

HEALTH REPORT

The Sullivan Alliance Partners with the Joint Center To Increase Diversity in the Health Professions

By Louis W. Sullivan, M.D.

The health care system of America today is in trouble. By many measures it is the most advanced in the world. Yet, significant disparities in health status, health care, and health outcomes persist among America's minority populations despite efforts to reduce those disparities. At the same time, the number and percentage of minorities in America are increasing, and they are predicted to surpass the country's "majority" population by 2050—a development that means the nation's problem of health disparities is going to get a lot worse unless something is done.

Three "Healthy People" reports from the U.S. Department of Health and Human Services—in 1979, 1990, and 2000—have documented and addressed the issue of health disparities in America. In addition to these large-scale federal initiatives, broad-based efforts have been made in the education, biomedical research, and health professions communities, supported by both private foundations and public funding, to assess and analyze health disparities, determine their causes, and find ways to mitigate the disproportionate mortality and morbidity suffered by America's minorities. Among those efforts, the 2002 landmark study by the Institute of Medicine (IOM), titled "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," stands out. The study found that a consistent body of research demonstrates significant variation in the use of medical procedures by race, even when insurance status, income, age, and severity of condition are comparable. One of the study's key recommendations

is that the nation needs more minority health care providers, for they are more likely to serve in minority and medically underserved communities, delivering needed medical care to those communities.

Diversity in the health professions is the subject of two important studies funded by the W. K. Kellogg Foundation, which has a long history of helping institutions and the health professions cope with the changing demographics of the U.S. population. In 2002, the Foundation supported a study by the Institute of Medicine to assess the institutional and policy-level strategies needed to achieve greater diversity among the nation's health professionals. Also in 2002, the Foundation issued a grant to the Duke University School of Medicine to organize and convene the Sullivan Commission on Diversity in the Healthcare Workforce.

The IOM's report was issued on February 5, 2004. Titled "In the Nation's Compelling Interest," it was produced by a committee of 15 leading representatives of the health professions under the chairmanship of Dr. Lonnie R. Bristow. In addition to assessing and describing the potential benefits of greater diversity among health professionals, the report evaluated strategies and made 25 recommendations for action in five areas:

1. Admissions policies and practices of health professions educational institutions.
2. Public (e.g., state and federal) sources of financial support for training in the health professions.
3. Diversity-related standards of the accrediting organizations for the health professions.
4. The "institutional climate" for diversity at health professions educational institutions.
5. The relationship between community benefit principles and diversity.

The report also focused on the 2003 U.S. Supreme Court decision in *Grutter v. Bollinger et al.*, where the majority found there to be substantial evidence that the quality of the educational experience in a university that has achieved a "critical mass" of diversity is significantly better than the quality of the educational experience in a university without significant diversity. The Court further found that America's need for better-educated leaders who are also more accustomed to interacting with a diverse world community, as well as a more diverse American society, is indeed a "compelling governmental interest."

The IOM report found that the Court reviewed evidence from an array of research to reach its decision. Of particular note was research by Gurin et al., who studied 11,000 students from diverse backgrounds in several hundred undergraduate colleges and universities across the country and found that the benefits of a diverse college experience were observed across all racial and ethnic groups, resulting in better quantitative and qualitative outcomes and a better educational experience overall.

Meanwhile, the Sullivan Commission—composed of 16 leaders in the fields of health, education, law, and business—proceeded with its work, which included holding six hearings around the country. The Commission's report was issued on September 20, 2004, with the title

“Missing Persons: Minorities in the Health Professions.” This report identified a number of strategies to make education and training in the health professions more attainable and affordable for minority students, presented 37 recommendations to remedy the lack of diversity among health professionals, and warned that failure to act quickly would only exacerbate the growing racial and ethnic differences between health care providers and the populations they serve. The report documented the “diversity gap,” finding that African Americans, Hispanic Americans, and Native Americans make up more than 25 percent of the U.S. population, but are only nine percent of the nation’s nurses, six percent of the nation’s physicians, and five percent of the nation’s dentists. With demographic projections showing that no racial or ethnic group will constitute a majority of America’s population by 2050, and with the (already low) proportion of minority students in the nation’s health professions remaining flat or declining, it would appear that unless diversity in the nation’s health professions dramatically increases, the communities served by these professions can anticipate major problems. The Commission concluded that swift, large-scale change is needed to preserve and enhance America’s health care system; the system needs to change, and change soon.

Together, the reports from the Institute of Medicine and the Sullivan Commission, including their 62 recommendations for action, offer the nation a comprehensive blueprint for achieving diversity and ensuring cultural competency among our nation’s health professionals. The reports created a groundswell of awareness and interest in moving forward. The need then was to harness the momentum created by the two reports and move to action, with initiatives that would enlist the participation and investment of health professionals, students, corporations, associations, business leaders, government officials, the academic community,

nonprofit and community-based organizations, and other stakeholders.

To address this need, the Sullivan Alliance to Transform America’s Health Professions was formed, bringing together members of the former Institute of Medicine Committee, members of the former Sullivan Commission, and other experts who are committed to ensuring that the recommendations are adopted and implemented and that they produce the desired results. I was elected chair and Dr. Lonnie R. Bristow was elected co-chair.

In January 2005, with a planning grant from the W. K. Kellogg Foundation, the Sullivan Alliance formed a partnership with the Health Policy Institute of the

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Joint Center for Political and Economic Studies. The Alliance is committed to seeking a variety of investors and partners who support its mission. It is currently initiating, or has already initiated, relationships with several educational institutions, foundations, corporations, associations, and community groups. In addition, the IOM and Sullivan Commission reports have spawned initiatives by other organizations, which wish to support and extend the continuing work of the Alliance.

In September 2004, the Virginia-Nebraska Alliance was formed, bringing together into a consortium the two academic health science centers of Virginia Commonwealth University and the University of Nebraska, all of the five historically black colleges in Virginia (Hampton University, Norfolk State University, St. Paul’s College, Virginia State University, and Virginia Union University), and the J. Sargeant

Reynolds Community College. The goal of the Alliance is to significantly increase the success rate of students from the consortium’s undergraduate schools in gaining entry to, and in graduating from, a health professions program. In 2005, the first eight students from these colleges were enrolled in summer research and educational programs at the Virginia Commonwealth and University of Nebraska health science centers.

On January 31, 2005, at the National Press Club in Washington, D.C., the presidents of the American Medical Association, the National Medical Association, and the National Hispanic Medical Association announced their

formation of the Commission to End Health Care Disparities.

In its ongoing work, as in its mission, the Sullivan Alliance will focus on increasing racial and ethnic diversity in the health professions of medicine, dentistry, nursing, and psychology. This effort will reach and influence all segments of American society. More importantly, it will generate remedial actions that bring about changes in health care, health care institutions, educational institutions, educational and professional associations, corporations, and government. The Alliance will be a national leader in the effort to achieve diversity in the health professions. With its members’ energy, talents, depth of experience, and dedication to the task, it will undoubtedly succeed. □

Dr. Louis W. Sullivan is president emeritus of the Morehouse School of Medicine. He served as U.S. Secretary of Health and Human Services from 1989 to 1993.