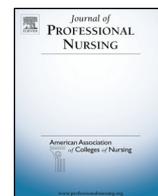




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Increasing healthcare workforce diversity: Urban universities as catalysts for change☆

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ABSTRACT

Increasing the diversity of the healthcare workforce is often cited as a strategy for reducing racial and ethnic health disparities. Colleges and universities are uniquely positioned to influence workforce diversity through their recruitment, admissions, and student support practices, and by partnering with community groups to improve the pipeline of underrepresented racial/ethnic (URE) students pursuing health careers and influence workforce diversity practices in healthcare institutions. In this article, the authors describe a multifaceted initiative implemented by the Academic Health Center (AHC) at the University of Cincinnati (UC) that sought to address each of these areas. The initiative was led by the dean of the College of Nursing and a professor from the College of Medicine, who served as co-principal investigators. Within the university, UC identified improving health disparities and workforce diversity as central to its mission, adopted holistic admissions practices, used social media to strengthen outreach to URE students, and created a diversity dashboard to monitor diversity efforts. Additionally, UC partnered with community groups to expand pipeline programs for URE students and worked with a community advisory board to engage the region's health systems in evaluating their workforce diversity efforts. Within the College of Nursing, the initiative resulted in increased applications from students at pipeline schools, a larger number of URE student admissions, and increased faculty diversity.

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Introduction

Despite ongoing efforts to improve healthcare workforce diversity, underrepresented racial/ethnic (URE) populations continue to be underrepresented in the health professions (American Association of Colleges of Nursing (AACN), 2015; Association of American Medical Colleges (AAMC), 2014). The problem is particularly acute for African American/black and Hispanic/Latino minority groups, which represent 30.9% of the U.S. population (United States Census Bureau, 2015), but only 9% of registered nurses (American Association of Colleges of Nursing (AACN), 2015) and 8.5% of physicians (Association of American Medical Colleges (AAMC), 2014). Though the figures are slightly better in academia, with African Americans/blacks and Hispanics/Latinos accounting for 20.3% of undergraduate nursing students in 2015 (American Association of Colleges of Nursing (AACN), 2015) and 13.3% of medical students in 2015 (American Association of Colleges of Nursing (AACN), 2015), there is still considerable room for improvement.

Improving the diversity of the healthcare workforce is important from an inclusion and social justice perspective and as a strategy for reducing health disparities (Sullivan Commission on Diversity in the Healthcare Workforce, 2004; Department of Health and Human Services (DHHS), 2011; Williams, Walker, & Egede, 2016; Jackson & Gracia, 2014). The emphasis on diversity's role in reducing health disparities is based on research suggesting that health professionals from URE groups are more likely to care for URE patients and serve in impoverished areas and thus improve access for disadvantaged populations (Health Resources and Services Administration (HRSA), 2006; Association of American Medical Colleges (AAMC), 2014), and research linking racial and linguistic concordance among patients and providers to improvements in quality of care (Institute of Medicine, 2003; Health Resources and Services Administration (HRSA), 2006; Alegría et al., 2013; Traylor, Schmittiel, Uratsu, Mangione, & Subramanian, 2010; Cooper et al., 2003).

Although there is widespread agreement within the health professions about the need to improve healthcare workforce diversity (American Association of Colleges of Nursing (AACN), 2015; Association of American Medical Colleges, 2015), achieving this goal is fraught with challenge and requires sustained effort by academia, communities, healthcare institutions, and government and legislative groups (Sullivan Commission on Diversity in the Healthcare Workforce, 2004). Health professions schools, which serve as gateways to the health

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professions, play an especially important role but also face a unique set of challenges. The challenges include stimulating interest in the health professions among URE high school students, addressing the paucity of diverse faculty in health professions schools, and changing academic cultures to value and support diversity and inclusive excellence, admissions policies, and other practices that thwart rather than promote diversity efforts (National Advisory Council on Nurse Education and Practice (NACNEP), 2013; Sullivan Commission on Diversity in the Healthcare Workforce, 2004).

In this article, we describe a multifaceted initiative to improve student and healthcare workforce diversity that was implemented by the Academic Health Center (AHC) at the University of Cincinnati (UC). Led by the dean of the UC College of Nursing and a professor in the College of Medicine, who served as co-principal investigators (PIs), the initiative engaged leaders from UC, the community, and local healthcare systems in improving the diversity of health professions students at UC and healthcare workforce diversity in the Cincinnati region.

Background

In 2012, the Coalition of Urban Serving Universities (USU) and the Association of American Medical Colleges partnered with the National Institute on Minority Health and Health Disparities to introduce the Urban Universities (UU) for HEALTH (Health Equity Alignment through Leadership and Transformation of the Health Workforce) learning collaborative. UU HEALTH was grounded on the premise that universities and academic health centers serve as “anchors” for urban communities and as regional educational centers for the health professions and are positioned to drive improvements in local health outcomes. The initiative’s goal was to identify and disseminate knowledge, tools, and metrics that would aid universities and their academic medical centers in enhancing healthcare workforce diversity. USU selected five urban-serving universities that had demonstrated a commitment to improving health and reducing disparities through workforce development for participation in UU HEALTH. In addition to UC, they included Northeast Ohio Medical University–Cleveland State University (NEOMED–CSU), the State University of New York (SUNY) Downstate, the University of Missouri at Kansas City (UMKC), and the University of New Mexico (UNM).

UC is a public research university located in Cincinnati, Ohio. The university has an enrollment of approximately 44,000 students, including 27% who are first-generation college students (University of Cincinnati, 2015). Among UC’s 14 colleges, four make up the AHC: the College of Allied Health Sciences, College of Medicine, College of Nursing, and College of Pharmacy. Each AHC college has its own dean and maintains affiliate relationships with multiple regional health systems that provide teaching, patient care, and research opportunities.

Cincinnati is Ohio’s third most populous city with a population of approximately 300,000 persons (United States Census Bureau, 2015) and is the seat of Hamilton County. Among the city’s residents, 49% are white, 45% are African American/black, and 3% are Hispanic/Latino. Many Cincinnatians struggle with poverty. In 2010–2014, the city’s median household income was \$34,002 (United States Census Bureau, 2015), compared to \$53,657 nationally (DeNavas-Walt & Proctor, 2015). Additionally, 30.9% of Cincinnatians (United States Census Bureau, 2015) and 44.3% of Cincinnati children (Sparling, 2015) lived at the poverty level, compared to 14.8% of the US population and 21.1% of US children (DeNavas-Walt & Proctor, 2015). Data regarding the community’s health reveal marked disparities along racial lines. For example, in 2001–2009, the average life expectancy for Cincinnati’s white residents was 76.5 years compared to 68.3 years for black residents (Urban League of Greater Southwestern Ohio, 2015), and 83.3–87.8 years in some affluent and largely white neighborhoods compared to 66.5–69.8 years in some low-income and predominantly black or urban Appalachian neighborhoods (City of Cincinnati, n.d.; Curnutte, 2013). Similarly, in 2013, the infant mortality rate for white children was 6.1 per 1000 live births in Cincinnati and 5.5 per 1000 in Hamilton County, while for black children

it was 12.6 per 1000 live births in Cincinnati and 18.4 per 1000 in Hamilton County (Urban League of Greater Southwestern Ohio, 2015).

Consistent with the UU HEALTH premise that urban universities are community anchors, UC is the largest employer in the Greater Cincinnati region and approximately 36% of UC students (University of Cincinnati, 2015) are from Hamilton County. Before joining the UU HEALTH learning collaborative, UC implemented several initiatives aimed at enhancing AHC student diversity and improving local health outcomes. These included developing a health careers pipeline program for URE students in Cincinnati public high schools, and helping to found the Strive Partnership (Strive, 2017), in which community groups collaborate to improve educational programs in Cincinnati’s urban core. Additionally, the AHC colleges sought to expand cultural awareness and competence among AHC students through course content and by exposing students to practice opportunities with vulnerable and diverse populations. In applying for the UU HEALTH initiative, UC’s original intent was to develop a data collection and analysis system that would allow AHC leaders to better track these efforts and evaluate their impact on students’ career decisions. However, soon after joining the learning collaborative, UC expanded its focus to address a spectrum of factors that drive workforce diversity, including: (1) practices within the university, (2) outreach and college and career preparedness among high school students, and (3) community and health system engagement. Strategies used in each area are summarized in Table 1 and described below.

Getting started

The UU HEALTH initiative was implemented over three-and-a-half years, from January 2013 to June 2016. The initiative was led by the co-PIs with the support of a dedicated project director. The project team started by compiling background data about community and AHC student demographics. As noted in Table 2, the area of greatest difference was in the percentage of African Americans/blacks, who represented 25.7% of Hamilton County residents and only 8.0% of AHC students. The project team also sought to develop a comprehensive profile of the local healthcare workforce using data that local health systems report annually to fulfill Equal Employment Opportunity Commission (EEOC) requirements (United States Equal Employment Opportunity Commission, n.d.), and which they share with a regional health system trade association and improvement collaborative called The Health Collaborative (THC) for aggregation and analysis (The Health Collaborative, 2016). In examining the data fields collected by THC on behalf of their health system members, the team discovered the data fields did not include key positions, including healthcare providers (physicians, advanced practice nurses, nurses, and physician assistants), executives, and senior and mid-level leaders.

Additionally, in what proved to be a critical first step, the project team invited the UC president, executive vice president, provost, chief diversity officer, chief information officer, and AHC deans to participate on an Executive Council charged with overseeing the initiative. The team anticipated that in addition to providing guidance on the initiative’s focus, scope, and methods, the Council would serve as an important vehicle for effecting change and improving the climate for diversity within the university and AHC. In addition, faculty were engaged throughout the entire process as part of the governance in each AHC College, as members of admission committees, and in approval of the AHC enrollment targets for students.

Practices within the university

During the early stages of the initiative, the project team’s primary focus was on strengthening AHC policies and practices related to student diversity. The involvement of the Executive Council proved critical to this work, as it required achieving a unity of vision and purpose across the AHC colleges and aligning AHC goals and practices with those of the university. The work also benefited from an ongoing, university-wide effort

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