



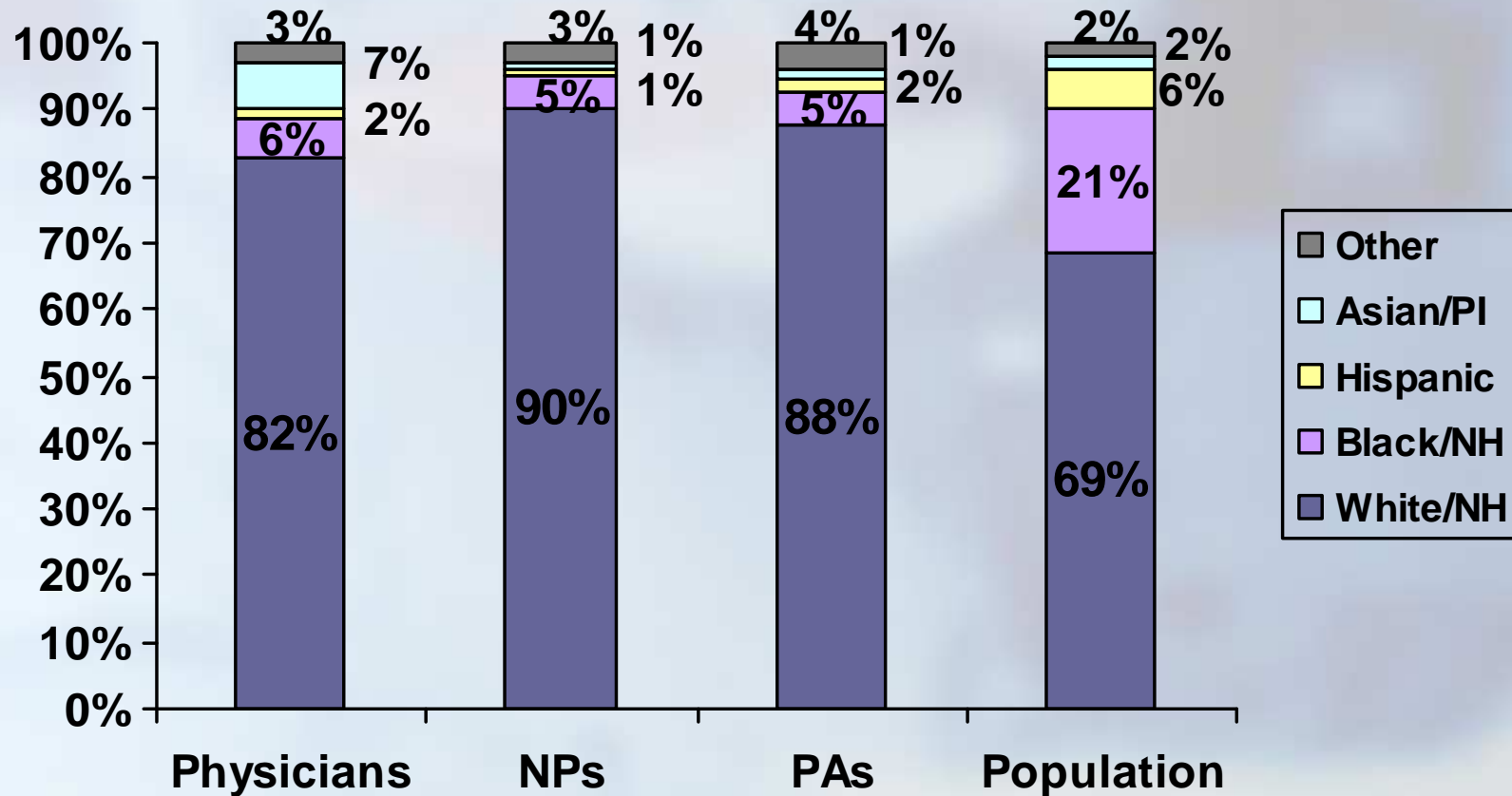
North Carolina Minorities are Underrepresented in the Health Professions

NC IOM Task Force on Primary Care and Specialty Supply

Supported by the Kate B. Reynolds Charitable Trust



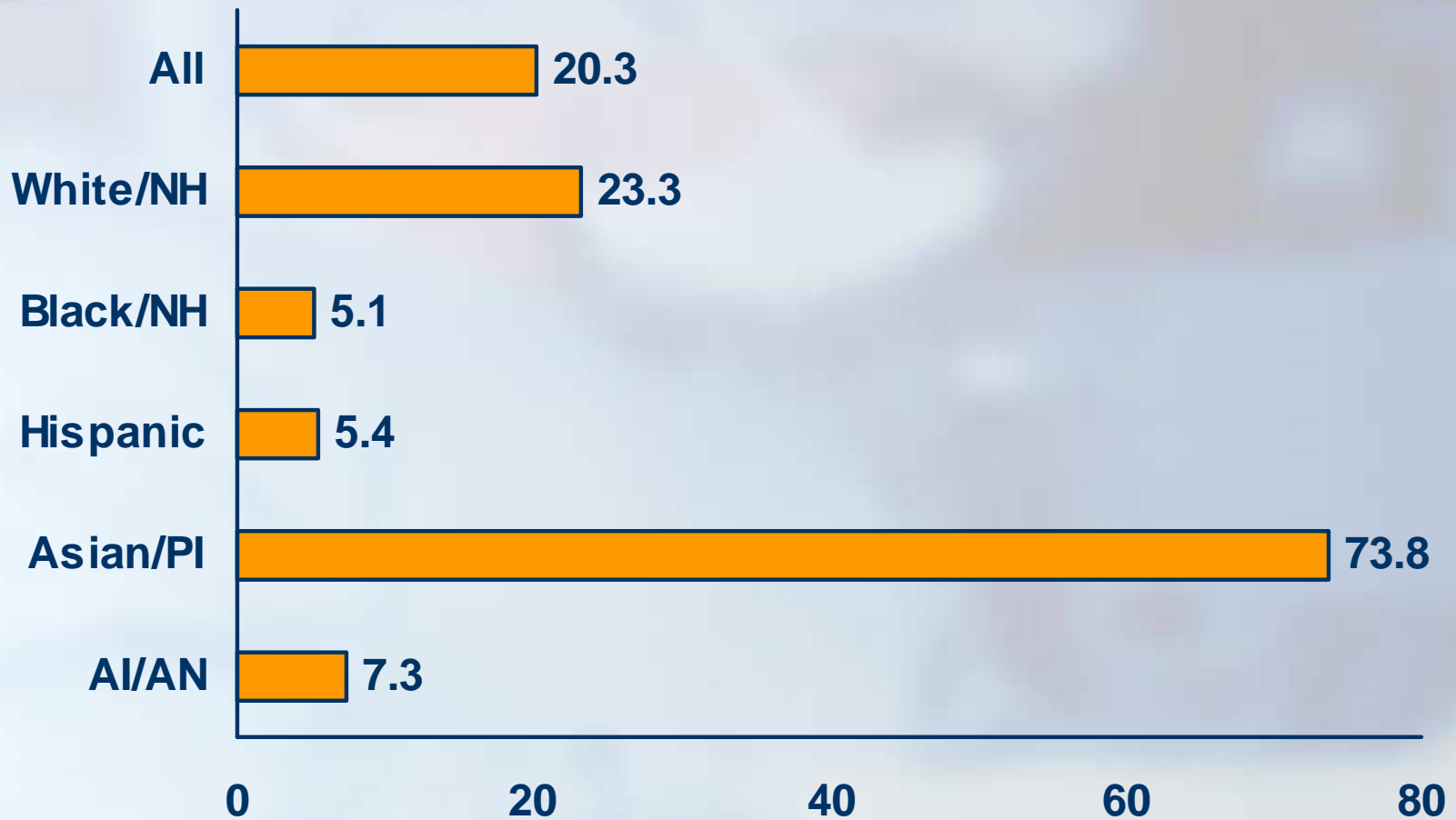
Race by Population and Providers, NC 2004



Source: NC Health Professions Data System and US Census.



Total Physicians per 10,000 Population of the Same Race, NC 2004



Source: NC Health Professions Data System and US Census.



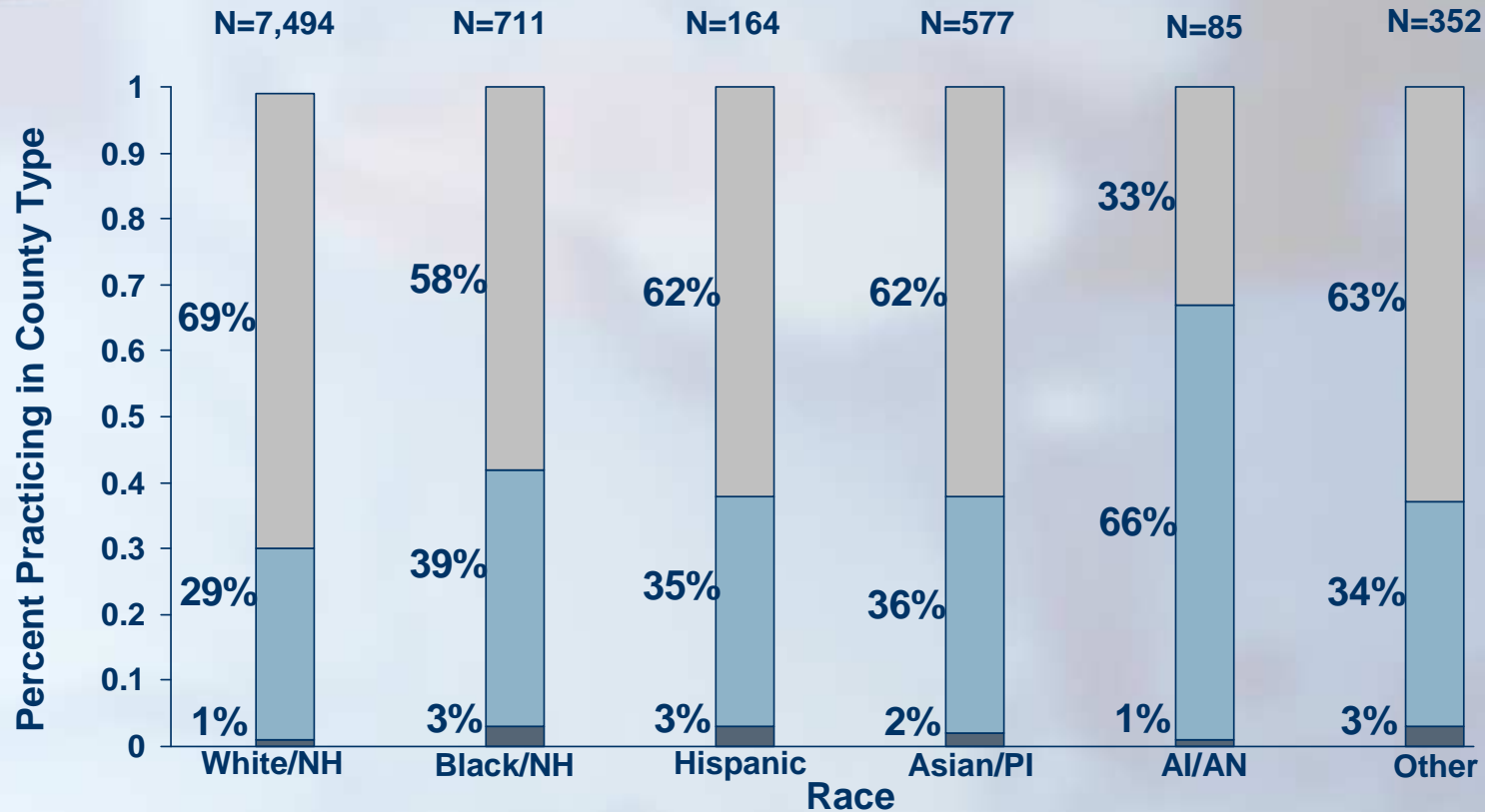
Minorities are More Likely to Serve in Underserved Areas

Compared to Whites, minority providers in North Carolina are more likely to serve in persistent health professional shortage areas (PHPSAs).

- 29% of White providers serve in part-county PHPSAs compared to:
 - 39% of Black providers
 - 35% of Hispanic providers
 - 36% of Asian providers
 - 66% of American Indian providers



Share of Primary Care Physicians, PAs, and NPs Practicing in Persistent Shortage Areas, NC 2004



Whole County PHPSA
 Part County PHPSA
 Non-PHPSA

Source: North Carolina Health Professions Data System and US Census. Note: Counts include active, in-state, non-federal providers who indicate a primary care specialty. PI is Pacific Islander. AI/AN is American Indian/Alaskan Native. NH is non-Hispanic. PHPSA is Persistent Health Professional Shortage Area, a county that has been designated a shortage area by the federal government in 6 of the last 7 years.



Importance of Serving North Carolina's Minority Population

Some minority groups:

- Have lower reported health status
- Are more likely to suffer from certain chronic health conditions
- Are more likely to report access barriers to healthcare

Research indicates that patients of all backgrounds generally prefer seeing providers of their same racial/ethnic background.



Serving North Carolina's Minority and Underserved Populations

Healthcare providers from underrepresented minority ethnic and racial groups are:

- More likely to serve patients of their own ethnicity or race and patients with poor health status
- More likely to serve underserved populations



Preliminary Recommendations

- The NC General Assembly should:
 - Support a health professional workforce research center that will ... (4) examine trends in the supply of minority health professionals in comparison to the general population. (A1a: PRIORITY)
 - Create a Health Workforce Policy Board that will ... (5) increase the supply of underrepresented minorities in the health professions. (A1b: PRIORITY)



Preliminary Recommendations

- NC medical schools should increase enrollment by 30% ... [and] consider strategies to increase the number of underrepresented minority physicians practicing in the state. (A4: PRIORITY)
- The NC General Assembly should consider incentivizing a new public medical school ... with special consideration that it focus on increasing the number of underrepresented minority physicians in the state. (A5)



Preliminary Recommendations

- NC PA, NP, and CNM programs should increase enrollment by 30% ... [and] consider strategies to increase the number of underrepresented minority providers practicing in the state. (A7)
- The NC General Assembly should reward health professional schools that ... (3) increase the number of practicing providers who are members of underrepresented minority groups. (A8: PRIORITY)



Preliminary Recommendations

- The NC General Assembly should appropriate \$13 million to the NC Area Health Education Centers Program (AHEC) to support additional and expanded clinical rotations and primary care residency programs ... [with] (b) special consideration given to programs that increase the number of underrepresented minority physicians in the state. (A9: PRIORITY)



Preliminary Recommendations

- The NC Division of Public Instruction, institutions of higher learning, NC AHEC, and other related programs should create intensive health professional pipeline programs and coordinate and expand existing programs for underrepresented minority and rural middle and high school students. (B1)
- The NC General Assembly should appropriate \$1.6 million to NC ORHCC for technical assistance and provider recruitment to underserved areas ... [with a] special emphasis on recruiting underrepresented minority, bilingual, and bicultural providers. (B5: PRIORITY)



Preliminary Recommendations

- The state and existing medical and health professional schools should consider strategies to expand the number of underrepresented minority providers, including:
 - Developing schools or satellite campuses in historically minority colleges and universities;
 - Expanding minority scholarship programs;
 - Developing healthcare mentorship programs;
 - Hiring underrepresented minority faculty and chairs; and
 - Modifying admission policies to facilitate the enrollment of minority applicants. **(C1: PRIORITY)**



Preliminary Recommendations

- NC medical and health professional schools should:
 - Recruit and admit more bilingual and bicultural students;
 - Offer and encourage students to take Spanish medical language courses;
 - Develop innovative programs to prepare more bilingual and bicultural graduates; and
 - Build cultural sensitivity training into their curricula. (C2: PRIORITY)



Preliminary Recommendations

- NC AHEC should work with key partners to:
 - Expand its existing Spanish language programs to train more interpreters and practicing health professionals; and
 - Expand its cultural competency and cultural sensitivity training for all health professionals. (C3)



Preliminary Recommendations

- The NC General Assembly should incentivize medical schools and health professional training programs to produce more bilingual and bicultural healthcare professionals through:
 - Creating opportunities for intensive language training and immersion courses; and
 - Use loan forgiveness or scholarships to incentivize students to become bilingual and have a greater understanding of different cultures.
(C4: PRIORITY)



Preliminary Recommendations

- The NC Community College System should put a greater emphasis on recruiting and training bilingual and bicultural medical office staff, nurses, and allied health professionals. (C5)
- The NC AHEC should work with key partners to:
 - Evaluate minority health professional pipeline programs and expand the most successful programs;
 - Develop a statewide, uniform student tracking and evaluation system across the educational pipeline; and
 - Provide practice support to underrepresented minority health professionals who choose to practice in underserved areas. (C6: PRIORITY)



Preliminary Recommendations

- The NC General Assembly should appropriate funding to diversity programs across the state that lost federal support due to the reduction of Title VII funding. (C7)