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The Challenges of Lagging Diversity and Inclusion in Health Care

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The Challenges of Lagging Diversity and Inclusion in Health Care

Abstract

The healthcare workforce in the United States (US) does not accurately reflect the future growth of diversity, based on projections of a more racially/ethnically diverse patient population in the US over the next decade. Poor health outcomes, particularly in African Americans, continue to occur, and African Americans continue to be underrepresented in medicine. This signals a continuation of health disparities in marginalized communities. Healthcare organizations must address the low number of Black physicians in communities and support education gaps to strengthen pipelines that will ensure a greater diversity in matriculating medical school students.

Keywords

diversity, equity, inclusion, academic medicine

Introduction

Black Americans continue to experience some of the worst health outcomes of any racial group, a fact that represents a continuation of significant disparities in health, health quality, and access to health care within the US.[1] Studies have demonstrated that improved healthcare outcomes occur in the African American community, including health literacy and treatment adherence, when Black doctors and other members of the health care team care for Black patients.[2]

White doctors make up 56% of the physician workforce and only 6% are Black doctors, while 13% of the US population are Black people.[3] The healthcare workforce does not accurately reflect our nation's growing diversity, based on the projected increase of a more racially/ethnically diverse patient population in the US over the next decade.[4] To address the poor health outcomes of Black people and the lack of Black physicians in marginalized areas, healthcare organizations must begin to establish educational pipeline programs and organization partnerships to help increase diversity in the healthcare profession and reduce health disparities.

Challenges to Diversity

Health care work environments can be unwelcoming and discriminatory to Black health care providers, leading to deficiencies in their recruitment and retention. Organizations must respond to overt racism as part of systemic change needed to address health disparities, especially in marginalized communities. Organizations have a responsibility to mitigate barriers to diversity and inclusion.

However, the problem starts earlier than the time of hiring physicians. The recruitment of minorities into academia continues to lag, due in part to an unwelcoming academic environment and suboptimal mentorship.[5] While pipeline programs, mentorship, and other factors can improve an individual's readiness for medicine, widespread implicit bias and explicit bias create exclusionary environments.[6] Explicit bias is intentional and can be controlled or avoided, but implicit bias is unconscious and is "internally" driven. Implicit bias cannot be eliminated; however, implicit bias can be interrupted through deliberate organizational effort. However, those deliberate organizational efforts have generally been lacking to date and ineffective in changing the makeup of pipelines programs and academic faculty.[7]

Since 2018, the Association of American Medical Colleges (AAMC) has released two reports: Altering the Course: Black Males in Medicine and Reshaping the Journey: American Indians and Alaska Natives in Medicine.[4,8] Both reports further explore why diversity efforts have not been more successful and demonstrated that the numbers of Black medical school applicants and American Indian or Alaska Native medical school applicants remained relatively stagnant. In fact, the number of Black male medical school applicants and matriculants had actually decreased since 1978.[4]

Faculty are often mentors to students but if nonwhite faculty are rarely present in academic facilities, mentors for nonwhite students may not exist. Liu and Alexander found that nonwhite faculty had lower promotion rates than white faculty and, as a result, did not stay in education.[9] Practicing physicians from racial and ethnic minority backgrounds often confront racism and bias, not only from peers and superiors, but also from the patients they serve.[8]

The Pipeline to Medical School

The disproportionate number of young Black men in underperforming K-12 public schools was identified as a key influence on the pipeline to medical school.[4] Data show that despite increases in graduation rates over the past decade, educational attainment at the baccalaureate and graduate levels is still lower for Black males than for white males.[4] A confluence of factors in the early grades in the public education system may adversely affect the educational and career trajectories for Black youth. Among the education related barriers/challenges, the AAMC noted these educational barriers and challenges for Black male youth:

- Greater chance of being educated in schools with fewer resources.
- Slimmer chance of participation in gifted or Magnet programs.
- Fewer participants in Advanced Practitioner (AP) courses.
- Very few participants in science, technology, engineering and medicine (STEM) courses.
- More cases of suspension or disciplinary action that may be a result of a lack of cultural awareness amongst educators. [4]

Rochester Regional Health Diversity, Equity, and Inclusion

The following is an overview of one health system's strategies to create/sustain/enhance inclusive work environments and achieve health equity. With a goal to achieve diversity and inclusion within its healthcare workforce to improve patient care, Rochester Regional Health (RRH) has embarked on a journey to improve the pipeline for African Americans through organizational strategies.

RRH covers a wide service area comprising 14 counties in New York State—urban, rural, and suburban. The health system service areas include: 9 acute care hospitals, 8 senior living facilities, 147 primary care and ambulatory care locations, and 10 urgent care facilities. RRH service areas are lacking representation, especially in reference to Black physicians and advance care providers (APP) of color, both of which impact the organization's ability to offer the best possible care.

The total population in the Finger Lakes region has increased since 1990. The most recent American Community Survey reports that 92% of the region's residents are white non-Hispanic.[10-12] However, the community is becoming more

diverse. Since 1990, there has been a 63% regional growth in the Hispanic population and a 32% regional growth in the Black population. Health care providers must be equipped to care for patients with more co-morbid conditions than ever (aging population) as well as remaining culturally competent and relatable to diverse patients. Ensuring a competent workforce is one of public health's 10 essential services, which is why it is important to consider the population shift in health planning.[10-12]

The COVID-19 pandemic exposed the RRH lack of progress and provided the health system with an opportunity to move forward differently to find success in achieving health equity. There is therefore mounting urgency for the RRH system to address prevailing issues and barriers to achieving health equity and address the demographic changes in the community.[12] In 2019, the non-Hispanic white population represented a majority (55%) of the State's population; however, the State is projected to become majority minority by 2035.[12] These demographic shifts have the potential to exacerbate existing health disparities by race and ethnicity, as well as to strain a health care system that already experiences shortages in health care professionals in parts of the State. Addressing these issues will require a multi-pronged approach, including workforce training and recruitment efforts. Given that demographic distributions can vary substantially across counties, it will also be critical for the healthcare industry to develop tailored strategies to meet the changing health care needs of their populations.

RRH System Goal of Health Equity

An RRH office of Education and Diversity, Equity and Inclusion was created in 2020 to coordinate responses to the need for health equity across the populations served by RRH. Establishment of educational pipeline programs and organization partnerships are vital to increasing diversity of the healthcare profession, addressing educational opportunity gaps, and reducing health disparities.
The Office of Education and Diversity, Equity and Inclusion is pursuing many strategies to address the educational opportunity gaps:

- Develop a leader data dashboard to inform recruitment, hiring, retention, and promotions.
- Participate in national benchmarking and ranking reports to measure and lead progress.
- Explore strategic partnerships, memberships, networks, and associations to build RRH pipelines
- Create additional opportunities and enhance current youth education, career exploration, and mentorship programs.
- Establish Employee Resource Groups

- Develop an Education Plan to include onboarding, annual, and targeted education and awareness trainings/programs with an emphasis on Unconscious Bias.

Discussion

Organizations must possess a willingness to go deep to recognize and actively address the barriers to diversity and inclusion by obtaining relevant continuous data, listening to the experiences of employees of color, and devising a plan of action. Health disparities may increase in communities and as a result, health equity will decrease. Diversifying the health care workforce to reflect patient populations may be one solution.

Healthcare organizations must institute strategies to preserve diversity and reduce health disparities as population-based health inequalities remain a number one issue for communities across the US. One step to achieving health equity and mitigating health disparities may be for health systems and academic medical centers to develop innovative partnerships with underserved communities and adopt strategies to develop educational pipeline programs to help underrepresented minorities (URMs) in the health professions. By demonstrating a strong commitment to increasing racial and ethnic minorities in the health professions and developing viable funding mechanisms to support diversity enrichment programs, a pipeline to health care careers may be strengthened. [13]

A pipeline can be established early on in the education process and students encouraged to move forward in a health care career. Local partnerships, financial support opportunities, and school programs can help local youth to find a path to a health care career. As better healthcare outcomes have been linked to concordance of race/ethnicity between the doctor and the patient, the ongoing lack of diversity in medical schools to meet the population needs causes a ripple effect, especially in marginalized communities where there is a limited distribution of non-White physicians.[14-16]

Conclusion

If healthcare organizations are to improve, Health Leaders must take action to achieve health equity by exploring inclusive strategies that lead to better hiring practices, increased retention, and improved health outcomes for all. It's also important to evaluate, revise, and develop more robust policies and procedures for healthcare organizations to intentionally create a physician workforce that is demographically representative of all U.S. populations.

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