

Diversity in the Academic Health Center: Progress and Opportunities

Authors' Commentary

CHAPTER ABSTRACT:

The United States has experienced an enduring shortage of racial and ethnic minorities in the health professions—a diversity gap that contributes to health disparities. This chapter examines contemporary approaches to enhancing diversity, inclusion, and equity; and it provides case studies of how academic health centers can learn from and adapt successful programs that increase the healthcare professions pipeline, improve retention, and support practice.

Jay A. Gershen, DDS, PhD

*President
Northeast Ohio
Medical University*

Sonja Haywood, MD

*Director
NEOMED-CSU
Partnership for
Urban Health*

Jeffrey L. Susman, MD

*Dean, College of Medicine
Northeast Ohio Medical
University*

Most of the focus on healthcare reform has understandably centered around the Affordable Care Act and on insurance reform. An often overlooked, but critically important factor for health reform success, is an exemplary-trained, diverse workforce.

Diversity is a critical issue in the health professions workforce. We need to create a healthcare workforce to care for our diverse communities—a workforce that mirrors these communities. We can't wait for people to simply seek health professions careers, but must develop robust pipelines to the health professions, beginning in primary education and supported by intrusive advising, mentoring, and role modeling. Diversifying the work force is a long-term endeavor that cannot be accomplished in three years; it's at least a ten-year commitment. The program must be sustainable over this substantial period of time.

Academic health centers can be successful in diversifying their workforce by engaging their diverse communities and securing the community's active participation. Our program reaches out to nontraditional community outlets, including churches and civic centers, to identify students in the pipeline who may have an interest in the health professions. If we can improve educational opportunities, we won't just be diversifying the healthcare workforce, we will also be bringing economic vitality to the community. We have a very active community advisory board made up of key stakeholders from across the Cleveland area. As a program matures, its leaders and constituents can lose sight of the original vision. The community advisory board ensures that we are always cognizant of our mission and that we continue to serve the needs of the community.

None of this can happen unless there's support from the leadership at the institution. In our case, we have the commitment from the senior leadership across the entire institution, and they have made diversity a high priority institution-wide. You can't be successful simply by instituting a program several layers down in the bureaucracy—you must have the leadership from the entire institution behind you.

We also have to recognize that this is not a single issue, but a broad array of healthcare concerns. There are multiple concerns to address, including funding, access to care, and economics. We engage the state, corporations, and the local community in our efforts, and we use qualitative and quantitative data to consistently examine our progress and adjust our course.

There is a business case to be made for these efforts. If we can provide a diverse workforce for diverse communities, we will see improved prevention, increased access to care, and reduced costs.