The Negative Impact of Defunding Centers of Excellence and Health Careers Opportunity Program on our Nation’s Health Care Workforce S. 1599

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Introduction

• July 2012 – half of the babies born in U.S. are minorities
• Minorities comprise one-fourth of the total U.S. population
• Need exists for increased number of minority physicians
Workforce Lacks Diversity

- Ratios are not getting better

<table>
<thead>
<tr>
<th></th>
<th>% U.S. Population</th>
<th>% Physician</th>
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</thead>
<tbody>
<tr>
<td>African-American</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>0.2</td>
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U.S. Census data and AMA Physician Masterfile

COE and HCOP

- Federal Funding (COE $25.6M and HCOP $9.8M) supports 10,000 disadvantaged and minority graduates, residents and faculty yearly
- Provide educational opportunities for disadvantaged and minority students
- Since 1972 one-half million have participated
- Funded institutions graduate five times more the number of disadvantaged and underrepresented minority health professionals as other institutions
- 70% HCOP participants accepted into health professional schools
- HCOP participants ten times more likely to practice in medically underserved areas
Program Goals

- Strengthen educational pipeline
- Target disadvantaged, minority, low-income schools
- Increase counseling and faculty awareness
- Link students with health care people and institutions
- Establish health care tracks in schools
- More outreach to minority role models and potential mentors in the health professions
- Partner with industry and foundations

Barriers to Health Care Careers for Disadvantaged and Minority Students

- Not aware of career opportunities in health care
- Many ill-prepared by their K-12 education
- Three barriers to medical school recruitment:
  - First-time MCAT scores of applicants 90%
  - Lack of minority role models 77%
  - Lack of minority faculty 71%
- Value of MCAT and undergraduate grade point average lies in prediction of preclinical knowledge only
- Do not necessarily predict successful performance of residents or practicing physicians – actually performance at this level is equal for all
Defunding COE and HCOP

- Decreased recruitment of minority and disadvantaged students
- Affect accessibility and effectiveness of institutional programs
- Worsen health disparities in rural/underserved communities
- Lead to shortages of health professionals in these communities
- 83% of current COEs and HCOPs will cease to exist

Current Trends

- Minority physicians more likely to care for
  - poor patients
  - Medicaid patients
  - those without health insurance
  - underserved communities
- HHS and HRSA in 2006 reviewed the evidence of multiple studies that showed concordance improves outcomes
- Minority medical school graduates report four times more likely to practice in underserved areas
- African-American race strongest predictor to stay in underserved community beyond National Health Service Corp obligation period
COE and HCOP Outcomes

• COE and HCOP graduates who became primary care physicians are two to four times more likely to practice in medically underserved communities

• Cover more varied health care providers e.g.: PAs – 43% more likely work in rural health

• 30% of minority students matriculate into AAMC medical schools and 2% matriculate into dental schools
  • 39% are African-American
  • 46% are Hispanic

• Programs enhance academic performance of at-risk college students

HRSA DATOR data base
American Public Health Association

Other Stakeholders Increasing Diversity

• Industries (pharmaceutical companies, insurance companies) and foundations - Bill and Melinda Gates Foundation, Josiah Macy, Jr. Foundation
  ➢ The Early College High School Initiative (Bill and Melinda Gates Foundation and others) links health profession schools with local high schools.
  ➢ Josiah Macy, Jr. Foundation – link Primary Care Extension Hubs with COE and HCOP.
Other Stakeholders Increasing Diversity

- American Association of Medical Colleges - *Road Map to Diversity* – helps medical school deans understand how they could incorporate diversity into their admissions policies and processes.
- American Association of Colleges of Osteopathic Medicine - *Sherry R. Arnstein Minority Student Scholarship* supports two osteopathic underrepresented minority students at AACOM’s member colleges of osteopathic medicine.

Unfortunately, these programs alone cannot increase the extent of diversity in the health care workforce.

Recommendation

- Increased racial and ethnic diversity call for increased diversity of the nation’s health professionals
- Need more flexible educational pathways to facilitate entry into the health professions
- COE and HCOP have proven track record
- Current COE and HCOP funding should be maintained
- Narrow the gap and help meet the health care needs of our nation’s future voters and taxpayers
References

- American Medical Student Association. Enriching medicine through diversity.


