

Expanding and Supporting a Diverse Health Care Workforce

Findings and Recommendations for Philanthropy

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Black/African American and Hispanic/Latinx people are **underrepresented in the medical and nursing workforces** compared with their shares of the overall population.

A diverse health care workforce can **improve access to and satisfaction with care and health outcomes**, and shared identities between providers and patients may improve health equity.

Evidence suggests **pathway programs are a promising strategy** for increasing diversity in health professions, but federal and state policies, a lack of long-term institutional and funder commitment, and limited access to robust funding have hindered program growth, sustainability, and evaluation.

Targeted actions by key stakeholder groups can help strengthen and expand effective programs.

Evidence demonstrates that a diverse, representative health care workforce is important to improving health care access, patient satisfaction with care, and health outcomes, particularly for patients of color (HHS 2011). Given this, one might expect the US health care workforce to reflect the diversity of the US population. However, despite decades of awareness of this issue, little has changed, and today the shares of physicians and nurses who are Black/African American and/or Hispanic/Latinx are significantly lower than their shares of the population (table 1).

To better understand this challenge and identify promising policies and practices for sustainably increasing the representation of Black/African American and Hispanic/Latinx people in the physician and nursing workforces, Urban Institute researchers conducted a national study of pathway programs in medicine and nursing. These programs, also known as pipeline programs, provide academic, financial, and social supports to encourage more students from systemically and structurally excluded groups to enter health care professions.

The study found that though pathway programs are a promising strategy for increasing diversity in health professions, many challenges threaten their effectiveness and reach, including insufficient and unstable funding, anti-affirmative action policies, and a lack of institutional buy-in. Here we summarize key findings and recommendations from the full study for philanthropy.

TABLE 1
Underrepresentation of Black and Latinx Physicians and Nurses

	Overall US population (2020)	US physician workforce (2018)	US registered nurse workforce (2020)
Black/African American	13.4	5.0	6.7
Hispanic/Latinx	18.5	5.8	5.6

Sources: "QuickFacts," US Census Bureau, accessed May 9, 2022, <https://www.census.gov/quickfacts/fact/table/US/PST045221>; "Diversity in Medicine: Facts and Figures 2019," Association of American Medical Colleges, accessed May 9, 2022, <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>; and Richard A. Smiley, Clark Ruttinger, Carrie M. Oliveira, Laura R. Hudson, Richard Allgeyer, Kyrani A. Reneau, Josephine H. Silvestre, and Maryann Alexander, "The 2020 National Nursing Workforce Survey," *Journal of Nursing Regulation* 12, no. 1 (2021): S1–S96.

Notes: Data exclude people who identify with two or more races (2.8 percent of the US population in the 2020 Census). US physician workforce data also include 14 percent of "unknown" race or ethnicity.

THE CASE FOR HEALTH CARE WORKFORCE DIVERSITY

Addressing US health care workforce representation disparities and ensuring the workforce better reflects the population it serves will require action from many health care system stakeholders, including philanthropies and funders. Philanthropies fund and support emerging and long-standing pathway programs, provide funding for research on the impact of such programs, and make investments at all stages of the health care workforce education and training pathways, from K–12 education to health care system leadership and policymaking. Some funders are paying close attention to advancing health equity and addressing health care workforce challenges, but more attention and action are needed. Below we highlight three study findings relevant for philanthropy.

Addressing workforce shortages requires explicit diversification and inclusion efforts. As underscored by the COVID-19 pandemic, the medical and nursing workforces are critical to the security and well-being of communities and the country. Shortages of medical and nursing professionals are expected to worsen (AACN 2020),¹ risking the health of millions of Americans. Addressing these shortages will require various policy interventions; not least among them should be increasing the diversity of the health care workforce, because data suggest large numbers of Black/African American and Hispanic/Latinx people who might otherwise become physicians or nurses are not reaching those professions. In addition to supporting diversification efforts, foundations could encourage both educational and workforce institutions' focuses on inclusion and social support for young professionals who are seldom supported yet succeed despite the racism and other barriers in their paths.

A representatively diverse and inclusive health care workforce can improve health outcomes, particularly for people from systemically and structurally excluded groups. Studies have shown that when a patient's race or ethnicity matches that of their physician, patients have greater satisfaction with care and trust in providers and, in some cases, receive more effective care (Cohen, Gabriel, and Terrell 2002; NBER 2018).² Another recent study suggests increasing health care provider diversity can improve access to high-quality care, patient choice and satisfaction, and patient-clinician trust (HHS 2011). Diversity on health care teams has also been shown to improve decisionmaking, health outcomes, productivity, revenue, and understanding of others (Gomez and Bernet 2019). This work also requires white students and practitioners to provide culturally and linguistically effective care. The goal of health equity cannot solely rest on trainees and practitioners from systemically and structurally excluded populations.

Ensuring the nation's best and brightest are afforded opportunities is a matter of fairness and contributes to addressing systemic racism. Many advocates, funders, policymakers, physicians, and nurses have recently renewed calls for health care workforce diversification to advance equity for students, professionals, and patients (Saizan et al. 2021).³ Nationally recognized racial inequities in COVID-19 and maternal health outcomes, and more pressing calls to address all forms systemic racism following George Floyd's murder, have catalyzed a movement to shed light on how systemic racism has limited the academic and professional pathways for health care professionals from systemically and historically excluded groups, especially Black/African American and Hispanic/Latinx people (Chen et al. 2021).⁴ Philanthropies can also support efforts to train personnel on culturally and linguistically effective care and ultimately hold systems and personnel accountable for racist programs, practices, and policies to eliminate the racism physicians and nurses experience so that Black/African American and Hispanic/Latinx professionals can engage in training and practice settings without additional stress (Serafini et al. 2020).⁵

RECOMMENDATIONS FOR PHILANTHROPY

Philanthropies and funders are important partners in ensuring meaningful progress toward a health care workforce that more closely reflects the diverse demographics of the US and better serves all patients. Philanthropic funding is often more flexible, is not constrained by affirmative action rulings, and can address vital program and/or participant needs unsupported by government funds. Participants in our study, including field leaders, frequently cited the importance of philanthropic long-term investments in improving the representative diversity of the physician and nursing workforces. Below are some recommendations for the philanthropic sector.

- **Establish or expand funding for initiatives designed to improve diversity** in the medical and nursing workforces in the following ways:
 - » Fund pathway programs that require the college, professional school, or residency admissions of Black/African American and Hispanic/Latinx students from community colleges, Hispanic-serving institutions, historically Black colleges and universities, and areas with people predominantly from systemically and structurally excluded groups.
 - » Support early pathway interventions and longer-term interventions throughout the educational continuum, including providing support to incumbent ancillary health care workers to enter nursing and physician professional schools.
 - » Develop and fund learning communities or collaboratives of key stakeholders (including academic institutions and health care systems) to develop and share ideas, best practices, policies, and other resources that promote greater diversity, equity, and inclusion in the medical and nursing workforces.
 - » Support collaborations or partnerships with education-focused funders to ensure investments in the K–12 space prepare the next generation of premedical and prenursing students for postsecondary education and professional programs.
- **Catalyze new investments** in the following areas:
 - » programs providing a comprehensive range of supports across the educational continuum, starting in elementary and middle school, that can help expand the pathway for medical and nursing professionals from systemically and historically excluded groups
 - » programs at each educational level that help ensure students progress along their desired career pathways in medicine and nursing
 - » pathway program capacity and other work to ensure long-term sustainability (e.g., seed funding could require and/or incentivize programs to collect and analyze data to measure program success, inform program improvements, and make a case for sustained investment from other funders, and grant funding could require institutional matching and commitment to sustain programs past the seed funding)
 - » programs that are willing to develop incentives for nursing and medical schools to use emerging best practices for the recruitment, retention, and graduation of Black/African American and Hispanic/Latinx students
- **Fund new programs of research and practice and amplify best practices and approaches** through the following actions:
 - » Support the development and maintenance of medical and nursing mentorship programming that provides training and financial support for diverse mentors. For example, the Washington Center for Nursing offers a pilot program that is part of a larger effort to center equity and diversity in the nursing workforce.
 - » Support the development and dissemination of formal mentorship training and implementation policies, such as the student mentoring programs at the University of California, Davis,⁶ which help students plan their residencies and career paths.
 - » Support the development of a national website that identifies nursing and medical pathway programs for people from systemically and structurally excluded backgrounds.
 - » Compensate and provide other support to clinicians, either by supporting existing programs or developing new ones, so that college students from historically and systemically excluded groups can shadow medical and nursing professionals to understand the breadth of clinical specializations and opportunities.

- » Provide resources, time, and opportunities for student social gatherings outside school.
- » Host cohort conversations and trainings so national and state-level pathway programs can share and learn from one another's best practices, particularly how their support systems for students and participants are designed and implemented and whether students feel they are effective.
- » Support the development of Black/African American and Hispanic/Latinx medical and nursing school faculty through programs like the Harold Amos Medical Faculty Development Program, which seeks to increase the number of faculty from systemically and structurally excluded groups.
- » Create and fund faculty mentoring programs to support and retain faculty from systemically and historically excluded groups at historically Black colleges and universities, Hispanic-serving institutions, and predominantly white institutions.
- » Fund mentoring and support programs for clinicians from systemically and structurally excluded backgrounds.
- » Develop grants for professional nursing and medical education organizations to evaluate mentoring programs.

We acknowledge that not all funding or investment opportunities are within the philanthropic sector's control. For instance, many funding sources originate at the state and federal levels and often rely on voluntary compliance, which, in turn, requires attitudinal shifts and institutional commitments. Further, some headwinds, such as restrictions on affirmative action policies, can arise from oppositional forces and be imposed through court action.

To learn more about these findings and recommendations, see our full report, *Improving and Expanding Programs to Support a Diverse Health Care Workforce*, at <https://urbn.is/39XZOiy>.

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REFERENCES

- AACN (American Association of Colleges of Nursing). 2020. "Fact Sheet: Nursing Shortage." Washington, DC: AACN.
- Chen, Catherine L., Gregg J. Gold, Maxime Cannesson, and Jennifer M. Lucero. 2021. "Calling Out Aversive Racism in Academic Medicine." *New England Journal of Medicine* 385:2499–501. <https://doi.org/10.1056/NEJMp2112913>.
- Cohen, Jordan J., Barbara A. Gabriel, and Charles Terrell. 2002. "The Case for Diversity in the Health Care Workforce." *Health Affairs* 21 (5). <https://doi.org/10.1377/hlthaff.21.5.90>.
- Gomez, L. E., and Patrick Bernet. 2019. "Diversity Improves Performance and Outcomes." *Journal of the National Medical Association* 111 (4): 383–92. <https://doi.org/10.1016/j.jnma.2019.01.006>.
- HHS (US Department of Health and Human Services Advisory Committee on Minority Health). 2011. *Reflecting America's Population: Diversifying a Competent Health Care Workforce for the 21st Century*. Washington, DC: HHS, Office of Minority Health.
- NBER (National Bureau of Economic Research). 2018. "Does Doctor Race Affect the Health of Black Men?" *Bulletin on Aging & Health* 4 (December).
- Saizan, Autumn L., Annyella Douglas, Nada Elbuluk, and Susan Taylor. 2021. "A Diverse Nation Calls for a Diverse Healthcare Force." *EclinicalMedicine* 34:100846. <https://dx.doi.org/10.1016%2Fj.eclinm.2021.100846>.
- Serafini, Kelly, Caitlin Coyer, Joedrecka Brown Speights, Dennis Donovan, Jessica Guh, Judy Washington, and Carla Ainsworth. 2020. "Racism as Experienced by Physicians of Color in the Health Care Setting." *Family Medicine* 52 (4): 282–87. <https://doi.org/10.22454/FamMed.2020.384384>.

NOTES

- ¹ Association of American Medical Colleges, “AAMC Report Reinforces Mounting Physician Shortage,” news release, June 11, 2021, <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>.
- ² Nicole Torres, “Research: Having a Black Doctor Led Black Men to Receive More-Effective Care,” *Harvard Business Review*, August 10, 2018, <https://hbr.org/2018/08/research-having-a-black-doctor-led-black-men-to-receive-more-effective-care>.
- ³ John Roszkowski, “Future of Nursing Report Calls for Greater Health Equity, Diversity,” Nurses.com, July 19, 2021, <https://www.nurse.com/blog/2021/07/19/future-of-nursing-report-calls-for-health-equity-diversity/>; Maya Sabatello, “Racial Injustice in U.S. Health Care Calls for a Truth and Reconciliation Commission, Bioethicist Says,” news release, Columbia University Irving Medical Center, January 12, 2021, <https://www.cuimc.columbia.edu/news/racial-injustice-u-s-health-care-calls-truth-and-reconciliation-commission-bioethicist-says>; American Medical Association, “AMA Adopts New Policy to Increase Diversity in Physician Workforce,” news release, June 17, 2021, <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-increase-diversity-physician-workforce>; and Lauren Serrato, “Medical Schools Face Calls for More Change as States Declare Racism a Threat to Public Health,” *Cronkite News*, January 25, 2021, <https://cronkitenews.azpbs.org/2021/01/25/experts-push-for-diversity-in-medical-schools-to-combat-racism/>.
- ⁴ Justin Worland, “America’s Long Overdue Awakening to Systemic Racism,” *Time*, June 11, 2020, <https://time.com/5851855/systemic-racism-america/>.
- ⁵ American Nurses Association, “New Survey Data: Racism within the Nursing Profession Is a Substantial Problem,” news release, January 25, 2022, <https://www.nursingworld.org/news/news-releases/2021/new-survey-data-racism-in-nursing/>.
- ⁶ “Student Mentoring Program,” University of California, Davis, School of Medicine, accessed May 10, 2022, <https://health.ucdavis.edu/mdprogram/studentlife/careers/>.