

# HRSA Opens Doors for Minorities in Health Professions

By Claude Earl Fox, MD, MPH

Closing the Gap, Putting the Right People in the Right Places • May/June 1999

**D**isparities between the health of racial and ethnic minorities and Whites persist for a complicated interplay of causes, some of which medical science does not yet know or understand.

But one cause is very clear: inadequate access to quality health care, particularly preventive and primary care. Uneven access to care is known to be more of a problem for racial and ethnic minorities, who tend to earn less, to be uninsured, and to live where health care professionals are scarce.

The good news is that the Health Resources and Services Administration (HRSA) is helping to change this through a range of programs that improve access to health care for underserved people.

Because one obstacle that stands in the way is financial, HRSA supports health centers, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs, maternal and child health services, and other health care efforts that care for people regardless of their ability to pay.

But access is a matter of more than money. It's also having the right people in the right places. In our increasingly diverse nation, that means making sure we have racially and ethnically diverse health care providers at work in underserved communities, where minorities are more than half the population.

Minority physicians, nurses, and other health professionals are two to five times more likely to care for minority patients than their White counterparts. Only about 10 percent of health professionals are African American, Hispanic, American Indian, or Alaska Native. To assure access to essential health care for racial and ethnic minorities, HRSA also mounts an aggressive effort to bring racial and ethnic minorities into the health professions, including primary care medicine, nursing, dentistry, allied health, and public health.

## Opening doors for young minorities

It was in high school that Martha Laura Aleman discovered science. St. Mary's University sent students and faculty to her school in Kingsville, Texas. The goal: to challenge students like Martha to excel in subjects that can open doors to health careers. For three years, she participated in the St. Mary's program and set her sights on medical school. Although she and her mother always struggled to make ends meet, Martha realized her dream and entered the University of Texas Medical Branch in Galveston in 1995.

When she graduates this year, she and her husband, Mario Esparza—also a participant in the St. Mary's program and a medical student in Houston—will try to practice medicine in a way that inspires other disadvantaged, minority students to take similar career paths.

Before minorities can become health professionals, they have to become health profession students. This is a feat often more difficult for racial and ethnic minorities and students from economically disadvantaged backgrounds.

Math and science requirements are demanding. Test scores must be high. Students have to be motivated. They also have to believe they can succeed.

To give promising minority students a boost in both academics and confidence, HRSA's Bureau of Health Professions' 132 Health Careers Opportunity Programs (HCOP) bring health professions schools into high schools and undergraduate programs. Students meet minority health professionals, learn about the rewards and opportunities in health care careers, and participate in intensive academic enrichment programs that prepare them for the rigors of course work and clinical training. Last year, more than 6,000 students participated in HCOP. Their acceptance rates into health professions training were 20 percent above the national average.

Minority communities wanting to "grow their own" health professionals, look within themselves through "Partnerships for Health Professions Education." In seven regions that are predominantly African American, Hispanic, American Indian, Native Hawaiian, or Pacific Islander, health professions training programs work together with local health care providers, schools, and other partners.

Beginning in elementary school, the partnerships build awareness of health professions and make sure minority children see minority health care providers in action. Summer science programs and camps, even health care magnet school programs encourage and prepare young people for health professions training.

## Preparing schools, not just students

While helping minority students prepare for health professions training, we must also help health professions schools prepare to educate a diversity of students. Culturally competent curricula, community-based clinical training, and racially and ethnically diverse faculty all create a favorable environment for minority students.

Just four percent of faculty at U.S. health profession schools are minorities. One remedy: HRSA's Minority Faculty Fellowships, which last year enabled two medical schools to train two minority individuals for faculty positions in their departments of family medicine.

Of course it's also important to create change on a larger scale and make recruitment and retention of minority faculty and students a front burner issue at training programs across the Nation. That's why HRSA's Bureau of Health Professions support 22 Centers of Excellence programs that increase the capacity of training programs at Historically Black Colleges and Universities, Hispanic Serving Health Professions Schools, and programs that serve concentrations of American Indians, Native Hawaiians, and other minorities.

Centers of Excellence are models of infusion. They recruit and retain minority faculty and students, carry out research specific to racial and ethnic minorities, provide culturally appropriate clinical education, and develop curricula and information resources that respond to the needs of minorities.

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## Centers of Excellence make a difference

Florida A & M University College of Pharmacy and Pharmaceutical Sciences: The school's Center of Excellence promotes career opportunities in pharmacy to African American high school students and counselors throughout Northern Florida. African American students in the pharmacy program are matched with mentors. Faculty and students also work together to conduct research on pharmacy in the African American community.

University of California at San Diego: The Center focuses on increasing the number of Hispanic students and faculty in its school of medicine and forging a strong link with nearby Hispanic neighborhoods. The Center promotes science studies among Hispanic middle and high school students, provides primary health care in community-based clinical training sites, and conducts research into the health issues that affect Hispanics.

University of Washington School of Medicine: American Indian traditional healing and modern medicine complement each other in the classroom and clinic. Students serve clerkships at rural and urban providers that primarily serve American Indians. Fellowships support American Indian physicians' research and prepare them for academic careers.

## Critical links: scholarships and loans

Disadvantaged minority students who dare to dream of enrolling in health professions still need one more link to complete the chain. To make the connection between student and school, HRSA provides financial assistance in the form of scholarships and loans to disadvantaged students. HRSA's National Health Service Corps places health care professionals in underserved areas, where they fulfill a service commitment in exchange for tuition assistance or student loan repayment.

Students who overcome financial barriers to health professions training, we have found, are much more likely to work in medically underserved areas and care for underserved people. Patients report that these health providers also understand firsthand how cultural and economic differences affect health. Two programs, "Exceptional Financial Need Scholarships" and "Financial Assistance for Disadvantaged Health Professions Students," cover the full costs of medical and

dental education, including tuition, fees, and related expenses, for students with exceptional financial need. In fiscal year 1997, 1,060 scholarships were awarded. More than half (57 percent) of the recipients were minorities. In exchange for their scholarships, students commit to at least five years of primary care practice.

The National Health Service Corps also awards scholarships for medical, nurse practitioner, nurse midwife and physician assistant training in exchange for practicing primary health care in shortage areas upon graduation. In fiscal year 1998, 34 percent of the 326 students who received Corps scholarships were minorities. More than 2,000 Corps providers are currently caring for underserved people.

Also, in exchange for service in shortage areas, the Corps offers a loan repayment program. In 1998, 33 percent of the program's participants were minority physicians, dentists, nurse practitioners, nurse midwives, physician assistants, and mental health providers. HRSA's Bureau of Health Professions makes low-cost loans to disadvantaged health professions students directly or through participating primary care training programs. More than a third of these loan recipients are minorities.

Health professionals may also receive help from HRSA in repaying their student loans. Physicians, dentists, veterinarians, optometrists, podiatrists, pharmacists, nurses, and public health professionals who have not served as faculty in a training program within 18 months may contract to serve as faculty for at least two years and qualify for loan repayment or faculty fellowship.

This year, HRSA will invest \$416 million in health professions training to increase diversity and improve distribution. This relatively small investment will yield more than 10,000 new health care providers who are attuned to the needs of racial and ethnic minorities. The high quality care they provide, the role models they become, the cultural sensitivities they possess—these are the vital connections needed to eliminate racial and ethnic disparities in health in the next century.

*For more information about HRSA Bureau of Health Professions training programs, visit: <http://www.hrsa.gov/bhpr>, or call 301-443-2100. For information on the National Health Service Corps, go to <http://www.bphc.hrsa.gov/nhsc>, or call 1-800-221-9393.*

*Dr. Fox is Administrator of the Health Resources and Services Administration, U.S. Department of Health and Human Services. ♦*

