A STRATEGIC PLAN
TO INCREASE MINORITIES
IN THE HEALTH PROFESSIONS
IN IOWA

by

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SECTION 1.

INTRODUCTION

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 with some of the most significant health disparity issues of all industrialized nations, particularly by race and ethnicity. For example, in comparison to the white population, African Americans in the United States experience a double infant mortality rate, have 30% higher death rate for all cancers, and are six times more likely to die of homicide; Hispanics are almost twice as likely to die of diabetes; Native Americans have significantly higher rates of unintentional injuries and suicide; and Asian Americans have higher rates of new cases of hepatitis, tuberculosis, and cervical cancer (Healthy People 2010). As such, the reduction of health disparities is currently the leading public health priority in the United States. Indeed, major public documents produced by federal and state governments, such as Healthy People 2010 and even the Iowa Department of Public Health Strategic Plan, regularly cite the promotion of health equity as one of their primary focus areas.

Health disparities are believed to occur as the result of complex interactions between social, economic, political, historical, individual, and other related factors (Institute of Medicine, 2002). However, with the increasing ethnic and racial diversity of the United States, language and cultural barriers are now well recognized as significant factors that can contribute to health disparities among minority populations, even when other factors such as education and income are comparable. Recruiting and retaining minorities in the health professions can help alleviate cultural and linguistic access issues, and potentially reduce health disparities among diverse and underserved populations. For example, 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. Also, when patients and providers are of the same ethnicity and sensitive to cultural and language barriers, greater client satisfaction and treatment adherence also tend to occur (Sullivan Commission, 2004).

Despite the fact that numerous documents, such as the Institute of Medicine's Report on Unequal Treatment (2002), have called for increasing the presence of minorities in the health professions as an important strategy to reduce the nation's health disparities, these groups remain "missing persons" in these vital professions (Sullivan Commission, 2004). This lack of ethnic diversity persists among providers, despite the rapid demographic changes that are occurring in the United States. For example, minorities currently comprise approximately 25% of the population in the United States, and are expected to increase to 50% prior to the year 2050 (U.S. Census, 2000). However, African Americans, Hispanics, and Native Americans together make up only 9% of nurses, 6% of doctors, and 4% of dentists. Furthermore, health professional schools have traditionally been among the last to become integrated, with minorities representing less than 10% of nursing faculty, 8.6% of dental faculty, and 4.2% of

medical faculty (Sullivan Commission, 2004). Increasing minorities in the health professions therefore remains one of this nation's most pressing, timely, and difficult challenges to address.

The Iowa Department of Public Health is one such entity that has recognized the need to diversify the health workforce in its jurisdiction in order to better serve a more multicultural patient population. Indeed, Iowa is no longer a racially homogeneous state, but is currently experiencing rapid ethnic diversification. Many of Iowa's rural communities, which have long been classified as medically underserved areas, are now witnessing the outmigration of its young, educated workers to other states. On top of the very high presence of elderly in the state, immigrants and refugees from Latin America, Eastern Europe, Africa, and other international regions are now coming into the state to work in agricultural processing, manufacturing, and other industries.

As such, the Iowa Department of Public Health commissioned the Iowa EXPORT Center of Excellence on Health Disparities to produce this strategic plan to increase minorities in the state's healthcare workforce. The Iowa EXPORT (Excellence in Partnerships for Outreach, Research, and Training) Center is funded by the National Institutes of Health, and is a model, award-winning organization that provides statewide academic leadership in addressing health disparity issues. Housed at the University of Northern Iowa, the EXPORT Center conducts applied research, training, multicultural education, and other outreach programs for minorities, immigrants, refugees, rural families, and other diverse, special populations in the state, as well as the agencies that serve them.

This strategic planning document contains information on a number of important issues relevant to implementing a strategic plan successfully in the state of Iowa, including:

- Health occupations in need of diversification;
- Minority and special populations that could be trained as health professionals;
- Organizations and educational institutions in and around the state that could serve as network advisory members or language and science preparation partners;
- The results of a statewide organizational assessment detailing Iowa's economic, academic, and other current resources and needs as they relate to increasing minorities in the health workforce; and
- Following national "best practices" guidelines, a series of programming, curricular, and policy recommendations, arranged by timeline and cost, that could ultimately be implemented to improve the recruitment, training, and retention of minority health care workers in the state.

This strategic plan is designed to be a useable, working reference, unlike many such documents in public agencies around the country that are known for “collecting dust” on the shelves of policy makers. As such, this plan is deliberately arranged in concise sections, with excessive descriptive text kept to a minimum. Much of the information, resources, and recommendations that have come out of the research conducted through this contract, therefore, are presented in detailed tables, charts, or numbered bullet points for easy reference. Finally, this plan is meant to be a “living document” that can respond flexibly to the changing demographic and workforce needs in Iowa over the next five years, from 2005 to 2010. Active and on-going input directly from health care organizations, training institutions, providers, and diverse populations themselves will ultimately be the most important factor in guiding the implementation of a strategic plan to increase minority health workers in Iowa.

SECTION 2.

INCREASING MINORITY HEALTH PROFESSIONALS: A NATIONAL PERSPECTIVE ON BEST PRACTICES AND BARRIERS

A. Barriers

As noted in the introduction, many hospitals, public health agencies, academic organizations, and other related institutions around the United States are currently undertaking efforts to increase the percent of minorities in the healthcare workforce. However, the lack of minorities in the healthcare workforce remains significant, persistent, and disturbing. Minorities, both native-born and immigrant, continue to experience significant barriers to earning health degrees and entering the workforce, particularly if they are from disadvantaged backgrounds. While some of these barriers also affect students from the majority population, they tend to disproportionately impact minorities. A number of these barriers common around the nation are cited below:

2.1 *Inadequate language skills, both written and oral, can limit access to training programs for non-native speakers of English or native-born minorities with lower literacy skills due to the complexity of medical terminology in training programs. Marketing materials in written English may not be effective either with these populations.*

2.2 *Many minorities, immigrants, and refugees also have limited academic preparation in the sciences, math, and other fields that are essential for success in most health career training programs.*

2.3 *Different ethnic populations may have unique cultural barriers that prevent minorities from entering the health fields. For instance, not all groups place the same value on formal education or health as a career. Others may view a certain health occupation as inappropriate for a male or female from their culture, while others may regard western medicine with suspicion and mistrust when compared to the traditional health practices with which they are most familiar in their native culture*.

2.4 *Relatively few schools at the K-12 levels have adequate minority academic pipeline programs to prepare ethnically diverse children for careers as adults in the health professions.*

2.5 *Many underserved minority populations have limited economic ability to pay for health career tuition and books, and are often unwilling to take on large amounts of debt or student loans. Even if they can receive funding for their schooling, it does not always provide for money to displace that which they lose as health students when they must take time off from work or hire daycare providers.*

2.6 *Health training programs and jobs are not always located in sites that are convenient for minority populations to access, which can lead to geographic and transportation barriers. For instance, many programs and jobs are frequently located in higher income white communities and are expensive and inconvenient for lower income minorities to access.*

2.7 *Foreign-born minorities, immigrants, and refugees may not have the legal status to work or study in the United States.*

2.8 *A significant percentage of academic institutions that train students in the health careers continue to place great emphasis on standardized tests for admissions, rather than relying on more holistic reviews of applicant capabilities which could benefit lower income minority candidates.*

2.9 *Inadequate mentoring and role-model programs exist in academic training programs and at work-sites to help retain minorities once they enter an organization. If mentoring exists, it often focuses just on the immediate issues related to the job or schooling, and rarely provides additional support for social, personal, and family challenges that can discourage minorities from staying.*

2.10 *Few health training programs or K-12 pipeline schools have adequate, intensive, or comprehensive experiential learning and culturally-specific immersion programs with partnering agencies in the field. These field placements can be particularly helpful in exposing minority students to real life careers in the health sciences, and tend to be more effective and meaningful than just telling them about opportunities*.

2.11 *Some minorities may require extra assistance with completing complicated applications for health training programs or jobs, or may have difficulty deciding which career track in medicine is most appropriate for them. Many recruitment campaigns are not culturally appropriate, and do not target minority groups.*

2.12 *Health career training programs and workforce sites may not always have adequate commitment to diversity and multiculturalism, and can sometimes be indifferent, ignorant, or even unsupportive to the special needs of minorities in their ranks. Their support of minorities may be so poor that it even contributes to subtle or more deliberate institutional racism.*

2.13 *Some minorities may not have adequate personal, social, or ethnic community support for pursuing a health career. Many positions are physically demanding, mentally taxing, and can require long hours or nights away from family and children.*

B. Best Practices

National data suggest that the number of effective "best practices" for the recruitment, training, and retention of minorities in the healthcare workforce is very limited, although the issue is well-recognized as a significant challenge by health agencies around the country. To that end, below are selected strategies used by a variety of organizations, hospitals, educational institutions, public health departments, and other entities that have been challenged with improving their ability to recruit, train, and retain minorities in health careers:

2.14 *Build partnerships among health facilities, agencies, and education programs specifically with minority health professionals and representatives of disparate communities.*

2.15 *Develop health disparities information tool kits to provide consistent messages to groups such as the general public, the media, funders, recruiters, K-12 administrators, educational organizations, and health care professions to explain the connection between health disparities and the lack of minority health providers. "The Right to Equal Treatment: Student Toolkit to Address Racial and Ethnic Disparities in U.S. Health Care" by Physicians for Human Rights (PHR), for example suggests venues for reaching each of these groups with a unified health disparities message.*

2.16 *Provide parents and families of minority, immigrant, and refugee students with cultural and language specific informational events and materials on health career opportunities in order for students to have the support of their families when making the decision to enter the health workforce.*

2.17 *Form an organizational-wide minority health workforce recruitment infrastructure.*

2.18 *Develop an active academic pipeline network between institutions of higher education and K-12 schools and organizations where heavy concentrations of minorities exist. For instance, Clarkson College in Omaha is actively working to improve the training and recruiting of Hispanic nursing students from agricultural communities in western Iowa, as well as in its own Nebraska.*

2.19 *Develop active academic pipeline partnerships with state educational organizations that provide health careers training by linking them with minority serving institutions such as Historically Black Colleges and Universities across the United States and abroad. The University of Northern Iowa, for instance, has formal, long-standing relationships with more than half a dozen minority serving institutions in Texas, Florida, and Louisiana, and has recruited thousands of African American and Hispanic students to its campus over the past decade.*

2.20 *Form an advisory team at the state level of minority health professionals and minority serving organizations to serve as advisors, liaisons, and mentors for prospective students of similar ethnic backgrounds, interested in the health field. The Michigan Consortium for Minority Health and Academic Development, for example, was the first collaboration of the three major research institutions in the State of Michigan to address some of the barriers to minority faculty recruitment, development and retention in the health professions schools.*

2.21 *Develop an electronic information bank or index of advisory team liaisons and mentors for use among groups such as recruiters and staff at institutions of higher education, as well as guidance counselors, principals, and administrators in K-12 systems.*

2.22 *Incorporate the recruitment and retention of minorities in the healthcare workforce as a stated written goal in strategic plans for institutions of higher education, K-12 school districts, hospitals, and health care organizations. Mercy Hospital in Mason City, Iowa, is one such organization that has been intensely involved in developing a written strategic plan to improve the ability of its regional organizations to provide culturally effective care by increasing minority health workers and providing multicultural training for staff.*

2.23 *Provide minority, immigrant, and refugee students at the elementary, middle, and high school levels with guidance that academically prepares them for entrance into post-secondary health workforce training programs with the proper coursework, including math and science courses.*

2.24 *Provide minority, immigrant, and refugee students in elementary, middle, and high schools, at all academic achievement levels, with applied learning experiences in health careers and the opportunity to work within their own ethnic communities. The "mini-med school" sponsored by the University of Iowa, for example, exposes young minority children to health careers in underserved clinics and other venues around the state.*

2.25 *Increase the number and amount of dollars available through foundations, corporations, government agencies, and minority serving organizations that offer scholarships and other forms of assistance to individual minority students interested in health careers. Ideally, funding should cover not just tuition and books, but surrounding personal costs such as childcare or displaced salary which can serve as critical barriers to training.*

2.26 *Implement culturally appropriate communication strategies for disseminating scholarship information to students, especially those specifically for minorities interested in health careers.*

2.27 *Review admissions criteria to incorporate a more individualized and culturally appropriate screening of students, specifically for those students of minority, refugee, immigrant, or international status.*

2.28 *Solidify the retention of minority students in health careers through minority mentorship and support networks programs and careers. For example Florida International University (FIU), through its PRIDE project, utilizes health mentors to prepare, recruit, and retain minority middle and high school students in South Florida, to the FIU nursing program.*

2.29 *Develop minority-specific training programs in the health careers, such as a certified nursing assistant program for Hispanic immigrants that could be completed in Spanish.*

2.30 *Support innovative policies such as the admission of qualified undocumented immigrants as trainees in health programs in order to address the national shortage of minority health professionals. Nationally, the DREAM (Development, Relief, and Education for Alien Minors) Act has been accepted by a number of states as legislative policy that can open educational doors for undocumented immigrants. As such, the children of undocumented immigrants in certain states such as California, Illinois, Texas, Utah, Okalahoma, and Washington can qualify for in-state tuition and state financial aid at post-secondary schools, while they regularize their legal status.*

2.31 *Incorporate creative, non-traditional educational programs to increase minorities in the health professions, such as streamlined retraining options for immigrants arriving in the U.S. with health licenses from their home countries; second career options for minorities wishing to get a new education in a health field; or the training of immigrants as entry-level minority health liaisons.*

2.32 *Integrate minorities into all levels of an organization, from front-office and admissions positions to top-level management and health provider levels, to serve as visible and successful role models from their ethnic groups.*

2.33 *Develop measurable standards and objectives for organizations, and then implement data collection systems, evaluation methods, and other accountability methods to monitor success in recruiting, training, and retaining minorities in the health professions over time.*

SECTION 3:

HEALTH WORKER CATEGORIES AND SPECIAL POPULATIONS THAT COULD BENEFIT FROM THE STRATEGIC PLAN

A. Ethnic Minority Populations in Iowa

Currently in the United States, minorities comprise approximately 25% of the country's population. By the year 2050, the U.S. Census estimates that more than 50% of the nation will be made up of minorities. This demographic shift, where minorities comprise the majority population, has already occurred in large urban or border states such as California, New York, and Texas. However, rapid ethnic diversification is also beginning to occur now in smaller rural states like Iowa. For instance, agricultural processing and manufacturing jobs are recruiting large numbers of refugees and immigrants from the United States and abroad as employees, in order to supplement a limited, aging pool of local workers in Iowa.

To this end, growth rates in Asian immigrant populations in some small Iowa towns have increased by 400% over the past decade, while Hispanics have increased by up to 1,200% in some communities. In some meatpacking towns in Iowa, it is not unusual to have newcomers from 30 or more countries, with people from each of these nationalities having a distinct language and culture. Furthermore, Iowa's immigrant and refugee newcomers are in addition to thousands of native-born minority residents who have been in the state for many decades, such as African Americans, Native Americans, and some Hispanics.

Despite the perception that Iowa is a white, racially homogeneous state, significant groups of racial and ethnic minorities do exist locally. Their numbers remain relatively small, although the percentage of their growth is dramatic in many cases. These refugees, immigrants, and minorities, who have varying levels of education, skills, cultural background, socioeconomic status, and interest, could serve as a potential recruiting pool to increase the percent of minorities in healthcare jobs in Iowa. Many of them wish to stay in the state as they value Iowa's quality of life, affordable cost of living, and orientation towards family.

Table 3A on the following pages presents a list of minority populations in Iowa which could provide a pool of recruits for healthcare workers. Additionally, several priority recommendations for workforce planners are provided, as follows:

3.1 *As the largest minority populations in Iowa, by far, are Hispanics and African Americans, initial strategic planning efforts should focus on recruiting and training individuals from these two ethnic groups. They also represent the largest numbers of minority patients in the state.*

3.2 *Other smaller ethnic groups, such as Native Americans, Bosnian immigrants, or Sudanese refugees, could be targeted for training programs in future years as the need increases.*

3.3 *Many African American and Hispanic newcomer trainees in the health fields will likely need remedial math, science, and related academic preparation in order to succeed in post-secondary educational programs, particularly those that require multiple years of study.*

3.4 *Many Hispanic newcomers will also require additional English language training in addition to remedial academic assistance in order to complete a successful health training program. They may also not currently qualify for some financial aid and programs due to their legal status in the state.*

3.5 *Many non-white, ethnic minority populations in Iowa tend to live in well-defined, segregated communities, and are often poorly integrated into the broader community. As such, recruitment and training programs may need to be concentrated on-site where these minorities live and work, in order to minimize geographic and transportation barriers.*

3.6 *Workforce planners should realize that federal funding for minority health trainees may be limited to those that are born in the United States and belong to a recognized racial or ethnic minority population, such as Hispanic, Native American, or African American. Bosnian refugees, Orthodox Jews, Ukrainian immigrants, and others are usually not categorized as racial minorities, and therefore may have poor access to financial aid programs. This is unfortunate, as a number of them were well-educated health professionals prior to immigration to Iowa.*

3.7 *Workforce planners should follow state demographic trends on a regular basis to ensure that they have current population data from which to work. This is particularly important, as a number of minority populations in the state, such as Hispanics, Eastern Europeans, and East Africans, can be quite mobile and may not reside in the same town or even state for a significant length of time. They are particularly hard to track accurately.*

TABLE 3A:
Potential Minority Populations to Recruit and Train as Health Workers

Population	Primary Locations	Comments
African Americans	Larger urban centers around the state	Native English speakers; Limited finances; may have lower education levels
African Refugees Sudanese Somalis Rwandans Liberians Others	Des Moines, Cedar Rapids, Storm Lake, Iowa City, Marshalltown, and other select communities	Many in Iowa on legal refugee visas; may have limited English language skills or poor literacy rates in native language; may have conservative values on gender roles and working women
Hispanics Mexicans Guatemalans Other Central Am Cubans Puerto Ricans Others	Widespread throughout Iowa; Large urban centers; selected small towns with meatpacking and other industries. Includes communities such as Sioux City, Dennison, Perry, Des Moines, Red Oak, Tama, Waterloo, Ottumwa, Postville, Storm Lake, Marshalltown, and others	Includes both native-born and newcomer Latinos; English language and education levels vary by country of origin and socioeconomic class; Not all newcomers have legal right to work in Iowa
Southeast Asians Vietnamese Laotian Cambodian Hmong Tai Dam Others	Scattered throughout Iowa; Des Moines, Storm Lake, and other communities.	Many originally came to Iowa on legal refugee visas from Vietnam war; Most entitled to work legally; English level varies by length of time in U.S. Tend to place high cultural value on education; Some may not value women working
Native Americans Meskwaki Lakota Winnebago Others	Scattered widely throughout state; larger concentrations in Tama on Meskwaki settlement and in urban centers like Des Moines, Sioux City, and others	Younger generation speaks native English; May have lower education levels; American citizens with legal right to work; May have cultural or socioeconomic barriers to pursuing health careers

Population	Primary Locations	Comments
Balkan Refugees Bosnians Croatians Serbians	Concentrated in Des Moines and Waterloo	Most here legally as refugees from Balkan War; English levels usually fair, but vary by age and acculturation; Generally value education; Some were health workers back home
Former Soviet Union Russian Ukrainian Uzbekistan Others	Des Moines, Postville, and other communities	Many here as economic migrants; May have legal right to work; English levels can be good but vary by age, national origin, and acculturation; Some were health workers back home
Orthodox Jews	Postville	High levels of education; Many are American-born with legal right to work and native knowledge of English; May have cultural and religious barriers to studying health care fields
Arab Muslims	Cedar Rapids and other urban centers	Can include native-born Arab Americans, as well as limited number of new immigrants from Palestine, Jordan, and other Arab areas; Immigrants may not be legally allowed to work in country, and may not want to stay in Iowa
International Students and Interns	Concentrated in Des Moines, Iowa City, Cedar Falls, Ames, and other university towns	Very diverse group; Usually well educated and good command of English; Not American citizens. May have visas only to study but not work in U.S. Some would like to stay as health workers in Iowa
Minority Student Populations outside of Iowa in the United States	Historically Black Colleges and Universities in the South; Hispanic Serving Institutions in Southwest; Native American Colleges	Minority Serving Institutions in U.S. could serve as “feeders” of diverse American students into health training in Iowa

3B: Categories of Health Providers in Need of Diverse Staff

In the United States, there is a significant lack of health workers from diverse backgrounds in almost all fields. Some of the health careers require years of training, education, and financing, such as physicians, dentists, and nurse midwives. Others require less time and money to study, such as dental assistants or practical nursing. A shortage of minority health professionals exists in virtually all the health careers in the state of Iowa, particularly among African American, Native American, and Hispanic providers. A similar state-wide shortage of minorities exists among the faculty of Iowa's health training schools, where the overwhelming majority of instructors, teachers, and professors are white. The following recommendations related to this issue are therefore provided for workforce planners. Graphic 3B also provides a visual continuum of educational opportunities in the health fields.

3.8 *Minorities, immigrants, and refugees with significant socioeconomic, language, cultural, and financial barriers to healthcare education may need to seek training in entry-level or lower-level positions, such as certified nurse assistants, while others with appropriate backgrounds can pursue more advanced careers in nursing, medicine, and the like.*

3.9 *Patients in Iowa generally have most of their healthcare encounters with nurses, physicians, and dentists. Ultimately, with limited resources for the recruitment, retention, and training of minorities as healthcare workers, the greatest focus should therefore remain on increasing minorities in the most common job categories. For instance, greater resources should focus on training minorities in the provision of primary and preventive care services, rather than in specialty fields that are less in demand by the public.*

3.10 *However, as physician and dental training is intensive, many people from disadvantaged diverse backgrounds would be more likely to complete entry level nursing programs, for instance, rather than long-term, rigorous training programs for doctors and dentists.*

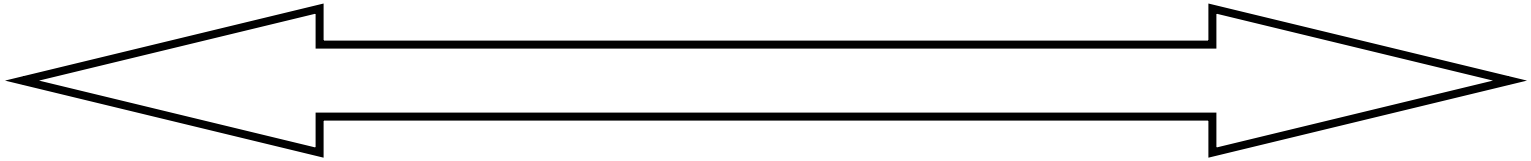
3.11 *Efforts should be made to develop innovative, new, entry-level health training programs for minorities and newcomers. For instance, qualified Sudanese refugees could be trained as community health workers and cultural liaisons who could provide preventive health information and referrals door-to-door and face-to-face in their own immigrant communities.*

3.12 *Ultimately, strategies to increase minority health trainees should be implemented simultaneously with efforts to increase minority faculty trainers around the state.*

GRAPH 3B:
Categories of Health Workers in Iowa with Minority Provider Shortages

HEALTH CAREERS

Certified Nurse Assistants	Registered Nurses	Mental Health Counselors	Physicians
Dental Assistants	Bachelor's Degree in Nursing	Physician Assistants	Dentists
Practical Nurses	Dieticians and Nutritionists	Nurse Midwives	Doctors of Public Health
Emergency Medical Technicians	Environmental Health Workers	Advanced Registered Nurse Practitioners	Doctors of Nursing Practice
Medical Assistants	Dental Hygienists	Hospital Administrators	Psychologists
Others	Athletic Trainers	Health Care Administrators	Psychiatrists
	Allied Health Workers	Others	Health Researchers
	Radiologists		Others
	Others		



LESS **Career Training Requirements**: **MORE**

Curriculum Length
Academic Rigor
Educational Costs
Proficiency in English Language and the Sciences

SECTION 4:
RECOMMENDED ORGANIZATIONS AND STAKEHOLDERS TO SERVE IN A STATEWIDE ADVISORY CAPACITY

In order to effectively implement a statewide strategic plan to increase minorities in the health professions, a number of organizations around Iowa should link as an advisory board. Without the active, on-going input and suggestions of these key stakeholders and organizations, Iowa will not be able to accomplish its goals in this area. To that end, Table 4A lists detailed contact information for organizations around the state that should play a central role in increasing minorities in the healthcare workforce. Additional organizations could be added at the discretionary of the Iowa Department of Public Health and at the recommendation of other board members. General recommendations are provided by workforce planners below:

4.1 *The Iowa Department of Public Health, through its Center for Health Workforce Planning, should be the lead agency in coordinating a statewide advisory board to increase minorities in the health workforce.*

4.2 *In general, the advisory network should include representatives from a variety of categories of organizations that cover all four quadrants of the state. These categories should include representatives from educational institutions, health training organizations, key hospital systems, various medical boards and licensure organizations, health professional associations, high school systems around the state with significant minorities, government agencies such as the Department of Education and the Bureau of Refugee Affairs, key non-profit organizations, and others.*

4.3 *The advisory network should also have active, powerful representation of a variety of minority organizations as well. These organizations could include ethnic minority associations, faith institutions, commissions, community representatives, and the like.*

4.4 *Because this statewide advisory network would be large, meetings may be best if held quarterly or biannually. Additionally, alternative technology may need to be used to ensure the active presence of minority representatives. Many of these minority representatives serve on multiple boards and are often overworked. They also may not have funds from their agencies to travel long distances or stay overnight for meetings. As such, meetings may need to be held via the ICN or through regular e-mail correspondence. Face-to-face meetings, though, are ultimately* important to *many minority populations, which could necessitate the need for regional submeetings to allow for periodic personal gatherings with workforce planners.*

TABLE 4A:

Potential Partners for Advisory Board to Increase Minorities in Health Professions

Educational Institutions		
	Phone	**Website**
Allen College	319-226-2000	www.allencollege.edu/
Clarke College - Department of Physical Therapy - Dubuque	800-383-2345	www.clarke.edu/
Covenant Schools of Radiologic Technology	(319) 272-7296	www.covhealth.com/services/radiology_school.asp
Des Moines Area Community College	515-964-6200 or 1-800-362-2127	www.dmacc.cc.ia.us/
Des Moines University	515-271-1400	www.dmu.edu/admissions/
Drake University - College of Pharmacy and Health Sciences	515-271-3181 or 800-443-7253	www.pharmacy.drake.edu/
Hamilton College	641-423-2530 or 800-274-2530	www.hamiltoncollegemc.com/2005/
Hawkeye Community College	319 296-4295	www.hawkeye.cc.ia.us/
Iowa Central Community College	515-576-7201or 800-362-2793	www.iccc.cc.ia.us/default.asp
Iowa Methodist School of Radiologic Technology	515-241-6266	www.ihsmeded.org/
Iowa State University	515-294-4111	www.iastate.edu/
Iowa Western Community College - Health, Biological & Sports Sciences	712-325-3200 or 800-432-5852	www.iwcc.cc.ia.us/
K-12 Schools With Significant Minority Populations	Various schools in the state	
Kaplan University	Online: 563-441-2440, Davenport Campus: 563-355-3500	www.mykaplan-university.org
Kirkwood Community College	319-398-5517 or 800-363-2220	www.kirkwood.cc.ia.us/
Marshalltown Community College	641-752-7106	www.iavalley.cc.ia.us/mcc/
Mercy College of Health Sciences - Division of Allied Health	515-643-6715 or 800-637-2994	www.mchs.edu/
Mercy/St Lukes Hospital School of Radiologic Technology	319-369-7097	6www.isrt.org/MSTL.htm

(Educational Institutions – Continued)		
Northeast Iowa Community College	800-728-7367	www.nicc.edu/
Palmer College of Chiropractic	563-884-5000	www.palmer.edu/
Scott Community College	563-441-400 or 800-895-0811	www.eicc.edu/scc/index.html
St. Ambrose University - College of Education and Health Sciences	563/333-6000 or 800-383-2627	www.sau.edu/
University of Iowa - College of Medicine	319-335-8052	www.medicine.uiowa.edu/
University of Iowa – College of Nursing	319-335-7018	www.nursing.uiowa.edu/
University of Iowa - College of Pharmacy	319-335-8795	www.pharmacy.uiowa.edu/
University of Iowa - College of Public Health	319-384-8421	www.public-health.uiowa.edu/
University of Northern Iowa	319-273-2311	www.uni.edu/
Western Iowa Community College	712-325-3200 or 800-432-5852	www.iwcc.cc.ia.us/
Western Iowa Technical Community College	712-274-6400 or 800-352-4649	www.witcc.cc.ia.us/

Professional Boards and Organizations

		Website
American Lung Association of Illinois-Iowa		http://www.lungil.org/il/
Heartland Association of Diabetes Educators		http://www.hadenet.com/
Iowa Academy of Family Physicians		http://www.iaafp.org/
Iowa Academy of General Dentistry		http://www.iowaagd.org/
Iowa Association for Home Care		http://www.iowahomecare.org/
Iowa Association for Marriage and Family Therapy		http://www.iamft.com/
Iowa Association of Activity Professionals		www.iowaaap.org/index.html
Iowa Association of Community Providers		http://www.iowaproviders.org/
Iowa Association of Nurse Anesthetists		http://www.iowacrnas.com/
Iowa Association of Nurse Practitioners		http://www.iowaanp.org/
Iowa Association of Nursing Students		http://www.ianstudents.com/
Iowa Board of Chiropractic Examiners		www.idph.state.ia.us/licensure
Iowa Board of Dental Examiners		www.state.ia.us/dentalboard/
Iowa Board of Medical Examiners		www.docboard.org/ia
Iowa Board of Nursing		www.state.ia.us/nursing/
Iowa Board of Pharmacy Examiners		http://www.state.ia.us/ibpe/
Iowa Board of Substance Abuse Certification		http://www.ibsac.org/

(Professional Boards and Organizations – Continued)		
Iowa Chiropractic Society		www.iowadcs.org/icsaboutus.htm
Iowa Community Health Leadership Institute		www.ihsdesmoines.org
Iowa Dental Association		www.iowadental.org/
Iowa Dental Hygienist's Association		http://www.iowadha.com/
Iowa Diatetic Association		www.eatrightiowa.org/
Iowa Emergency Medical Services Association		http://www.iemsa.net/site/index.html
Iowa Emergency Nurses Association		http://www.iowaena.org/
Iowa Environmental Health Association		www.ieha.net
Iowa Health Care Association		www.iowahealthcare.org/
Iowa Hospital Association		www.ihaonline.org/
Iowa Medical Society		www.iowamedical.org/
Iowa Mental Health Counselors Association		www.imhca.net/
Iowa Nebraska Primary Care Association		www.ianepca.com/
Iowa Nurse Practitioner Society		http://www.iowanpsociety.org/
Iowa Nurses Association		www.iowanurses.org/
Iowa Occupational Therapy Association		http://www.iowaot.org/
Iowa Optometric Association		http://www.iowaoptometry.org/
Iowa Osteopathic Medical Assiciation		http://www.ioma.org/
Iowa Pharmacy Association		http://www.iarx.org/
Iowa Physical Therapy Association		www.iowaapta.org
Iowa Podiatric Medical Society		http://www.ipms.org/
Iowa Psychiatric Society		http://www.iowapsych.org/
Iowa Psychological Association		http://www.iowapsychology.org/
Iowa Public Health Association		www.iowapha.org
Iowa Rural Health Association		www.iaruralhealth.org/
Iowa Society for Respiratory Care		http://www.iasrc.org/
Iowa Society of Medical Assistants		http://www.iowasma.org/
Iowa Society of Radiologic Technologists		http://www.isrt.org/
Iowa Speech-Language Hearing Association		http://www.isha.org/
Iowa/Nebraska Primary Care Association		http://www.ianepca.com/

Iowa State Government Agencies		
	Phone	**Website**
Department of Education State of Iowa	515-281-5294	www.state.ia.us/educate/
Migrant Education Program		www.state.ia.us/educate/ecese/is/titlei/mep.html
English Language Acquisition, Language Enhancement, and Academic Achievement		www.ed.gov/about/offices/list/oela/
Iowa Bureau of Refugee Services	800-326-2780	www.dhs.state.ia.us/Homepages/dhs/refugee
Iowa Civil Rights Commission	800-457-4416	www.state.ia.us/government/crc/
Iowa Department of Human Rights	515-242-6171	www.state.ia.us/government/dhr/
Iowa Department of Public Health		www.idph.state.ia.us
Iowa Department of Public Health: Minority Health		www.idph.state.ia.us/ch/minority_health.asp
Iowa Division of Latino Affairs	515-242-4070	www.state.ia.us/government/dhr/la/
Iowa Workforce Development	515-281-5387 or 800-562-4692; TTY: 515-281-4748 or 800-831-1399	www.iowaworkforce.org/
Muscatine New Iowan Center	563-264-6014	www.iowaworkforce.org
New Iowans Center-Sioux City/Iowa Workforce Development Center	712-277-8540	www.iowaworkforce.org
Ottumwa New Iowan Center	641-684-0279	www.iowaworkforce.org

Statewide and Local Non-Government Organizations (NGOs)		
	Phone	**Website**
CASA Center for Assistance, Service, and Advocacy	712-722-3324 or 712-722-0195	
Catholic Charities		www.catholiccharitiesinfo.org/states/IA.htm
Diocese of Davenport	563-324-1911	www.catholiccharitiesinfo.org/states/IA.htm
Catholic Charities, Des Moines	515-244-3761	www.catholiccharitiesinfo.org/states/IA.htm
Catholic Charities, Dubuque	563-556-2580	www.catholiccharitiesinfo.org/states/IA.htm
Catholic Charities, Sioux City	712-252-4547	www.catholiccharitiesinfo.org/states/IA.htm
Chinese Association	515-283-4282	
El Centro Latinamericano	319-287-5046	
Heartland Alliance for Human Needs and Human Rights		www.heartlandalliance.org
(Statewide and Local Non-Government Organizations		

(NGOs) – Continued)		
Hispanic Information Center	712-263-8022	
Hispanic Or Latino Coalition Association (HOLA)	319-234-7589	www.iowachinese.org
Human Rights Commission	515-283-4284	www.ci.des-moines.ia.us/departments/hrt/
Immigrant Rights Network of Iowa-Nebraska		www.irnin.org
Immigrant Rights Project (American Friends Service Committee)	515-274-4851	www.afsc.org/pdesc/pd261.htm
Iowa Asian Alliance	515-309-6047	www.iowaasianalliance.com
Iowa Commissions on the Status of African Americans (ICSAA)		www.state.ia.us/government/dhr/saa/
Iowa Council for International Understanding		www.iciu.org/
Iowa EXPORT Center of Excellence on Health Disparities	319-273-7965	www.iowaprojectexport.org
Iowa Immigration Legal Project	515-271-5730	
Justice for Our Neighbors Clinics		
La Casa Latina	712-252-4259	
Lutheran Social Services: Des Moines	515-274-4946	www.lsiowa.org
Lutheran Social Services: Waverly	319-352-2630	www.lsiowa.org/
MidTESOL (MidAmerica Teachers of English to Speakers of Other Languages)		www.MidTESOL.org
Midwest Equity Assistance Center	785-532-6408 or 800-232-0133 (ext. 6408)	www.meac.educ.ksu.edu
Proteus	515- 271-5303 or 800-372-6031	www.showcase.netins.net/web/proteus/
Refugee Cooperative Ministries	515-277-5131	www.dmdiocese.org/Index.aspx?menuitemid=606
Southwest Iowa Latino Resources Center	712-623-3591	
St. Ambrose Sudanese Catholic Community	515-288-7411 ext. 204	
Sudanese American Federation Association	515-288-3920	
The Mexico-U.S. Advocates Network	312-660-1343	www.mexicousadvocates.org
UNI Global Health Corps	319-273-6411	www.globalhealthcorps.org
United Action for Youth	319-338-7518 or 800-850-3051	www.unitedactionforyouth.org

SECTION 5:

POTENTIAL ACADEMIC, LANGUAGE, AND MINORITY INSTITUTIONAL PIPELINE PARTNERS

As noted previously in this document, many minority and immigrant students have significant academic barriers to entering health training programs. Some may not be native speakers of English, while others may have limited science, math, or reading skills necessary to success in the health occupations. Research has shown that graduation and retention rates for minorities in health training and employment will usually be quite lower than that for their white counterparts, unless academic support, English language, and remedial education services are available. This section therefore provides the results of a data search for existing mentoring, language, and academic support services that are offered by many of the various post-secondary health training programs around Iowa, as seen in Table 5A. Table 5B provides names of minority serving institutions around the United States that could be approached by recruiters from Iowa health schools and employment organizations to serve as minority pipeline partners for state agencies. General recommendations are also provided for workforce planners that relate to the issue of identifying potential academic, language, and minority institutional partners.

5.1 *Any efforts to increase minorities in the health professions must seriously attempt to address academic and language barriers to successful completion of training programs. These barriers can contribute to low rates of admissions, as well as poor retention of trainees.*

5.2 *Science, math, and language preparation should begin as early as possible in a student's career. Minority students should be exposed at the K-12 levels if possible to a variety of health careers, and should be guided into the proper health science tracks in their academic studies.*

5.3 *Educators should recognize that many minorities require labor-intensive, personal, face-to-face assistance, mentoring, and guidance in completing their health training programs. As much effort, if not more, will need to be put on the retention of minority health trainees through academic, language, and mentoring assistance, as was initially spent on the recruitment of these students.*

5.4 *Health training programs may need to develop alternative admissions procedures to allow for greater recruitment of diverse and underserved populations. Admissions policies that are more holistic in their evaluation of multiple elements of an applicant's skills may be more effective than relying on standardized tests.*

5.5 *Where possible, health schools should sponsor specialized and innovative training programs for groups of minorities that are culturally specific. For instance, a certified nursing assistant training program could be sponsored for qualified new immigrants in their native language, while they simultaneously improve their English skills.*

TABLE 5A:

Organization	Minority Mentoring Assistance Available	Remedial Language & Science Assistance Preparation Available
Regents Institutions		
Iowa State University	Y	Y
University of Iowa	Y	Y
University of Northern Iowa	Y	Y
Private Schools		
Allen College	N	Y
Ashford University	N	N
Briar Cliff University	N	N
Buena Vista University	N	Y
Clarke College	Y	Y
Central College	N	Y
Coe College	N	N
Cornell College	N	N
Covenant Schools of Radiologic Technology	N	N
Des Moines University	N	N
Dordt College	N	N
Drake University	Y	Y
Graceland University	N	Y
Grand View College	N	N
Grinnell College	N	N
Hamilton College	N	N
Iowa Methodist School of Radiologic Technology	N	N
Iowa Wesleyan College	N	N
Jennie Edmundson School of Radiologic	N	N
Kaplan College	N	N
Loras College	N	N
Luther College	N	N
Maharishi University of Management	N	Y
Mercy College of Health Sciences	N	N
Mercy/St. Lukes Hospital School of Radiologic	N	N
Morningside College	N	Y
Mount Mercy College	N	N
Northwestern College	Y	Y
Palmer College of Chiropractic	N	N
Saint Ambrose University	N	N
Simpson College	N	N

Organization	Minority Mentoring Assistance Available	Remedial Language & Science Assistance Preparation Available
Private Schools-Continued		
St. Luke's College (Sioux City)	N	N
University of Dubuque	N	Y
Upper Iowa University	N	Y
Vatterott College	N	N
Waldorf College	N	Y
Wartburg College	Y	Y
William Penn University	N	N
Community Colleges		
Des Moines Area Community College	N	Y
Eastern Iowa Community College District	N	N
Hawkeye Community College	N	N
Indian Hills Community College	N	Y
Iowa Central Community College	N	Y
Iowa Lakes Community College	N	Y
Iowa Valley Community College	N	Y
Iowa Western Community College	Y	Y
Kirkwood Community College	N	Y
North Iowa Community College	N	Y
Northeast Iowa Community College	N	Y
Northwest Iowa Community College	N	Y
Southeastern Community College	Y	Y
Southwestern Community College	N	Y
Western Iowa Tech Community College	N	N

TABLE 5B:

Key Minority Serving Institutions

Historically Black Colleges and Universities (HBCU):

Institutions established prior to 1964 whose principal mission was, and is, the education of black Americans. These institutions must be accredited by a nationally recognized accrediting agency or association determined by the Secretary of Education.

ALABAMA
Alabama A&M University
Alabama State University
Bishop State Community College
Concordia College
J.F. Drake State Technical College
Lawson State Community College
Miles College
Oakwood College
Selma University
Shelton State Community College
Stillman College
Talladega College
Trenholm State Technical College
Tuskegee University
ARKANSAS
Arkansas Baptist College
Philander Smith College
Shorter College
University of Arkansas at Pine Bluff
CALIFORNIA
Charles Drew University of Medicine and Science
DELAWARE
Delaware State University
FLORIDA
Bethune Cookman College
Edward Waters College
Florida A&M University
Florida Memorial College
GEORGIA
Albany State College
Clark Atlanta University
Fort Valley State College
Interdenominational Theological Center
Morehouse College
Morehouse School of Medicine
Morris Brown College
Paine College
Savannah State University
Spelman College

KENTUCKY
Kentucky State University
LOUISIANA
Dillard University
Grambling State University
Southern University and Agricultural and Mechanical College
Southern University, New Orleans
Southern University, Shreveport
Xavier University of Louisiana
MARYLAND
Bowie State University
Coppin State College
Morgan State University
University of Maryland, Eastern Shore
MICHIGAN
Lewis College of Business
MISSISSIPPI
Alcorn State University
Coahoma Community College
Hinds Community College
Jackson State University
Mary Holmes College
Mississippi Valley State University
Rust College
Tougaloo College
MISSOURI
Harris-Stowe State College
Lincoln University
NORTH CAROLINA
Barber-Scotia College
Bennett College
Elizabeth City State University
Fayetteville State University
Johnson C. Smith University
Livingstone College
North Carolina Agricultural and Technical State University
North Carolina Central University
Shaw University
St. Augustine's College
Winston-Salem State University
OHIO
Central State University
Wilberforce University
OKLAHOMA
Langston University
PENNSYLANVIA
Cheyney University of Pennsylvania
Lincoln University

SOUTH CAROLINA
Allen University
Benedict College
Claflin College
Clinton Junior College
Denmark Technical College
Morris College
South Carolina State University
Voorhees College
TENNESSEE
Fisk University
Knoxville College
Lane College
Lemoyne-Owen College
Meharry Medical College
Tennessee State University
TEXAS
Huston-Tillotson College
Jarvis Christian College
Paul Quinn College
Prairie View A&M University
Southwestern Christian College
Texas College
Texas Southern University
The University of Texas at El Paso
Wiley College
VIRGINIA
Hampton University
Norfolk State University
Saint Paul's College
Virginia State University
Virginia Union University
WASHINGTON D.C.
Howard University
University of the District of Columbia
WEST VIRGINIA
Bluefield State College
West Virginia State College
SOURCE: http://www.edonline.com/cq/hbcu/

Hispanic Serving Institutions (HSI)
A non-profit, accredited college, university or system where total Hispanic enrollment constitutes a minimum of 25% of the total enrollment.
ARIZONA
Arizona Western College
Central Arizona College
Cochise College Douglas
Estrella Mountain Community College
Phoenix College
Pima County Community College District
South Mountain Community College
University of Arizona South
CALIFORNIA
Alliant International University San Diego Scripps Ranch
Antelope Valley College
Bakersfield College
California State Polytechnic University Pomona
California State University Bakersfield
California State University Dominguez Hills
California State University Fresno
California State University Fullerton
California State University Long Beach
California State University Los Angeles
California State University Monterey Bay
California State University Northridge
California State University San Bernardino
California State University Stanislaus
Cañada College
Cerritos College
Chaffey College
Citrus College
City College of San Francisco Phelan
College of the Desert
College of the Sequoias
East Los Angeles College
El Camino Community College
Fresno City College
Fullerton College
Gavilan College
Glendale Community College
Hartnell College
Heald College Salinas
Heald College District
Imperial Valley College
Kern Community College District
Long Beach City College

(CALIFORNIA CONTINUED)
Los Angeles County College of Nursing and Allied Health
Los Angeles Mission College
Los Angeles Trade-Technical College
Mt. San Antonio College
Mt. San Jacinto College
National Hispanic University
Occidental College
Oxnard College
Palo Verde Community College
Palomar College
Pasadena City College
Reedley College
Rio Hondo College
Riverside Community College Riverside City
San Bernardino Community College District
San Bernardino Valley College
San Diego State University Imperial Valley
Santa Ana College
Santa Monica College
Southwestern College
University of La Verne
Ventura College
Victor Valley College
West Hills Community College
West Los Angeles College
Whittier College
Woodbury University
Yosemite Community College District
COLORADO
Adams State College
Colorado State University Pueblo
Community College of Denver
Otero Junior College
Pueblo Community College
Trinidad State Junior College
CONNECTICUT
Capital Community College
FLORIDA
Barry University
Broward Community College District Administrative Offices
Carlos Albizu University Miami
Florida International University
Miami Dade College District Administration
Miami Dade College North Campus
Nova Southeastern University
St. Thomas University
University of Miami Coral Gables
Valencia Community College Osceola

ILLINOIS
Malcolm X College City Colleges of Chicago
Morton College
Northeastern Illinois University
Richard J. Daley College City Colleges of Chicago
Robert Morris College City Colleges of Chicago
St. Augustine College Main
Wilbur Wright College City Colleges of Chicago
IOWA
Iowa Central Community College Storm Lake
KANSAS
Donnelly College
MASSACHUSETTS
Urban College of Boston
NEW JERSEY
Hudson County Community College
New Jersey City University
Passaic County Community College Paterson
Saint Peter's College
Union County College
NEW MEXICO
Albuquerque Technical Vocational Institute
College of Santa Fe
Eastern New Mexico University Main
Eastern New Mexico University Roswell
Mesalands Community College
New Mexico Highlands University
New Mexico Junior College
New Mexico State University Alamogordo Branch Community College
New Mexico State University Carlsbad Branch Community College
New Mexico State University Doña Ana Branch Community College
New Mexico State University Grants
New Mexico State University Main
Northern New Mexico Community College
Santa Fe Community College
University of New Mexico Main
University of New Mexico Valencia
Western New Mexico University Main
NEW YORK
Boricua College
Borough of Manhattan Community College (N) City University of New York
Bronx Community College City University of New York
City College of New York City University of New York
College of Mount Saint Vincent
Hostos Community College City University of New York
John Jay College of Criminal Justice City University of New York
La Guardia Community College City University of New York
Lehman College City University of New York

(NEW YORK CONTINUED)
Mercy College
Metropolitan College of New York Main
New York City College of Technology City University of New York
Vaughn College of Aeronautics and Technology
PENNSYLVANIA
Eastern University Nueva Esperanza Center for Higher Education
PUERTO RICO
American University of Puerto Rico Bayamón
Atlantic College
Caribbean University Bayamón
Colegio Universitario de San Juan
Conservatory of Music of Puerto Rico
Escuela de Artes Plásticas de Puerto Rico
Inter American University of Puerto Rico Metropolitan Campus
Inter American University of Puerto Rico Aguadilla
Inter American University of Puerto Rico Arecibo
Inter American University of Puerto Rico Barranquitas
Inter American University of Puerto Rico Fajardo
Inter American University of Puerto Rico Guayama
Inter American University of Puerto Rico Ponce
Inter American University of Puerto Rico San Germán
Inter American University of Puerto Rico System Central Office
Pontifical Catholic University of Puerto Rico Ponce
Sistema Universitario Ana G. Méndez Central Administration
Universidad Adventista de las Antillas
Universidad Central del Caribe
Universidad del Este
Universidad del Turabo
Universidad Metropolitana
Universidad Politecnica de Puerto Rico
University of Puerto Rico Aguadilla
University of Puerto Rico Arecibo
University of Puerto Rico Bayamón
University of Puerto Rico Carolina
University of Puerto Rico Cayey
University of Puerto Rico Humacao
University of Puerto Rico Mayagüez
University of Puerto Rico Medical Sciences Campus
University of Puerto Rico Río Piedras
University of the Sacred Heart
TEXAS
Alamo Community College District
Amarillo College
Coastal Bend College
Del Mar College
El Centro College
El Paso Community College
Houston Community College System

(TEXAS CONTINUED)
Laredo Community College Main
Midland College
Mountain View College
Northwest Vista College
Our Lady of the Lake University
Palo Alto College
San Antonio College
San Jacinto College North
South Plains College
South Texas College
Southwest Texas Junior College
St. Edward's University
St. Mary's University
St. Philip's College
Sul Ross State University
Texas A&M International University
Texas A&M University Corpus Christi
Texas A&M University Kingsville
Texas State Technical College Harlingen
University of Houston Downtown
University of St. Thomas
University of Texas Pan American
University of Texas at Brownsville and Texas Southmost College
University of Texas at El Paso
University of Texas at San Antonio
University of Texas Health Science Center at San Antonio
University of Texas of the Permian Basin
University of the Incarnate Word
Victoria College
Western Texas College
WASHINGTON
Columbia Basin College
Heritage University

Source: Hispanic Association of Colleges and Universities, http://www.hacu.net/assnfe/CompanyDirectory.asp?STYLE=2&COMPANY_TYPE=1,5

TRIBAL COLLEGES AND UNIVERSITIES
These colleges are, with few exceptions, tribally controlled and located on reservations. They are all members of the American Indian Higher Education Consortium.
ARIZONA
Diné College
MICHIGAN
Bay Mills Community College
MINNESOTA
White Earth Tribal and Community College
MONTANA
Fort Belknap College
Fort Peck Community College
Little Big Horn College
Salish Kootenai College
Stone Child College
NORTH DAKOTA
Cankdeska Cikana (Little Hoop) Community College
Sitting Bull College
Turtle Mountain Community College
NEBRASKA
Nebraska Indian Community College
NEW MEXICO
Crownpoint Institute of Technology
Institute of American Indian Arts
SOUTH DAKOTA
Oglala Lakota College
Sisseton Wahpeton College
WISCONSIN
College of Menominee Nation
Lac Courte Oreilles Ojibwa Community College
SOURCE: White House Initiative on Tribal Colleges and Universities
Tribal Colleges and Universities Address List
http://www.ed.gov/about/inits/list/whtc/edlite-tclist.html

SECTION 6.

IOWA'S EXISTING RESOURCES TO IMPLEMENT THE STRATEGIC PLAN

Background:

As part of the strategic planning process, the Iowa EXPORT Center of Excellence on Health Disparities conducted a statewide assessment of financial, programmatic, academic, and related resources that exist currently in the state that relate to increasing minorities in the healthcare workforce. A questionnaire, which can be seen in Appendix 1 of this strategic planning document, was developed to collect information on a variety of resource issues, so that the data could ultimately be entered into a series of directories and tables for use by minority students, workforce planners, organizations, and the public. Discussions were conducted through telephone interviews, with additional or missing information sometimes being collected through websites or written marketing brochures from agencies. Overall, 104 agencies and organizations around the state that are involved in health worker recruitment, training, hiring, and/or retention were participants in the assessment, including 40 undergraduate and graduate schools, both public and private; 20 two-year schools, such as community colleges and allied health programs; and 44 related organizations such as licensure boards, professional health associations, and foundations. Other data collected during the assessment have been incorporated into tables and graphs throughout this planning document. A number of graph and charts are also included behind the highlights of the results as discussed in the following pages.

Results:

6.1 Prevalence of Health Training Programs Available in State

Overall, of the 40 undergraduate and graduate schools contacted in the state,

- *17 offered pre-professional health training programs,*
- *5 offered associate health degree programs,*
- *26 offered bachelors level health programs,*
- *7 offered master's level health programs, and*
- *7 offered doctoral level health programs.*

Of the 20 community colleges and two-year institutions contacted in the state,

- *8 offered pre-professional health programs,*
- *20 offered associate health degree programs,*
- *None offered bachelors level health programs,*
- *None offered masters level health programs, and*
- *None offered doctoral level health programs*

Of the 44 non-profit organizations, professional health associations, licensure boards, foundations, and health corporations contacted,

- *None offered pre-professional health programs,*
- *None offered associate health degree programs,*
- *None offered bachelors level health programs,*
- *None offered masters level health programs, and*
- *None offered doctoral level health programs.*

6.2 Scholarship Offerings and Related Financial Resources for Trainees

- *100% of the schools contacted offer some type of scholarship to all students at their institution.*

- *About 70% of the four-year schools have some type of scholarship that was earmarked for minority or underrepresented students, but only about 10% are related specifically to health care. Additionally, the majority of these scholarships are very minimal amounts, ranging typically from $200 to $1000.*

- *About 50% of the two-year and specialty institutions offer scholarships to minority students. The majority of these scholarships range from $200 - $1000 and are usually not renewable, although some can be annually. Additionally, only about 10% of the scholarships available are specifically for health students.*

- *About 55% of the foundations, corporations, and professional health associations contacted provide scholarships to students. However, only 18% of those organizations specifically provide scholarships for minorities, with 9% specifically available for any student studying a health major. Only a few of these funding sources are available to individuals. Many organizations provide funding to institutions of higher education, but leave funding distribution up to the discretion of each institution.*

- *Many of the 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.*

6.3 Perception of Need for Increasing Minorities in Iowa's Health Workforce

- *92% of those at four-year institutions responded that it was necessary to increase minority health workers in Iowa. Two institutions had not discussed it, while others said it was not a necessary goal.*

- *95% of representatives from two-year/specialty institutions reported that there is a need to increase minorities in the health care workforce. The one person who responded in disagreement noted that "males", rather than ethnic minorities, were the more significant population lacking in many healthcare fields as providers.*

- *Of the 44 foundations, corporations, and professional health associations that responded, 100% agreed with the need to increase minorities in the health professions. One hospital foundation in a diverse urban area noted succinctly, "We are always anxious to have a workforce representative of the community we serve."*

6.4 Incorporation of Multicultural Goals into Organizational Strategic Plan

- *Only about 5% (2 of 44) of the foundations, corporations, and professional health associations responded that they have written strategic plans or company goals that cite the need to increase minorities in the health workforce.*

- *Similarly, about 45% of the two-year institutions reported that increasing minorities was a part of their overall strategic plan. However, only 30% of the plans are specific to health care professional training programs.*

- *About 53% of four-year institutions have a strategic plan to increase the number of minorities at their institution. However, only 38% had plans specific to minority health care workers.*

- *Many of the other institutions interviewed in the assessment indicated that they were starting to make an effort to increase minorities in their health care programs, but had not yet converted those ideals into written plans.*

6.5 Undocumented Student Enrollment

- *98% of the institutions contacted reported that they "do not" accept undocumented students or they "have not encountered" a request for such admission. The few institutions that do accept undocumented students consider them as international students, so often there is no funding or other financial support available for these students at more affordable, in-state prices.*

6.6 Programs, Partnerships, & Recruitment

- *Very few of the institutions contacted offer programs that specifically train individuals to interact in a culturally competent manner with minorities.*

- *Only about 5% of all institutions, corporations, foundations, and associations contacted work with other minority serving institutions and organizations to recruit minorities.*

- *The majority of institutions contacted report using diverse marketing materials, such as incorporating males, females, and racially diverse faces into their brochures. However, most of the marketing is done in English, even for international students.*

6.7 Highlights of Open-Ended Responses That Were Cited Most Frequently As Ways to Increase Minorities in Iowa's Healthcare Workforce.

- *Provide hands-on learning opportunities for minority students.*

- *Start working with the students at younger ages – middle school or elementary school.*

- *Remember that not only the top students in the class can make it in the health care field, so working with the mid-level students, such as those with B and C averages, can also be helpful.*

- *Develop a relationship with health care providers, educators, and administrators in the community to serve as mentors or to be available to talk with prospective students about the opportunities in the health field.*

- *Focus recruitment efforts in Iowa on minority serving high schools.*

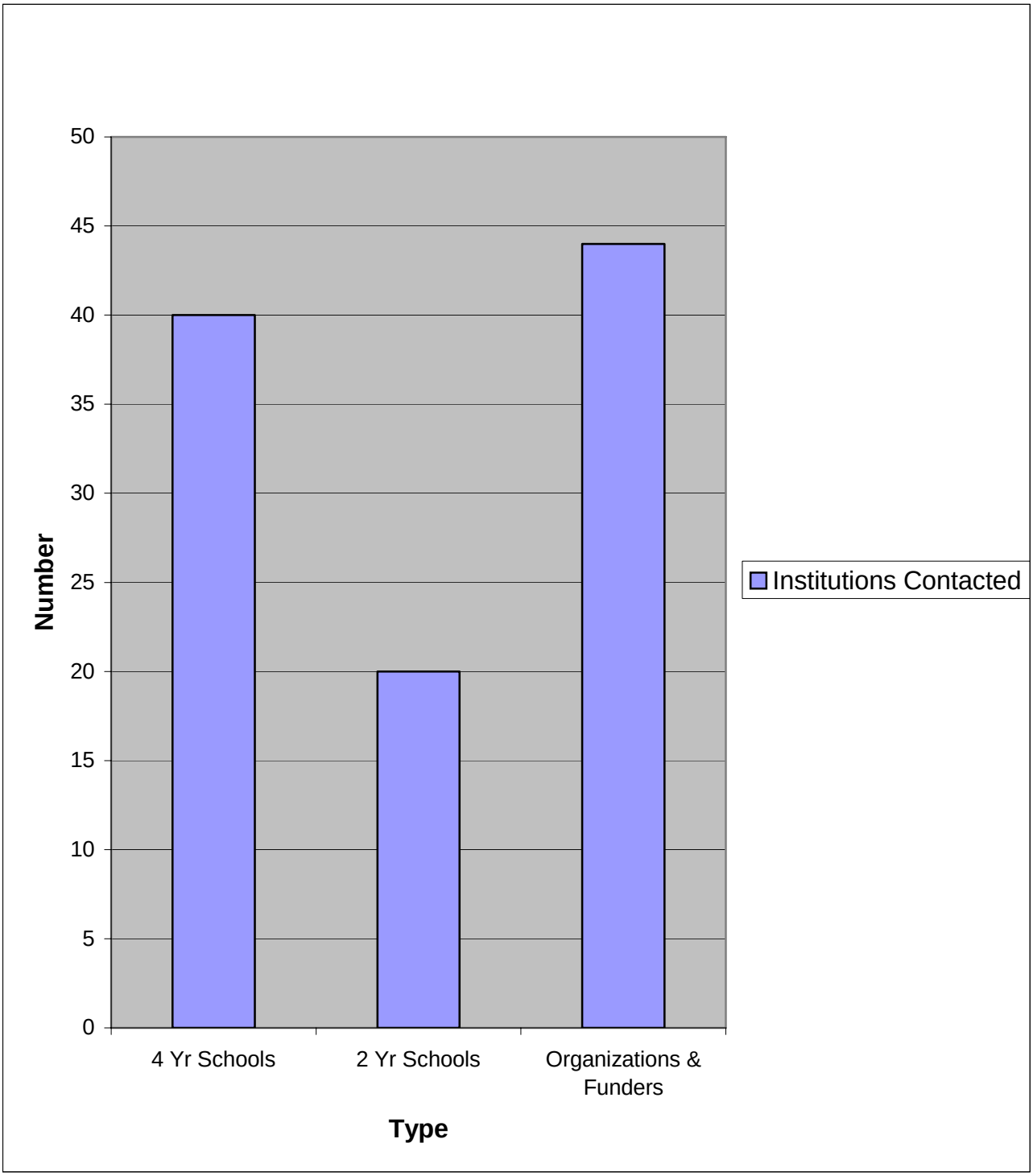
- *Develop pipelines with minority serving institutions.*

- *Once the students are recruited to the institution for health care training, it is important to mentor and re-connect with those students to follow up on their academic decisions to continue in the health care field.*

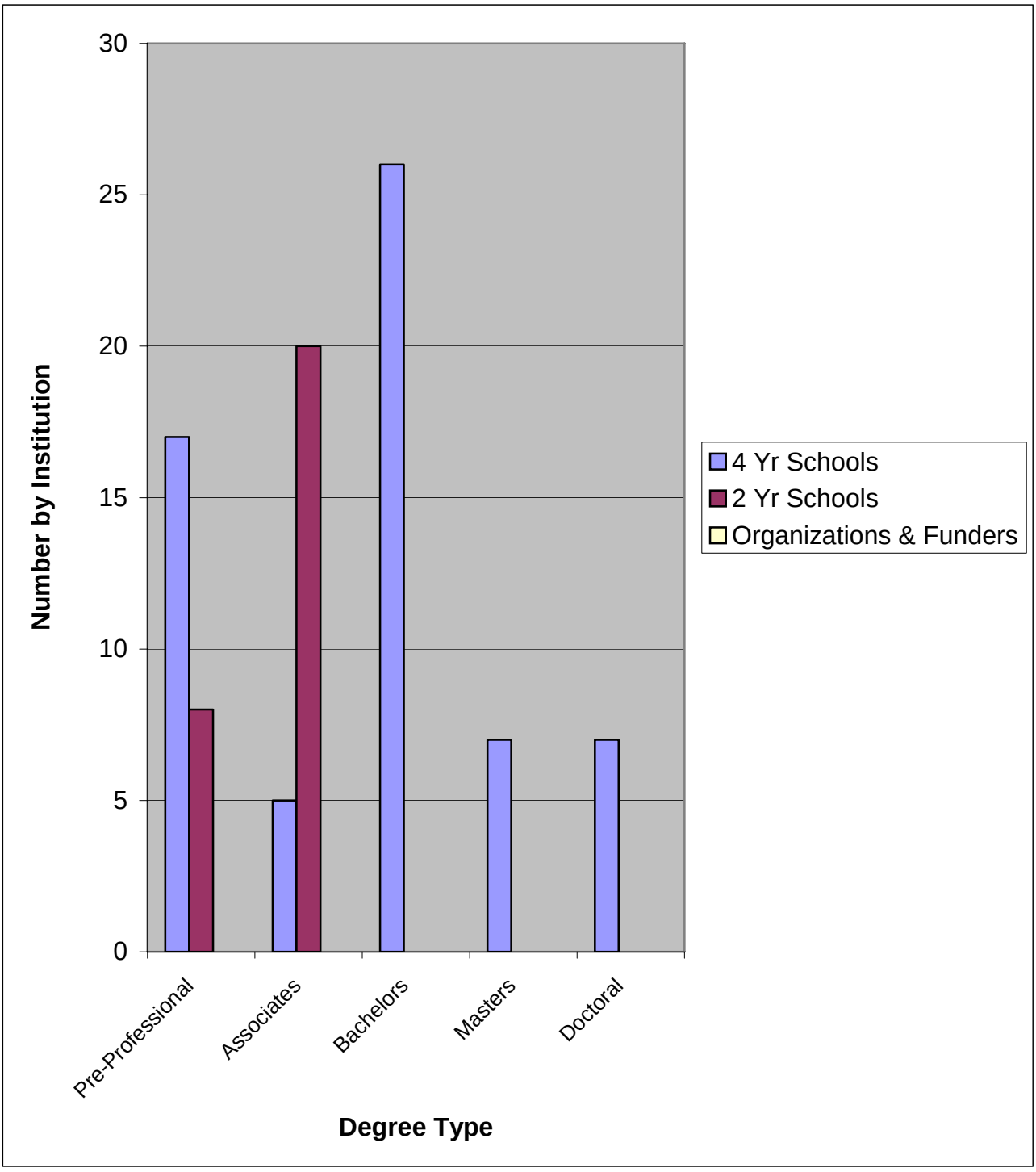
- *Increase the number of minorities studying on urban campuses, so the suburban campus wait lists will decrease.*

- *Be sure that students are being properly prepared with math and science backgrounds before leaving high school.*

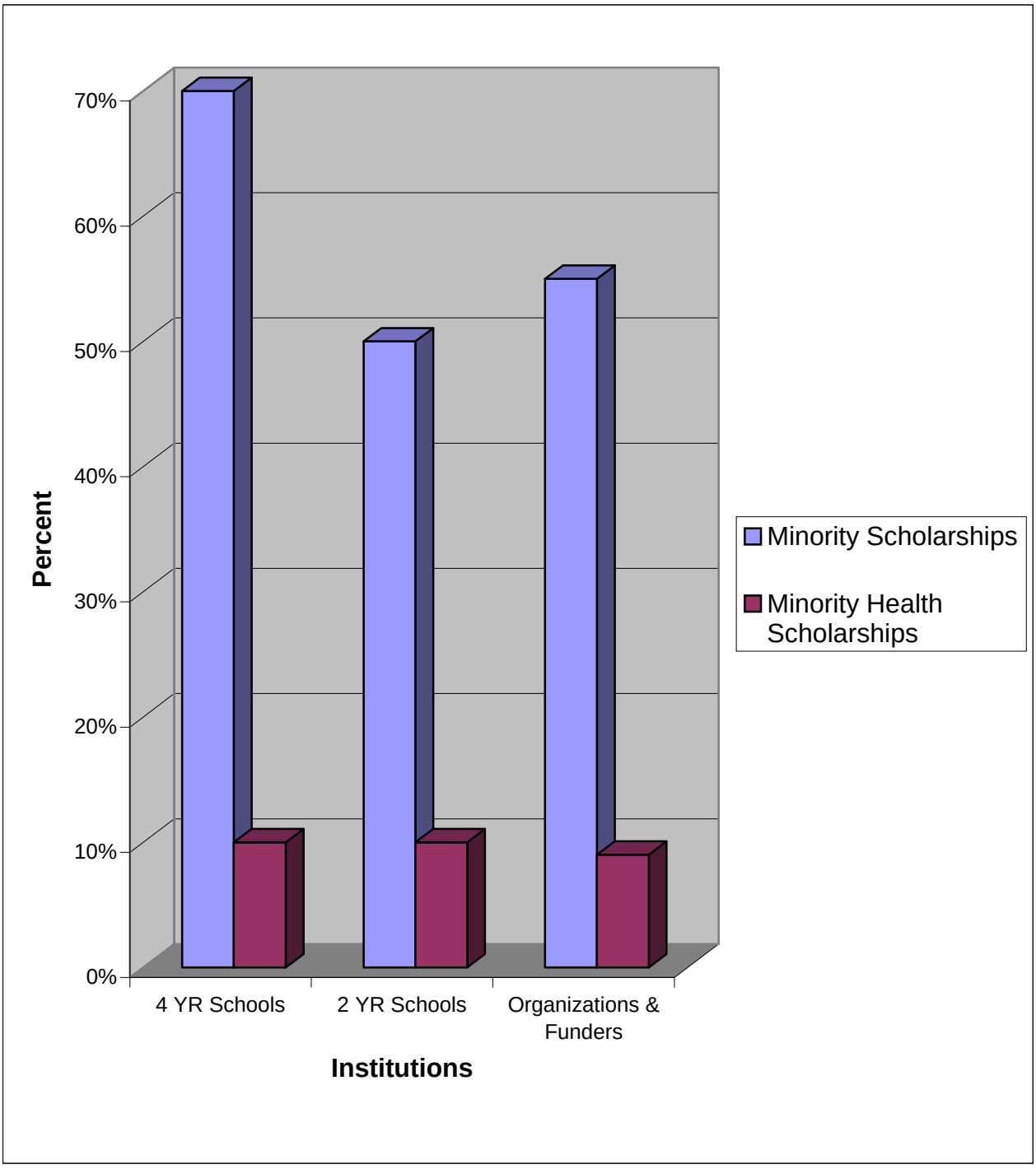
GRAPH 6A:
Sample Size of Health Training Institutions Participating in the Assessment



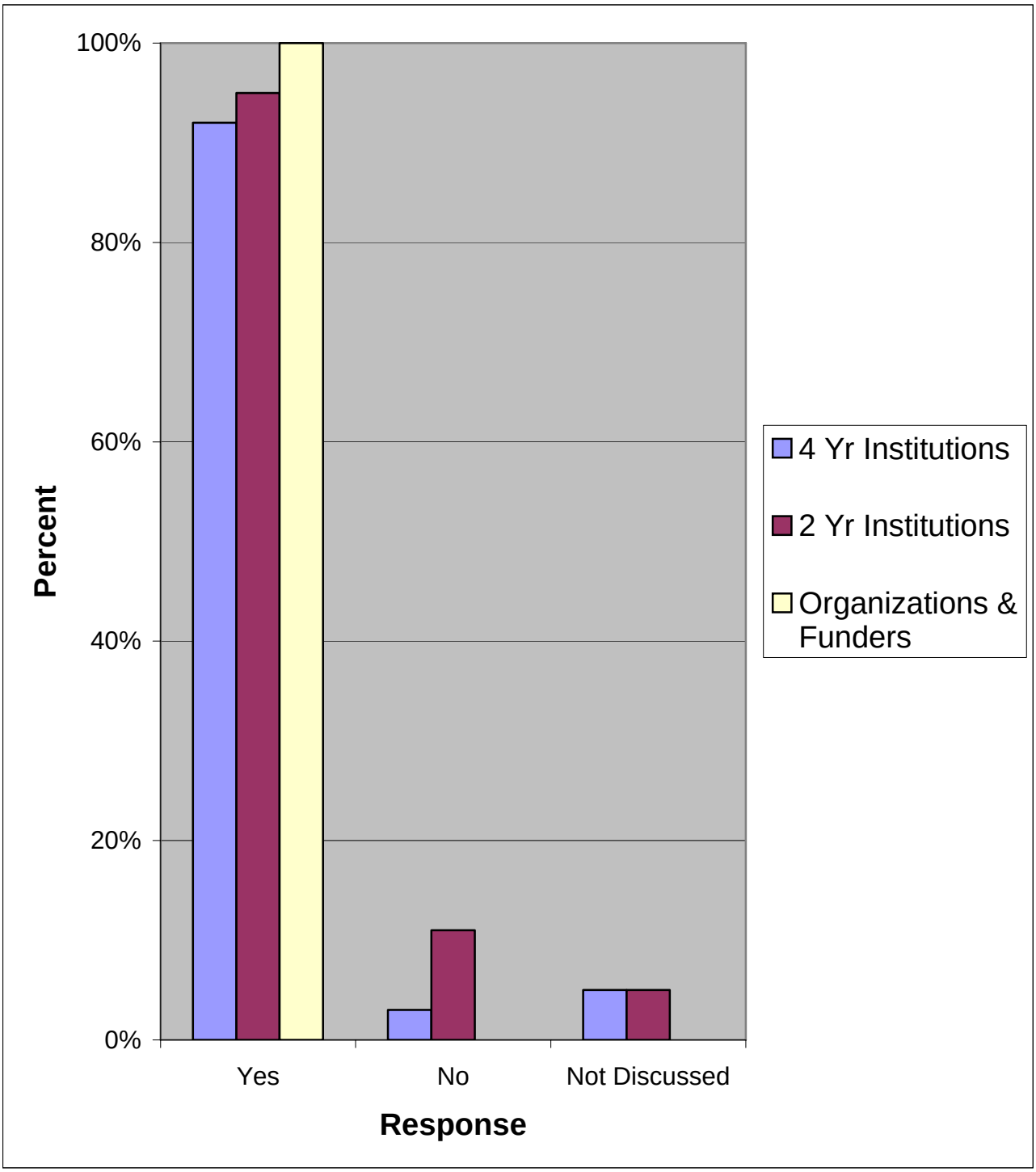
GRAPH 6B:
Variety of Health Degrees Offered in Iowa



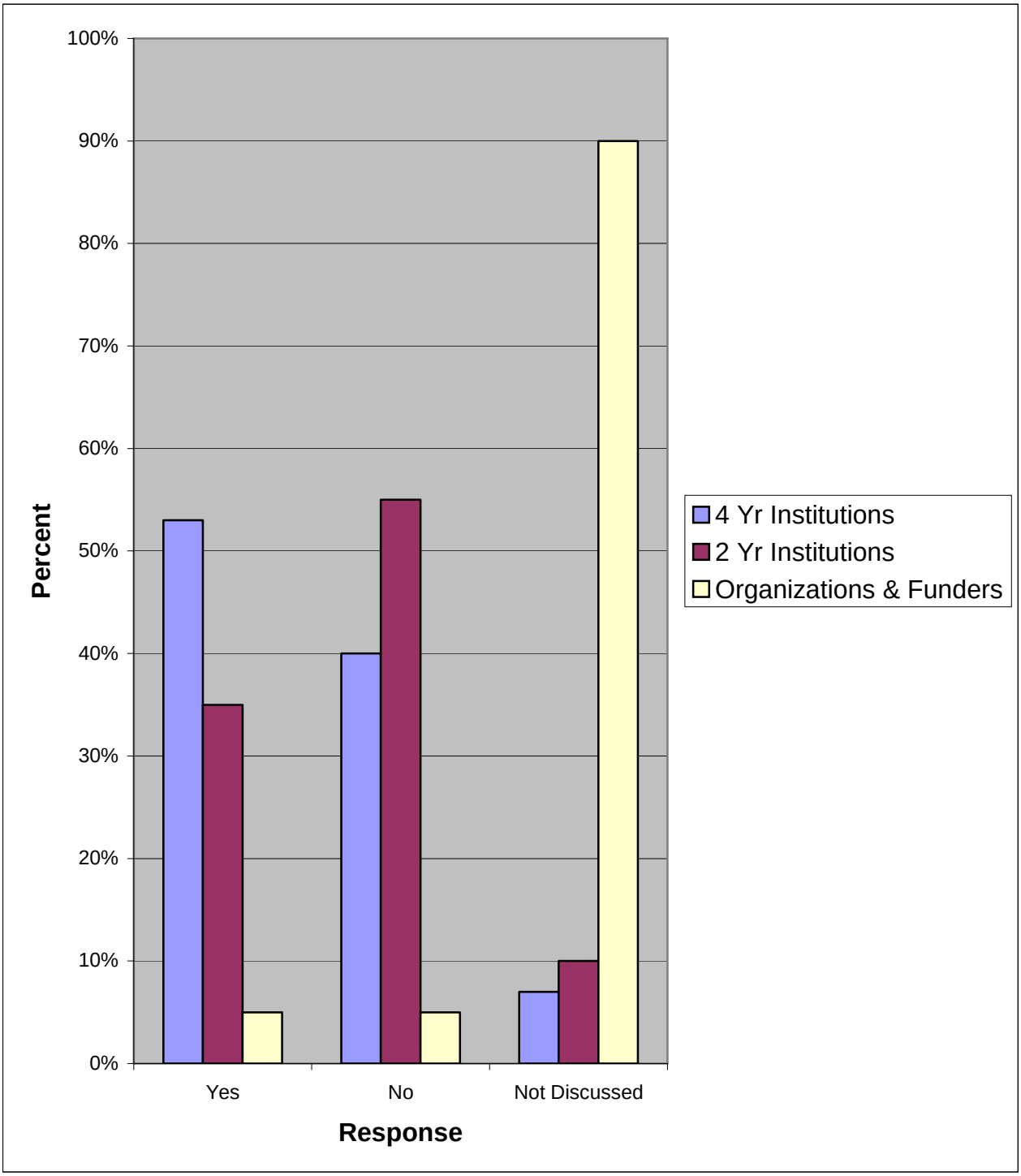
GRAPH 6C:
Percent of Health Training Institutions That Offer Scholarships



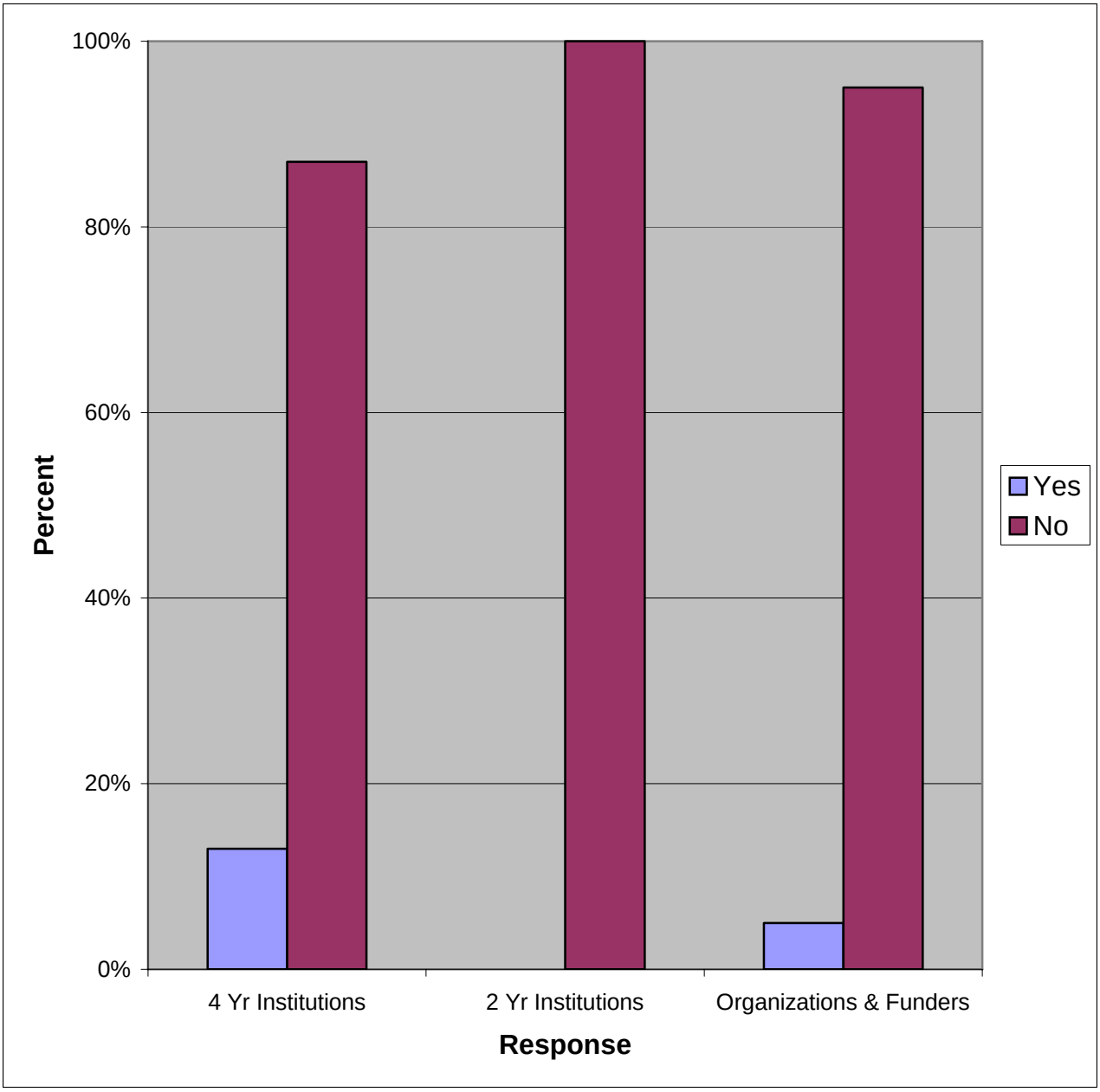
GRAPH 6D:
Perception of Need to Increase Minority Health Care Workers in Iowa



GRAPH 6E:
Percent of Institutions that Incorporate Goals to Increase Minorities Into Their Strategic Plans



GRAPH 6F:
Percent of Organizations with Institutional Partnerships with Historically Black Colleges and Universities and Minority Serving Institutions



SECTION 7:

ADDITIONAL RESOURCES AND CHANGES NEEDED IN IOWA TO IMPLEMENT STRATEGIC PLAN

As a result of the assessment of resources described previously and numerous, in-depth reviews of statewide data on topics such as demographic changes, workforce trends, and minority health provider training and retention, the Iowa EXPORT Center found that the following resource issues would need to be addressed statewide in order to implement a successful plan to increase the diversity of the state's health workers. The primary needs cited below include financial, political, programmatic, organizational, and other related resources.

7.1 *State agencies require additional knowledge, education, and related tools and resources to understand strategies that can be implemented to increase minorities in the health professions.*

a. *In general, many organizations around the state that were contacted during this assessment project recognize the need to increase minority health professionals, but have little understanding of how to make it happen.*

b. *A number of agencies, particularly those that are smaller, have a poor understanding of how quickly demographic trends in Iowa and the United States are changing, and how these population trends can affect the ability of their health providers to effectively meet the needs of diverse patients. They are unable to explain these trends adequately to funding agencies in the federal government, for instance, that might be able to provide them with training resources.*

c. *Many agencies also do not understand the interrelated nature of cultural competency, diverse health providers, and health disparities.*

d. *Most of the organizations contacted were familiar with the need to increase minority health professionals, but felt they could not be proactive, due to lack of multiple resources.*

e. *Only 50% of foundations and community colleges cited increasing minorities as a planning priority, with fewer large schools focusing on the issue; almost none have specific administrative plans in writing to address the issue.*

7.2 *The state requires additional organizational resources to link related programs together in a coordinated fashion. For instance, relatively few programs exist in the state that simultaneously address academic pipeline issues, cultural competency, minority recruitment, community partnering, and other related issues.*

a. *Coordinated and integrated programs are considered more effective than those that are isolated, according to both the Sullivan (2004) and Institute of Medicine (2002) reports. In Iowa, most of the projects that address minorities in the health workforce are single-issue programs, and are not well integrated with related programs.*

b. *Most organizations around the state do not have adequate experiential learning activities that relate to health disparities and minority health issues.*

c. *Evaluation programs on the effectiveness of recruiting minority health workers and improving the cultural competency of health workers are generally non-existent in most agencies.*

d. *An astonishingly low 5% of Iowa organizations surveyed said they have partnerships with minority serving institutions, such as a historically black college or minority high school, despite the need to increase minority trainees and workers.*

e. *For those organizations that do offer academic pipeline and partnering programs, most do not begin until students are already in the later years of high school or early in college.*

f. *Many programs that relate to recruiting, training, and retaining minority health professionals are vulnerable to external, short-term funding. They also tend to rely on key personnel for their operation, who often take other positions and are not adequately replaced.*

7.3 *The health training schools in the state require additional funds in order to adequately support tuition, books, and related costs of study for minority recruits.*

a. *Some funding is available for minorities in general at larger universities, but much less at community colleges; some foundations supported the study of health careers, but not specifically by minority students.*

b. *There is relatively little money available that specifically supports minorities training in the health fields.*

c. *Funding sources are often difficult to find, with few centralized sources of information and assistance for minorities at educational institutions in Iowa.*

d. *Tuition support is not always enough to keep minority students in Iowa health training schools. Existing sources of funding do not replace lost income, childcare, transportation, and other costs.*

e. *Scholarships to support minority students are usually available on an annual basis only, and are not always renewable.*

f. *Scholarships typically are small, especially at community colleges, and may require minority students to take on large amounts of debt.*

g. *Most of the scholarships available pay only for clinical training, such as that received by nurses and doctors, and much less for preventive or public health specialties.*

7.4 *The state needs additional, larger pools of minorities from which to draw qualified candidates**.***

a. *Qualified foreign-born applicants often lack the language skills necessary to succeed in health training programs.*

b. *Other minorities may lack science and math preparation needed in the health sciences.*

c. *Health training programs in the state do not always have appropriate partnership programs with other institutions that could provide language or academic preparation services. If they do, this academic assistance is usually not geared for health students.*

d. *Some health training institutions may rely too heavily on standardized examinations for admission, rather than using more holistic methods to assess applicant ability.*

e. *Specific marketing and outreach to minorities is very limited among health schools in Iowa. Most use only English, or occasionally Spanish, and usually do not use ethnic-specific venues or face-to-face recruitment.*

7.5 *The state needs additional organizational and financial resources to support an increase in the number of minority mentors and role models for health students, as well as a greater number of diverse faculty in training programs.*

a. *In the state, relatively less focus is placed on retention of minority workers and trainees, in comparison to recruitment.*

b. *Responsibility for retention is often placed solely on minority trainees and workers themselves, rather than also on the institution.*

c. *Very few minority faculty, with even fewer minority staff members, can be found in the state that are fully integrated into all levels of an organization.*

d. *Many of the mentoring programs that do exist focus just on academics or the profession, and ignore the larger social, cultural, familial, or adjustment issues that are challenges to many minorities.*

7.6 *The state needs additional advocacy and legislative resources in order to better communicate with legislators, policy makers, the health professions, minority communities, and the public about the urgent lack of minorities in the health workforce and the need to support new and innovative solutions.*

a. *The state has limited organizational and political will to implement progressive, cutting edge ideas, such as school admission of undocumented newcomers or the recognition of health workers trained in foreign countries.*

b. *Iowa lacks the DREAM Act which makes minors of undocumented residents eligible for in-state tuition at educational institutions. Undocumented students are admitted on an institutional basis only in the state.*

c. *Political barriers exist for foreign-trained health workers to gain licensure. An assumption exists that all foreign medical training is inferior to that in the United States, and many health associations are reluctant to pursue new and creative licensure programs as alternatives to recruiting qualified minority health workers.*

d. *A similar lack of will exists among many health organizations and training institutions to offer alternative health training careers similar to those used in other states and countries, such as lay community health workers, which could be especially appealing to some minorities.*

e. *As the United States has no national health care system, most health training programs continue to focus on disease treatment and clinical care, rather than the preventive, primary, and public health fields which could provide a greater number of entry-level positions for minority trainees.*

SECTION 8:

SELECTED PRIORITY ACTIVITIES, TIMELINES, AND COST ESTIMATES OF STRATEGIES TO INCREASE MINORITIES IN IOWA'S HEALTH WORKFORCE

The landmark Sullivan Commission Report, entitled "Missing Persons: Minorities in the Health Professions", was released in 2004 and cited multiple strategies which could be utilized to increase minorities in the country's healthcare workforce. Those strategies mirrored many of those recommended by other major public health planning documents, such as Healthy People 2010 and Unequal Treatment (Institute of Medicine, 2002), to address this challenge around the nation. After an exhaustive review of peer-reviewed research and literature on the topic of increasing minorities in the health professions, as well as an in-depth analysis and assessment of Iowa's particular needs and resources, the following tables present some of the most promising and effective strategies which could be implemented at the state level to recruit, train, and retain a more diverse healthcare workforce. Also presented are timeline recommendations for implementation of these strategies, which are divided into short-term (1 year or less); mid-range (2-3 years); and longer term (4-5 years and beyond) priorities. Cost estimates are presented as well in the tables so that workforce planners can seek and coordinate funds from a variety of governmental, private, and non-profit sources to support these initiatives.

TABLE 8A
Improve Education and Support for Minorities

Strategy	Lead Agency(s)	Timeline	Cost Estimate
8A.1 Review admissions criteria for more individualized screening	Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
8A.2 Reduce dependence on standardized tests as allowable	Post-Secondary Health Training Institutions; Exam Vendors	Year 1	Minimal or No Cost
8A.3 Increase financial assistance for minorities in health	Post-Secondary Health Training Institutions; Private Foundations	Year 1	$1,000,000
8A.4 Implement ethnic- and career-specific health training programs	Post-Secondary Health Training Institutions	Years 2-3	$250,000
8A.5 Provide mentoring, minority role models, and social services	Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost
8A.6 Increase leadership and mentoring training programs for minorities	K-12 Schools; Post-Secondary Health Training Institutions	Years 2-3	$300,000
8A.7 Explore new and nontraditional paths to the health professions	K-12 Schools; Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost
8A.8 Provide bridging programs between two and four year colleges	Post-Secondary Health Training Institutions	Years 2-3	Minimal or No Cost
8A.9 Require cultural competency training and increased MHP percentages for accreditation and graduation	Post-Secondary Health Training Institutions; Licensure Boards	Years 2-3	$500,000
8A.10 Provide innovative programs to learn second career	Post-Secondary Health Training Institutions	Years 4+	$800,000

TABLE 8B
Improve Partnership and Outreach Programs

Strategy	Lead Agency(s)	Timeline	Cost Estimate
8B.1 Increase experiential learning partnerships	Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
8B.2 Develop partnerships with external mentors and organizations	K-12 Schools; Post-Secondary Health Training Institutions	Year 1	Minimal or No Cost
8B.3 Conduct public awareness campaigns specifically with minority businesses, newspapers, radios, faith institutions, etc.	Iowa Department of Public Health	Year 1	$200,000
8B.4 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
8B.5 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
8B.6 Develop recruiting partnerships with minority serving organizations out of the state or nation where possible	Post-Secondary Health Training Institutions	Year 1	$200,000
8B.7 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, NGOs	Years 2-3	Minimal or No Cost
8B.8 Offer training programs on-site where minorities are	Post-Secondary Health Training Institutions	Years 2-3	$400,000

SECTION 9.

RECOMMENDED CORE CURRICULA AND CULTURAL COMPETENCY OFFERINGS

Increasing minorities in the health professions has been promoted as a primary strategy to improve the cultural competency of the workforce in meeting the special needs of diverse and underserved populations, so that health disparities can ultimately be reduced. As such, improving cultural competency and increasing minorities in the health professions are often cited as twin goals that should be addressed simultaneously to be most effective.

Providing culturally competent health care means that a provider or organization is sensitive to the cultural differences between patients; understands the influence of these differences on their health practices and status; and can modify programs from a practical standpoint to meet the specific needs of diverse clients. Assuring that patients receive culturally appropriate care is increasingly necessary with the country's rapidly changing demographics. However, some health training schools have only recently implemented curricular changes so that their students are educated in working with diverse clients, while other schools still have relatively few offerings in the multicultural health field. In order to address the simultaneous and highly correlated issues of increasing minorities in the health professions and improving the cultural competency of providers, the following recommendations are offered for workforce planners:

9.1 *Require at least basic cultural competency training for all health professions in order to graduate or receive licensure.*

9.2 *Require that health training schools offer cultural competency education programs for their students in order to pass accreditation.*

9.3 *Provide cultural competency training for all staff in health care organizations, including top management, health providers, support workers, and clerical staff.*

9.4 *Utilize cultural competency training programs that incorporate conceptual and theoretical information with extensive hands-on learning and experiential activities.*

9.5 *Provide first-hand opportunities for minorities in the local community to speak to health care workers and trainees about issues specific to their culture.*

9.6 *Emphasize face-to-face, personal learning when teaching cultural competency skills, and allow for ample time to practice and apply knowledge learned.*

9.7 *Include training on the traditional health beliefs and practices of minority populations, in addition to standard cultural competency training, so that health providers understand alternative and complementary forms of medicine practiced by others around the world.*

9.8 *Incorporate training on working effectively as providers with medical Interpreters.*

9.9 *Teach skills to work effectively with low-literacy and limited English proficiency clients, and emphasize health literacy and visual literacy skills when conducted cultural competency trainings.*

9.10 *Emphasize practical methods to improve the ability of individual providers to become more culturally competent, but also encourage organizations to serve diverse patients better through the adoption of CLAS (Culturally and Linguistically Appropriate Services) Standards promoted by the United States Office of Minority Health.*

9.11 *For health students or workers that may be unable to attend live training programs in cultural competency, utilize on-line training programs or curricular modules, such as those developed by the University of Northern Iowa or University of Iowa.*

9.*12* *Emphasize to students and professional trainees that cultural competency skills must be learned over time through regular practice and immersion with actual minority groups.*

9.13 *Avoid the temptation to try to teach cultural competency skills quickly over a short period, and allow for adequate time to discuss sensitive race issues with audiences and trainees.*

9.14 *Teach health providers to conduct "cultural assessments" with minority patients, so that they understand the unique familial, social, economic, political, historical, and related factors that influence the health and wellbeing of their diverse clients.*

9.*15* *Ensure that cultural competency training is on-going, and that it becomes increasingly detailed and ethnic-specific over time.*

9.16 *Incorporate mandatory cultural competency training into organizational strategic plans and goals; and*

9.17 *Measure the success of cultural competency training over time through appropriate evaluation methods in order to monitor student and worker changes in knowledge, attitudes, practices, behaviors, and skills.*

SECTION 10.

EXPANSION OF PLAN TO ADDITIONAL HEALTH FIELDS AND SPECIAL POPULATIONS

As noted in previous sections in this strategic planning report, a number of special populations exist in the state of Iowa which could serve as pools for recruitment of minorities into the state's health professions. Likewise, all of the state's categories of healthcare workers could benefit from increased diversification of providers, and is not limited to just nurses, doctors, or dentists. The following recommendations are provided for health workforce planners in the state, therefore, when considering recruitment, training, and retention of minority groups other than Hispanics and African Americans, and when reviewing additional categories of health workers that could be targeted for diversification:

10.1 *Health workforce planners should follow state demographic trends carefully on a regular basis so that they can monitor and predict trends in minority populations throughout Iowa, as many of these groups are highly mobile, often isolated, and sometimes mistrusting of government officials;*

10.2 *In addition to Hispanics and African Americans, who represent the largest percentages of minority patients and pools of health trainee recruits in Iowa, workforce planners should consider other smaller minority populations as future targets of this strategic plan;*

10.3 *With Iowa continuing to attract significant numbers of Eastern Europeans as meatpacking and related workers, workforce planners may want to develop specialized recruitment and training programs for Bosnians, Russians, Latvians, Croatians, and other groups from the Balkans or Former Soviet Union. These populations typically come to Iowa with high levels of education, and many of them have been educators or health providers in their home countries. Many have expressed interest in continuing in the health field in Iowa, and some, like the Bosnian refugees, have the legal right to work in the state.*

10.4 *The numbers of African refugees continue to rise in the state, with immigrants coming from Somalia, the Sudan, Liberia, and other nations. Many of these newcomers arrive with relatively low levels of education, and often have strict cultural and gender prohibitions about working in certain health fields. However, because of the intricacy of the traditional health practices followed by some of the African immigrants, the variety of languages that they may speak, and their relative "newness" to the state, some could be trained as lay community health workers or cultural liaisons to bridge the gap between Iowan providers and these patients.*

10.5 *East and Southeast Asian populations in Iowa are also increasing very dramatically. In general, depending on their country of origin and length of time in the state, these groups can have very high levels of literacy and education. Younger Asians are often quite fluent in English, if not native speakers and writers. They generally place great emphasis on formal education, and are likely excellent candidates for additional pools of minority recruits. However, planners should realize that not all federal government agencies recognize East Asians as an underserved population, due to their general economic success in the country. Indeed, some federal funding sources for scholarships and tuition are not available to Asian minorities for this reason.*

10.6 *Native Americans in Iowa still tend to be concentrated in certain settlement areas, such as in Western Iowa and in Tama County, in addition to those that are scattered throughout urban centers in the state. This population is very diverse, but generally able to receive significant financial assistance for health training from a variety of federal, private, and tribal sources. Academic, social, and cultural barriers, though, may make Native Americans less willing or able to successfully complete health training programs, although targeted recruitment and retention efforts should be implemented nonetheless.*

10.7 *As these smaller ethnic populations become targets of health workforce planners in Iowa, new categories of careers should become priorities. As the number of minorities ultimately increases in the nursing, certified nursing assistant, physician, and dental categories with implementation of the first strategic plan, other health careers should be considered as well. In general, those that require shorter training time and are less rigorous academically will generally be of greatest appeal to selected minority populations with economic and education barriers to learning, and could include careers as dental assistants, emergency medical technicians, medical assistants, allied health workers, and the like. At the other end, minorities could be recruited as international students or from minority serving institutions that have academic pipeline programs with Iowa educational institutions. These minorities are typically very well educated, highly motivated, and often come from families with higher socioeconomic status. These could be recruited and trained as health disparity researchers, professors, psychologists, health care administrators, and other careers that require advanced training and education.*

SECTION 11.

RECOMMENDED POLICY CHANGES TO SUPPORT PLAN IMPLEMENTATION

Ultimately, the successful implementation of a statewide strategic plan to increase minorities in the health professions will require changes in policy and mind-set among legislators, the public, the health professions, educational organizations, minorities themselves, and other entities alike. This final table lists some of the most pressing policy changes that should be addressed in order to create a more welcoming, compassionate, encouraging, and culturally appropriate environment in the state of Iowa for the recruitment, training, and retention of minorities in the health workforce.

11.1 *Recognize that increasing minority health professionals is part of a larger national strategy to improve the cultural competency of the health workforce so that health disparities can ultimately be reduced among diverse and underserved populations.*

11.2 *Understand that the most successful efforts to implement a strategic plan to increase minority health professionals will be statewide, coordinated, comprehensive, multi-pronged, targeted, and culturally specific.*

11.3 *Emphasize to stakeholders that increases in the percent of minority health professionals in the state will not necessarily be seen in the short-term, but rather will take time to be achieved through utilization of the strategic plan. Achieving success in this endeavor is typically labor intensive, and requires consistent commitment over a period of years.*

11.4 *Change the culture of health schools and organizations to institutionalize and embrace the importance of recruiting and retaining minorities.*

11.5 *Take a progressive, creative, and proactive approach to increasing minorities in the health professions through supporting innovative policies such as the DREAM Act, streamlined recognition of medical credentials earned abroad, and others.*

11.6 *Achieve commitment at the highest levels of educational and employment organizations for promoting policies and programs that can affect minority health professionals. Incorporate these values in writing into strategic plans.*

11.7 *Put core values into writing, through developing measurable standards and objectives for the recruitment and retention of minorities in health schools and organizations.*

11.8 *Support policies and programs that recognize the importance of retention of minorities, in addition to recruitment of them, in the health professions.*

11.9 *Implement evaluation, accountability, and data systems to track trends and effectiveness over time in increasing minority health professionals.*

11.10 *Develop statewide advisory and partner networks, particularly with the active participation of minority organizations, and work together as united agencies to advocate for legislation and policy changes.*

11.11 *Support policy changes that include a greater holistic understanding of wellness, which is more in line with the traditional health views of many minority populations, rather than focusing exclusively on standard western medicine and clinical disease treatment.*

ABOUT THE IOWA EXPORT CENTER OF EXCELLENCE ON HEALTH DISPARITIES AND THE LEAD AUTHORS OF THIS REPORT….

The Iowa EXPORT Center of Excellence on Health Disparities is housed at the University of Northern Iowa. It is one of 60 EXPORT (Excellence in Partnerships for Outreach, Research, and Training) Centers of Excellence that have been established competitively by the National Institutes of Health, National Center on Minority Health and Health Disparities, throughout the United States. The Iowa Center is one of only a few such centers located in a rural, midwestern state. The mission of the Iowa EXPORT Center of Excellence is to provide statewide leadership on reducing health disparities among minorities, immigrants, refugees, and rural families through applied research, training, outreach, and culturally appropriate education programs. The Iowa Center has won multiple awards for its work in promoting health equity for all the state's residents. The Global Health Corps, the Iowa Center for Immigrant Leadership and Integration, and the Center for Social and Behavioral Research, all located at the University of Northern Iowa, are campus partners in this interdisciplinary organization. The Iowa EXPORT Center regularly collaborates with multiple health departments, hospitals, schools, businesses, non-profit organizations, communities, and minority groups throughout the state in a common effort to reduce health disparities among diverse and underserved populations. It also operates an active training program at the undergraduate and graduate level, and also runs multiple academic pipeline programs to recruit and train minorities and other students and professionals as health disparity researchers and programmers.

Dr. Michele Yehieli is the Executive Director of the Iowa EXPORT Center of Excellence on Health Disparities.

Dr. Mark Grey is the Associate Director for Outreach and Education for the Iowa EXPORT Center, and also the Executive Director of the Iowa Center for Immigrant Leadership and Integration at UNI.

Biography
Michele K. Yehieli, Dr.P.H.

Dr. Michele Yehieli is an Associate Professor in the Division of Health Promotion and Education at the University of Northern Iowa, where she is the recipient of the Iowa Board of Regents Award and other honors for outstanding teaching, scholarship, and service. Dr. Yehieli is currently the founder and Executive Director of the Iowa EXPORT Center of Excellence on Health Disparities, a unique organization funded by the National Institutes of Health to improve health equity for underserved populations. She completed her master's and doctorate degrees with honors in international public health at the University of California at Los Angeles. Dr. Yehieli's primary areas of specialty include refugee, minority, and immigrant health care, as well as maternal and child health for underserved populations. Dr. Yehieli has more than 25 years of field experience in public health, conducting programs both domestically and internationally with refugees, women, children, minorities, the elderly, and other at-risk individuals. Dr. Yehieli is the founder and advisor of the award-winning "Global Health Corps," a model service-learning program at the University of Northern Iowa that has trained more than 500 students in conducting culturally appropriate public health programs with over 40,000 diverse and underserved people in the United States and abroad. Dr. Yehieli has extensive travel experience, and has worked, visited, or studied in more than 40 nations around the world. She has won multiple local, state, and national awards for her work in the health and human rights field, including the Richard Remington Award for Outstanding Contributions to the Field of Public Health.

Biography
Mark A. Grey, Ph.D.

Mark A. Grey is Professor of Anthropology at the University of Northern Iowa. He is also Director of the Iowa Center for Immigrant Leadership and Integration. The Center (formerly known as the New Iowans Program) is an award-winning program that provides consultation, training and publications to Iowa communities, organizations and employers as they deal with the unique challenges and opportunities associated with influxes of immigrant and refugee newcomers. Dr. Grey received his Ph.D. in Applied Anthropology at the University of Colorado-Boulder. He has published extensively in academic journals on immigration in the Midwest including recent articles in *Human Organization* and *Religion and Education*. He has also published extensively for non-academic audiences. His handbooks include *Welcoming New Iowans: A Guide for Citizens and Communities* and *Welcoming New Iowans: A Guide for Managers and Supervisors*. With Dr. Anne Woodrick Dr. Grey also wrote *Welcoming New Iowans: A Guide for Christians and Churches* (produced with Ecumenical Ministries of Iowa). With Dr. Michele Yehieli, he recently published *A Health Provider's Pocket Guide to Working with Immigrant, Refugee and Minority Populations in Iowa.* Dr. Grey has won numerous awards for his activities, including the University of Northern Iowa Distinguished Service Award and the Iowa Regents Award for Faculty Excellence. He lives in Cedar Falls, Iowa with his wife Mary and daughters Megan (11) and Julia Cameron (3).

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APPENDIX 1:
ASSESSMENT QUESTIONNAIRE

Questionnaire to Assess Iowa's Resources and Capabilities to Increase Minorities in the Health Care Workforce

	Contact Information	Answers	Comments
Hello my name is _____ and I am working on behalf of the Iowa Department of Public Health to create a directory of what is available for training minorities in health careers. I would like to ask you a few questions concerning minority involvement in your _____ training program.			
	Name of Institution:		
	Phone:		
	Name of Department or Office:		
	Contact Person:		
	Email:		
	Fax:		
	Degrees offered	Pre-professional track, Associates, Certificate, Bachelors Masters Ph D MD Psy D PA Health Administration	
	Funding		
1	Do you offer scholarships or financial assistance?		
2	Do you have scholarships or financial assistance available specifically for minorities?		
3	Are financial awards specifically for native-born minorities in Iowa?		
4	How much money do you have available for financial assistance?		
5	How many minorities can you offer assistance to per year?		

6	Does the assistance last for the length of the program or is it awarded annually?		
7	When did you start offering assistance specifically to minorities?		
8	Are all your scholarships/funding used every year?		
9	How many students have you supported?		
10	Have they all completed the program?		
11	What is the drop out rate?		
12	How long will this funding continue?		
13	What is the source of your funding?		
	Perception of Need		
14	Do you see a need to increase minority healthcare workers in Iowa?		
15	Is increasing minority health workers part of your strategic plan?		
16	What other capacities or resources do you think are needed to increase minorities in the healthcare workforce in Iowa?		
	Available Resources		
17	What other kinds of resources or benefits do you offer to assist minority students? For example mentoring programs, clubs, sponsorships…		

18	Do you have current programs or partnerships available to build language or academic skills among minority students to assist them in completing their programs? For Example CIEP Culture and Intensive English Program at the University of Northern Iowa.		
19	Do you offer programs in your organization to address minority health issues or to target minorities to work with minorities?		
20	Do you offer any online training or certificates on line?		
21	Any alternative methods of learning (ex. Online, ICN, Distance learning)		
	Recruitment		
22	Do you recruit in high schools?		
23	Do you have any programs in place to recruit or train minorities?		
24	Do you have an academic/general pipeline for recruiting for instance with a historically Black college or university?		
25	What about international students?		
26	How do you attract students?		
27	How is it different for minority students?		
28	Do you accept undocumented students?		

29	Is there financial support available for them?		
30	Do you have satellite programs that target minority populations?		
31	How do you advertise your offerings to students? To minorities? What languages do you use for marketing?		
32	To minorities?		
33	What languages do you use for marketing?		
34	Do you have any money/resources that you put toward health workforce training for minorities?		
35	What ideas, connections or referrals do you have for promoting minorities in the healthcare workforce?		