

Promoting Diversity

IN THE HEALTH WORKFORCE

At the core of every health care system, institution, and encounter is a health professional. The ability to respond to patient needs depends upon many things – the availability of appropriate facilities, the adequacy of supplies, the state of clinical knowledge, and the ability of individuals to access those services when needed. But these would be meaningless without appropriately trained professionals. Simply put, the supply, composition, and competency of the health workforce are important ingredients in maintaining and improving the health status of individual patients and broader populations.

One measure of mismatch is the lack of diversity among the nation's physicians and nurses. While racial and ethnic minorities make up one-quarter of the nation's population, with this share growing to nearly a third by 2010, minorities account for less than 10 percent of the health workforce.

DIVERSITY STILL A DREAM

- In 1997, underrepresented minorities (African Americans, Hispanics, and Native Americans) accounted for 20 percent of students enrolled in institutions of higher education but only 15.6 percent of first-year enrollees in allopathic medical schools.
- While the number of minority nurses has doubled since 1980, only 9.6 percent of all registered nurses are minorities.

THE ISSUE

Increasing diversity among the nation's physicians and nurses matters for reasons of access, quality, and equity. Minority populations are more likely to live in areas with chronic shortages of health professionals. Although the notion of training minorities to treat minorities is problematic, a consistent body of research indicates that African-American and Hispanic physicians are more likely to provide services in underserved and minority communities, and are more likely to treat low-income and sicker patients. Second, a more diverse workforce may help ensure that minority populations receive care in settings they trust and in ways that respect cultural values and beliefs. Although the link between diversity and health outcomes is unclear, for some minority patients, having a minority physician results in better communication, greater satisfaction with care, and greater use of preventive services. Finally, fairness and equity demand that minorities be afforded equal access to economic and professional opportunities, and that the vehicles for gaining access recognize personal aptitude for performance in clinical settings.

There are a number of reasons why progress to improve minority representation has been so slow, including inadequate preprofessional education, the high costs of obtaining an advanced degree, and institutional policies and environments such as inflexible admissions policies, lack of mentors, and lack of faculty. In addition to the small pool of potential minority health professionals, another limiting factor is the length of the pipeline: becoming a physician requires at least seven years of postgraduate education. This means that changes in elementary and secondary education, while desperately needed, can take years to pay off.

WHAT GRANTMAKERS CAN DO

Health grantmakers are taking a variety of steps to improve diversity in the health professions. They can:

1. Strengthen and expand pipeline programs.

Pipeline programs focus on expanding the pool of minority health professionals by helping students become interested in health care careers at the K-12 level and on strengthening academic preparedness. Starting early is critical, as high-school students who have academic trouble are often permanently lost to the pipeline; strategies may require partnership with school systems and private funders focused on education.

The California Wellness Foundation, for example, is providing support for the Stanford Medical Youth Science Program (SMYSP), an intensive residential program for high-school students. During a five-week period, participants take classes in basic sciences, public health, and preventive medicine; they also work side-by-side with health care professionals as interns. SMYSP also offers extensive follow-up services and maintains an active alumni network. The Columbus Medical Association Foundation has funded the work of the Blue Chip Training Academy, which provides at-risk, African-American teens with role models from the medical profession to encourage interest in medical careers.

As of 1997, The Robert Wood Johnson Foundation (RWJF) had allocated more than \$100 million to programs focused on minority health professionals. One of its long-standing efforts is the Minority Medical Education Program. Operated by the Association of American Medical Colleges, the program offers a six-week preparation course for high-school students at 11 medical school sites. Core elements include: academic enrichment in premedical courses such as chemistry, biology, physics, and math; coursework in problem solving and critical reading and writing; test-taking techniques and preparation for the Medical College Admission Test; and

clinical experiences in both inpatient and outpatient settings. An evaluation of the program found that it enhanced the probability of medical school acceptance for both those with high and low grades and test scores.

2. Provide financial incentives for minority students and to institutions committed to minorities.

Both The California Endowment and The California Wellness Foundation provide substantial support to the Health Professions Education Foundation (HPEF) for scholarships and loan repayment grants to minority and low-income health professions students willing to practice in underserved areas. Support from The California Wellness Foundation focused on strengthening HPEF's internal capacity related to marketing, outreach, board development, and evaluation mechanisms.

Examples of other foundation-funded efforts include grants from The Healthcare Foundation for Orange County to the University of California at Irvine to increase the diversity of students in the family nurse practitioner program, and from The Healthcare Foundation of New Jersey to the Youth Development Clinic of Newark to support internships for minority graduate students at the clinic.

3. Support the professional development of those already in the health workforce.

The term "pipeline" suggests a single entry point for prospective health professionals to enter training with a terminal point at which they are discharged into practice. In fact, the pipeline can be conceived of as having multiple entry points. Allied health workers, for example, are a potential pool for registered nurses. The Healthcare Foundation for Orange County made its largest grant ever for an effort to tap into this pool, after a community health needs assessment indicated that cultural and linguistic factors present a barrier to care. Under the grant, the Anaheim Memorial/St. Joseph Hospital project is teaming with the Regional Health Occupations Resources Center and colleges countywide to place existing entry-level minority health workers in local training programs, to upgrade their skills, and to prepare them for positions such as hemodialysis technicians, sonographers, and emergency nurses. Participating hospitals are committed to offering the workers release time from their current duties and mentoring in their new posts.

4. Promote faculty development.

Minority faculty have an important influence on both the number and quality of minority students. But current numbers (only 4.8 percent of full-time medical faculty members are minorities) are insufficient. RWJF's Minority Medical Faculty Development Program seeks to increase the number of minority faculty with senior rank in academic medicine, and who will encourage and foster development of succeeding classes of minority physicians. The program offers postdoctoral research fellowships to minority physicians who have demonstrated superior academic and clinical skills and who are committed to careers in academic medicine. A 1995 evaluation found that

the program has played a "seminal role" in developing the careers of talented minority medical school faculty members.

5. Implement multifaceted strategies.

Several funders are combining strategies to maximize their effectiveness in improving diversity. Recently, The California Wellness Foundation announced that diversity in the health professions will be one of the foundation's eight priority areas. It will support multiple strategies to increase diversity, providing funding for pipeline programs, scholarships, mentoring programs, and internships and fellowships that advance career opportunities for people of color, including allied health and public health professions. Funding will also be available to organizations that support people of color in the health professions through strategic partnerships, leadership development, continuing education, and networking activities, as well as organizations that educate policymakers about public and institutional policies that promote health workforce diversity.

Recent projects funded by The Josiah Macy, Jr. Foundation include efforts with eight medical schools in New York to improve the qualifications of minority students who narrowly missed medical school acceptance; to support training fellowships in neurology for minority physicians; and to fund activities at the The Sophie Davis School of Biomedical Education of the City University of New York that will strengthen its commitment to training students for careers providing primary care in New York's underserved communities.

Finally, the W.K. Kellogg Foundation, which has a long-standing portfolio of health professions projects, is conducting exploratory work to find out whether community organizing strategies could be successful in increasing diversity in the physician workforce. The foundation commissioned a study by Community Catalyst – a national advocacy organization that has worked to engage consumers in efforts to improve health access – to assess the potential of new legal enforcement, policy change, and community involvement initiatives, and has convened several meetings to discuss these issues.

This *Issue Focus* is based upon discussion at a GIH Issue Dialogue, "Training the Health Workforce of Tomorrow," held October 31, 2001. A full report will be available in spring 2002.

REFERENCES

Bureau of Health Professions, U.S. Department of Health and Human Services, *Health Professions Education: Diversity in the New Millennium*, 2000 Edition (Rockville, MD: 2000).

Community Catalyst, *Strategies for Increasing Diversity in the U.S. Physician Workforce*, briefing paper prepared for the W.K. Kellogg Foundation (Boston, MA: 2001).

Smedley, Brian D., Adrienne Y. Stih, Lois Colburn, and Clyde H. Evans, *The Right Thing to Do, The Smart Thing to Do: Enhancing Diversity in the Health Professions* (Washington, DC: National Academy Press, 2001).