

**Center for Health Workforce Planning
Bureau of Health Care Access
White Paper on Achieving Racial and Ethnic Minority Representation in the Health Workforce
A Call to Action
October 1, 2003**

This paper addresses the need to expand the pool of racial and ethnic minorities, including immigrants and refugees, in the national and Iowa health workforce. It identifies driving forces behind under-representation of these populations in the health professions, and documents the benefit of building a diverse workforce that improves health utilization, access and patient satisfaction. It is designed for use by stakeholders to support health policy and legislation in Iowa.

Disparities in Health Care and Health Professions Development: A National Perspective

Healthy People 2010, the nation's 10-year disease prevention and health promotion agenda, supports two overarching goals: to increase quality and years of healthy life, and eliminate health disparities. Disparities may be related to race, ethnicity, gender, education, income, disability, sexual orientation and living in rural communities. Disparities in health care are associated with lack of access to health care, public health and preventive services among minorities, and contribute to disproportionately higher morbidity and mortality (*Smedley et al. 2002*).

The U.S. Department of Health and Human Services, Office of Minority Health, addresses four related issues that impact health disparities between the White population, and racial and ethnic minorities in the United States. (*Assessment of State Minority Health Infrastructure and Capacity to Address Issues of Health Disparity, 2003*) These include:

- data collection, analysis and reporting;
- cultural competence¹;
- access to health care; and
- health professions development.

Increasing the number of health workers from minority populations is viewed as an integral part of the solution to improving access to care. For this reason, the U.S. Department of Health and Human Services recommends increasing the proportion of all academic degrees awarded to under-represented racial and ethnic groups in the health professions, including nursing, and the allied and associated health fields. Benefits to professional development in the minority population include the following:

- Minorities working in health care can help end disparities in health status.

¹ Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities. (*Cross, T., Bazron, B., Dennis, K., & Isaacs, M., 1989*)



- A diverse health workforce is important in assuring the delivery of culturally competent health care and preventive services.
- Minority health professionals can be role models in diverse communities.
- Minorities are an increasing proportion of the U.S. population.
- Minorities are five times more likely to treat other under-represented minorities in underserved areas. (U.S. Department of Health and Human Services, 2000)

Racial and ethnic diversity in the health workforce is associated with increased patient participation in care processes, higher patient satisfaction and better adherence to treatment plans (Smedley et al. 2002). In addition to the potential health benefits of a diverse health workforce, community and government partners may be interested in the social and economic benefits health careers can bring to individuals, families and communities. As the largest industry in the United States, the health care industry offers professional jobs for over 8 million Americans, and this number is growing. Consequently, efforts to promote health careers among racial and ethnic minorities will gain allies in many communities where health disparities and minority unemployment are problems (U.S. Department of Health and Human Services, 2000).

Under-representation of Racial/Ethnic Minorities in the National Nursing Work Force

The following table depicts the under-representation of selected populations by race and ethnicity in the U.S. registered nursing work force. Data is based on the findings of the Seventh National Sample Survey of Registered Nurses: (Bureau of Health Professions, 2002)

Minority Registered Nurses Compared to the General Minority Population, March 2000²		
U. S Population	Race/Ethnicity	National RN Population
69.1%	White (non-Hispanic)	86.6%
12.5%	Hispanic	2.0%
12.1%	Black (non-Hispanic)	4.9%
3.7%	Asian/Pacific Islander	3.7%
1.8%	More than 2 races	1.2%
.7%	American Indian/Alaska Native	.5%

Representation of minority nurses in the total nurse population increased from 7 percent in 1980 to 12 percent in 2000. However, racial/ethnic diversity of the RN population remains far less than that of the general population in which more than 30% of people are non-white. Growth in the number of African American, Black and Latino nurses between 1996 and 2000 was greater than during any other 4-year period between 1980 and 2000. African-American nurses make up the largest subgroup of minority nurses but remain significantly under-represented in the nursing workforce. The Hispanic population in the United States increased by 57.9% between 1990 and 2000, making it the largest racial/ethnic minority group. Despite showing the largest relative increase, Hispanics remain the most under-represented group of nurses (2%) when compared to the total Hispanic population (12.5%). (Bureau of Health Professions, 2002)

In 1996, the Association of American Medical Colleges reported that under-representation of racial and ethnic minorities in the health work force was related to insufficient academic preparation and not to lack of interest in health careers. In 2003, Dr. Betty Smith Williams, president of the National Coalition of Minority Nurses reported that lack of diversity is a special concern to nurse educators. According to Dr. Williams, barriers to minorities seeking nursing education include:

- lack of ethnic minority role models;

² Includes all registered nurses with current licenses to practice in the United States, whether or not they are employed in nursing.

- inadequate preparation for the health care fields in high school;
- lack of information about health professions;
- cost of pursuing an education in health professions;
- entrance requirements;
- perceived and real discrimination;
- isolation in schools whose students are mostly white;
- unsupportive students and faculty;
- family responsibilities; and
- financial aid that is linked to full-time enrollment.

Under-representation of Racial/Ethnic Minority Populations in the Iowa Nursing Work Force

Reclassification and use of different racial/ethnic categories by data collection agencies precludes direct comparison of minority representation in the national and Iowa nursing workforce. The U.S. Census Bureau offers a Profile of General Demographic Characteristics for all states. The following table depicts Iowa demographics by race. (*U.S. Census Bureau, 2000*)³:

Race	Number	Percent
White	2,748,640	93.9%
Black or African American	61,853	2.1%
American Indian or Alaska Native	8,989	0.3%
Asian	36,635	1.3%
Native Hawaiian and Other Pacific Islander	1,009	-
Some other race	37,420	1.3%
Two or more races	31,778	1.1%

Total Iowa Population: 2,926,324

The Iowa Board of Nursing collects race/ethnicity data about Iowa’s RNs and LPNs at the time of initial licensure. The following table depicts the number of actively licensed nurses by race or ethnicity. (*Iowa Board of Nursing, 2000*)

RN	Percent	Race/Ethnicity	LPN	Percent
37,886	97.88%	White	9,123	96.49%
212	0.55%	Asian	35	0.37%
198	0.51%	Hispanic	70	0.74%
189	0.49%	Black	131	1.38%
132	0.34%	Other	42	0.44%
57	0.15%	Indian (native)	42	0.44%
3	0.01%	Pacific Isle	1	0.01%

RN Total: 38,707

LPN Total: 9,455

In Iowa, under-representation of racial and ethnic minorities in the nursing profession is increasing. Compared to a total minority population of 6 percent, minorities make up just over 2 percent of the RN population. The disparity is particularly evident among Mexican-Americans who comprise the largest segment of the Latino population. Iowa’s Latino population increased by 152.7 percent from 1990 to 2000. During that 10-year period, the population increased by as much as 1,100 percent in six of Iowa’s 99 counties. When considering professional development, it is significant that the greatest increase occurred in rural, non-metropolitan counties, and that 39.7 percent of the Latino population is less than 18 years of age (U.S. Census Bureau, 2001). Moreover, language and prior education create barriers to entry into the health fields for adults in the Hispanic population.

³The U.S. Census Bureau reports that a total of 82,483 Hispanic/Latino individuals of any race comprise 2.8 percent of the Iowa population.

Between July 1, 2002 and June 30, 2003, 41 percent of Iowa's minority populations were served in Iowa's adult literacy program. Hispanics represented 22 percent of the enrollment in the adult basic education program (*Annual Report, Iowa's Adult Literacy Program, June 2003*).

Actions Recommended by the Center for Health Workforce Planning

1. Support initiatives that promote recruitment and retention of racial/ethnic minorities, including immigrants and refugees, in the health workforce.
2. Enhance data collection, sharing and reporting about minority populations, and the economic, educational, language and health disparities that create barriers to entry into the health workforce.
3. Promote educational and career opportunities for minorities through partnerships among state agencies, minority civic groups, human relations commissions, community development organizations and enterprise communities.
4. Promote legislation to fund scholarships, fellowships and loan repayments to under-represented minorities who enter health fields.
5. Establish programs to prepare minority students for admission to, and success in, health professions schools.
6. Facilitate U.S. licensure and professional re-credentialing of qualified immigrants and refugees who were educated and/or licensed in another country.
7. Identify opportunities for racial/ethnic minority professionals to act as role models.

The Center for Health Workforce Planning was created in the Iowa Department of Public Health, Bureau of Health Care Access, to assess and forecast health workforce supply and demand, address barriers to recruitment and retention, support strategies developed at the local level that prevent shortages, and engage in activities that assure a competent, diverse health workforce in Iowa. Funding for the center, fueled through the efforts of U.S. Senator Tom Harkin, is administered through the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services.

http://www.idph.state.ia.us/hpcdp/workforce_planning.asp

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