



## *Policy Brief*

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### **Increasing the Number of Health Care Professionals in Medically Underserved Areas and Ensuring Diversity in the Health Care Workforce**

Jennifer Gauntt, MS, Tracey L. Henry, MS, Mary A. Vigil, MPH

#### **Overview**

Title VII funds, under the Public Health Service Act, provide pipeline and scholarship programs to disadvantaged and underrepresented minorities in medicine. Such programs help to increase the number of matriculating minority and disadvantaged health professions students and to provide clinicians in medically underserved areas. Additionally, these programs provide a culturally and linguistically competent workforce. ***Current legislation aims to eliminate such programs and cut scholarships.***

Eliminating and cutting such programs and scholarships would exacerbate the clinician shortage issue in underserved areas, increasing health disparities. These underserved areas typically consist of poor and minority communities, often with cultural, educational, and linguistic barriers to health care.

This policy brief outlines the Title VII program, the benefits it provides to clinicians and underserved communities, and the importance of not only preserving the program, but enhancing it for the future health of the United States.

#### **What Clinicians Can Do:**

- Educate yourself about the Health Careers Opportunities Program (HCOP)/Centers of Excellence (COE) and National Health Service Corp (NHSC) programs by reading this brief. Also visit: <http://www.aamc.org/advocacy/laborhhs/healthprof/profiles.htm> for further information.
- Act as a mentor or advisor to an underrepresented or disadvantaged teen or young adult who might have an interest in a career in the health professions.
- Contact your Members of Congress to let them know how important HCOP/COE and NHSC programs are to underserved and rural populations.
- Ask your Members of Congress to sponsor the HR 410 bill written by Rep. Conyers (D-GA).
- Contact government officials in your state (e.g., Governor, legislators, and the health and human services agency) to encourage them to increase their efforts at outreach and enrollment of underrepresented and disadvantaged minorities in medicine.
- Write an op-ed or send a letter to the editor of your local newspaper that describes the importance of the HCOP/COE and NHSC programs in decreasing the number of underserved patients and the threats the program faces. Encourage readers to follow your lead in taking action.

## **Background**

According to a 2005 report by the Council on Graduate Medical Education (CGME), there will be a shortage of not fewer than 90,000 full-time physicians by 2020.<sup>1</sup> Presently, there are not enough minority and/or other physicians to work in the medically underserved areas. Subsequently, minority and rural populations will be most affected by physician shortage. In addition, the health care workforce does not mirror patient populations. Together, African Americans, Hispanic Americans, and American Indians make up more than 25% of the US population but only 6% of the nation's physicians.<sup>2,3</sup> A projected 6 million Americans will be affected by the budget cuts over the next 10 years, increasing and compounding the present health disparities in the United States.<sup>4</sup> The American Medical Association (AMA) recommends increasing enrollment of medical students by 30% from the 2002 level over the next decade to meet the growing medical needs of the US population by increasing enrollment in existing schools and establishing new medical schools. Additionally, both the National Health Service Corps (NHSC) and Health Careers Opportunities Program (HCOP)/Centers of Excellence (COE) programs have addressed the needs of increasing health professionals in medically underserved areas. In fact, participants of these programs have gone on to work in Community Health Centers (CHC), where clinicians are in great demand. Currently, Community Health Centers are in need of 11,000 clinicians, who will serve 3600 communities in every state and territory.<sup>5</sup>

## **Health Careers Opportunities Program/Centers of Excellence**

HCOP and COE programs are included under Title VII of the Public Health Service Act. These programs aim to increase the representation of minority and disadvantaged students in the health professions by instituting recruitment and pipeline programs for K-12 and college students. To date these programs have encouraged over 400,000 minority and disadvantaged students to pursue healthcare careers. In FY2005, HCOP supported 74 programs in 33 states, DC, and the Virgin Islands, and COE supported 34 programs in 21 states, DC, and Puerto Rico. In FY2005, Title VII received \$300 M, with over \$35 M going towards HCOP and \$33 M going towards COE programs. In FY2006, Title VII funding was cut, resulting in only \$4 M for HCOP and \$12 M for COE.

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<sup>1</sup> American Association of Medical Colleges. (2006). AAMC Statement on the Physician Workforce. Retrieved January 19, 2007 from the World Wide Web. <https://services.aamc.org/Publications>

<sup>2</sup> American Association of Medical Colleges. (2005). Minorities in Medicine. Retrieved August 12, 2005 from World Wide Web. [https://services.aamc.org/Publications/showfile.cfm?file=version42.pdf&prd\\_id=133&prv\\_id=154](https://services.aamc.org/Publications/showfile.cfm?file=version42.pdf&prd_id=133&prv_id=154)

<sup>3</sup> Cohen, Jordan J, Barbara A Gabriel, and Charles Terrell. (2002). The Case for Diversity in the Healthcare Workforce. *Health Affairs*, 21 (5), 90-102.

<sup>4</sup> American Medical Student Association. (2007). Fact Sheet. HCOP and COE to be Eliminated Title 7 Public Health Service Act.

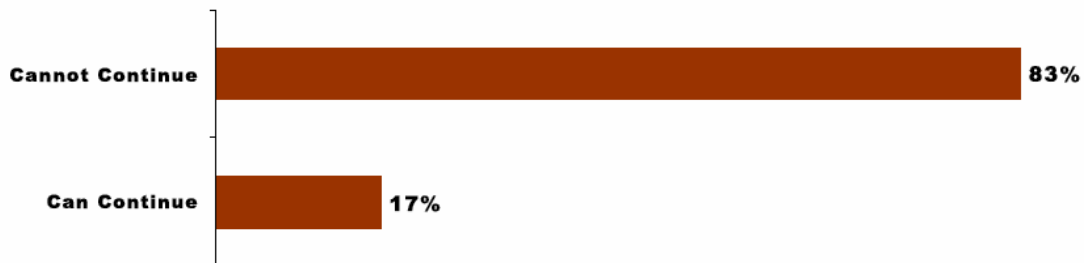
<sup>5</sup> American Association of Medical Colleges. (2007). Talking Points on FY 2006 funding for Title VII Health Professions Programs. Retrieved January 19, 2007 from the World Wide Web <http://www.aamc.org/advocacy/library/laborhhs/labor0002.htm>

**Furthermore, for FY2007, the President's budget proposed to eliminate all funding for HCOP and COE programs with the exception \$10 million for Scholarships for Disadvantaged Students. Unfortunately, as much as 83% of HCOP and COE programs have indicated that they will not be able to continue without federal support.<sup>6</sup>**

However, most recently the President signed a joint year long resolution which restores HCOP and COE funding to the FY2006 level.<sup>7</sup>

**The HCOP and COE programs will not be able to continue without federal support.**

Will you be able to continue these programs in the absence of Federal funds?



**Source:** Association of American Medical Colleges (2007). Cuts to Title VII Jeopardize Progress in Addressing Health Disparities among Minority Underserved and Rural Populations. <https://services.aamc.org/publications> [January 19, 2007]

American Medical Student Association (AMSA), American Association of Medical Colleges (AAMC), Sullivan Commission and Institute of Medicine (IOM) have placed increasing diversity in medicine to eliminate health disparities as top-agenda items.<sup>8,9</sup> HCOP/COE programs are needed because the minority students identified, recruited, admitted and trained in the health professions in this decade can be expected to provide services for the medically underserved for the next three or four decades (into the 2040s and 2050s), especially as minority populations are expected to drastically increase to about half of the US population.<sup>10</sup>

AAMC reports show that underrepresented minorities (URMs) are four times more likely to choose primary care, provide healthcare to poor, uninsured and Medicaid-insured patients and locate their practices in underserved areas.<sup>11,12,13,14,15,16</sup> Therefore,

<sup>6</sup> American Association of Medical Colleges. (2007). Cuts to Title VII Jeopardize Progress in Addressing Health Disparities among Minority Underserved, and Rural Populations. Retrieved January 19, 2007 from the World Wide Web. <https://services.aamc.org/Publications>

<sup>7</sup> American Association of Medical Colleges. (2007). Health Professions and Nursing Coalition. Retrieved March 5, 2007 from the World Wide Web <http://www.aamc.org/advocacy/hpniec/>

<sup>8</sup> American Association of Medical Colleges. (2005). Readings on Diversity. Retrieved August 10, 2005 from World Wide Web. <http://www.aamc.org/diversity/reading.htm>

<sup>9</sup> U.S. Department of Education, National Center for Education Statistics. (2002). *The Condition of Education 2002: Trends in Graduate/First-Professional Enrollments*, Pub. no. NCES 2002-025 Washington: U.S. Government Printing Office.

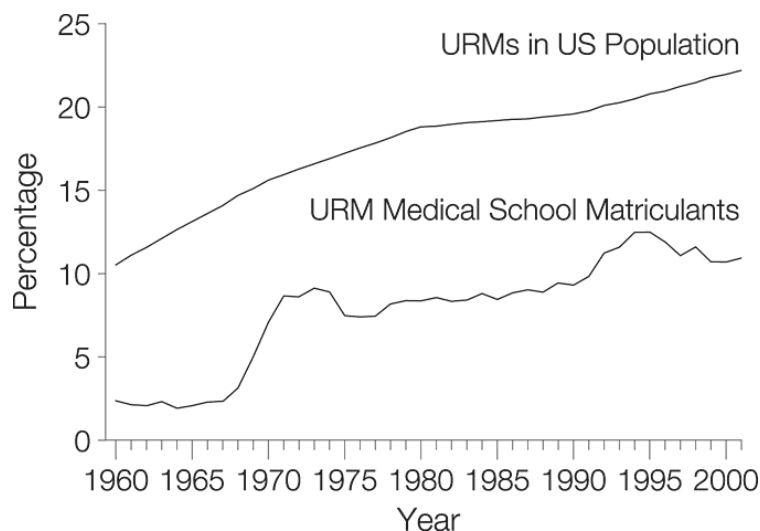
<sup>10</sup> Cohen et al (2002), *op cit*.

<sup>11</sup> American Association of Medical Colleges. (2005), Readings on Diversity, *op cit*.

<sup>12</sup> American Association of Medical Colleges. (2005), Minorities in Medicine, *op cit*.

elimination of HCOP and COE funding will lead to a significant decrease in the number of URMs in medicine and an increase in the number of Americans with less access to culturally, experientially, and linguistically skilled physicians.

### URMs in the US Population and Among Medical School Matriculants 1960 — 2001



Source: Cohen, J.J. JAMA 2003; 289:1143-1149.

### National Health Service Corps

The purpose of the NHSC is to recruit (and retain) health care professionals to underserved and rural populations in the United States. More than 27,000 health professionals have served with NHSC since 1972. Currently 4,000 NHSC healthcare professionals are serving in underserved populations. NHSC was last reauthorized in 2002 under the “Health Care Safety Net Amendments of 2002.” At that time, 10% of the NHSC appropriation was obligated for scholarships to new participants. The Scholarship program attracts more students than the Loan Repayment program; however currently there are not enough scholarships for interested students (awarding 1 in 10 applicants). Additionally, the stipend for living expenses that accompanies the scholarship has not been adjusted to accommodate for cost-of-living increases in a number of years.

Under funding of the NHSC scholarships exacerbates the current shortage of rural health physicians because of a loss of incentive for those students interested in NHSC to

<sup>13</sup> Bach et al. (2004). Primary Care Physicians Who Treat Blacks and Whites. *New England Journal of Medicine*, 351, 575-584.

<sup>14</sup> Chen et al. (2005). Patients' Beliefs about Racism, Preferences for Physician Race, and Satisfaction with Care. *Annals of Family Medicine*, 3, 138-143.

<sup>15</sup> Cohen, Jordan J. (2003). The Consequences of Premature Abandonment of Affirmative Action in Medical School Admissions. *Journal of American Medical Association*, 289 (9), 1143-1149.

<sup>16</sup> Cohen (2002), *op cit*.

alleviate some of their student indebtedness. If student debt is greater than \$75,000, students are less likely to choose family practice and serve in underserved areas.<sup>17</sup> Without the NHSC scholarship program, the government and health care workforce cannot determine or proactively aid in the availability of physicians for the underserved or rural population, leading to poorer health outcomes for the rural health communities.

### The Evidence Is In

There is a decrease in success for URM and disadvantaged students in entering competitive health professional programs without the support of pipeline programs like HCOP and COE.<sup>18,19,20,21</sup> In eliminating HCOP and COE funding, the government has suggested that there is no evidence that Title VII program funding works. However, there was no funding to evaluate the effectiveness of the HCOP/COE programs. Logic models, such as the National AHEC Organization Logic Model Project (2006), are good tools to measure the effectiveness of such programs. Regardless, the following facts provide evidence to prove that these programs work:

- A. Title VII funding of HCOP and COE program has **correlated with increased** undergraduate and health professional school **enrollment of URMs**.<sup>22,23,24</sup>
- B. Title VII funding **increases** the amount of family physicians workforce in **rural** and **low-income** areas thereby improving the geographic **distribution** of health care providers.<sup>25</sup>
- C. Title VII **diversity programs** have served over **400,000 minority** and disadvantaged aspiring health professionals thereby **increasing the representation** of disadvantaged and minority students in the health professions.<sup>26</sup>
- D. Title VII **increases** the number of physicians in the **primary care** workforce; students who attended school with Title VII funding were **significantly more likely** to choose **family practice**.<sup>27</sup>
- E. 83% of Title VII program graduates choose to practice in a medically underserved area or **Health Professions Shortage Area (HPSA)**.<sup>28</sup>

<sup>17</sup> Journal of Minority Medical Students. (2005). Washington D.C.: National Academy Press.

<sup>18</sup> American Association of Medical Colleges. (2005), Readings on Diversity, *op cit*.

<sup>19</sup> American Association of Medical Colleges. (2005), Minorities in Medicine, *op cit*.

<sup>20</sup> Cohen et al (2002), *op cit*.

<sup>21</sup> Institute of Medicine. (2001). The Right Thing to Do The Smart Thing to Do. Washington, D.C.: National Academy Press.

<sup>22</sup> Cohen et al (2002), *op cit*.

<sup>23</sup> Institute of Medicine (2001), *op cit*.

<sup>24</sup> Thurmond, VB and Kirch DG. (1998). Impact of Minority Physicians on Health Care. *South Med Journal*, 91(11), 1009-13. Review.

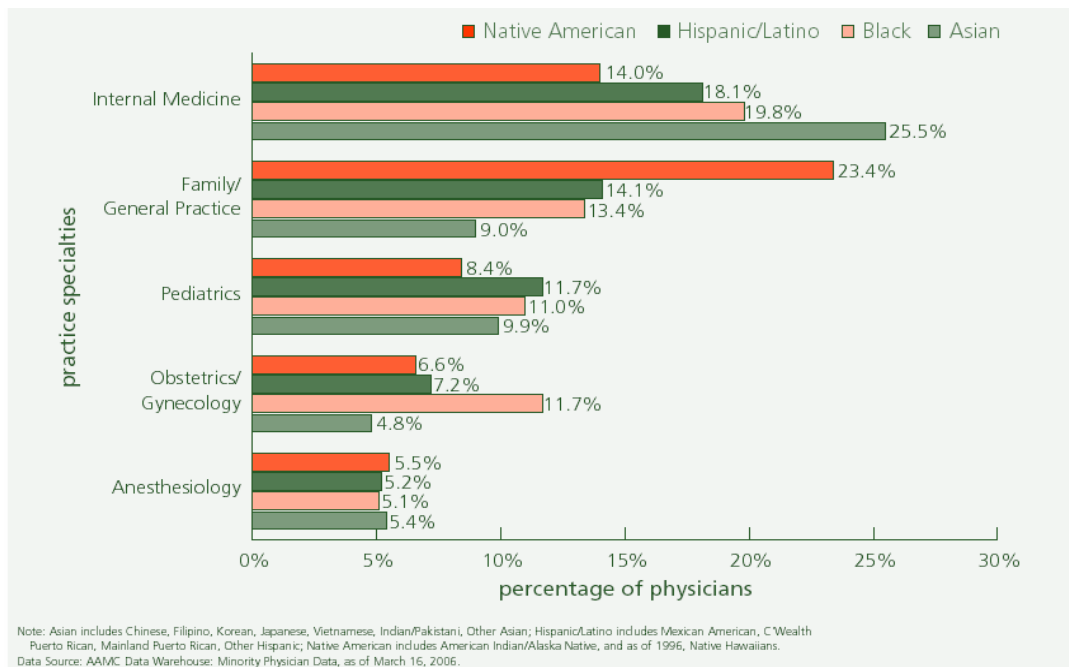
<sup>25</sup> Krist AH, Johnson RE, Callahan D, Woolf SH, Marsland D. (2005.) Title VII funding and physician practice in rural or low-income areas. *Journal of Rural Health*. 2005; 21(1): 3 – 11.

<sup>26</sup> Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. (2006). Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA*. 2006; 295(9): 1042 – 1049.

<sup>27</sup> Meyers D, Fryer GE, Krol D, Phillips RL, et al. (2002). Title VII funding is associated with more family physicians and more physicians serving the underserved. *American Family Physician*. 2002; 66(4)

<sup>28</sup> Edwards JB, et al. (2006). Practice locations of graduates of family physician residency and nurse practitioner programs: considerations within the context of institutional culture and curricular innovation through Titles VII and VIII. *Journal of Rural Health*. 2006; 22(1): 69 – 77.

## Leading Practice Specialties of Minority Physicians, 2004



**Source:** Association of American Medical Colleges. Diversity in the Physician Workforce, Facts and Figures 2006. Centers of Excellence and Health Careers Opportunity Program.

### Recommendations

- A. In agreement with the AAMC, increase the number of NHSC award recipients by **1500 per year** to help boost the number of healthcare professionals caring for the rural and underserved populations of the United States by offering to decrease their student debt. In addition, increase the NHSC monthly Scholarship stipend from **\$1,157 to \$2000**.
- B. Governmental Agencies as well the AAMC shall **review annually the geographic distribution of physicians** as well as **current Health Professions Shortage Areas** in order to best address the lack of physician access.
- C. **Restore Title VII (HCOP/COE) funding** to at least the **FY 2005** amount of **\$300 M** in order to continue the promotion, recruitment, and education of minority students in medicine so as to help alleviate and eliminate the disparities in health care experienced by minority populations
- D. **Establish new residency programs** affiliated with accredited medical institutions to aid CHCs. In addition, **fund new residency programs** within existing accredited residency programs in primary care at CHCs and their affiliated partners.
- E. Provide **funds to evaluate effectiveness of Title VII programs (HCOP/COE)** via a mixed qualitative and quantitative approach, such as the logic model methodology used by the National AHEC Organization.