



Strategies to Enhance Health Workforce Diversity

Definitions

- **Racial concordance** refers to a shared identity between two people with regards to their race. In the case of healthcare workers, racial concordance refers to a shared identity between a healthcare worker and patient regarding their race.
- **Racial discordance** refers to two individuals having different identities with regards to their race. In the case of healthcare workers, racial discordance refers to a healthcare worker and patient having different racial identities.
- **Cultural Competence** refers to the ability of a person to effectively interact and work with people of different cultures and belief systems than their own.
- **Cultural Responsiveness** refers to the ability of a person to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth.
- **Culturally Anticipatory** refers to the ability of a person to proactively anticipate and respond in a manner that that recognizes, affirms, and values the worth of people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other demographic factors.

Why is this important?

Research has long demonstrated the important role of race and culture in the relationship between healthcare workers and their patients.^{1,2} Having healthcare workers that understand, value and respect the identity of diverse populations improves healthcare access, quality and outcomes. Personal knowledge of a race and culture or appropriate training can prepare healthcare workers to provide person centered care.

Racial concordance between healthcare workers and patients has been associated with improved healthcare.³ Having a workforce that reflects the population can enhance the opportunity for racial concordance between health care workers and the patients they serve. Enhancing diversity and representation within the healthcare workforce is a priority for many states and organizations.

While the information related to diversity in the health workforce contained in this tool is focused on racial and ethnic diversity, it is important to note that diversity extends to numerous other characteristics. For example, underrepresentation by gender, sexual orientation, disability status, and geography are common among certain health professions. Strategies presented herein may be targeted to meet state diversity goals set for any population.

What can Governors and states do?

Keep a Finger on the Pulse of Diversity and Representation Within the Healthcare Workforce

As described in the [Health Workforce Data and Planning page](#) of the toolkit, states are strategically positioned to use existing data sources or collect supplemental data on the demographic characteristics of healthcare workers. Demographic information, such as race, ethnicity and gender, can be used by states to assess representation within various healthcare professions/occupations.

Consideration:

- **Measuring Diversity:** Demographic data on healthcare workers can be used to determine the proportion each race, ethnicity, or gender represents of an overall profession/occupation. *For example, there are 100 Nurses in state XYZ and only 12 of them identify as Black or African American. In this case, Black or African American Nurses represent 12% of all Nurses.* Tracking such data over time can be useful to monitor the effectiveness of policies and programs seeking to increase diversity and representation.
- **Comparing the Workforce to the Population:** Demographic data on the healthcare workforce provides an understanding of representation in the workforce, but comparing workforce demographics and representation to that of the overall population provides states with insight on the extent to which concordance exists (or does not exist). This type of information can be used to understand the extent of underrepresentation as compared to the population. *For example: In state XYZ, Black or African American Nurses individuals account for 28% of the total population within the state, but only 12% of Nurses within the state. As compared to the state's population, Black or African American individuals are significantly underrepresented in the Nursing workforce.* State XYZ may use this information to set targets and inform the development of programs which support the recruitment of BIPOC individuals into nursing.
 - **Additional information:** Depending on the data available, diversity and representation assessments can be done at the state level, or within smaller areas, such as counties. Smaller area assessments can be used to identify and target geographic areas where the greatest underrepresentation exists.

State Examples

- Indiana collects demographic data from healthcare professionals during the biennial license renewal process. These data are used to monitor trends in diversity and representation. Aggregated data are made available in various formats: Data Reports, Brief, [Interactive Dashboards](#).
- Minnesota also monitors health workforce demographics through data collected from healthcare professionals during license renewal. An [interactive dashboard](#) is available to quickly compare demographic characteristics across health workforce types.

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- The Oregon Health Authority released a report exploring the [Diversity of Oregon's Licensed Health Care Workforce](#) which explored race, ethnicity, gender, and languages spoken of healthcare professionals.
- [Virginia Department of Health Professions](#) collects demographic data from health professions biennially as part of the license renewal process. Aggregated data by reporting year are publicly available via an [interactive dashboard](#).

Resources

The George Washington University Fitzhugh Mullan Institute for Health Workforce Diversity hosts a [Health Workforce Diversity Tracker](#) which presents a state level diversity index for 10 health professions.

Targeted Workforce Development Opportunities

Pipeline Programs

- **Secondary Career and Technical Education (CTE)**
Secondary career and technical education programs remain a viable on-ramp for careers in STEM fields, especially healthcare. They can also be a starting point for equitable recruitment and retention initiatives that lead to sustained health workforce diversity. In October 2022, the Project on Workforce brought together Harvard's policy, business, and education graduate school fellows to develop an analysis of best practices to advance equity in secondary CTE. The culminating report details specific state strategies that target performance equity gaps, and data quality and collection systems with the aim of diversifying the workforce pipeline. The report includes recommendations for state and federal policymakers and leaders to bolster their workforce through equity and data quality in CTE. Link: [Promising Practices to Close Equity Gaps in Career and Technical Education, The Project on Workforce](#)
- **Area Health Education Centers (AHECs)**
The AHEC program is a federal program administered by the Health Resources and Services Administration focused on developing and enhancing education and training networks within communities, academic institutions, and community-based organizations. These networks aim to increase diversity among health professionals, broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations. Many states have federally funded AHEC Networks. Some states seek to enhance the reach of their AHEC programs and support diversity initiatives through targeted state appropriations. Link: [HRSA AHEC Directory Report](#)
- **HCOP**
[National HCOP Academies](#) are federally supported initiatives administered by HRSA to assist individuals from disadvantaged backgrounds to enter a health profession through the development of academies that will support and guide them through the educational pipeline.

Incentive Programs

See the Recruitment and Retention sections for additional information about incentive programs that have been developed and implemented by states.

Continuing Education in Cultural Competence and/or Cultural Responsiveness

Cultural competency and responsiveness training has been demonstrated to be effective in generating knowledge and skills related to a culturally competent practice.^{4,5}

- Some states (such as Oregon) require cultural competence training for health professionals as a part of continuing education requirements for license renewal.⁶
- New Jersey has similar continuing education requirements for physician licensure and also requires cultural competence training to be incorporated into medical school programming.⁷
- The U.S. Department of Health & Human Services tracks cultural competency training requirements in states and territories for healthcare providers; see [here](#) for more information.

¹ Saha S, Komaromy M, Koepsell TD, Bindman AB. Patient-Physician Racial Concordance and the Perceived Quality and Use of Health Care. *Arch Intern Med.* 1999;159(9):997–1004. doi:10.1001/archinte.159.9.997

² Somnath Saha, Jose J. Arbelaez, and Lisa A. Cooper, 2003: Patient–Physician Relationships and Racial Disparities in the Quality of Health Care *American Journal of Public Health* 93, 1713_1719, <https://doi.org/10.2105/AJPH.93.10.1713>

³ Jetty, A., Jabbarpour, Y., Pollack, J. *et al.* Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations. *J. Racial and Ethnic Health Disparities* 9, 68–81 (2022). <https://doi.org/10.1007/s40615-020-00930-4>

⁴ Arruzza E, Chau M. The effectiveness of cultural competence education in enhancing knowledge acquisition, performance, attitudes, and student satisfaction among undergraduate health science students: a scoping review. *J Educ Eval Health Prof.* 2021;18:3. doi: 10.3352/jeehp.2021.18.3. Epub 2021 Feb 24. PMID: 33621460; PMCID: PMC8089465.

⁵ Cultural competence training for health care professionals. Available at: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/cultural-competence-training-for-health-care-professionals>

⁶ OAR 847-008-0077. Available at:

https://secure.sos.state.or.us/oard/viewSingleRule.action:JSESSIONID_OARD=oW26WMSGIAQzLLAjVP2AdrjHsn37YTQ4zLeFGJDI2ALcXwMcZoTA!-758782503?ruleVrsnRsn=276057

⁷ New Jersey Cultural Competency Requirements for Physicians. Available at: <https://www.njconsumeraffairs.gov/bme/Pages/Cultural-Competency.aspx>