Why Health Professions for Diversity Coalition? Why Now?

Geraldine Bednash, PhD, RN, Moraith G. North, Marian Osterweis, PhD, Jeanne Sinkford, DDS, PhD, Charles Terrell, EdD, and Richard Valachovic, DMD, MPH

Dr.Bednash is Executive Director, American Association of Colleges of Nursing.

Ms. North is Executive Director, American Association of Colleges of Podiatric Medicine.

Dr. Osterweis is Executive Vice President, Association of Academic Health Centers.

Dr. Sinkford is Associate Executive Director for Equity and Diversity, American Dental Education Association.

Dr. Terrell is Vice President, Division of Diversity Policy and Programs, Association of American Medical Colleges.

Dr. Valachovic is President, Federation of Associations of Schools of the Health Professions and Executive Director of the American Dental Education Association.

The authors are members of the HPD Steering Committee. Address correspondence to hpd@aamc.org or contact Ruth Beer Bletzinger, Director, Division of Diversity Policy and Programs, Association of American Medical Colleges rbletzinger@aamc.org.

"…Our mission is to promote diversity in the health professions.
We understand that diversity in the health professions is crucial for protecting and promoting the health of the nation. The widening gap in health disparities, coupled with substantial growth among a number of the nation's racial and ethnic populations, bring urgency to an area that already requires critical attention. We believe that promoting diversity in the health professions not only serves as a strategy for addressing the growing problem of health care disparities, it also contributes to improved health for all Americans."

Source: Mission and Charter of the Health Professions for Diversity Coalition

The images from hurricanes Katrina and Rita and their aftermath starkly attest to what readers of *The Advisor* already know: Our nation is in the midst of a health care crisis. The populations disproportionately affected by the disaster, such as blacks, Hispanics/Latinos, Native Americans, and Asian subgroups, are subject to lack of access to health care, inadequate health care treatment when it is available, and poorer health outcomes. For the individuals in these groups who endure daily such "health care disparities," this is not an academic matter. The situation is appalling as we all witnessed, and its antecedents and perpetrators are grounded in a complex array of factors in which race or ethnicity plays a role, including disproportionate poverty and inadequate educational opportunities, unemployment, lack of health insurance, and housing issues. Health care disparities are well documented, whether in the scholarly literature, in publications by such organizations as The Commonwealth Fund, or in news-making policy reports, notably the Institute of Medicine's 2003, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, the Agency for Health Research and Quality's 2003 and 2004 *National Healthcare Disparities Report*, and the recently published *Multicultural Medicine and Health Disparities*.[1 2 3 4] Nonetheless, it took a disaster — hurricanes Katrina and Rita — to make the point to the nation at large.

Health Care Disparities in Brief

Based on population estimates from the U.S. Census Bureau, between the years 2000 and 2050, the U.S. population is expected to grow from 282 million to nearly 420 million — an increase of almost 50 percent.[5] Of this projected growth, minority groups will account for almost 90 percent of the increase, with the black population projected to grow by 71 percent, the Hispanic population by 187 percent, and the Asian population by 212 percent (see Figure 1). At the same time, the white majority population is only expected to grow by about 7 percent.[6] If these projections hold, by 2050 minority populations in this nation will more than double, and they will account for nearly half of the U.S. population. Soon after 2050, this nation will become a "minority-majority" country in which non-Hispanic whites will cease to be a majority (see Figure 2).

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The hurricane disaster demonstrated that serious health disparities exist for the groups that are poised to experience the most growth. Vital statistics, such as infant mortality rates (see Figure 3) reflect these disparities, as do the following sobering examples:

- Whites are 78 percent more likely than blacks to receive revascularization after coronary angiography.[7]
- The mortality rate for black infants is almost 2.5 times greater than it is for whites.[8]
- Hispanic and black youth are substantially more likely to die from diabetes than whites.[9]
- When disaggregated into subgroups, some Asian populations (i.e., Chinese, Japanese, and Filipino) have poorer survival than non-Hispanic whites for certain cancers at certain stages.[10]

In addition, a survey of households conducted by the National Center for Health Statistics found that respondents were more likely to report an overall health status of poor or fair if they came from certain racial and ethnic populations (see Figure 4).

The Work of Eliminating Disparities

Identifying the causes of disparities with the aim of correcting them is a daunting task. For example, although disparities in health care are often ascribed to differences in income and access to insurance, these are by no means the only factors. Studies have shown that even when controlling for "access-related factors, such as patients' insurance status and income," some racial and ethnic groups still are likely to receive a lower quality of health care.[1 (p 1)] We believe approaches to eliminating health care disparities will be effective only if practitioners, health systems, policy makers, community advocates, and others are willing to wade together into the flood of myriad causes and concentrate on addressing those they can actually affect. From this perspective, several may respond to direct attention from health professions organizations, taking into account the many explanations suggested for this lower quality of care in *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare* and *Multicultural Medicine and Health Disparities*. One of these issues has to do with how providers make decisions about patient treatment, such as medication, procedures, and referrals. Another is that hospital or health system characteristics can inadvertently promote disparities. Finally, cultural factors and language may affect provider-patient interactions, quality of health care, and outcomes.

Approaching health care disparities from this context, where building the diversity within the health professions workforce and changing professional and institutional behaviors can make a difference, a number of health care related organizations, including the National Associations of Advisors for the Health Professions, have come together to form the Health Professions for Diversity (HPD) Coalition with the explicit intent of diminishing the effects of health care disparities.

HPD and Its Commitment to Creating Diversity in the Health Professions

Created in the mid-1990s to foil anti-affirmative action initiatives on state ballots and in the courts, HPD has retooled to focus beyond affirmative action to promote diversity in the health professions. In so doing, this interdisciplinary organization will work to improve the health of the nation by building a health care workforce that draws on the strengths of all segments of our diverse society. Representing health care providers, administrators, researchers, educators, students, and others, HPD recognizes and supports equity in education and the benefits that diversity brings to the educational setting for all students. As famously stated by Supreme Court Justice Sandra Day O'Connor: "In order to cultivate a set of leaders with legitimacy in the eyes of the citizenry, it is necessary that the path to leadership be visibly open to talented and qualified individuals of every race and ethnicity. All members of our heterogeneous society must have confidence in the openness and integrity of the educational institutions that provide this training." [11]

HPD also holds that creating a health professions workforce that mirrors our diverse society is a key strategy for eliminating health care disparities and improving the health of all who live in this nation. The virtues of a diverse health professions workforce have been documented again and again. Of note are two 2004 publications: the Institute of Medicine's *In the Nation's Compelling Interest: Ensuring a Diverse Health-Care Workforce* and the Sullivan Commission on Diversity in the Healthcare Workforce's *Missing Persons: Minorities in the Health Professions*.[12] [13] As these publications and Table 1 demonstrate, the current health professions workforce does not come close to reflecting the diversity of the nation.

How HPD Will Contribute to Increasing Diversity

Rather than working on an *ad hoc* basis to respond to crises, as it did in the past with threats to affirmative action, HPD is redesigned as a stable, ongoing, action-oriented organization that can provide leadership, support, and a forum for the gamut of health care organizations committed to promoting diversity in the health professions. As such, HPD has the ability to serve as a change agent in addition to anticipating and responding to crises. To anchor its efforts, HPD developed a *Mission and Charter* (readers can find the full text of the HPD *Mission and Charter* at www.hpd-coalition.org.) It directly states that HPD's core mission is to promote diversity. It also sets forth four guiding principles:

- "We are aware of the benefits of promoting diversity in the health professions."
- "We acknowledge our social and professional obligation to address public-health crises."
- "We understand the need to promote mechanisms that enhance diversity in the health professions."
- "We recognize that we must play a role in addressing the core problems that obstruct promoting diversity in the health professions."

To fulfill the mission and support these guiding principles, the *Mission and Charter* articulates the activities that HPD will pursue:

- **Documenting the need for diversity** by providing evidence in health care literature and research studies of the need for and benefits derived from diversity
- **Conducting education campaigns** to raise awareness of the need for diversity
- **Advocating the need for diversity** to gather the necessary political will and resources to address core problems that hinder diversity
- **Sharing best practices** for promoting diversity among our members to allow them to more effectively design and manage programs and interventions intended to promote diversity
- **Encouraging collaborative activities** among member organizations to allow them to combine knowledge and resources and allow the coalition to more effectively respond to crises in the future

This is an ambitious agenda and not an easy one to accomplish. However, we believe that HPD's strength rests with three unique aspects of the coalition. First, HPD's growing membership is diverse in itself, representing the breadth of what makes up the nation's health care enterprise. The membership includes a wide array of health disciplines, as well as organizations that educate health professionals and deliver care. Second, HPD is developing the infrastructure necessary for the operation of a broad-based coalition. In the past year, for example, HPD has established a volunteer steering committee to organize and focus activities. Essential among these has been establishing two key information-dissemination mechanisms, the HPD Website www.hpd-coalition.org and *HPD Digest* (the recently launched monthly e-newsletter). The Website contains the *Mission and Charter*, a list of the current members, and links to diversity related resources. The *HPD Digest* promises to become a rich compendium of resources for members and others. In addition to highlighting news articles and research papers on diversity and disparities, *HPD Digest* will share information about reports, projects, Websites, meetings, workshops, and seminars. Other components of HPD's infrastructure are still under development, including an organized campaign to continue broadening membership and creating opportunities for HPD members to collaborate. And, third, with a substantial and diverse membership and solid infrastructure, HPD will be able to marshal the collective resources of its members to meaningfully engage in specific projects to accomplish the goals outlined in the HPD *Mission and Charter*.

Although membership at this point is limited to institutions and organizations (and we invite your institution or organization to sign on as a member), **involvement in HPD is open to everyone.** In addition to visiting our Website, we hope you subscribe (free of charge) to the *HPD Digest* by writing to hpd@aamc.org. By subscribing to the newsletter, you'll also be able to contribute items to the newsletter, as well as receive announcements about HPD-sponsored meetings and other events. Most important, we welcome your ideas about how make to HPD an effective coalition.

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References

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5 U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin. Washington, DC: U.S. Census Bureau; 2004: Table 1a.

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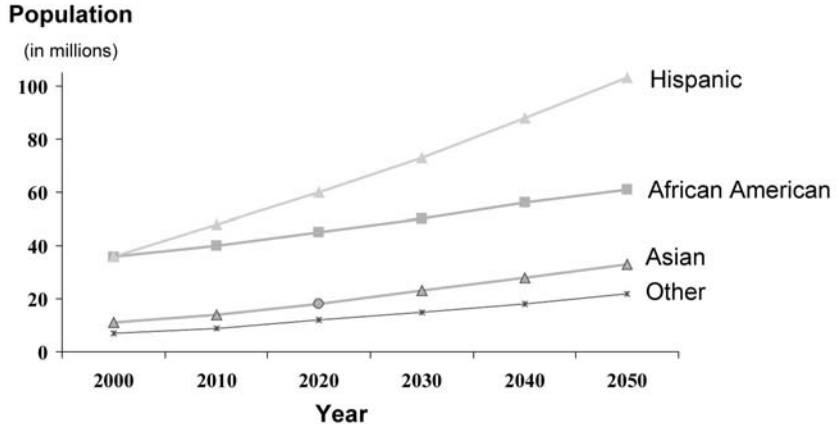
13 The Sullivan Commission on Diversity in the Healthcare Workforce. *Missing Persons: Minorities in the Health Professions* 2004. Available at admissions.duhs.duke.edu/sullivancommission/documents/Sullivan_Final_Report_000.pdf.

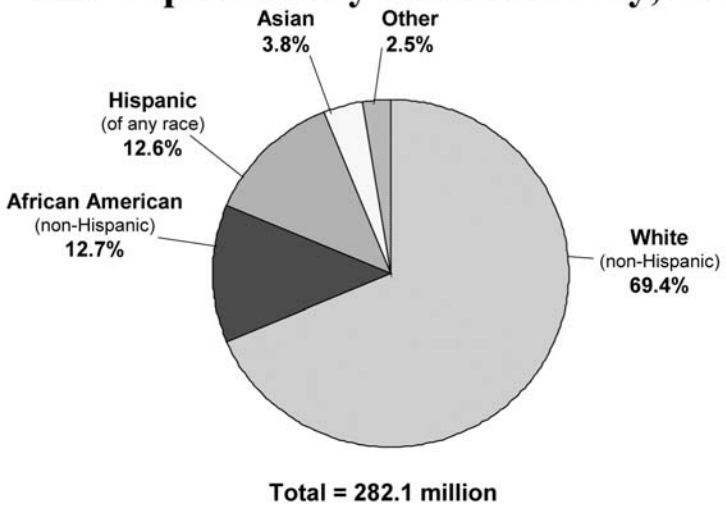
For questions about the manuscript, please contact:
Ruth Beer Bletzinger
Director, Division of Diversity Policy and Programs
Association of American Medical Colleges
2450 N Street, NW
Washington, DC 20037
Phone: (202) 828-0585
Email: rbletzinger@aamc.org

Figure 1:
Projected U.S. Population Growth for Selected Racial and Ethnic Groups, 2000-2050



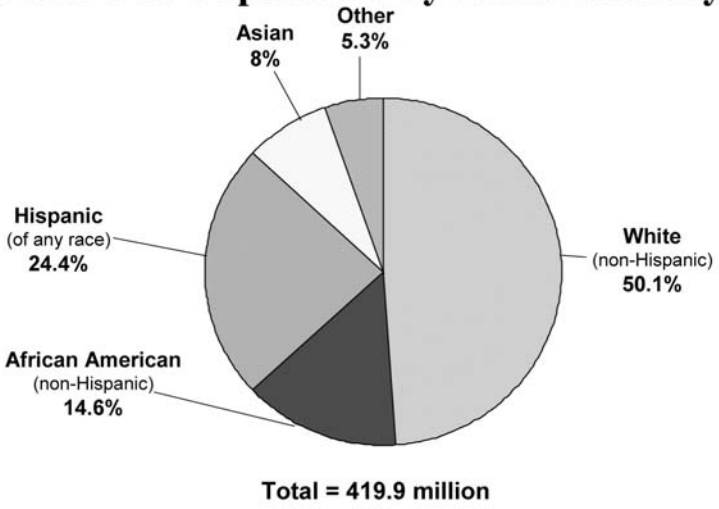
Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,"

Figure 2A:
U.S. Population by Race/Ethnicity, 2000



Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,"

Figure 2B:
Projected U.S. Population by Race/Ethnicity, 2050



Source: U.S. Census Bureau, 2004, "U.S. Interim Projections by Age, Sex, Race, and Hispanic Origin,"

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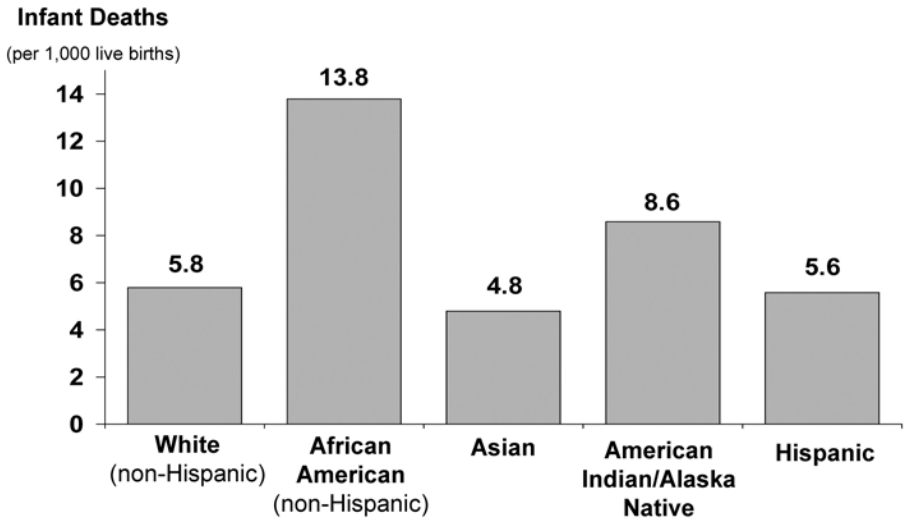
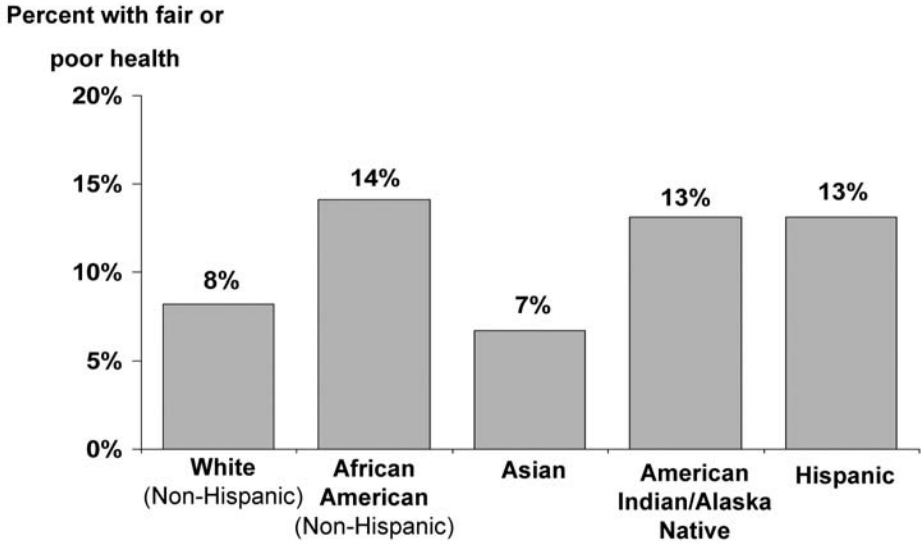
Figure 3:
Infant Mortality by Race/Ethnicity, 2002



Source: National Center for Health Statistics, National Health Interview Survey. *Health, United States*, 2004, Table 19.

Figure 4:
Self-Assessed Health Status by Race, 2002



Source: National Center for Health Statistics, National Health Interview Survey. *Health, United States*, 2004, Table 57, (percents are rounded)

Table 1: Percentages of Health Professionals and Health Professions Students in the U.S. Population Who are Either Black or Hispanic

Discipline	Percentage of Health Professionals In U.S., 2000[i]		Percentage of Students Enrolled in Health Professions Training in 2003-2004[ii]	
	Black	Hispanic	Black	Hispanic
Dentistry	3.3	3.6	5.4	5.9
Medicine	4.4	5.1	7.4* 3.6**	6.4* 3.5**
Nursing	8.8	3.3	11.8***	5.2***
Optometry	1.6	2.7	3.2	5.6
Pharmacy	5.1	3.2	9.3	9.5
Physician Assistants	8.4	8.1	6.8	6.5
Podiatry	4.6	1.7	14.0	7.7

* Students enrolled in an allopathic medicine program leading to a doctor of medicine (MD) degree.
** Students enrolled in an osteopathic medicine program leading to a doctor of osteopathic medicine (DO) degree.
***Students enrolled in a baccalaureate or masters nursing program.

[i] U.S. Census Bureau, Census 2000 Special Equal Employment Opportunity (EEO) Tabulation.
[ii] *2002/2003 Survey of Advanced Dental Education*. Washington DC: American Dental Education Association, 2004; *AAMC Data Book: Statistical Information Related to Medical Schools and Teaching Hospitals.* Washington DC: Association of American Medical Colleges (AAMC), 2004; data provided by the American Association of Colleges of Osteopathic Medicine, 2005; *2003-2004 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing*. Washington DC: American Association of Colleges of Nursing, 2004; *Number and Percentage of Full Time Students Enrolled in All Professional O.D. Programs by Ethnic Identification and Year—Summary 2003-2004*. Washington, DC: Association of Schools and Colleges of Optometry, 2004; *Fall 2003 Profile of Pharmacy Students*. Washington DC: American Association of Colleges of Pharmacy, 2004; *20th Annual Report on Physician Assistant Educational Programs in the United States, 2003-2004*. Washington DC: Association of Physician Assistant Programs, 2004; *Comparison of Ethnic ID of DPMs and Enrollees to Total Population*. Washington, DC: American Association of Colleges of Podiatric Medicine, 2004.