Signature Assignment: Problem Statement

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Abstract

The minority population in the United States is predicted to grow at a much steeper rate than the minority population working in the health professions over the next 40 years. A non-white racial identity has been connected with disparities in patient outcomes, as minority populations do not have equitable access to health services. Positive patient outcomes are positively correlated with providers that match a patients' racial and ethnic background, but the health industry remains behind the population in minority representation. An education focus on increasing the minority population in the health professions through strengthening the education pipeline will impact not only equity in education but social determinants of health and patient outcomes.

Minority Representation and Effect in Health Professions

There has been positive movement in bringing minority populations into the health industry in recent years, rising from around 24.9% non-white workers in 2005 to 28.6% in 2014 (Snyder, 2018). Using this demonstrated increase of .41%/year, we can estimate the percentage of minorities working in health professions in 2030 will be 35.2%. In the most recent Census report on United States population predictions, non-white persons will make up an estimated 44.2% of the population by 2030 (Vespa, 2020). The overall American population will reach a majority of non-white persons by 2045, aided by a proportional increase in immigrants vs new native-born children (Vespa, 2020). If the number of minorities going into health professions stays at the rate measured above, it will not match the population growth over the next four decades. Health agencies have begun to refer to this inequity as a public health crisis that must be dealt with (Baldwin, 2006).

However, while the overall percentage of minorities in health professions has increased, many studies have found that the number of minorities employed in higher-paying, higher-skilled occupations (often associated with higher levels of education) has not seen as significant an increase as minorities in entry-level, lower-paying positions (Snyder, 2018; Wilbur, 2020). In 2017, the US Department of Health and Human Services reported that non-white persons (excluding Asians) were underrepresented in all health care professions responsible for diagnosing and treating (USDHHS, 2017) and that require a undergraduate or graduate degree (Toretsky, 2018).

Disparities in health connected to race and ethnicity, socioeconomic status, and other social inequities have been linked with a lower quality of healthcare and poorer patient outcomes (Wilbur, 2020; Ghaddar, 2013; Bouye, 2016). These disparities are minimized if the healthcare provider is of the same racial and ethnic background as the patient or if a white provider has received cultural humility/cultural competence training; in both situations, patient experience and patient outcomes improve (Wilbur, 2020; Bouye, 2016). Increasing the number of non-white persons working in health professions by reducing barriers to education addresses both social inequities within the industry and social determinants of health.

The Health Profession Education Pipeline

Students have expressed in interviews that they did not have any knowledge of health professions in early education (Toretsky, 2018; Wilbur, 2020), and that more knowledge about available professions encouraged them to pursue a higher-level degree (Bouye, 2016). There are many preexisting assumptions about health professions that can easily be addressed by

introducing more information into the student curriculum at an earlier stage (Wilbur, 2020). Establishing mentorship with racially diverse role models increases high school student interest and movement towards the health professions (Wilbur, 2020; Toretsky, 2018), and deliberate recruitment by minority representatives results in higher student enrollment (Snyder, 2018).

Summer training programs and internships at the high school and undergraduate level can be utilized to increase health knowledge and prepare for admissions tests, some of which have demonstrated a positive impact on applications to post-secondary education and encouraged students to work as faculty (Snyder, 2018). The socioeconomic inequities in education impact the affordability of higher education for non-white and low-income students, leaving qualified students with higher levels of debt and less financial aid (IM, 2004; Baldwin, 2006). Institutional changes to admissions and curriculum can aid in mitigating the cost of higher education and improving retention and matriculation(Ghaddar, 2013; Snyder, 2018; Baldwin, 2006), and comprehensive programs that offer intentional academic, emotional, financial, and social support to underrepresented communities have proved promising as well (Wilbur, 2020; Toretsky, 2018).

How Educators Can Help

Snyder (2018) performed a literature review and identified four major target areas in education with the most successful results in improving health profession education equity. Successful programs utilize a “multifaceted, comprehensive approach” (area 1) and combine elements of financial, emotional, and social supports with mentorship and intensive training. At the institutional level, “targeting recruitment and restructuring admissions policies” (area 2) and “summer enrichment programs” (area 3) increased the number of racially and ethnically diverse

students who applied and were admitted into health profession programs. Some programs even showed higher graduation rates after student participation in these programs. Schools offering health professional programs showed an increase in interest and application after focusing on "curriculum change and enhanced program offerings" (area 4), some of which focused their programs on training professionals to work in underserved communities.

Educators and education administrators working at any level along this pipeline can make active and intentional change to encourage diversity and participation in health professions. While the work is still being done at the macro level to eliminate socioeconomic limitations on the attainability of higher education, educators can still improve minority percentages in the health workplace and positively impact equity in healthcare and patient outcomes.

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