Response to
Future of Healthcare Training

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1. Aging of Baby Boomers
   • Dramatic increase in overall consumption of healthcare
   • Shift in healthcare systems from acute care to chronic care

2. Increasing Diversity in Consumers of Healthcare
   • Magnify impact of already-existing health disparities
2003

“…the Hispanic community is the nation’s largest minority community…”

2005

“Texas becomes nation’s newest ‘majority-minority’ state”

(following Hawaii, New Mexico, California)
1. **How** should we train healthcare professionals to care for an increasingly diverse patient population?

2. **Who** should we be training to care for an increasingly diverse patient population?
We know that:

• Disparities in health status exist among communities of color
• Disparities in health treatment are systematic and amazingly common
• Discrimination exists in healthcare

How?
1. Individual Level:
   - Knowledge, attitudes and practice skills that enable healthcare professionals to provide effective healthcare for patients from backgrounds different than their own

2. Organizational Level:
   - Policies, procedures, support systems that ensure the provision of culturally competent care at the patient level
• Responsibility for training all future healthcare professionals in skills, knowledge and abilities they will need to care for patients from different backgrounds than their own
SB 6194: Multicultural Education for Health Care Professionals

• Creates an ongoing multicultural education and awareness program for healthcare professionals as continuing education
  – Goal: Increase knowledge and understanding of the relationship between culture and health.

• Requires all schools that train licensed health professionals to offer multicultural health education by July 1, 2008
• More healthcare professionals of color and bilingual healthcare professionals are a necessary part of the answer
• Health professionals of color are significantly more likely to serve populations of color and other medically underserved populations.

• Patients of color who have a choice are more likely to select race/ethnic/language concordant healthcare professionals.
• Health professionals of color play and important leadership role in their communities and in broader issue of health disparities
• Critical mass has the potential to transform systems of care and resources delivered
• Consider women in medicine
Recommendations:

• Admissions
• Institutional Climate
• Accreditation
• Financing of Health Care Education
• Mechanisms to garner support
Reconceptualizing Admissions Policies and Practices

- Institutional mission that reflects value of diversity
- Balance of quantitative and qualitative admissions measures
- Comprehensive review of application materials
- Training of admissions committee members
- Broaden admission committee representation
- Recommendations written broadly enough to cover states with anti-affirmative action laws
Transforming Institutional Climate

• Develop and regularly evaluate comprehensive strategies to improve institutional climate for diversity
• Proactively and regularly train students, house staff, and faculty on diversity-related policies and expectations
• Establish informal, confidential mediation process for students and faculty who experience barriers to diversity goals
• Affiliate with community-based healthcare facilities
Post- Anti-Affirmative Action Diversity Response

- Wholistic reviews at undergraduate level
- Substantial private fundraising to increase financial assistance to attract talented students of color
- Success has not yet reached the post-graduate healthcare training programs