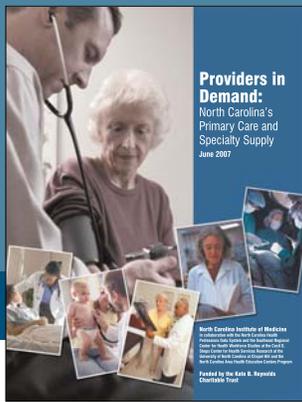


Providers in Demand: North Carolina's Primary Care and Specialty Supply

June 2007

Fact Sheet 5 of 5



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North Carolina Institute of Medicine
In collaboration with the North Carolina Health Professions Data System
at the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill
and the North Carolina Area Health Education Centers Program
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Charlotte, NC

Minorities Are Underrepresented in the Health Professions in North Carolina

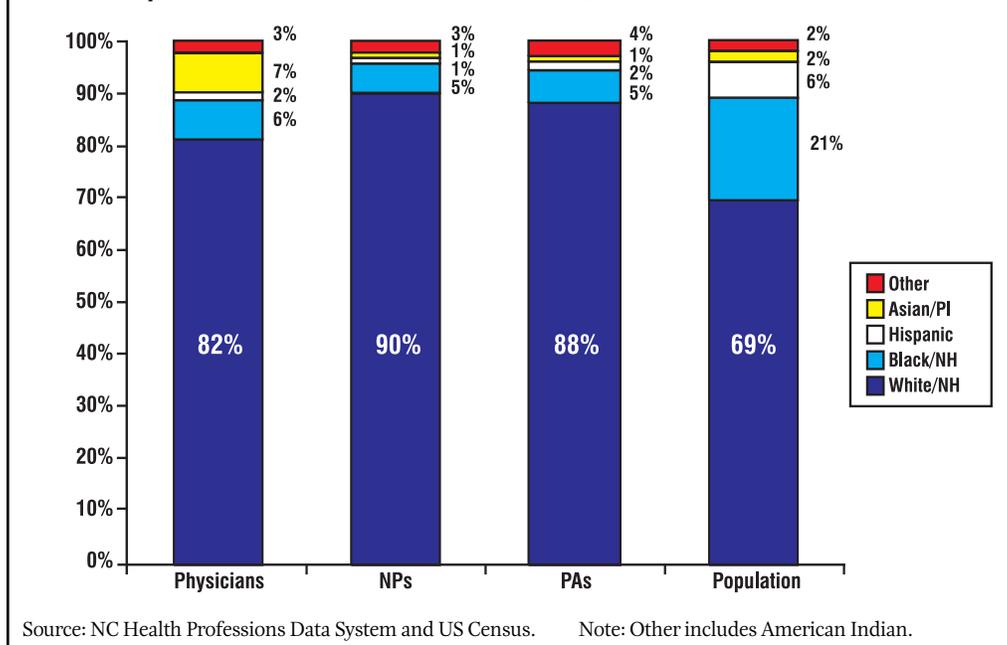
Minority populations comprise 30% of North Carolina's population, but they account for only 18% of physicians, 12% of physician assistants, and 10% of nurse practitioners in the state.¹ African Americans, American Indians, and Hispanics are particularly underrepresented in the health professions. (See Graph 1.) Further, the current enrollment in health professional schools does not reflect the state's diverse population.

Underrepresented minority providers also are more likely to practice in underserved areas than are white providers. Underrepresented minority providers are three times more likely than white providers to serve in whole-county persistent health professional shortage areas^a (PHPSAs)—12% for minority providers compared to 4% for white providers—and are more likely to serve in part-county PHSPAs—42% for minorities and 34% for whites.

Healthcare providers from underrepresented minority groups are more likely to serve patients of their own ethnicity or race and patients with poor health status.^{4,5,6} This practice is very important because African Americans, American Indians, and Hispanics are more likely to lack health insurance, suffer from certain chronic health conditions, and report access barriers.⁷

More multilingual and multicultural providers are needed to reduce language and cultural barriers to healthcare services. In North Carolina, there are approximately 150,000 Spanish-speaking residents who do not speak English well or do not speak

Graph 1.
Race of Population and Providers, North Carolina, 2004.



A diverse healthcare workforce is important because when given the option, people are more likely to pick a provider that has a similar racial and ethnic background.² Furthermore, minority patients have lower levels of trust in providers of other racial groups.³ Some of these concerns could be overcome if more minority providers were available to serve these patients.

English at all.⁸ Studies show people with limited English proficiency are more likely to report being in fair or poor health and are more likely to defer needed medical care, miss follow-up appointments, and experience drug complications.^{9,10} Multilingual providers can help address language barriers for the growing Latino and immigrant populations. Providers also should understand how

^a Health professional shortage areas (HPSAs) define and justify a rational service area for the delivery of health services, have a sufficiently low provider-to-population ratio, and show evidence that nearby resources are overutilized, too distant, or otherwise inaccessible. Persistent HPSAs are those that have been designated as HPSAs in six of the last seven years. An entire county (whole-county) or part of a county can qualify as a HPSA.

patients' cultural beliefs and practices can impact their health.

Based on these issues, the Task Force encouraged action upon the following priority recommendations:

- Existing health professions schools should consider and implement strategies to expand the number of underrepresented minority healthcare providers;
- Financial incentives should be provided to North Carolina health professional schools that produce minority health professionals;
- North Carolina health professions schools should recruit and admit more multilingual and multicultural students, offer Spanish medical language training, and build cultural sensitivity training into their curricula; and
- The North Carolina Area Health Education Centers Program should evaluate and expand successful minority health professions pipeline programs and develop a statewide student tracking and evaluation system.

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For more information about North Carolina's Primary Care and Specialty Supply visit http://www.nciom.org/projects/supply/primary_specialty.html or contact Pam Silberman, JD, DrPH, President & CEO. North Carolina Institute of Medicine. 5501 Fortunes Ridge Drive, Suite E, Durham, NC 27713. 919-401-6599 ext 23. pam_silberman@nciom.org.