

Diversity in the Healthcare Workforce and Its Impact on Health Equity

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Objectives

Following the presentation, attendees will be able to:

1. Define diversity.
2. Articulate an understanding of the relationship between health disparities, health equity, social determinants of health, and diversity.
3. Describe why creating a healthcare workforce that mirrors the population served in rural and urban communities should be a priority when addressing health disparities and inequities that plague vulnerable populations.

Diversity and Cultural Humility

Diversity - Respect for and appreciation of similarities and differences each person brings to society, including but not limited to national origin, language, race, color, disability, ethnicity, gender, age, religion, sexual orientation, gender identity, socioeconomic status, veteran status, and family structures.

Centers for Disease Control and Prevention, 2022

Cultural Humility – Having a humble and respectful attitude toward people of other cultures. It involves ongoing self-exploration combined with a willingness to learn from others. It helps us recognize our cultural biases and realize that we can't know everything about a culture. We learn from our patients and their families and acknowledge their cultures and how these cultures affect health, without making assumptions. Through these efforts, we are able to promote accessible, affordable, culturally proficient, and high-quality care.

Ada Stewart, M.D., American Academy of Family Physicians, 2024

Evidence-Based Research Reports Validating the Need to Diversify the Healthcare Workforce (2003-2024)

- 2003 – Institute of Medicine Report “Unequal Treatment”
- 2004 – The Sullivan Commission on Diversity in the Health Professions
- 2011 - The Future of Nursing 2010-2020 Report: Leading Change, Advancing Health
- 2013 – National Advisory Council on Nursing Education and Practice Report: Achieving Health Equity through Nursing Workforce Diversity
- 2021 - The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity
- 2024 - National Academies of Sciences, Engineering and Medicine “Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care: Proceedings of a Workshop”

A Diverse Racial/Ethnic Healthcare Workforce that Mirrors the Population:

Strengthens the trust between patients and healthcare providers, which can lead to increased patient compliance with their plan of care.

Helps to increase access to quality healthcare services, address preventable health conditions and tackle social determinants of health.

Fosters cultural humility among providers and removes socio-cultural barriers.

Improves healthcare outcomes and decreases mortality rates among marginalized and racial and ethnic minorities.

Bias, Implicit Bias, and Racism

Biases - Inherently human natural products of our environment. We develop biases and perspectives as reactions to experiences that prepare us to evaluate information we will encounter in the future. Biases remain innocuous until our assumptions impact our behaviors toward other people. By acknowledging our biases, we can find ways to mitigate their impact on our decision-making.

Vivian Lam, Associate Health and Biomedicine Editor, *The Conversation*, 2021

Implicit or unconscious bias operates outside of the person's awareness and can directly contradict a person's espoused beliefs and values. What is so dangerous about implicit bias is that it automatically seeps into a person's affect or behavior and is outside of the full awareness of that person.

National Center for Cultural Competence, Georgetown University, 2024

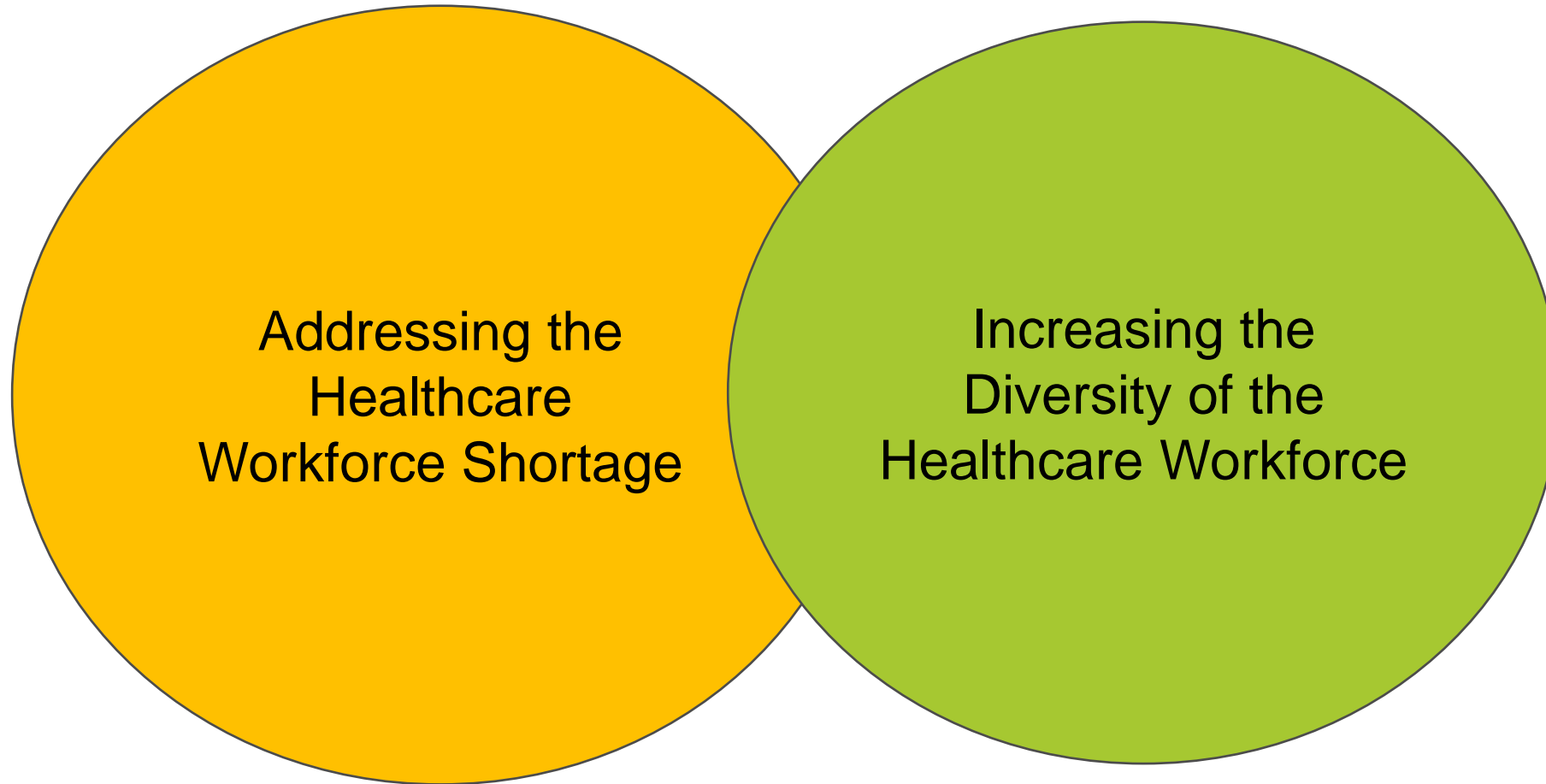
Racism: Assaults on the human spirit in the form of actions, biases, prejudices, and an ideology of superiority based on race that persistently causes moral suffering and physical harm to individuals and perpetuates systemic injustices and inequities.

National Commission to Address Racism in Nursing, 2021

An example of how implicit bias contributes to health disparities

“Mrs. Smith, a 60-year-old black woman, presented to my office visibly upset about a recent appointment with a subspecialist. She had been treated poorly, she said, from the moment she arrived at that physician's office. Most telling, the patient said, was that the subspecialist assumed that her heart disease was related to a diet that included a lot of fried chicken and other Southern dishes. In reality, Mrs. Smith has been a vegetarian for more than a decade, and her condition is more likely related to her family history.”

Ada Stewart, M.D., American Academy of Family Physicians, 2024



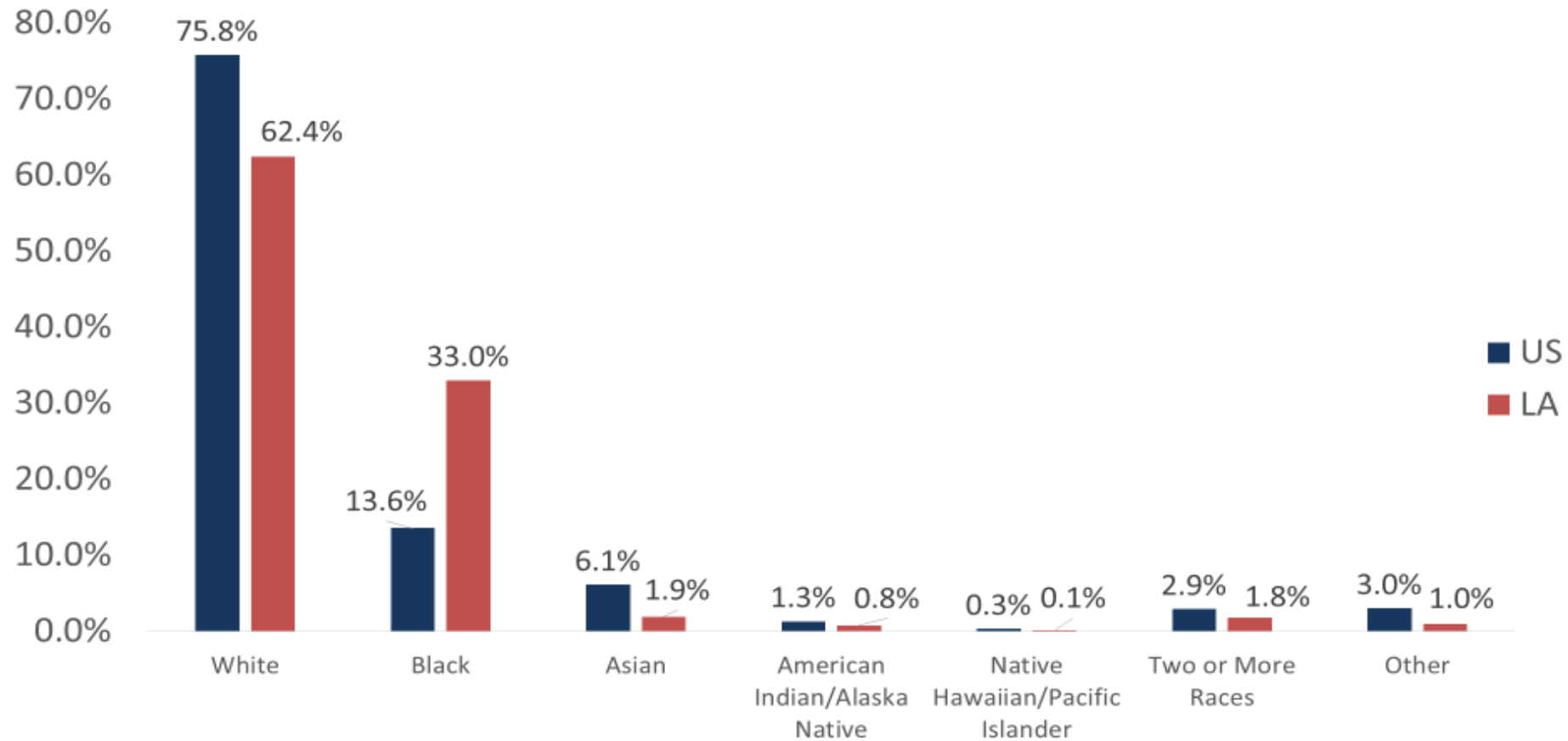
These are separate yet intersecting issues that must be addressed to successfully eliminate health disparities in Louisiana.

U. S. Population Projections by Race and Ethnicity

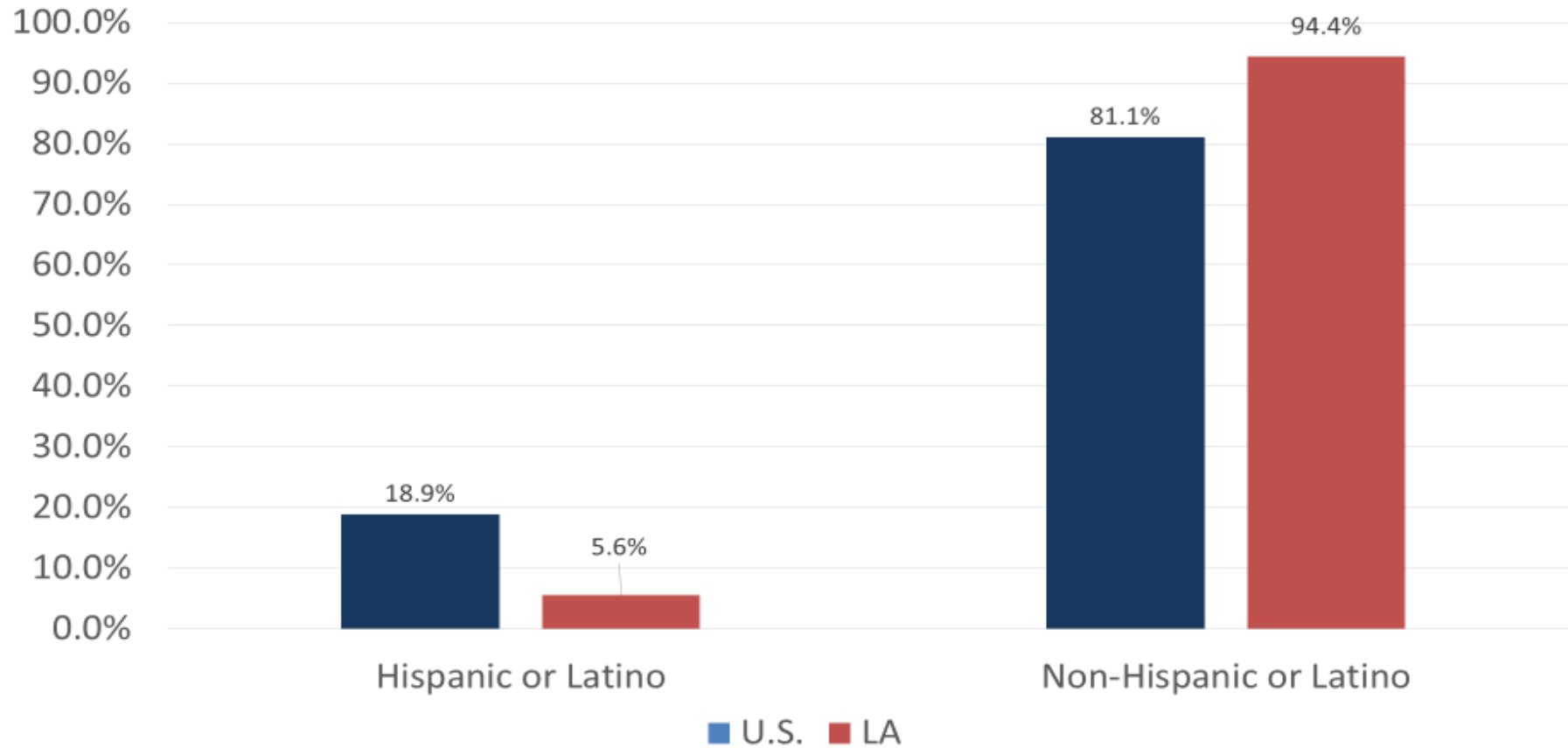
By 2030, the U.S. population is expected to grow considerably and become more racially and ethnically diverse than ever. The population of people who are two or more races is projected to be the fastest-growing racial or ethnic group, followed by Asians, Hispanics, and Black/African Americans, respectively.

U.S. Census Bureau 2020

Racial Demographics of the U.S. and Louisiana Population (U.S. Census QuickFacts, 2022)



Ethnic Diversity of the U.S. Population and Louisiana's Population (U.S. Census QuickFacts, 2022)



Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged groups that are closely linked with economic, social, or environmental disadvantage.

Healthy People 2030

Health Equity

The attainment of the the highest level of health

for all people.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Healthy People 2030

Social Determinants of Health

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

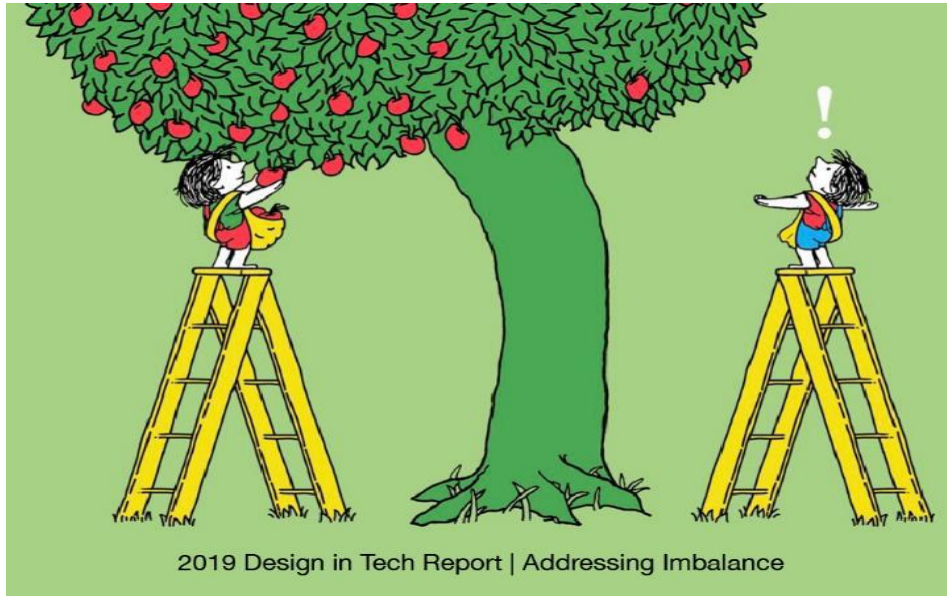
Healthy People 2030

Diversity in the Healthcare Workforce

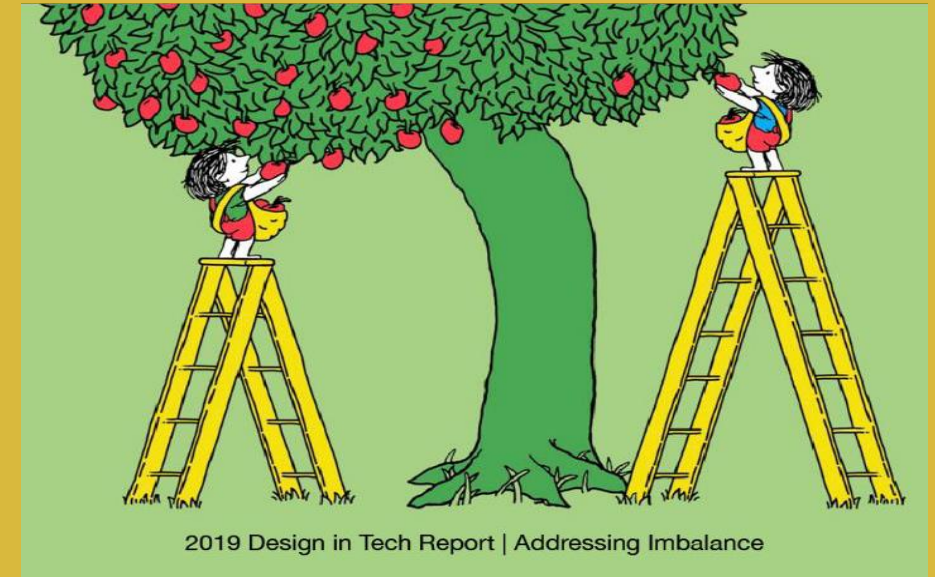
Increasing the racial/ethnic diversity of Louisiana's healthcare workforce is critical to dismantling health disparities and inequities that plague communities of color. It offers a beacon of hope for a healthier, more equitable future.

Fitzhugh Mullan
Institute for Health
Workforce Equity, 2023

Equality



Equity



Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

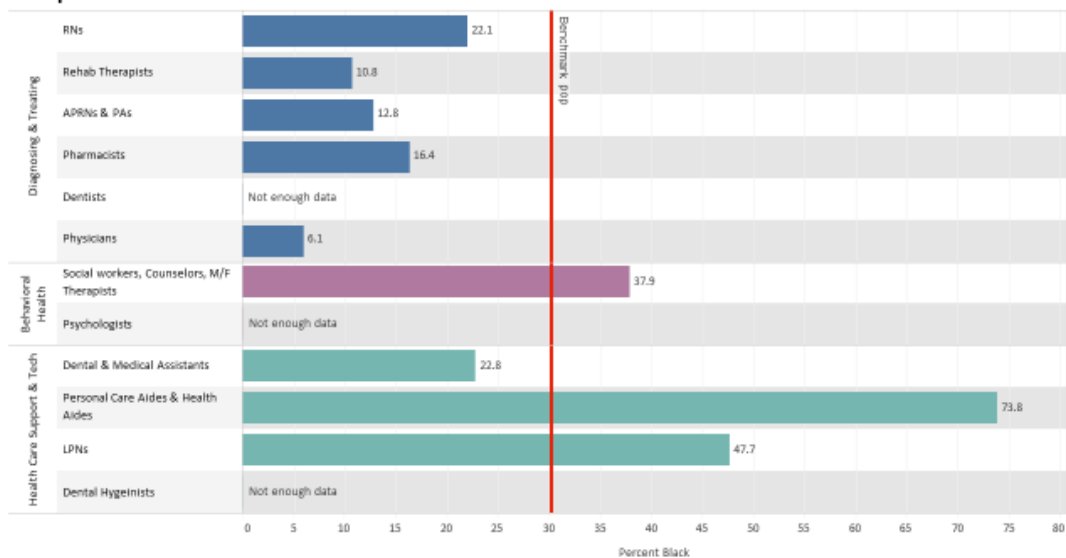
RWJF, <https://youtu.be/MIXZyNtaoDM>

Health Disparities in Rural and Urban Louisiana

1. Compared to those living in urban areas, rural residents have higher rates of mortality from heart disease, respiratory disease, cancer, stroke, and unintentional injury, which are the five leading causes of death in the U.S.
2. The COVID-19 pandemic amplified the long-standing health disparities and inequities disproportionately affecting racial and ethnic minorities in Louisiana.
3. Black/African American women in Louisiana are four times as likely as White women to die from complications related to pregnancy, and the Black/African American infant mortality rate, 10.5 infants per one thousand live births, is more than twice the rate for White Louisianans.
4. Black/African people in Louisiana have higher death rates than White Louisianans for almost all causes of death, with the exception of suicide. They are more likely than Whites to die of heart disease, cancer, stroke, diabetes, and kidney disease.

Louisiana's Healthcare Workforce

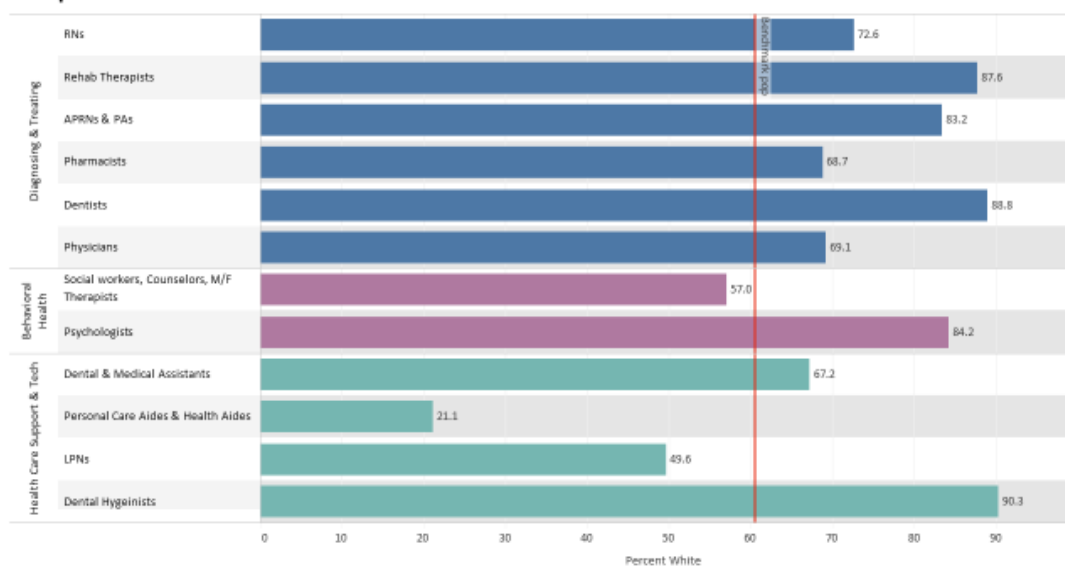
Representation of Black Health Professionals in Louisiana



- Black workers are underrepresented in all diagnosing & treating professions.
- Black workers make up 30.2% of the labor force, but only 6.1% of physicians.
- Black workers are best represented in the health care support & tech positions, which typically do not require advanced degrees.

Notes: Rehab Therapist includes occupational therapists, physical therapists, and speech pathologists. RN is registered nurse. APRN is advanced practice registered nurse. PA is physician assistant, M/F Therapist is marriage and family therapist, LPN is licensed practical nurse. Professions are sorted within categories by the most common education level attained by each profession. The red line indicates the percent of Louisiana's labor force that is Black (30.2%).
Data: American Community Survey (ACS), 2016-2020

Representation of White Health Professionals



- White people make up 60.5% of LA's labor force, but 68.7% or more of each of the diagnosing and treating professions.
- White workers are least represented in the health care support & tech positions.
- White workers are highly represented in every profession requiring a master's or doctoral degree except for social workers, counselors, and M/F therapists.

Notes: Rehab Therapist includes occupational therapists, physical therapists, and speech pathologists. RN is registered nurse. APRN is advanced practice registered nurse. PA is physician assistant, M/F Therapist is marriage and family therapist, LPN is licensed practical nurse. Professions are sorted within categories by the most common education level attained by each profession. The red line indicates the percent of Louisiana's labor force that is White (60.5%).
Data: American Community Survey (ACS), 2016-2020

The Race and Ethnicity of the Louisiana Health Workforce Report, 2023
 Fitzhugh Mullan Institute for Health Equity
 The Georgetown Washington University

**Educating a Racially and Ethnic Diverse
Healthcare Workforce
Will Produce a Racially and Ethnic Diverse
Healthcare Workforce**

Registered Nursing Programs, 2018-2020

Registered Nursing Programs, 2018-2020 (26 total)							
Black			Hispanic				
Institution (number of grads)	Private	%	DI	Institution (number of grads)	Private	DI	
Dillard Univ. (47)	Y	97.9	2.78	Franciscan Missionaries of Our Lady Univ. (386)	Y	13.2	2.17
Southern Univ. and A & M College (272)		84.9	2.41	Univ. of Holy Cross (114)	Y	12.3	2.02
Southern Univ. at Shreveport (157)		77.7	2.21	Delgado Community College (563)		11.4	1.87
Grambling State Univ. (28)		64.3	1.83	Southeastern LA Univ. (556)		7.0	1.15
Delgado Community College (563)		28.4	0.81	LSU Health Sciences Center-New Orleans (744)		6.5	1.06
Univ. of Holy Cross (114)	Y	24.6	0.70	LA College (66)	Y	6.1	1.00
Loyola Univ. New Orleans (13)	Y	23.1	0.66	Baton Rouge Community College (116)		5.2	0.85
Baton Rouge Community College (116)		22.4	0.64	Univ. of LA at Lafayette (1510)		5.1	0.84
Northwestern State Univ. of LA (1223)		18.6	0.53	Bossier Parish Community College (147)		4.8	0.78
South LA Community College (95)		17.9	0.51	Fletcher Technical Community College (42)		4.8	0.78
Univ. of LA at Lafayette (1510)		17.5	0.50	Northwestern State Univ. of LA (1223)		4.4	0.73
Univ. of LA at Monroe (368)		16.8	0.48	Nicholls State Univ. (456)		3.3	0.54
LSU-Eunice (202)		16.8	0.48	South LA Community College (95)		3.2	0.52
LA College (66)	Y	16.7	0.47	Baton Rouge General Medical Center-School of Nursing (66)	Y	3.0	0.50
Baton Rouge General Medical Center-School of Nursing (66)	Y	16.7	0.47	SOWELA Technical Community College (68)		2.9	0.48
Nicholls State Univ. (456)		16.4	0.47	McNeese State Univ. (410)		2.9	0.48
SOWELA Technical Community College (68)		16.2	0.46	LSU-Eunice (202)		1.5	0.24
Franciscan Missionaries of Our Lady Univ. (386)	Y	14.0	0.40	Univ. of LA at Monroe (368)		1.4	0.22
LSU-Alexandria (358)		14.0	0.40	LA Tech Univ. (157)		1.3	0.21
LA Delta Community College (94)		12.8	0.36	Southern Univ. at Shreveport (157)		1.3	0.21
Fletcher Technical Community College (42)		11.9	0.34	LSU-Alexandria (358)		0.8	0.14
McNeese State Univ. (410)		11.0	0.31	Southern Univ. and A & M College (272)		0.7	0.12
LSU Health Sciences Center-New Orleans (744)		10.5	0.30	LA Delta Community College (94)		0.0	0.00
Bossier Parish Community College (147)		8.2	0.23	Loyola Univ. New Orleans (13)	Y	0.0	0.00
LA Tech Univ. (157)		5.1	0.14	Grambling State Univ. (28)		0.0	0.00
Southeastern LA Univ. (556)		4.7	0.13	Dillard Univ. (47)	Y	0.0	0.00
Overall Public (7566)		19.6	0.56	Overall Public (7566)		4.6	0.75
Overall Private (692)	Y	22.1	0.63	Overall Private (692)	Y	10.3	1.69

Notes: DI is Diversity Index: the percent of a race/ethnicity in each profession divided by the percent of that race/ethnicity in the workforce. Black denominator: 35.2%; Hispanic denominator: 6.1%. Schools with fewer than 10 graduates in 2018-2020 are not included. Data: Integrated Post-Secondary Education System (IPEDS), 2018-2020; American Community Survey (ACS), 2016-2020.

Medical Programs, 2018-2020

Medical Programs, 2018-2020 (3 total)							
Black			Hispanic				
Institution (number of grads)	Private	%	DI	Institution (number of grads)	Private	DI	
LSU Health Sciences Center-Shreveport (364)		3.3	0.09	Tulane Univ. of LA (526)	Y	4.4	0.72
Tulane Univ. of LA (526)	Y	3.6	0.10	LSU Health Sciences Center-New Orleans (465)		4.1	0.67
LSU Health Sciences Center-New Orleans (465)		6.5	0.18	LSU Health Sciences Center-Shreveport (364)		3.6	0.59
Overall Public (829)		5.1	0.14	Overall Public (829)		3.9	0.63
Overall Private (526)	Y	3.6	0.10	Overall Private (526)	Y	4.4	0.72

Dentistry Programs, 2018-2020

Dentistry Programs, 2018-2020 (1 total)							
Black			Hispanic				
Institution (number of grads)	Private	%	DI	Institution (number of grads)	Private	DI	
LSU Health Sciences Center-New Orleans (185)		4.9	0.14	LSU Health Sciences Center-New Orleans (185)		4.3	0.71
Overall Public (185)		4.9	0.14	Overall Public (185)		4.3	0.71

Notes: DI is Diversity Index: the percent of a race/ethnicity in each profession divided by the percent of that race/ethnicity in the workforce. Black denominator: 35.2%; Hispanic denominator: 6.1%. Schools with fewer than 10 graduates in 2018-2020 are not included. Data: Integrated Post-Secondary Education System (IPEDS), 2018-2020; American Community Survey (ACS), 2016-2020.

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Physical Therapy Programs, 2018-2020

Scale					
<-.2	0.2-0.4	0.4-0.6	0.6-0.8	0.8-1	>1

Physical Therapy Programs, 2018-2020 (2 total)							
Black				Hispanic			
Institution (number of grads)	Private	%	DI	Institution (number of grads)	Private	%	DI
LSU Health Sciences Center-New Orleans (95)		1.1	0.09	LSU Health Sciences Center-New Orleans (95)		0.0	0.00
LSU Health Sciences Center-Shreveport (103)		1.9	0.06	LSU Health Sciences Center-Shreveport (103)		1.0	0.16
Overall Public (198)		1.5	0.04	Overall Public (198)		0.5	0.08

Exhibit 12: APRN Programs, 2018-2020

APRN Programs, 2018-2020 (6 total)							
Black				Hispanic			
Institution (number of grads)	Private	%	DI	Institution (number of grads)	Private	%	DI
Southern Univ. and A & M College (92)		71.7	2.04	Southeastern LA Univ. (24)		8.3	1.37
Northwestern State Univ. of LA (23)		39.1	1.11	LSU Health Sciences Center-New Orleans (183)		5.5	0.90
Southeastern LA Univ. (24)		25.0	0.71	Loyola Univ. New Orleans (274)	Y	4.4	0.72
Loyola Univ. New Orleans (274)	Y	21.9	0.62	Franciscan Missionaries of Our Lady Univ. (99)	Y	4.0	0.66
LSU Health Sciences Center-New Orleans (183)		16.9	0.48	Southern Univ. and A & M College (92)		1.1	0.18
Franciscan Missionaries of Our Lady Univ. (99)	Y	7.1	0.20	Northwestern State Univ. of LA (23)		0.0	0.00
Overall Public (322)		34.8	0.99	Overall Public (322)		4.0	0.66
Overall Private (373)	Y	18.0	0.51	Overall Private (373)	Y	4.3	0.71

Notes: DI is Diversity Index: the percent of a race/ethnicity in each profession divided by the percent of that race/ethnicity in the workforce. Black denominator: 35.2%; Hispanic denominator 6.1%. Schools with fewer than 10 graduates in 2018-2020 are not included. Data: Integrated Post-Secondary Education System (IPEDS), 2018-2020; American Community Survey (ACS), 2016-2020.

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Call to Action

- Track recruitment and retention through monitoring and evaluation of recruitment programs to identify and address issues in recruiting and retaining racially and ethnically diverse healthcare workforce;
- Expand workforce pipelines that are working so that more racial/ethnic providers are recruited to work in underserved communities and the communities they grew up in;
- Expand partnerships with institutions of higher education in Louisiana, including high schools and community colleges;
- Identify, develop, and evaluate strategies to reduce financial barriers in the education and training processes in health professions programs for students of color (i.e., redundant/repetitive fees; implement holistic admissions practices).
- Identify promising infrastructures that support (academically) and develop (professionally) racial/ethnic students pursuing careers in health professions programs.
- Recruit, hire, and retain diverse faculty in higher education.

Increasing the Diversity of the Healthcare Workforce to Decrease Health Disparities and Inequities Must Be Intentional

- Reducing the substantial health disparities and health inequities experienced by rural communities will require adaptable, dynamic, racially and ethnically diverse teams of providers.
- These teams must be designed and deployed around the specific health and social care needs of local communities.
- Achieving a diverse healthcare workforce that can meet rural healthcare needs will require a substantial commitment to identifying the unique healthcare and workforce needs of rural communities, adequate investment in the workforce and infrastructure, and stable and sustainable financing mechanisms.

Council on Graduate Medical Education 24th Report

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QUESTIONS?