

Recruitment and Retention Critical to Minority Health Professionals

By John West

Closing the Gap, Cultural Competency Part II • February/March 2001

	Percent of Students
Dentistry	
American Indian	.5
Non-Hispanic Black	5.4
Hispanic	4.0
Nursing (RN)	
American Indian	.8
Non-Hispanic Black	9.9
Hispanic	3.9
Optometry	
American Indian	.5
Non-Hispanic Black	2.4
Hispanic	3.9
Pharmacy	
American Indian	.4
Non-Hispanic Black	2.8
Hispanic	7.7
Podiatry	
American Indian	.6
Non-Hispanic Black	3.7
Hispanic	3.4

Minority groups listed are underrepresented in health care professions. Information can be found in United States Health Workforce Personnel Factbook 2000. This fact book is a compilation of data from secondary sources, such as the American Medical Association, and the Federal Bureau of Labor Statistics. To order, call the Health Resources and Services Administration (HRSA) at 1-888-Ask-HRSA or visit <http://www.ask.hrsa.gov> ❖

Many observers believe that the cultural competency displayed by health care workers in all levels of an organization—or lack of it—has critically important effects on the quality of care received by that organization’s patients and customers.

Better education and training of staff currently providing services in health care systems and facilities could go a long way toward improving patient-provider interactions. Equally critical is improved recruitment and retention of minority students into health and allied health professions.

US Census projections indicate that by the year 2010, the U.S. minority population will increase by 60 percent.

Jordan J. Cohen, M.D., president of AAMC said, “this raises the question of whether or not enough medical students are developing the necessary cultural awareness and competence skills.”

According to Nycal Anthony, president of Alliances for Quality Education, Inc., a Washington-based, health and education resource development firm, there is not an automatic fix to building a more culturally competent health care workforce. “Balancing the supply and demand needs is essential,” she said. “To impact the education, recruitment, practice, and retention of physicians, pharmacists, advanced practice nurses, dentists, registered nurses, physician assistants, and other allied health professionals will require a ‘back to basics’ approach. We need to strengthen the pipeline connecting people, education systems, legislatures, and many others to identify and implement strategies to succeed,” she added.

Cohen further stated that despite the hard work of medical schools across the country, no more than 1,700 individuals from racial/ethnic groups, underrepresented in the physician workforce, will be among the some

16,100 receiving their symbolic “white coats” this month.

“At a time when underrepresented minorities make up more than 21% of our country’s increasingly diverse population, having barely 10.5% of our classes drawn from these communities is downright alarming,” he said (Reporter, Volume 9, Number 12; September 2000). Increased efforts must

be made to enact public policy that values and endorses cultural competence in the health care workforce.

Associate Director of the Institute of Public Health at Florida A & M University, and Publisher of the National Black Health Leadership Directory, Nathaniel Wesley, Jr. said that increasing the number of individuals entering and exiting the

pipeline as health care professionals is the key.

“The basics of creating a culturally competent and diverse workforce requires access and opportunity,” Wesley said. “Equal opportunity is still as critical today as during the civil rights movement,” he added.

Wesley also said that without additional incentives, it is difficult for an undergraduate student to rationalize choosing a health care career with a starting salary of \$30,000 in comparison to an engineering career with a starting salary of \$45,000.

“In the future, we must return to pipeline programs that foster students through summer work study programs, encourage mentoring of new entrants into health care fields, and provide career counseling to mid-level health professions,” Wesley said.

According to Wesley, mentoring should not be monolithic in nature. “There has to be more open and meaningful communication and development across all levels,” he said. There must be a diverse cooperative pathway for success. ❖

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