



College Access to Healthcare Programs for Underrepresented Minorities Ohio –PKAL Conference

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Purpose

- To examine underrepresented minority student numbers in healthcare programs when active rather than passive admission strategies are used in colleges/universities

What/Who are URMs

- Underrepresented Minority –
- Those racial and ethnic groups that are underrepresented in healthcare professions/schools
- Relative to their numbers in the general population

Adapted (Association of American Medical Schools, 2004)

Defining the Population

In Medicine URMs

- Persons who self- identify as any of the following:
 - Hispanic
 - American Indian or Alaska Native
 - Black or African American
 - Native Hawaiian or Other Pacific Islander

Defining the Population

In Nursing:

- Hispanic
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Men & Asians
 - Over-represented so not included here)



Select U.S. Demographic Data

Background

Total Population – 314,107,084

- Male 49.2%
- Female 50.8%

U.S. Census Bureau
2010-2014 American Community Survey

Background

U. S. Population

- Male 154,515,159
- Female 159,591,925

Background -Race

Total U.S. Population – 314,107,084

- One race : 97.1% (304,981,333)
- Two or more: 2.9% - (9,125,751)

Background - Race

One Race – 97.1%

- White 73.8%
- Black/AA 12.6%
- Asian 5.0%
- American Indian/Alaska Native – 0.8%
- Native Hawaiian/Pacific Islander - 0.2%
- Some other race – 4.7%

Background

One Race - (Millions)

- White 231,849,713
- Black/AA 39,564,785
- Asian- 15,710,659
- American In/Alaska Native - 2,565,520
- Native Hawaiian/Pacific Islander - 535,761
- Some other race 14,754,895

Background – Race/Ethnicity

Total Population in millions – 314,107,084

- Hispanic or Latino (of any race) - 16.9%
- Non-Hispanic or Latino - 83.1%

Hispanic or Latino and Race

Non Hispanic or Latino – 83.1%

- White alone – 62.8%
- Black or African American Alone – 12.2%
- American Indian/Alaska Native Alone – 0.7%
- Asian Alone – 4.9%
- Native Hawaiian/Pacific Islander Alone – 0.2%
- Some other race alone – 0.2%
- Two or more races – 2.1%

Racial/Ethnic Diversity of Healthcare Workers



Healthcare Practitioners

Specific practitioners include

- Advanced Practice Registered Nurses
 - Nurse Practitioners, Midwives, Nurse Anesthetists
- Physicians
- Physician Assistants
- Registered Nurses

Data Source: HRSA 2015
(Health Resources & Services Admin)

Demographics of Select Healthcare Providers in the US

APRNs - Race

- White 89.5%
- Black/African American (Non-Hispanic) 5.2%
- American Indian/Alaska Native – 0.2%
- Multiple other races - 1.1%
- Hispanic/Latino – 4.4%

Demographics

APRNs Ethnicity

- Hispanic/Latino 4.4%
- Non-Hispanic/Latino 95.6%

Demographics

Physicians - Race

- White – 72.2%
- Black – 5.3%
- Asian – 20.0
- Amer. In/Alaska Nat - 0.2%
- Hawaiian/Other - 0.03%
- Multiple/Other Races – 2.2%

Demographics

Physicians – Ethnicity

- Hispanic/Latino - 6.0%
- Non-Hispanic Latino – 94.0%

In 2008 (Amer Assn of Medical Colleges)

- Hispanics approximately 16% of Pop
- A.A approximately 16% of Pop

Demographics

Physician Assistants- Race

- White – 81.6%
- Black – 8.0%
- Asians – 7.2%
- Am. In/Alas Nat – 0.3%
- Hawaiian/Pac Is NR
- Multiple/Other Races – 2.9%

Demographics

Physician Assistants – Ethnicity

- Hispanic/Latino – 10.8%
- Non-Hispanic/Latino – 89.2%

Demographics

Registered Nurses - Race

- White – 78.6%
- Black – 10.7%
- Asian – 8.8%
- American Indian/Alaska Native – 0.4%
- Hawaiian/Pacific Islander – 0.1%
- Multiple/Other Races 1.4%

Demographics

Registered Nurses – Ethnicity

- Hispanic/Latino – 5.4%
- Non-Hispanic/Latino – 94.6%



Importance of Racial/Ethnic Diversity in healthcare workforce

Diversity in U.S. Health Occupations

HRSA has identified diversity in health workers as very important to ensure U.S. has health care that is :

- Accessible
- Affordable
- High Quality

Diversity in US Health Workforce

By 2050

- African Americans will make up 14.6% of pop
- Hispanic Americans 24.4%
- White Americans 50.1%
- Diversity of workforce improves access to health care for underserved patients
- Minority populations on tract to become majority by 2050 or earlier

Diversity in US Health Workforce

Improved access to healthcare for underserved populations

- Providers from racial/ethnic minorities more likely to work/practice in these communities
- More likely to care for the poor
- Improved healthcare access helps to reduce healthcare disparities

Diversity in US Health Workforce

Race, Ethnicity & Language Concordance

Associated with:

- Better patient/provider relationship
- Better patient/provider communication
- Increased trust
- Better patient compliance with care



Healthy People 2020

Reducing Health Disparities

- Increase the number of practicing medical doctors
- Increase the number of practicing physician assistants
- Increase the number of practicing nurse practitioners
- Increase the proportion of persons with a PCP

Reducing Health Disparities

- Number one way to increase healthcare practitioners is through training
- Training is accomplished in institutions of higher education
- Colleges, universities, other academic settings

Historical Causes of Low URMs in Health care Programs/Workforce

- College/Professional School admission limited:
 - By race,
 - sex,
 - religion,
 - national origin
- Civil rights movement helped eliminate more visible racial/ethnic barriers but not all

Historical Causes

- Schools of medicine, dentistry and nursing among last to integrate classrooms
- Professional organizations slow to recruit minorities
- Low numbers of URM Faculty

Active Admissions Strategies

- Expanded Admission Process that includes:
- Holistic Admission Process
- Student Mentoring
- Financial Aid Support
- Other resources that contribute to retention/success

Active Admissions Strategies

Holistic Admission Rubric/Practices including:

- Standardized Test Scores
 - ACT, SAT, GRE, MCAT
- Recommendation Letters
- Student Writing Sample
- Value added groups
- Student Interviews
- Student Mentoring

Active Admissions Strategies

Value Added Groups

- Non-traditional students
- Veteran/Military service
- First generation college goer
- Resident of the state/region
- Prior experience in healthcare field
 - STNA certification, LPN, others
- Science GPA
- Native student of institution

Passive Admission Strategies

- Admissions criteria based on:
- Numbers
- Standardized tests
- (SAT, ACT, GRE, MCAT)
- GPA
- “Waiting/hoping they will come”

Active Admissions Strategies

Student Interviews

- Advantage of face to face meeting
- Some people do better with oral communication
- Allows candidates to provide clarification
- Helps school representatives to uncover candidates talents/skills

Student Mentoring

University/Colleges/Department Faculty partner with:

- Elementary, middle and high schools
- Establish mentoring programs
- Provides/facilitates
 - Early, frequent and positive exposure to health care professions/professionals
 - Mentoring/Guidance with selection of appropriate classes to prepare for programs

Student Mentoring

Establishing STEMM committees/Initiatives

- Helps with pre-college mentoring
- Pre-college advising emphasizes STEMM classes
- Pre-requisites for STEMM programs
- Exposure/increased knowledge about STEMM careers

Student Mentoring

- Net result – Better student preparation for healthcare programs
- Increases chances for URM students to
 - Know about healthcare professions/program
 - Apply to these programs
 - Get admitted to these program
 - Succeed/graduate from these programs



The Results

Active Versus Passive Admission Strategies

URMs in Programs with Active Admissions Policies

- Increased Numbers/Percentages
- Includes larger numbers admitted
- Greater retention
- Increased graduation rates

Active Admission Strategies

Gradual increase in students who are URM's (when data could be found)

- Rates ranged from 9% to 45%
- Higher #s in MD/PA programs
- AA -higher rates at Master's and PhD levels
- Hispanic/Latino numbers remain low
- American/Indians – rates remain low
- Hawaiian/Pacific Islander – rates remain low

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Passive Admission Strategies

- Very low numbers/percentages of URMs
- Smaller numbers admitted
- Smaller numbers retained
- Smaller number graduate
- Smaller numbers of URM healthcare providers

The Numbers

Passive Admission Strategy (Where data could be found)

Over a 2 year period

- Admission rates unchanged
- AA approx. 5.4%
- Hispanic/Latino approx. 2.5%
- Two or more races approx. 2.0%

Recommendations

- Holistic/Active Admissions Strategies
- Expanded Admission Rubric
- Value Added Groups
- Early/Active Mentoring
- Active Student support at College
- Assistance with writing/studying
- Test taking (may need to take in settings such as testing center)

Next Steps

- Formal and ongoing data collection
- Design Survey
- Obtain IRB approval
- Send surveys
- Analyze data
- Share findings with appropriate stakeholders

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- Personal conversation with select employees/administrators of a small sample of healthcare programs

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