The Importance of Diversity in the Health Care Workforce
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The importance of diversity and inclusion, and the issues surrounding the implementation of diversity in the employment sector, have been at the forefront of discussions in the United States. Recently, social movements, such as Black Lives Matter and #MeToo, have enhanced that awareness and catapulted diversity and inclusion to the forefront of social and political issues.

Many institutions have taken specific steps to implement office and committee cultures dedicated to these efforts. I am proud to say that both my law firm and my alma mater have put such ideas into action. I am a health care attorney at a full-service law firm, Archer & Greiner PC (Archer) in Philadelphia. Archer implemented a Diversity Committee in 2005. The committee is focused on promoting diversity and inclusion in the recruitment, hiring, retention, and promotion of its attorneys. Along the same line, the Rutgers University School of Law—Camden Alumni Association has instituted the Rutgers Alumni for Diversity, Inclusion, Community-Building & Access in Law (RADICAL). One of the many goals of RADICAL is to support the law school’s diversity, equity, inclusion, and belonging goals related to student recruitment, faculty hiring, diversity and inclusion programming at the law school, and diversity strategic planning.

In the current climate, with the COVID-19 pandemic affecting all aspects of our personal and professional lives, health care and diversity are a vital point of discussion. Engaging diversity meaningfully allows for different perspectives, diversity of thinking, and affects clinical experience and patient outcomes.

Disparities in Health Care Quality and Access

Health care quality and access is suboptimal for minority and low-income groups. These inequities can be attributed to social determinants of health that affect low-income and minority groups disproportionately. Such social determinants include a lack of transportation, child care, or ability to take time off of work; communication and language barriers; cultural differences between patients and providers; and historical and current discrimination in health care systems.

The Affordable Care Act has reduced racial and ethnic disparities in health insurance coverage, although substantial disparities remain. Studies have shown that people from some racial and ethnic minority groups are more likely to be uninsured than Whites. According to the 2018 annual National Healthcare Quality and Disparities
Report (Report), the quality of health care has improved overall from 2000 through 2016-2017, but the pace of improvement has varied and disparities have persisted for poor and uninsured populations. According to the Report, Blacks, American Indians and Alaska Natives, and Native Hawaiians/Pacific Islanders received worse care than Whites for about 40% of quality measures. Hispanics received worse care than Whites for about 35% of quality measures. Asians received worse care than Whites for 27% of quality measures.

Recently, there is increasing evidence that some racial and ethnic minority groups are being disproportionately affected by COVID-19. For instance, COVID-19 deaths disproportionately affect Black Americans in New York City (22% of the population and 28% of deaths) and in the rest of New York State (9% of the population and 18% of deaths). Chronic conditions, such as diabetes, asthma, hypertension, kidney disease, and obesity are all more common in Black American populations than white; all of these conditions have been associated with worse outcomes in COVID-19. However, the Centers for Disease Control and Prevention states many other factors could be involved. For instance, people from ethnic minorities are more likely to live in more densely populated areas and housing, to use public transportation more, and to work in lower paid service jobs without sick pay, which all increase the risk of exposure.

To achieve health equity, advances are needed not only in health care but also in fields like education, childcare, housing, business, law, media, community planning, transportation, and agriculture. In addition, education in urban schools to promote healthy living choices is critical, particularly in the areas of nutrition and exercise.

We can reduce health disparities by establishing policies that positively influence social and economic conditions to improve health for large numbers of people in ways that can be sustained over time.

**Pipeline to the Health Care Profession**

Racial and ethnic diversity in medical education enhances the learning and cross-cultural competencies of all medical professionals. Universities and medical schools can partner with health care organizations, such as the American Hospital Association, National Association of Public Hospitals and Health Systems, and others to create programs that offer fellowships and scholarships for diverse students. Schools can even implement student diversity and enrichment pipeline programs that provide outreach and support services to diverse youth in elementary school, middle school, and high school in hopes of stimulating interest in health careers and encouraging them toward sciences and health professions.
Pipeline to Health Care Leadership

By providing greater access to health care for our increasingly diverse and underserved populations and more positive interactions between patients and health professionals, a racially and ethnically diverse health care workforce can help address this crisis. Representation of diversity in leadership adds richness of ideas and can strengthen patient relationships. The key is to have diversity in all layers of the workforce—whether physicians, nurses, or health executives—to drive policy issues that should be reflective of the population being served.

The American Hospital Association (AHA) and Institute for Diversity and Health Equity (Institute) provide resources and programming to support the efforts of hospitals and health systems to increase diversity and inclusion in health care leadership. For instance, the Institute places diverse graduate students with paid internships within health care organizations. They also support a fellowship in the field of health care and diversity and inclusion management. The AHA and Institute collaborate with other national and local organizations to lead efforts to increase and promote diversity in leadership.

Endnotes

7. Agency for Healthcare Research and Quality, 2018 National Healthcare Quality and Disparities Report, https://www.ahrq.gov/research/findings/nhqdr/nhqdr18/index.html. This Report was mandated by Congress to provide a comprehensive overview of the quality of health care received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups.
8. Id.
9. Id.
10. Id.
12. Id. These numbers are subject to change on a daily basis.

14. Id.


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