Iowa

Department of Public Health

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Center for Health Workforce Planning

Issue Brief: Achieving Racial and Ethnic Minority Representation in the Health Workforce

Increasing the number of health workers from minority populations is an integral part of the solution to improving access to care. 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.
- 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)

Barriers to racial and ethnic minorities seeking health professional education include a lack of racial and ethnic minority role models; 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 (*National Coalition of Minority Nurses*, 2003).

Nationally, 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 underrepresented 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 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. 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.
- 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