

Expanding and Supporting a Diverse Health Care Workforce

Findings and Recommendations for State and Federal Policymakers

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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 state and federal policymakers.

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 include 14 percent of "unknown" race or ethnicity.

THE CASE FOR 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 state and federal policymakers. Policymakers help set expectations and standards, provide incentives and resources, and create and enforce penalties for rule breaking. Some policymakers 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 policymakers.

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 a range of policy interventions; not least among them should be efforts to expand 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.

A representatively diverse 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 the diversity of health care providers 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 rest solely 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 Through practice, program, and policy changes, policymakers can also hold institutions accountable for eliminating 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 STATE AND FEDERAL POLICYMAKERS

State and federal policymakers 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. Participants in our study, including field leaders, frequently cited the importance of the broader policy environment in shaping funding decisions and program priorities, indicating the critical role state and federal policy has in improving the representative diversity of the physician and nursing workforces. Below are some recommendations for state and federal policymakers.

- **Establish or expand funding for initiatives designed to improve diversity** in the medical and nursing workforces in the following ways:
 - » Fund established programs with an effective track record, such as the Health Resources and Services Administration’s Health Careers Opportunity Program and Centers of Excellence.
 - » Support diversity pathway programs at community colleges and public four-year colleges and universities.
 - » Support faculty loan repayment programs (e.g., the Health Resources and Services Administration’s Faculty Loan Repayment Program⁶).
 - » Fund direct support to students, including unconditional grants, scholarships, and stipends, to allow them a freedom of choice in specialty and geographic area of practice and to defray the costs of living and other nonacademic costs.
 - » Support and expand programs that prioritize mentorship, such as the National Hispanic Medical Association’s College Health Scholars Program,⁷ and include components like mentorship feedback and improvements to mentor-mentee matching.
 - » Provide financial incentives to nursing and medical schools and residency programs that meet or exceed diversity, equity, and inclusion (DEI) metrics, have formal DEI-oriented mentoring programs, and have introduced other successful efforts to diversify and support their faculties and student bodies.
- **Develop and provide guidance** to
 - » prioritize K–12 educational resources and supports for students from socioeconomically disadvantaged backgrounds and⁸
 - » standardize metrics to measure progress on DEI initiatives (and require reporting and accountability).
- **Introduce policies** that
 - » structure funding opportunities and grant requirements in ways that incentivize and support investments in data collection and evaluation infrastructure;
 - » reduce financial barriers to higher education, such as sliding-scale tuition for students depending on financial assistance;
 - » support or reinstate affirmative action to improve health care workforce diversification and uphold sanctions on noncompliance in the long term;
 - » mandate the adoption of holistic admissions practices in nursing and medical schools in the short term; and
 - » create legislative mandates for DEI in medical and nursing education and health care settings, allocate funding to support these mandates, and develop accountability metrics to enforce them.

We acknowledge that not all policy challenges are solely within policymakers’ control. For instance, policy implementation often relies 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](https://urban.is/39XZOiy), at <https://urban.is/39XZOiy>.

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NOTES

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- 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," 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/>.
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