



Iowa Department of Public Health

Advancing Health Through the Generations

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Issue Synopsis: Increasing Diversity in Iowa's Health Workforce

This report describes how increasing representation of racial and ethnic minorities, immigrants and refugees can minimize health disparities and avert a shortage of health professionals. Data and recommendations are drawn from a *Strategic Plan to Increase Minorities in the Health Professions in Iowa (2005)* developed by the University of Northern Iowa, Project Export Center of Excellence on Health Disparities. The project was made possible by grant number 6 R24HP04-01-00 from the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services. The full report may be accessed at the following URL:

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

The National Institutes of Health define health disparities as differences in health patterns, such as incidence, prevalence, mortality, burden of disease, and other adverse conditions that occur among specific population groups. The United States is challenged by some of the most significant health disparity issues of all industrialized nations, particularly by race and ethnicity.

Language and cultural barriers are well recognized as significant factors that contribute to disparities among minority populations, even when factors such as education and income are comparable. Recruiting and retaining minorities in the health professions alleviate cultural and linguistic access issues, and potentially reduce health disparities among diverse and underserved populations. This occurs because minority health professionals are more willing to work in underserved communities, and many speak the native language or dialect of clients from their own ethnic background. Client satisfaction and compliance with the treatment program improve when patients and providers are of the same ethnicity, and health professionals are sensitive to cultural and language barriers (Sullivan Commission, 2004).

A National Perspective

Although many documents, including the Institute of Medicine's Report on Unequal Treatment (2002), call for increasing the presence of minorities, these groups remain "missing persons" in vital health professions. Minorities comprise approximately 25 percent of the U.S. population and are expected to increase to 50 percent prior to the year 2050 (U.S. Census, 2000). However, African Americans, Hispanics and Native Americans together make up only 9 percent of nurses, 6 percent of doctors, and 4 percent of dentists. Furthermore, health professional schools have traditionally been among the last to become integrated, with minorities representing less than 10 percent of nursing faculty, 8.6 percent of dental faculty, and 4.2 percent of medical faculty (Sullivan Commission, 2004). Increasing minorities in the health professions remains one of this nation's most pressing, timely and difficult challenges.

Minority Populations in Iowa's Health Workforce

Iowa is no longer a racially homogenous state, but is experiencing rapid ethnic diversification. Immigrants and refugees from Latin America, Eastern Europe, Africa and other regions come to the state to work in agricultural processing, manufacturing and other industries. At the same time, many of Iowa's rural communities, which have long been classified as medically underserved areas, are

witnessing out-migration of young, educated workers to other states. Despite rapid demographic changes in Iowa, minorities remain under-represented in the health professions. As an example, the following table addresses the nursing profession:

Registered Nurses and Licensed Practical Nurses with Active Iowa Licenses by Race/Ethnicity

RN	Percent	Race/Ethnicity	LPN	Percent
38,531	97.73%	White	10,174	96.08%
229	0.59%	Hispanic	91	0.86%
208	0.53%	Black	157	1.48%
205	0.52%	Oriental	43	0.41%
138	0.35%	Other	62	0.59%
70	0.18%	Indian	40	0.38%
10	0.03%	Pacific Isle	8	0.08%
3	0.01%	Multiracial		

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Compared to a total minority population of 8.6 percent (Iowa State Data Center, 2006), minorities make up 2.2 percent of the RN and LPN populations respectively. 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 during the last decade, up to 1,200 percent in some communities. 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, 2000).

In some meatpacking towns in Iowa, it is not unusual to have newcomers from thirty or more countries, with people from each of these nationalities having a distinct language and culture. In addition to Iowa’s immigrant and refugee newcomers, there are many native-born minority residents who have been in the state for decades, including African Americans, Native Americans and Hispanics.

Iowa’s minorities, immigrants and refugees have varying levels of education, skills, cultural background, socioeconomic status and interests. Many wish to stay in Iowa because they value Iowa’s quality of life, affordable cost of living and family orientation. As such, they comprise a potential recruiting pool to increase the percent of minorities in health care careers. Priority recommendations for workforce planners include the following:

1. Efforts should initially focus on recruiting and training Hispanics and African Americans because these groups represent the largest minority populations and the largest number of minority patients in Iowa. Iowa’s smaller populations, including Native Americans, Bosnian immigrants and Sudanese refugees may be targeted for training programs in future years as the need increases.
2. Educators should provide remedial math, science and related academic preparation to assist African American and Hispanic newcomer trainees to succeed in post-secondary health occupations programs. Many Hispanic newcomers require English language training, but do not qualify for financial aid and program admission due to their legal status in the state.
3. Selected recruitment and training programs should be concentrated at the sites where minorities live and work in order to minimize transportation barriers. Workforce planners must follow state demographic trends on a regular basis to accommodate the mobility of newcomer groups.

Pipeline Partnerships: Academic, Language, and Minority Institutions

Research shows that graduation and retention rates for minorities in health training and employment will be lower than that of their white counterparts unless academic support, English language and remedial education services are available and used. The following recommendations are based on a

data search for existing mentoring, language and academic support services offered by post-secondary health occupations programs in Iowa:

1. Science, math and language preparation should be introduced as early as possible in student's careers. Minority students should be exposed at the K-12 levels to a variety of health careers and guided into the proper health science tracks.
2. Educators should respond to the need of many minorities for labor intensive, personal, face-to-face assistance, mentoring and guidance in completing health programs. As much effort, if not more, should be put on student retention as on recruitment.
3. Health programs may need to develop alternative admissions procedures that are more holistic in their evaluation of an applicant's skills and less reliant on standardized tests.
4. Health programs should consider specialized and innovative programs for groups of minorities that are culturally and linguistically specific.

Existing Resources to Improve Representation of Minorities in Iowa's Health Workforce

Financial barriers are frequently experienced by minorities who seek to enter the health occupations programs in Iowa. A 2005 assessment of 60 two-year and four-year colleges showed that only 10 percent of scholarship funds target minorities in health care programs, and most scholarships range from \$200 to \$1,000. In 44 agencies and foundations, only 9 percent of scholarship funds target any student in health care. In most instances, funding from these sources is provided to the schools for distribution, rather than to individual students.

The same assessment demonstrated that few institutions offer programs that train individuals to interact in a culturally competent manner with minorities. Only 5 percent of responding institutions, corporations, foundations and associations partnered with minority organizations for recruitment, and an equal percent had company goals to increase the minority workforce.

Within the academic arena, about one-third of responding two-year and four-year colleges' strategic plans specifically addressed health care education for minorities, and most marketing was conducted in English. Approximately 98% of the institutions reported they do not accept undocumented students or have not received a request for such admission.

Many scholarships that are available for minorities and health care are specific to nursing degrees, or other technical, medical and clinical programs. Most do not support primary care, public health or preventive fields such as health promotion and health administration.

Almost all academic and non-academic institutions that participated in the assessment identified the need to increase the number of minorities in the health workforce. The following comments are representative of open-ended comments provided on the survey and in telephone interviews:

1. "Start working with students at younger ages – middle and elementary school. Provide minority students with hands-on activities."
2. "Focus recruitment efforts on minority-serving high schools. Develop relationships with health providers, educators and administrators in the community to serve as mentors or talk with prospective students about the many opportunities in health fields."
3. "Increase the number of minorities studying on urban campuses so wait lists on the suburban campuses will decrease."
4. "Remember that not only the top students in a class can make it in a health field. Work with mid-level students with B and C averages as well."

Priority Activities, Timelines and Costs of Implementing Strategies

The landmark Sullivan Commission Report, *Missing Persons: Minorities in the Health Professions (2004)*, cites strategies that mirror those recommended by other major public health planning documents such as *Healthy People 2010* and the Institute of Medicine's *Unequal Treatment (2002)*.

The following tables present some of the most promising and effective strategies that can be implemented in Iowa.

Table 1: Improve Education and Support for Minorities

Strategy	Lead Agency(s)	Timeline	Cost Estimate
Review admissions criteria for more individualized screening	Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
Reduce dependence on standardized tests as allowable	Post-Secondary Health Training Institutions; Exam Vendors	Year 1	Minimal or No Cost
Increase financial assistance for minorities in health	Post-Secondary Health Training Institutions; Private Foundations	Year 1	\$1,000,000
Implement ethnic- and career-specific health training programs	Post-Secondary Health Training Institutions	Years 2-3	\$250,000
Provide mentoring, minority role models, and social services	Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost
Increase leadership and mentoring training programs for minorities	K-12 Schools; Post-Secondary Health Training Institutions	Years 2-3	\$300,000
Explore new and nontraditional paths to the health professions	K-12 Schools; Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost
Provide bridging programs between two and four year colleges	Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost

Require cultural competency training for accreditation and graduation	Post-Secondary Health Training Institutions; Licensure Boards	Years 2-3	\$500,000
Provide innovative programs to learn second career	Post-Secondary Health Training Institutions	Years 4+	\$800,000

Table 2: Improve Partnership and Outreach Programs

Strategy	Lead Agency(s)	Timeline	Cost Estimate
Increase experiential learning partnerships	Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
Develop partnerships with external mentors and organizations	K-12 Schools; Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
Conduct public awareness campaigns specifically with minority businesses, newspapers, radios, faith institutions, etc.	Iowa Department of Public Health	Year 1	\$200,000
Develop comprehensive academic pipeline partnership programs between K-12 and post-secondary institutions to recruit minorities into health fields, especially at younger ages	K-12 Schools; Post-Secondary Health Training Institutions	Year 1	\$500,000
Utilize face-to-face and word-of-mouth referrals and recruiting	K-12 Schools; Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
Develop recruiting partnerships with minority serving organizations out of the state or nation where possible	Post-Secondary Health Training Institutions	Year 1	\$200,000
Utilize minorities in training, recruiting, and retaining other minorities in health workforce	K-12 Schools; Post-Secondary Health Training Institutions; Private and Non-Profit Health Providers	Years 2-3	Minimal or No Cost
Offer training programs on-site where minorities are	Post-Secondary Health Training Institutions	Years 2-3	\$400,000

Recommended Policy Changes in Iowa

Ultimately, successful implementation of a statewide strategic plan to increase minorities in the health professions requires policy changes among legislators, the public, health professionals, educational organizations, minorities themselves and other entities. The following strategies are extrapolated from the comprehensive strategic plan:

1. Recognize the impact of a strong minority workforce on health outcomes in Iowa.
2. Change the culture of schools and organizations to embrace minority representation.
3. Focus on retention of minorities in the health workforce as much as on recruitment.
4. Establish a statewide partner network that includes minority organizations to provide support at the local level and speak with a united voice.

To request a hard copy of the complete strategic plan, contact the IDPH Bureau of Health Care Access at (515) 281-8309.

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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