is a critical input to the process.

Opportunities for individual coaching, affinity-based leadership development, executive sponsorship, and mentoring are essential components of the employee development continuum - particularly for diverse employees who may lack access to training and advancement options that are more readily available to majority employees. Stretch assignments are also effective interventions to develop new skills and perspectives, and including diverse high-potential employees in networking events with company and industry leaders is another strategy to build competencies and forge new relationships.

Developing the internal pipeline is not solely about the talent process. Workplace programs and efforts such as work-life integration and pay equity are also important factors to consider in strategies to develop the pipeline of talent in the industry. Consider that workplace flexibility and fair pay are two frequently cited reasons employees join and stay with a company.

<table>
<thead>
<tr>
<th>Performance &amp; Talent Management Assessment: Nine Questions to Ask</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What percentage of diverse talent is needed in the pipeline to create a difference in the next three to five years?</td>
</tr>
<tr>
<td>2. What talent pools are available by business region?</td>
</tr>
<tr>
<td>3. What is the company actively doing to prepare its diverse talent and succession pipelines?</td>
</tr>
<tr>
<td>4. How often does the company review diverse top talent? What employees are getting visibility, new job experiences, and stretch assignments? Who has access to opportunities for mentorship and sponsorship?</td>
</tr>
<tr>
<td>5. Are individualized employee development plans in place to put diverse employees on the path to advancement? How are plans measured in terms of progress, timeliness, mobility and advancement?</td>
</tr>
<tr>
<td>6. Does the company have meaningful and measurable D&amp;I performance objectives? How are they tracked? Do they include performance criteria designed to reduce bias? How are they tracked?</td>
</tr>
<tr>
<td>7. Are company leaders held accountable for performance and talent management? Does the company audit for bias?</td>
</tr>
<tr>
<td>8. Do leaders know what roles yield the highest promotable successors?</td>
</tr>
<tr>
<td>9. Do you have succession plans targeted to diverse populations? Or set % goals? If not, how will you move the needle and what will determine success?</td>
</tr>
</tbody>
</table>
Tap into ERGs/BRGs for Next Generation Leaders

ERGs/BRGs are integral to the D&I enterprise, and central to cultivating an inclusive environment where employees across diversity dimensions collaborate, innovate, and develop solutions. ERG/BRG leaders in particular play an important role in connecting the workforce and engaging employees, consumers, and communities and represent an important, often untapped, source of diverse talent already working in a leadership capacity in the company.

ERG/BRG leaders are true catalysts for change. They hold a cross-functional leadership role in the organization and are simultaneously responsible for engaging employees to volunteer and participate in D&I related work and influencing company decision makers to sponsor projects and commit resources. Many group leaders have developed strong leadership skills sets, including strategic planning, influencing without authority, and meeting goals on time and within budget. In organizations with a robust D&I program, ERG/BRG leaders routinely leverage knowledge, promote networking, and engage employees and business stakeholders in productive dialogue and problem-solving.

Healthcare leaders need to recognize this important talent asset. This means ensuring the D&I leadership role is valued and embedded in performance objectives. The ERG/BRG leadership role should be viewed as an essential business role in the company, and as such, be directly tied to meaningful opportunities for advancement and career development. In the 2017 Diversity Best Practices Inclusion Index, 85 percent of companies provide learning and development training for ERG/BRG leaders and consider ERG/BRG leadership positions in employee performance reviews. However, only 30 percent of companies consider ERG/BRG leaders as a talent pipeline in succession planning.

Talent Analytics to Build Development Plans

Healthcare organizations are increasingly using talent analytics to inform HR priorities and workforce development strategies. Talent analytics leverages technology and widely collected employee and workforce HR data to generate insights related to recruitment and hiring, retention and turnover rates, equity with regard to benefits, compensation and opportunities for advancement, and overall employee and workforce performance. The approach can be used to prioritize and target recruiting efforts, inform workforce planning, and compare hiring and promotion decisions for bias and discrimination. Effective use of talent analytics also includes a predictive component that analyzes the skills and competencies of the workforce to identify diverse high performers, and then translates that information into an individualized development plan targeted to building the skills and competencies needed for advancement.

A few of the growing number of companies establishing a presence in the talent analytics space include:

- Deloitte
- McKinsey
- PwC
- Oracle
- Workday
Invest in Education

To attract and retain millennials, companies are expanding benefit programs to help reduce student loan debt for their employees. In the 2015 American Student Assistance survey, 76 percent of respondents said a student loan repayment benefit would be a deciding or contributing factor to accepting a job. However, according to SHRM, in 2017 only four percent of employers offer the benefit.

Aetna is one company seizing on the opportunity to differentiate themselves in the competition to attract millennials. The company offers up to $2,000 in matching student loan payments (up to $10,000) for full-time employees and $1,000 (up to $5,000) for part-time employees. To qualify, an employee must have earned an undergraduate or graduate degree within three years of applying for the program.

CASE STUDY

From 2012 to 2014, Cigna provided employees millions of dollars in tuition assistance through its Educational Reimbursement Program (ERP) with the goal of helping employees develop the skills needed for long-term employability.

According to the Lumina Foundation, during the two-year timeframe, the Cigna ERP produced an ROI of 129 percent. For every dollar invested in ERP, Cigna got back its $1 and avoided an additional $1.29 in talent management costs. In addition, 43 percent of ERP participants experienced greater incremental wage gains and had more career opportunities than non-participants. Employees participating in the ERP report improved career opportunities and outcomes, more confidence, increased motivation, new knowledge and skills sets, and increased recognition and support from their managers.

Based on the positive ROI findings, Cigna increased financial support to $10,000 for undergraduate degrees and $12,000 for graduate degrees in strategic fields of study, and lowered reimbursement to $4,000 for undergraduate degrees and $6,500 for graduate degrees in non-strategic fields.
Succession Planning

Over the next ten years, record numbers of healthcare leaders and managers will approach retirement and look to off-ramp. The trend provides the industry with a unique opportunity to accelerate its demographic profile at the management and executive level. Succession planning is a transitional process. Health leaders need to assess their organization's demographics and age profile, identify when employees in mission critical positions will retire, understand what knowledge and skills will be lost, and develop a plan to advance and onboard the next generation of diverse talent.

In light of workforce shortages, many healthcare organizations are offering phased retirement options and developing new roles for older workers, including training, mentoring, leading teams, or spearheading projects. These opportunities foster inter-generation communication and synergy and can help facilitate the transfer of knowledge and experience from older to newer workers.

Succession Planning Best Practices

- Continually review assumptions of what a leader should look like
- Challenge assessments and evaluations without specifics
- Ensure performance outcomes are defined for diversity, e.g. at least 30 percent of succession slates are diverse
- Assess who has visibility and access to the candidate to ensure parity
- Create diverse talent development plans and measure progress rates and the time it takes to execute plans
- Assign growth opportunities and stretch assignments
- Ensure access to key networks and roles
- Assess the pipeline ratio and adjust the leadership pipeline
- Create roles that will provide necessary on-the-job experience to candidates ready for the next move
- Ensure stretch assignments are properly supported, for example, access to informal and formal mentorship and coaching
- Provide phased off-ramping options for older workers to retain mature skills sets and facilitate knowledge transfer

Women and minorities underrepresented in succession planning

Although an impressive 94 percent of companies participating in the Diversity Best Practices 2017 Inclusion Index reported they have a formal succession planning process, only 55 percent require a diverse succession planning slate. The disconnect is telling: less than 7 percent of employees who were part of the pipeline pool of employees included in the succession planning were women. Only 33 percent of employees in the succession pipeline are minorities.

Percentage of Employees Who Were Part of the Pool of Candidates Considered in Succession Planning

<table>
<thead>
<tr>
<th>DBP Index Companies</th>
<th>Women</th>
<th>White women</th>
<th>Black employees</th>
<th>Black women</th>
<th>Latino/ Latina employees</th>
<th>Latinas</th>
<th>Asian employees</th>
<th>Asian women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.8%</td>
<td>8.9%</td>
<td>10.7%</td>
<td>9.9%</td>
<td>8.3%</td>
<td>6.5%</td>
<td>13%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>
Healthcare Workforce Pay Equity: Disparities Remain

Women hold approximately half of US jobs and outnumber men four-to-one in the health workforce. They hold more bachelor’s and advanced degrees, yet continue to earn less than men in most occupational categories – in some health occupations, by a significant margin.

### 2016 BLS Workforce Stats – Gender Pay Gap

<table>
<thead>
<tr>
<th>Occupations</th>
<th>% male</th>
<th>% female</th>
<th>Pay gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; health services managers</td>
<td>25%</td>
<td>75%</td>
<td>22%</td>
</tr>
<tr>
<td>Medical scientists</td>
<td>54%</td>
<td>45%</td>
<td>6%</td>
</tr>
<tr>
<td>Healthcare practitioners &amp; technical occupations</td>
<td>25%</td>
<td>75%</td>
<td>22%</td>
</tr>
<tr>
<td>Physicians and surgeons</td>
<td>62%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>11%</td>
<td>89%</td>
<td>9%</td>
</tr>
<tr>
<td>Nursing, psychiatric, &amp; home health aides</td>
<td>14%</td>
<td>86%</td>
<td>7%</td>
</tr>
<tr>
<td>Healthcare support occupations</td>
<td>14%</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>40%</td>
<td>60%</td>
<td>12%</td>
</tr>
<tr>
<td>First-line supervisors retail</td>
<td>56%</td>
<td>44%</td>
<td>26%</td>
</tr>
<tr>
<td>Retail cashiers</td>
<td>29%</td>
<td>71%</td>
<td>15%</td>
</tr>
<tr>
<td>Claims adjusters, appraisers, examiners, &amp; investigators</td>
<td>36%</td>
<td>64%</td>
<td>20%</td>
</tr>
<tr>
<td>Insurance sales agents</td>
<td>52%</td>
<td>48%</td>
<td>42%</td>
</tr>
<tr>
<td>Computer and mathematical occupations</td>
<td>75%</td>
<td>25%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Note: Pay gap calculated as percentage difference between BLS reported aggregate national median weekly wage for occupation by gender, and therefore does not take into account years of service or experience. Chart Data Source: BLS 2016

### Wage inequities across the industry

- Black males in senior management positions in healthcare earn median salaries 17 percent less than white men; Hispanic men earn eight percent less.
- White women are more likely to hold senior-level positions in healthcare than minority women – that gap is increasing, not decreasing.
- Black women in healthcare professionals have moved from earning almost the same median salary as white women in 2007 to earning 13 percent less in 2015.
- Female RNs outnumber male RNs nine-to-one and represent 90 percent of Chief Nursing Officers, yet earn on average nine percent less.
- Although 38 percent of the physician workforce and 48 percent of medical school graduates in 2016 were women, female physicians and surgeons earn on average 38 percent less than their male counterparts.
- Women comprised 75 percent of medical and health services managers in 2016, but earned 22 percent less than men in that occupation.
- In 2016, women held 60 percent of full-time as pharmacist positions; they also earned 12 percent less than full-time male pharmacists.
- Although 64 percent of insurance claims adjusters, appraisers, examiners, and investigators are women, they earn 20 percent less than men in those occupations.
WORKFORCE:
Developing an Inclusive Culture
Business Case for Investments in an Inclusive Culture

How employees and organizations behave the majority of the time defines organizational culture.

Many progressive healthcare organizations are starting to take action to turn D&I concepts into a core element of business strategy and culture. Building the business case for D&I is a critical step to achieving real impact. Industry leaders and corporate boards need to understand the D&I value proposition and recognize how committing to the enterprise can help the organization advance its brand, attract new talent, and improve performance and outcomes. The data is in. Research by Catalyst found that companies with more female board members achieved 66 percent higher performance on invested capital than those with fewer women. McKinsey reports that gender-diverse companies are 15 percent more likely to outperform their peers, and ethnically-diverse companies are 35 percent more likely to do the same.

In spite of these and many other widely publicized statistics on the D&I-ROI, most companies still view the enterprise as compliance-based versus business and culture-driven.

The Diversity Best Practices 2017 Inclusion Index included a number of indicators that assessed the extent to which D&I is established as a key business strategy.

Of companies participating in the Index:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONLY 36% set specific diversity business/ROI goals.</td>
<td></td>
</tr>
<tr>
<td>82% of companies in the study assess D&amp;I goals in manager’s performance review</td>
<td></td>
</tr>
<tr>
<td>BUT ONLY 46% tie compensation to D&amp;I</td>
<td></td>
</tr>
</tbody>
</table>

In the PwC 2017 global survey of healthcare executives:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBJECTIVE OF D&amp;I</td>
<td></td>
</tr>
<tr>
<td>34% to comply with legal requirements</td>
<td></td>
</tr>
<tr>
<td>21% to enhance external reputation</td>
<td></td>
</tr>
<tr>
<td>BUT ONLY 18% to achieve business objectives</td>
<td></td>
</tr>
<tr>
<td>AFFINITY GROUPS</td>
<td></td>
</tr>
<tr>
<td>89% of respondent companies reported they have affinity groups</td>
<td></td>
</tr>
<tr>
<td>BUT ONLY 23% leverage affinity groups to drive strategic objectives</td>
<td></td>
</tr>
</tbody>
</table>

Investing in a diverse and inclusive workforce is more critical than ever as health companies develop new approaches to connect with diverse communities and carve out strategies to differentiate themselves in the competition for market share and talent. The value and ROI of D&I must be clearly and consistently role-modeled by leadership, emphasized in strategic business decisions, and all business leaders must be held accountable. An inclusive culture is present when all employees can effectively articulate how D&I is demonstrated in their organization, and how it is leveraged to increase market share, foster innovation, build consumer loyalty, attract talent, and improve performance.
Focus on Inclusion

Many organizations approach D&I as a numbers game and employ a check-the-box mentality with regard to hitting diversity targets and tracking who gets recruited, hired, and promoted. However, this approach falls short when it comes to the level of attention paid to inclusion and establishing practices that ensure employees are valued and respected, treated equitably, and have the same opportunities for promotion and advancement.

The healthcare industry is a good case in point. While women and minorities are highly represented in healthcare jobs, they are disproportionately underrepresented in senior management, leadership, and C-suite positions, demonstrating that while healthcare companies have done a good job building diversity numbers in the workforce, there is room for significant improvement when it comes to achieving meaningful equity and inclusion.

Some things healthcare organizations can do to progress past diversity to achieve inclusive cultures:

» Establish inclusion-related goals for leaders, managers, and front-line supervisors and link those goals to performance and compensation.

» Create opportunities for sponsorship, mentoring, and coaching to ensure women and minority employees have equitable opportunities for networking and advancement.

» Solicit ongoing feedback from employees across diversity dimensions to understand where the inclusion gaps are input to develop solutions for closing those gaps.

» Identify and remove factors that lead to bias.

Accountability

In a 2014 Harvard Business Review article, “Great Leaders Who Make the Mix Work,” 24 CEOs agreed that inclusivity was a business imperative because their companies needed it to stay competitive, and a moral imperative because of their personal experiences and values.

However, in its 2016 benchmarking report, Diversity Best Practices found a disconcerting gap between CEO commitment and accountability.

While 88% of CEOs have a thoughtful and convincing D&I mission/vision, can articulately state their business case, and have action plans in place, D&I progress has been minimal and slow growing.

Only 39% require their direct leadership team to report on D&I metrics.

Only 24% of these CEOs have organization-wide performance objectives tied to D&I.

Less than 30% tie D&I performance to compensation.

Today’s health leaders need to make D&I a C-suite priority – without this alignment, initiatives will lack the support and endorsement needed to advance and achieve maximum impact.
Perception of Leadership Commitment and Effectiveness on D&I Differ

A 2015 Witt/Kieffer survey of healthcare executives, (including CEOs and other C-suite executives, medical chiefs, administrators, directors and other industry leaders), found strong executive support for D&I efforts: 66 percent agree diversity recruiting helps the organization reach its strategic goals; 71 percent agree cultural differences supports better decision-making, and 72 percent agree a diverse workforce enhances quality of care.

However, when it came down to identifying the primary barriers to achieving diversity in healthcare leadership, opinions differed significantly between majority and minority executives. Overall, white executives identified a lack of diverse candidates as the primary barrier to leadership diversity, while minority executives identified a lack of commitment at the leadership level as the primary obstacle.

Respondents were also asked if healthcare organizations have been effective in closing the leadership diversity gap. Only 32 percent of female respondents agreed, compared to 48 percent of males. Fifty-seven of white respondents compared to only 26 percent of minority respondents agreed efforts have been effective.

Disparities between the opinions of majority and minority leaders highlight the need to engage diverse employees in dialogue and creating interventions and solutions to address bias, reduce barriers, and close the leadership gap.

<table>
<thead>
<tr>
<th>Caucasian respondents agree</th>
<th>Racially/ethnically diverse respondents agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>83%  Lack of access to diverse candidates</td>
<td>85%  Lack of commitment by top management</td>
</tr>
<tr>
<td>81%  Lack of diverse candidates to promote from within</td>
<td>72%  Lack of commitment by the board</td>
</tr>
<tr>
<td>77%  Lack of diverse candidates participating in the executive search process</td>
<td>64%  Individual resistance to placing diverse candidates</td>
</tr>
<tr>
<td>53%  Lack of commitment by top management</td>
<td>62%  Organizational resistance to placing diverse candidates</td>
</tr>
<tr>
<td>53%  Lack of commitment by the board</td>
<td>52%  Lack of diverse candidates participating in the executive search process</td>
</tr>
</tbody>
</table>

Source and credit: Witt/Kieffer Healthcare Leadership Diversity Study
Engage Middle Managers as Mentors to Drive Inclusion

In the Diversity Best Practices 2017 Inclusion Index:

- An impressive 76% of companies offer formal mentoring opportunities
- 91% offer informal mentoring opportunities.

However, a closer look at the stats is less impressive.

- Only 15% of employees who participated in formal mentoring programs were women.
- And although 44% employees participating in formal mentoring are minorities, participation is not equitably spread.
  - Of employees in formal mentoring programs:
    - 9% black
    - 11% Hispanic
    - 24% Asian

Although sponsorship strategies have been recognized as key to developing the talent pipeline of next generation leaders:

- Only 39% of companies participating in the Inclusion Index reported having a sponsorship program.
- For those companies that do offer sponsorship opportunities, participation of women and minorities is low.
  - <5% women
  - 3% Black
  - 5% Hispanic
  - 12% Asian
Novartis’ D&I Leadership Council

Novartis’ D&I objectives are directly aligned with its business strategy, and clear roles, responsibilities, and metrics are established to track and measure progress. The company’s President and leadership team are collectively accountable for promoting D&I in all parts of the organization, and many members of the leadership team provide direct support by looking for ways to link D&I directly to business initiatives and by serving as executive sponsors for members of the D&I Champion Network. The Novartis Executive Diversity and Inclusion Council collaborates with the office of D&I to develop, define and disseminate diversity messages and practices throughout the organization. The Council is led by a senior executive and its members represent each functional group and business organization within the company. Each member serves a one- or two-year term.

CASE STUDY

Culturally Competent Care: Transgender Inclusive Training

NYU Langone Medical Center hired transgender actors to act out scenarios commonly seen in their clinic to allow residents to interact with a transgender patient in a low-stakes setting during medical training. In the specific clinical scenario used in the study, the transgender actress was taking the anti-androgen hormone spironolactone for reducing masculinization, along with the feminizing hormone estradiol. She also came in for hypertension and had dangerously high blood levels of potassium, a condition known as hyperkalemia. The researchers wanted to see whether the residents asked questions that indicated sensitivity, like a patient’s preferred pronoun and gender identity, as well as to learn whether the discussion covered sexuality, sexual activity, and associated risks. Even residents who had baseline knowledge of care for transgender patients before the study found that learning in this safe, simulated way added value in helping them provide more sensitive care for transgender patients.
Leverage Metrics

Metrics are critical to raising visibility around the value of D&I and its potential to drive and improve business performance. D&I efforts should be measured with the same scrutiny that other business objectives receive, and include a mix of quantitative and qualitative measures to help track progress and inform improvements.

Quantitative measures might include statistical data related to recruitment tactics, candidate applications, hiring decisions, retention outcomes, provision of training, and advancement opportunities provided to women, minorities, and other underrepresented groups. In terms of qualitative measures, employee ‘pulse’ surveys and focus groups can provide important feedback on perceptions of inclusion, equity, and bias, and be utilized to measure progress against a baseline over time.

Develop Cultural Competence

According to the Census Bureau, approximately 60 million Americans speak a language other than English at home and about 25 million are limited English proficient. More than 300 languages are spoken in the US, and according to the Institute of Medicine, 90 million adult Americans have limited health literacy. Language barriers and cultural differences prevent limited English patients from effectively communicating with physicians and other care providers. Communication errors lead to missed diagnoses, increased costs, and poor health outcomes for many minorities.

Cultural competence requires providers to tailor medical instructions and guidance to the individual patient; it does not require providers to be the same ethnicity as their patients. Leaders and managers with cultural competency understand and embrace multiple cultural frameworks and can effectively navigate through cultural differences. Understanding patients’ distinct cultures, languages, home lives and values helps providers adapt how they communicate with patients about their health or needed health care.

However, developing and sustaining cultural competencies in the workplace is a serious undertaking, particularly in today’s global environment where perceptions of diversity are still emerging and evolving in dramatic ways.
Establishing the Workplace of the Future
Redefining the Workplace

A shifting landscape defined by changing population demographics, advances in technology, cost pressures, and new standards of care have challenged providers, insurers, pharmaceutical companies and medical device firms to constantly evaluate strategies to remain competitive.

Succeeding in today’s healthcare economy requires embracing a patient-centered view of care delivery, expanding access to underserved populations, and competing on cost, quality, and convenience. To remain competitive, companies must consider the ability to access the best talent and to create a diverse workforce reflective of the population it serves.

Traditional workplaces are being redefined and access to talent is predicted to change accordingly. The concept of “open talent sourcing” is being driven by technological advances and new mindsets around where, when, and how work can be accomplished.

Sourcing talent in the ‘open talent economy’

Healthcare business leaders and HR professionals are increasingly reassessing traditional talent recruitment and hiring practices, and testing new approaches to increase workforce capacity and get work done.

An open talent economy – a concept coined by Deloitte - is based on the perspective that access to talent is more important than ownership of talent. The approach marks a major shift away from statutory employees fixed on a balance sheet, to forming ‘partnerships’ with a virtual talent pool of consultants, freelancers, contractors, and temporary workers that don't have any formal ties with the business.

Many leading-edge companies are curating their own external rolodex of talent who are not employees, but whose expertise provides as-needed access to specialized skills and knowledge, and insight to solutions outside the industry. The approach allows companies to rapidly configure talent around shifting needs, and simultaneously add and reserve talent as work demands dictate.

The benefits of a ‘non-employee’ workforce are significant and can help healthcare organizations tap into networks of professionals with difficult to find skills and competencies. However, the challenges associated with locating the right individuals and managing a dispersed and evolving workforce will drive significant changes to how work is planned, budgeted, and managed.

Industry experts in the open economy and outsourcing space recommend developing a roadmap for developing a contingent workforce. A starting point is understanding skills and competencies that are already in the workforce – or can be developed among the internal pipeline - and providing managers with information and tools that support the most effective decisions on whether to fill a role or skill need with a contingent worker or a full-time employee.
Tomorrow’s non-employee workforce

Workforce shortages and competition for scarce talent have led to new staffing strategies, including contingent workers, crowdsourcing, and pay-as-you-go arrangements. Outsourcing operations that are not mission critical, such as mail rooms, call centers and claims processing, can also help alleviate workforce shortages.

➤ DOL reported that in 2015, 65 percent of employers planned to increase the use of flexible staffing arrangements to meet their talent needs.

➤ In a 2015 Deloitte survey, 51 percent of respondents said their need for contingent workers would continue to grow over the next three to five years.

➤ By 2020, more than 40 percent of US workers will be in temporary, contingent positions.

➤ Research by Ardent Partners found that 30 percent of company workforces are currently made up of non-full-time employees; the percentage is expected to increase to 50 percent by 2020.

Source: peoplefluent

Plans to inject flexibility into workplace composition

<table>
<thead>
<tr>
<th>Plan</th>
<th>Decrease</th>
<th>No change</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bring back retirees</td>
<td>9%</td>
<td>59%</td>
<td>32%</td>
</tr>
<tr>
<td>Contingent labor</td>
<td>10%</td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Part-time labor</td>
<td>4%</td>
<td>43%</td>
<td>56%</td>
</tr>
<tr>
<td>Offshoring</td>
<td>4%</td>
<td>40%</td>
<td>56%</td>
</tr>
<tr>
<td>Outsourcing</td>
<td>7%</td>
<td>37%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Chart credit: Deloitte
Recruit Older Workers in Partnership with Freelance Talent

The population of new workers with the skills and education needed to replace older workers is not growing fast enough to make up for older worker retirements. According to BLS, by 2050, the number of individuals in the labor force who are 65 or older will grow by 75 percent; the number 25 to 54 will only grow by 2 percent.

A study by Harvard Business Review estimates that in order to finance retirement, many workers currently in their fifties will work into their seventies; individuals in their twenties could well be working into their eighties.

Older workers will be the largest source of talent in the next two decades, yet the PwC 2015 Global CEO Survey found that only eight percent of CEOs include age as a dimension of their D&I strategy.

Tips for getting started:

- Host networking forums and post job opportunities targeted to retirees and company alumni through social media.
- Leverage alumni for part-time/temp resources, recruiting, business development, mentoring diverse talent.
- Create skill banks with information about retirees that are interested in work.
- Post jobs in newsletters, magazines, and other print media targeted to mature readers.
- Partner with organizations specializing in helping older workers and retirees find work:
  - AARP’s Life Reimagined for Work program
  - American Society for Aging’s Career Advantage
  - Senior Job Bank
  - The Senior Community Service Employment Program
  - Community colleges in the Plus 50 Encore Completion Program
  - LinkedIn groups catering to over 50 crowd

New non-staffing strategies include crowd-sourced creative problem-solving and gamification for innovation. Progressive organizations and employee resource groups have maximized diversity of thought by casting a wider net to access diverse talent by offering hackathons, on-line contests, and cross-collaboration opportunities.

To leverage open talent, healthcare organizations can partner with temporary labor marketplace companies including: ShiftGig and BountyJobs; e-staffing agencies such as HIRED and CloserIQ; freelance management systems such as OnForce and JobBliss, and crowdsourced recruitment systems such as Amazon’s Mechanical Turk and Gigwalk.

Preparing for the Non-employee Workforce

**Be Flexible**

There is no one-size-fits-all method to establishing the hybrid workforce. The future may include a mix of full-time staff, on-demand workers, contractors, and temp or agency employees – flexibility is critical.

**Educate Your Team**

Employees need education and guidance for tapping into the gig economy. Communicate with employees and share the companies approach to tapping into the contingent workforce.

**Leverage Technology**

Technology makes it easier to collaborate, communicate, and work with a contingent workforce. On-demand employees typically work remotely, so make sure the company has the relevant and necessary solutions on hand. For example, invest in collaboration tools, task management applications, and expense and invoice tracking systems. The company can also take advantage of freelance marketplaces that have these solutions built into their functionality. Some online platforms even provide usage insights, allowing organizations to track progress and performance and make better data-driven HR and project-planning decisions.

**Test Out New Initiatives**

To help the management team understand how to tap into the on-demand economy and get the most value out of it, start building relationships with workforce management systems. Be sure to check state labor laws and regulatory requirements before piloting any projects. This has been a constant point of debate among policymakers, so be aware of any changes that might be coming your way.
CASE STUDY

Open Talent Continuum for Problem Solving and Innovation

To ensure a pipeline filled with new thinking, new services, and new products on a regular basis, **Beacon Health System** provides an introduction to innovation for all 7,000 of its employees. Certain groups go on to spend additional time learning the tools and methodologies, and there is a two-day immersion course for leaders who want more in-depth knowledge. Partnering with Whirlpool and the University of Notre Dame, Beacon developed a year-long innovation training track (three one-week onsite programs plus online work) to train and certify experts who help all the innovation teams working in the system. Almost 1,000 community leaders have gone through the two-day course, and dozens of major corporations have completed the year-long course. ‘Inno-visits’ entail going to companies that are doing something innovative and well – most often outside the health industry, and have included visits to companies as diverse as Nike and John Deere. The health system also approaches succession planning in an innovative way: the CEO had presidents of two hospitals in the system switch jobs for two months, then he moved a hospital president over to run a physician group for six to nine months, replacing him with the system’s CIO.

CASE STUDY

Incentivizing Innovation and Collaboration

**Prize4Life** launched the **$1M ALS Treatment Prize to recruit new minds and ideas to ALS research** and encourage the generation of solid preclinical data packages. The goal is to infuse necessary innovation into the drug development pipeline and identify a strong therapeutic candidate worthy of advancing to clinical testing in ALS patients. By incentivizing both new and experienced ALS researchers, and providing them access to critical resources, the ALS Treatment Prize will accelerate the discovery, development, and delivery of treatments for thousands of patients and families. Sixteen teams submitted solutions to the competition. Submissions were reviewed by the Prize4Life Scientific Advisory Board and staff as part of the process of choosing a winning solution. One team was selected to advance to the next stage of the prize involving independent validation of the results at a contract research organization. The validation stage is currently underway.
What’s Next...

The next study in the series, *Marketplace, Supplier and Patient-centered Care*, explores best practice approaches to delivering services in an environment of changed patient needs. Segregated, volume-oriented treatment models have run their course, and the industry at large has recognized that a more integrated and efficient, patient-focused continuum of care is central to delivering cost-effective, quality care. The shift in focus is urgently needed. Providers are out of touch with today’s patient population, and many of the high costs associated with current health delivery systems can be traced back to deeply embedded health inequities, low health literacy rates, and a stark cultural divide between provider and patient populations.

Until the root causes of these problems are addressed, the industry will continue to be plagued with high costs, poor outcomes, and missed opportunities.
## Appendix

### 2016 Health Industry Workforce Demographics by Sector

<table>
<thead>
<tr>
<th>Industry Sector</th>
<th>Male</th>
<th>Female</th>
<th>Black</th>
<th>Asian</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare/Social Assistance</td>
<td>21%</td>
<td>79%</td>
<td>17%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Health Services (except hospitals)</td>
<td>22%</td>
<td>78%</td>
<td>18%</td>
<td>7%</td>
<td>13%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>23%</td>
<td>77%</td>
<td>15%</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>Outpatient Care Centers</td>
<td>24%</td>
<td>76%</td>
<td>13%</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>12%</td>
<td>88%</td>
<td>30%</td>
<td>8%</td>
<td>16%</td>
</tr>
<tr>
<td>Pharma Manufacturing</td>
<td>55%</td>
<td>45%</td>
<td>9%</td>
<td>15%</td>
<td>11%</td>
</tr>
<tr>
<td>Social Assistance</td>
<td>16%</td>
<td>84%</td>
<td>20%</td>
<td>4%</td>
<td>17%</td>
</tr>
<tr>
<td>Retail Pharma/Drug</td>
<td>37%</td>
<td>63%</td>
<td>13%</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>Drugs/Sundries</td>
<td>52%</td>
<td>48%</td>
<td>8%</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Insurance Carriers (all)</td>
<td>39%</td>
<td>61%</td>
<td>11%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Computers/electronic products manufacturing</td>
<td>70%</td>
<td>30%</td>
<td>6%</td>
<td>21%</td>
<td>11%</td>
</tr>
</tbody>
</table>

### 2016 Health Industry Workforce Demographics by Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Male</th>
<th>Female</th>
<th>Black</th>
<th>Asian</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Practitioners &amp; Technical Occupations</td>
<td>24%</td>
<td>76%</td>
<td>11%</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td>Physicians/Surgeons</td>
<td>62%</td>
<td>38%</td>
<td>8%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>30%</td>
<td>70%</td>
<td>3%</td>
<td>12%</td>
<td>6%</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>6%</td>
<td>94%</td>
<td>9%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>10%</td>
<td>90%</td>
<td>12%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Licensed Practical &amp; Vocational Nurses</td>
<td>10%</td>
<td>90%</td>
<td>30%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Medical Records/Health Information Technicians</td>
<td>8%</td>
<td>92%</td>
<td>11%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Healthcare Support Occupations</td>
<td>12%</td>
<td>88%</td>
<td>27%</td>
<td>6%</td>
<td>17%</td>
</tr>
<tr>
<td>Nursing, psychiatric, home health aides</td>
<td>12%</td>
<td>88%</td>
<td>38%</td>
<td>6%</td>
<td>15%</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>30%</td>
<td>70%</td>
<td>6%</td>
<td>6%</td>
<td>10%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>40%</td>
<td>60%</td>
<td>10%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Scientific research &amp; development</td>
<td>51%</td>
<td>49%</td>
<td>7%</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Navigational, measuring, electromedical, control instruments manufacturing</td>
<td>71%</td>
<td>29%</td>
<td>6%</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Electronic component and product manufacturing</td>
<td>68%</td>
<td>32%</td>
<td>6%</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>Insurance underwriters</td>
<td>37%</td>
<td>63%</td>
<td>10%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Insurance claims &amp; policy processing clerks</td>
<td>15%</td>
<td>85%</td>
<td>18%</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td>Insurance claims adjusters, appraisers, examiners, investigators</td>
<td>38%</td>
<td>62%</td>
<td>15%</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Insurance sales agents</td>
<td>53%</td>
<td>47%</td>
<td>11%</td>
<td>5%</td>
<td>12%</td>
</tr>
</tbody>
</table>
References for Health Series – Part 2

Norman R. Augustine, Is America Falling Off the Flat Earth?


“About the Nursing Shortage.” American Association of Colleges of Nursing: The Voice of Academic Nursing.


Evans, Melanie. “Minorities Still Missing from Hospital Boards.” Modern Healthcare, 12 Apr. 2014,


“Distribution of Medical School Graduates by Gender.” The Henry J. Kaiser Family Foundation, 2 Mar. 2017,


PricewaterhouseCoopers. “Global CEO Survey 2015.” PwC.


Additional Resources

Advisory Board
American Medical Association
American College of Healthcare Executives
Bureau of Labor Statistics
Census Bureau
Centers for Disease Control
Harvard Business Review
Health Resources and Services Administration
Pew Research Center
National Conference Board
National Institutes of Health
Subha V. Barry
Senior Vice President and Managing Director

Deborah Tsai-Munster • Executive Director
Jennifer London • Content Director
Donnice Peterson • Member Research Analyst
Carol Watson • Sr. Director, Global Member Engagement
Karen Dahms • Research Director

MEMBERSHIP SERVICES
Vice President • Joan Sheridan Labarge
Executive Account Directors • Laquanda Murray • Jennifer Smyth
Senior Account Directors • Peggy Beane • Katrina Crawford • Gale Hollingsworth • Alisa Nadler
Associate Business Manager • Lauren Macri

CONFERENCES & EVENTS
Vice President/Executive Director, Conferences and Events • Janet Wigfield
Senior Events Programmer • Jessica Kramer
Senior Events Programmer • Shertease Wheeler
Senior Director, Conference Operations and Logistics • Jacqueline Tozzi la Brocca
Events Coordinator • John Torrence

MARKETING
Group Director, Marketing and Brand Integration • Jessica Goldman
Senior Marketing Manager • Amanda Gottlieb
Assistant Marketing Manager • Casey Russo
Sales and Marketing Coordinator • Amanda Pipich
Creative Services Director • Helena You

WORKING MOTHER RESEARCH INSTITUTE
Director of Research • Suzanne Richards
Executive Editor • Barbara Frankel
Research Initiatives Coordinator • Melody Ortega

WORKING MOTHER EDITORIAL TEAM
Meredith Bodgas • Editor-in-Chief
Cara Reynoso • Creative Director
Audrey Goodson Kingo • Senior Editor
Maricar Santos • Associate Editor
Joe Barberio • Assistant Editor