

Diversifying Health Workforce to Decrease Health Disparities

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AAFACD & WISE Partnership

Organizational Background

Non-profit- 501 (c) 3 Organization engaged in leadership development and integrating new immigrants in the Twin Cities Metro Areas

Project:

“Integrating Foreign Trained Healthcare Professionals for Self Sufficiency”

Funders:

DHHS-ORR: Office Refugee Resettlement
Headwaters Foundation
Womens Foundation
Park Nicollet Foundation



Other Programs

- **Financial Literacy Initiative for Immigrants/Refugees - FLII/R**
- **Youth Projects:**
 - **Girls Getting Ahead in Leadership – GGAL**
 - **Girls Democracy in Action - GDIA**
 - **ART Project**
- **Health Promotion/Disease Prevention Program**
- **Empowering New American with Disabilities to Lead- ENADL**



Diversity

Dimensions include age, ethnicity, gender, physical abilities, race, and sexual orientation

(According to Loden and Rosener in the book *Workforce America*)



Female FTHP at Advocacy Meeting



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Disparities

Result from interplay among multiple factors, including access to healthcare (health insurance, cultural competent health professionals), racism, and health behavior, a community response is needed.



Data Estimate

Program internal data and statistics collected from community partner, the International Institute of Minnesota, estimate that there are over 300 foreign trained health care professionals residing in Minnesota. The number is expected to increase with the continuing entry of new immigrants



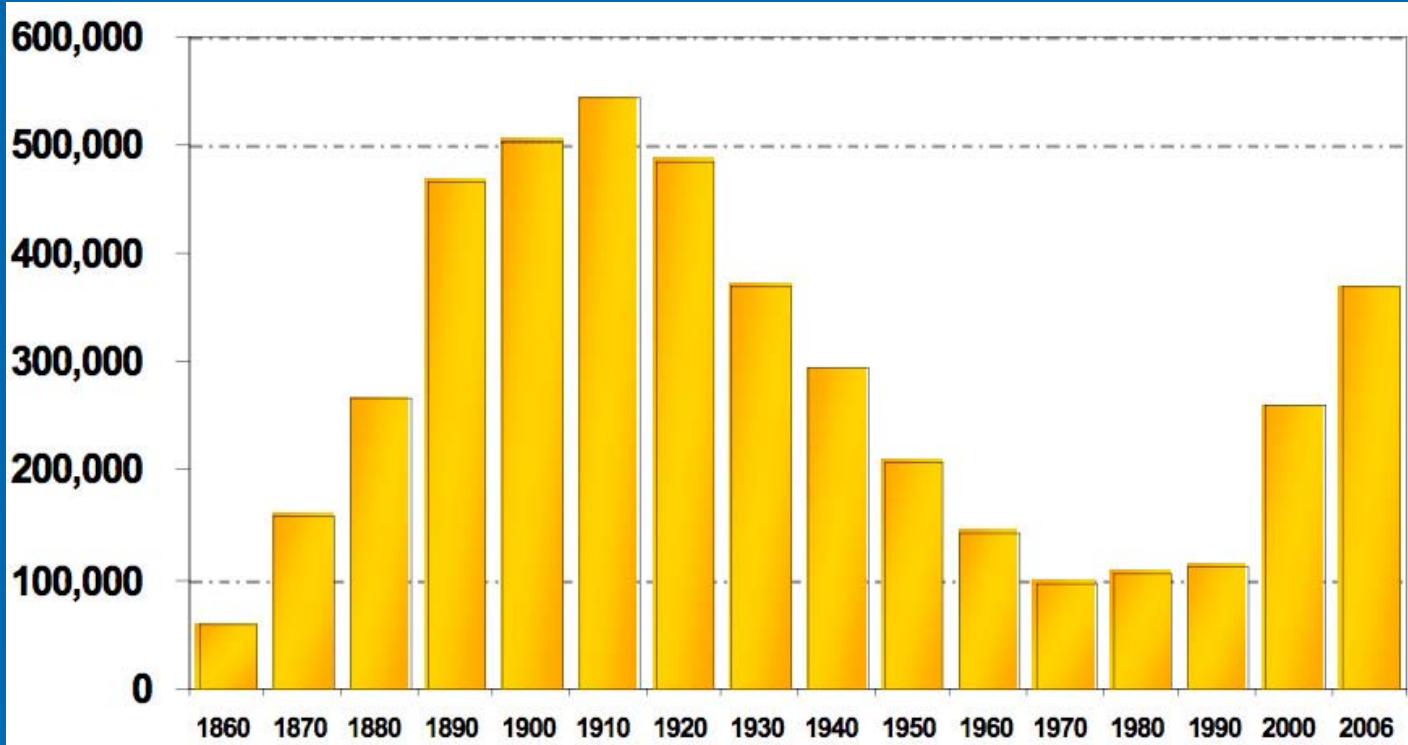
The need for the program?

“the lack of minority health professionals is compounding the nation’s persistence racial and ethnic health disparities.”

(Sullivan Commission, September, 2004)



MN foreign-born population has been increasing since 1970



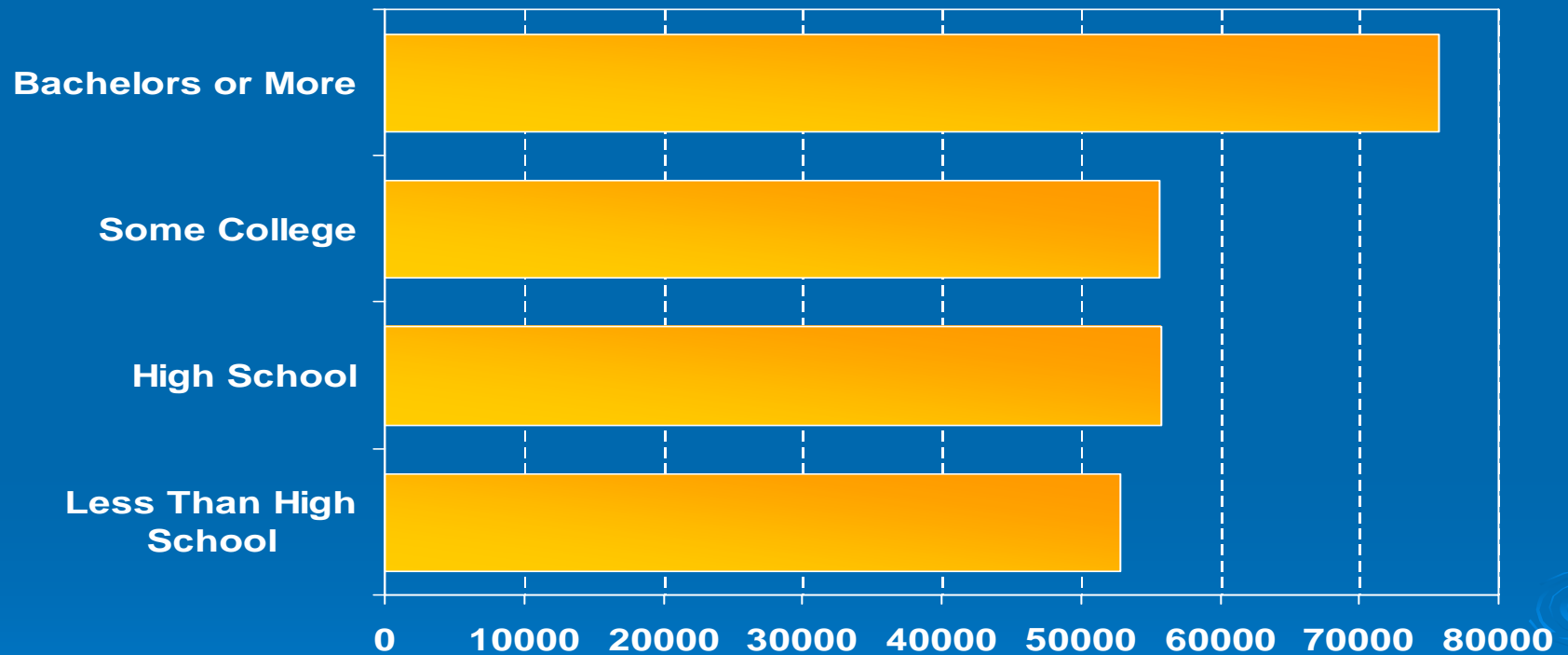
Source: Census 2006 ACS

Ranks 25th in foreign born as a percent of population (6.6%, US 12.5% in 2006)

Stinson, T. & Gillaspay, T. Minnesota's Economic & Demographic Changes, 2008



In 2006, Minnesota's Foreign Born Workforce Was 240,000 or 8% Of The Total Workforce

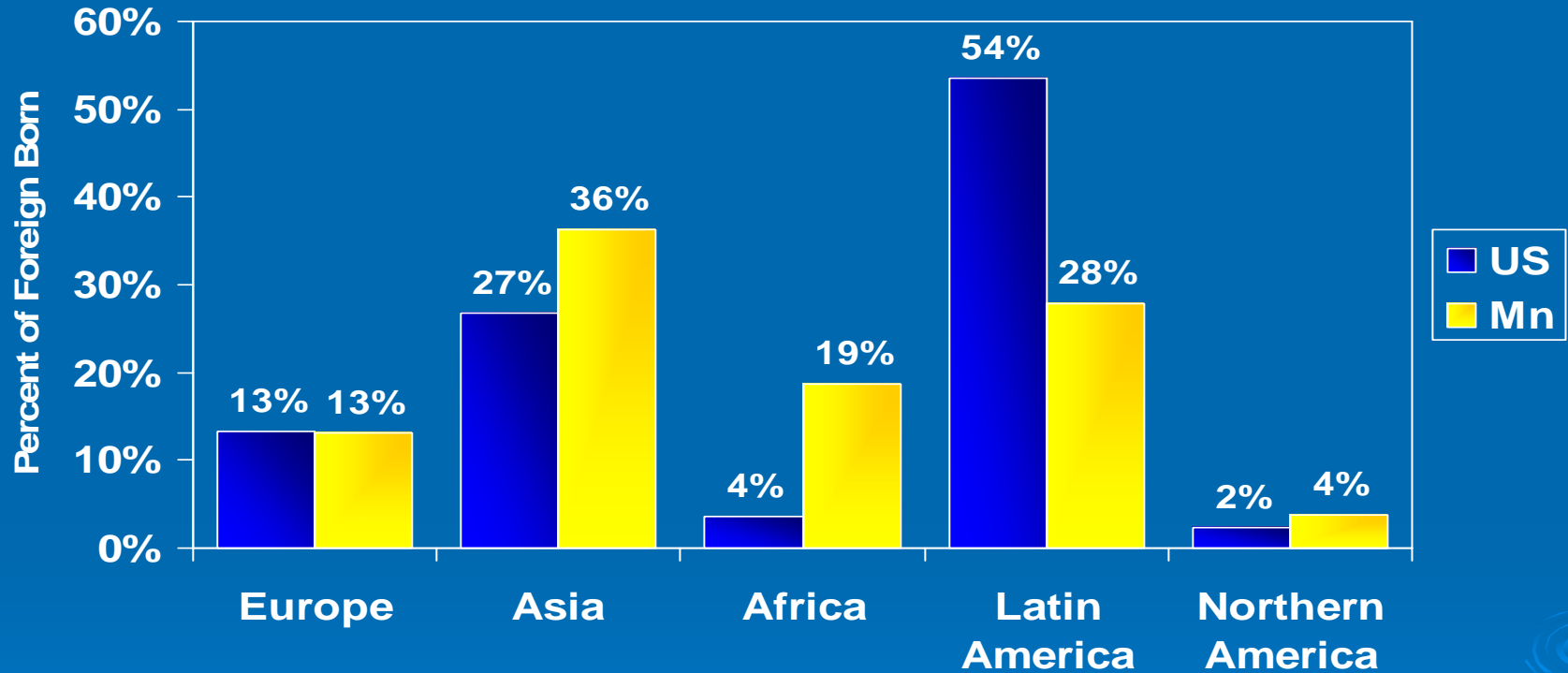


Industries employing the greatest percentages of Minnesota foreign-born population (2006)

- Restaurants/food service (10% of workers)
- Colleges and universities (5%)
- Hospitals (4%)
- Construction (4%)
- Mfg.-Medical equipment (3%)
- Mfg.- Animal slaughtering and processing (2%)



Minnesota's Foreign Born Population More From Asia & Africa; Less From Americas



Threats:

Current Healthcare Workforce does not proportionally represent the demographics of the patient population, which is one of the causes of disparities in quality and access to care for the minority population



Current Percentage of Physicians and Nurses in MN by Race/Ethnicity and Gender

	White %	Latino %	Asian %	African American %	Native American %	Other %	Male	Female
US Pop	80.1	14.8	4.4	12.8	1.0	0.1	49.3	50.7
MN Pop	89.3	3.8	3.5	4.5	1.2	0.2	49.7	50.3
Physician	75.4	4.0	12.6	3.4	0.1	3.5	74.2	25.8
Nurses	86.6	2.0	3.5	4.9	0.0	3.0	5.4	94.6
AAFACD FTHPs	10.9	15.8	10.9	62.4	0.0	0.0	45.0	55.0

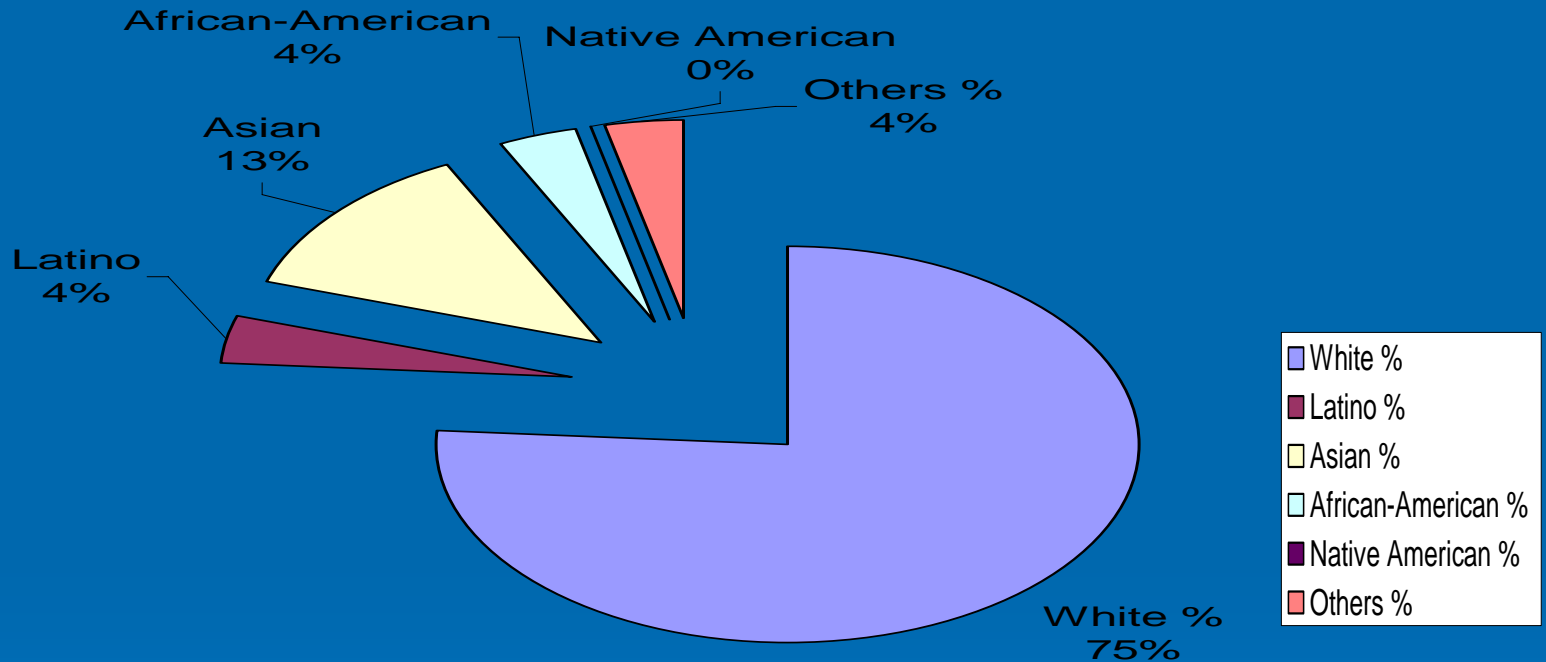


Opportunities

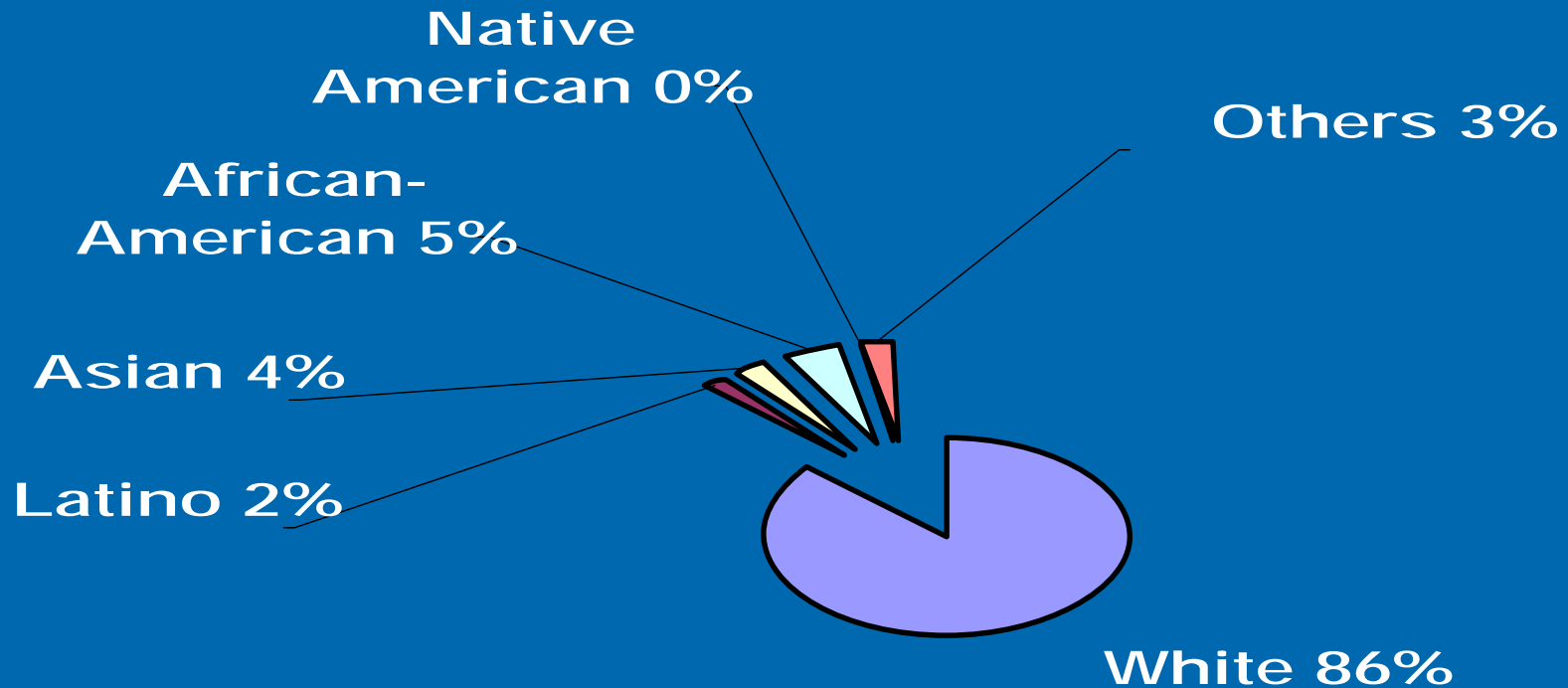
- Diverse Health workforce will help relief shortages, address growing demand for culture competency and service in underserved and rural areas



PHYSICIANS



NURSES



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Countries of Origin of FTHPs

The countries represented include Somalia, Liberia, Ethiopia, Benin, Burma, Tanzania, Kenya, Mali, Uzbekistan, Honduras, India, Mexico, Iraq, Cuba, Venezuela, Russia, Ukraine, and Lithuania. The three countries with most participants are Somalia, Liberia and Ethiopia.



Goals/Objectives of IFTHPSS Program

- **Advocacy for System & Policy Changes**
- **Education & Information**
- **Resources/Scholarship**
- **Coordination of mentorship**
- **Referral for Residency**
- **Licensure**
- **Employment & Integration for Self Sufficiency**



Program Services

- Case Management and Referral for Services and resources in the community
(e.g. Employment Recruitment, Retraining & Retention)
- Data Collection
- Monitoring and Evaluation
- Community Education for Policy development for system



Major Barriers/Challenges

1. Individual

- English Language Proficiency
- Lack of Familiarity with the US Health System
- Time/Age
- Financial Issue
- Loss of Professional Identity



(Research study: "Needs Assessment of Foreign Trained Healthcare Professionals (FTHPs), 2005")



2. Structural

- Complexity of Licensing Processes
- Inconsistent Messages from Educational Institutions
- Complex Bureaucracies (in the US and various countries)
- Conflicting Interests of Key Stakeholders
- No system to provide FTHPs clinical rotation



“The United States of America spends more on health care than any other country in the world, yet it ranks 41st in terms of life expectancy”^{*}.

WHO (2000) RANKING: USA 37/191
France and Italy leading

Indicators:

Health accessibility, cost, Doctor patient ratio and health disparities.



**David Satcher, Director of the Center of Excellence on Health Disparities and the Satcher Health Leadership Institute Initiative*



Changing Racial Demographics

- Demand for healthcare for minority is increasing as their percentage in the population increases
- Between 2000 to 2020 the percentage of total patients' care hours physicians spend with minority patients will increase from 31 to 40%
- Racial minorities have a different patterns of healthcare consumptions than whites
- “Members of ethnic minorities have less chance of receiving optimal care for a host of medical conditions”

AAMC, President Jordan Cohen MD., the Reporter, June 15, 2005



Primary Causes Which Affect Healthcare Consumption

- Barrier to Access e.g. language, living in underserved areas, lack of insurance or financial support
- Physician bias resulting in disproportionately devoted to minority patients
- Greater clinical uncertainty in diagnosis and treatment



Advantages of recruitment of more diverse workforce

- Provide relief to the existing demand for healthcare worker in underserved areas (*a study of AAMC shows that minorities students are more apt to work in underserved areas*)
- Help to address health disparities in access of minority groups (*research has shown that patients trust, participation in health decision and adherence to medical advice increases with patient and physician or nurse share racial/ethnic background*)



Summary

1. Healthcare is one of the largest and fastest industries in MN
2. Current shortages of physicians and nurses are expected to increase
3. Baby bomb population will increase demand for healthcare services in the next twenty years
4. Current health workforce does not proportionally represent the demographic of the patient population of America, which is a cause of disparities in quality and access to care for minority population
5. Utilizing licensed FTHPs will help to diversify MN



Conclusion

6. Utilizing licensed FTHPs

- to diversify MN healthcare workforce
- to relieve doctors and nurses shortages
- to address the growing demand for more culturally and linguistically appropriate healthcare services
- to serve and provide medical/healthcare in the underserved areas
- to decrease health disparities



FTHP Physicians at Peer Mentorship Meeting



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FTHP at Advocacy Meeting



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FTHPs in Support Group Meeting



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References

1. Nancy Omondi & Wilhelmina Holder, Utilization of Foreign Trained Healthcare Professionals Graduates: A Strategy to Reduce Health Workforce, 2005
2. Tom Stinson & Tom Gillaspay, Minnesota's Economic And Demographic Changes, 2008
3. Hillman and Tietema, *Healthcare Workers – A shortage revisited*, MN Economic Trends, - Bulletin (2007)
4. Changing demographics: Implications for Physicians, Nurses, and other health workers, Spring 2003, National Center for Health Workforce, Analysis
5. Nancy Omondi & Wilhelmina Holder (2005), Assets and Needs Assessment of Foreign Trained Healthcare Professionals
6. Department of Employment & Economic Development ---Encouragement of Licensure in Minnesota of Foreign-Trained Health Care Professionals - Report on Pilot Project

