

Improving Diversity

in the Health Professions

Why do many disadvantaged groups in the United States, including people of color and low-income populations, still lack reliable access to high-quality, affordable health care? Why are these groups also among the most affected by persistent and ever-widening disparities in health and health care?

Shortages and lack of diversity in the health professional workforce are both contributing factors, exacerbating the lingering effects of racial discrimination and current breakdowns in social, environmental, and community conditions.

This Issue Focus examines the current state of diversity in the health professional workforce, some of the historical and contemporary challenges affecting progress in this area, and proven benefits of efforts focused on increasing diversity. Additionally it highlights a number of strategies funders can support in efforts to increase the numbers of people of color entering health professions careers.

CURRENT STATE OF THE FIELD

In our rapidly diversifying country, the proportion of the population that is comprised of people of color is expected to reach over 50 percent by 2050 (GIH 2009). To ensure that the health care needs of these populations are adequately met, a well-trained, culturally and linguistically competent health professional workforce will be critical. At this time, however, the array of professionals, including physicians, nurses, dentists, and other providers, is in sharp contrast with the nation's ever-shifting racial and ethnic composition.

Notably, severe underrepresentation exists among African-American, Hispanic, and American Indian/Alaska Native health professionals (Grumbach and Mendoza 2008). Of approximately five million health professionals in this country, roughly 15 percent of doctors, 9 percent of registered nurses, and 12 percent of dentists are persons of color. Similarly low percentages are found among all other health professions (Derksen and Whelan 2009; GIH 2009).

HISTORICAL AND CONTEMPORARY CHALLENGES

Though enrollment of people of color in health professions schools increased slightly in the decades following passage of the Civil Rights Act of 1964, enrollment has not kept pace with the overall growth of these populations (National Academy of Sciences 2004). In particular, the enduring legacy of centuries of racial segregation and discrimination is still seen in many educational institutions and health care settings. As such, individuals from disadvantaged communities often experience

multiple challenges in their efforts to enter the health professions, including poor academic preparation, limited financial resources, lack of mentors and role models, and unequal access to professional and economic opportunities.

Inequalities in the U.S. education system are an especially large barrier to greater diversity in the health professions. Research indicates that pipeline, enrichment, and pre-professional programs to prepare youth academically for health professions careers must begin early, be intensive, and persist throughout a child's schooling (Smith et al. 2009). Consequently, limited access to effective, high-quality academic preparation from elementary to high school in underserved communities significantly limits the pipeline of candidates prepared to pursue health professions programs. Academic achievement disparities are often apparent as early as kindergarten for children of color from these communities (Grumbach and Mendoza 2008). Additionally, leakages in the education pipeline at the secondary level result in students of color being several times more likely than whites to drop out of high school – over one in five Latinos and 1 in 10 African Americans, as compared to 1 in 17 whites (Grumbach and Mendoza 2008).

With the passage of health care reform, national awareness of the need for a diverse health workforce has returned. Among the estimated 36 million uninsured to be covered, nearly half are racial and ethnic people of color (Thomas and James 2009). The entry of these and other low-income individuals into the health care system will pose additional challenges to the health professional workforce, which is currently already stretched in its current capacity to meet patients' needs. A number of provisions in the act seek to increase diversity, including expanding diversity training options, establishing Centers of Excellence, and offering scholarship and loan repayment programs for individuals from disadvantaged backgrounds (Derksen and Whelan 2009).

BENEFITS OF A DIVERSE HEALTH PROFESSIONAL WORKFORCE

A significant body of research demonstrates benefits on multiple levels from having a diverse health professional workforce. Notably, a workforce that more closely mirrors the racial and ethnic diversity of the country's population will improve access to and quality of care, reduce health disparities, and improve overall population health outcomes.

Health professionals of color are more likely to provide care to patients who are a reflection of themselves. In addition, these providers are more likely to practice in underserved or designated shortage areas and treat patients regardless of insur-

ance status (Derksen and Whelan 2009; National Academy of Science 2004; Sullivan and Mittman 2010). Also, patients of color report greater satisfaction with their choice of providers and experiences, including reporting better provider-patient communication when being treated by a provider of color (Grumbach and Mendoza 2008; National Academy of Sciences 2004; Smith et al. 2009; Sullivan and Mittman 2010).

Greater diversity in the health professions provides a larger pool of mentors for students; increases the array of researchers and investigators offering different perspectives on health research, activities, and services; and improves cross-cultural educational experiences and cultural competency for all students (The Sullivan Commission 2004).

WHAT'S NEEDED?

There are many opportunities for funders interested in supporting efforts to increase diversity in the health professions:

- One place to start is education, where diversity-improving strategies should focus on educational settings and the types of academic preparation – particularly in mathematics and science – that children receive. This includes supporting programs and partnerships with local schools and colleges to improve their academic offerings and financial assistance geared toward increasing the pool of qualified candidates from communities of color and low-income and rural areas (Grumbach and Mendoza 2008; National Academy of Sciences 2004; Smith et al. 2009; Sullivan and Mittman 2010).
- Intervening at the “downstream,” or college/post-baccalaureate, stage of the pipeline is also important. At this stage, shorter intervals exist between providing support for interventions and the subsequent entry of underrepresented people of color into the health professions workforce (Grumbach and Mendoza 2008; Smith et al. 2009).
- Engaging with health professions schools may encourage changes in institutional culture, including reconsidering admissions processes, developing more explicit policies that embrace diversity, providing increased financial resources for students of color, and encouraging and incentivizing faculty members to serve as mentors for students of color (Grumbach and Mendoza 2008; The Sullivan Commission 2004).
- Coordinating research and communications strategies will help make the case for the imperative and benefits of health professions diversity to key stakeholders (Grumbach and Mendoza 2008). Efforts may include building and convening regional and national coalitions to foster policy support for changes that proliferate diversity in the health professions. With support from the W.K. Kellogg Foundation and the Robert Wood Johnson Foundation, the Institute of Medicine and The Sullivan Commission issued national reports in 2004 containing recommendations that spoke strongly of the need for policy changes to address health workforce diversity (The Sullivan Commission 2004).

HOW CAN FUNDERS HELP?

The federal government is a major funder of interventions and training programs to improve the availability, quality, and diversity of the health professional workforce (Derksen and Whelan 2009). Notably, the Department of Health and Human Services (DHHS) recently announced grant awards of \$96 million to increase diversity in the health profession and encourage nurses to pursue careers as nurse educators (DHHS 2010). Public and private sector entities, including foundations, also support efforts aimed at increasing the representation of people of color in health professions careers.

For instance, The California Wellness Foundation has invested approximately \$40 million since 2001 in grants to increase diversity in the health professions. Grants are commonly given to organizations that provide pipeline programs, scholarships, mentoring programs, internships, and fellowships to support and advance career opportunities for people of color in the health professions, including the allied health and public health professions (The California Wellness Foundation 2005). In addition, the foundation funds organizations that inform policymakers about public and institutional policies that promote diversity in the health professions. Since 2006, the foundation has made five grants totaling \$9.5 million for a public education campaign to raise awareness about the need to increase and diversify the health care workforce. The campaign also informs minority youth in California about opportunities to pursue health careers through the health careers website www.HealthJobsStartHere.com.

In 2009 the United Health Foundation committed \$1.2 million to its Diverse Scholars Initiative (United Health Foundation 2010). The initiative seeks to increase the number of qualified but underrepresented college graduates entering the health workforce. It is administered through partnerships with a variety of ethnically based nonprofit and civic organizations. Students from diverse multicultural backgrounds are eligible for scholarships averaging \$5,000 and must demonstrate a commitment to working in underserved communities. By cultivating individuals from diverse backgrounds, the foundation hopes to increase culturally competent health care delivery, close the health disparities gap, and improve long-term health outcomes.

CONCLUSION

To date, efforts to increase diversity in the health professional workforce have met with limited success. Nonetheless, a well-trained, diverse workforce is an essential component in efforts to deliver high-quality, accessible, equitable health care to all populations and to eliminate health disparities. Continued demographic changes and the entry of thousands of previously underserved individuals into the health care system make the need for a greater focus on successful interventions in this area more critical than ever before.

SOURCES

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