

BUILDING AN EQUITABLE HEALTH CARE WORKFORCE

April 2024

Due to an unprecedented staffing shortage across most specialties and regions, patients often struggle to access quality care. Compounding that shortage, our workforce lacks the racial and ethnic diversity needed to achieve true equity for patients and providers. Historical and current structural barriers embedded in workforce recruitment and retention practices have limited access to education and employment in health professions among minoritized populations in the U.S. Eliminating these barriers by addressing the makeup of our health care workforce at every stage of education and employment is vital to improving health outcomes for minoritized populations.

KEY FACTS:

Only
34.9% OF U.S. DOCTORS
are people of color

1/2 OF ALL U.S. COUNTIES
do not have at least one
Black primary care physician

1 IN 3 PHYSICIANS
are experiencing burnout
at any given time

BCBSA RECOMMENDS:

Congress, the Department of Health and Human Services (HHS) and academic institutions should invest in and diversify educational paths for health care professions.

- **Congress should fund and support K-12 STEM education pipeline programs.**
- **Congress should support incentives for community colleges, universities and graduate medical schools** to partner with under-resourced urban and rural school systems to establish K-12 health sciences academies.
- **HHS should establish a national working group on health care workforce diversity.** This working group should focus on reviewing and assessing workforce diversity initiatives across the country and the challenges and roadblocks impeding efforts to increase diversity as well as identifying successful programs, initiatives and best practices.
- **The National Institute of Health should conduct a study on best practices in providing culturally and linguistically appropriate care** throughout the health care continuum. The study should assess a broad range of health care entities and provide a public compendium of examples and lessons learned.
- **Undergraduate programs, community colleges, medical schools and academic medical centers should integrate Diversity, Equity and Inclusion (DEI) and health equity strategies** and efforts in curriculum, staffing and business operations.

Continued on reverse

BCBSA RECOMMENDS:

Congress and the Center for Medicare and Medicaid Innovation (CMMI) should enable non-physician practitioners to play a greater role in the health care workforce to alleviate physician shortages and improve access to concordant care.

- **Congress should establish grants and scholarships for accredited education programs aimed at increasing diversity** among the non-physician workforce.
- **Federal agencies should collaboratively establish national standards for direct care competencies** that draw on existing core competency sets and are applicable to all direct care workers regardless of payment source. Federal leaders also should provide guidance to states on how to integrate these competencies into their training standards and credentialing programs.
- **CMMI should continue to build non-physician health care providers into the design** and requirements for broad value-based models, Medicaid waivers or other Medicaid value-based waivers and into existing demonstrations.
- **The Health Resources Service and Administration should develop programs that advance racially and ethnically diverse health care leadership** and strengthen existing pipeline programs to develop a cadre of professionals who may assume influential positions in academia, government and private industry.

BCBSA RECOMMENDS:

Federal agencies and academic institutions should promote the inclusion of mental health services, peer support and mentorship in health care workplaces and educational institutions to support historically marginalized professionals and students.

- **The Substance Abuse and Mental Health Services Administration should develop and invest in mental health support services** tailored to the needs and lived experiences of health care providers of color.
- **Federal agencies should support the development, implementation and expansion of peer support programs** during work hours.
- **The Agency for Healthcare Research and Quality should scale, expand and make available the National Nursing Home COVID-19 Action Network** to other health care providers, particularly providers of color.
- **Health care training programs, medical schools and graduate medical education programs should integrate comprehensive wellness and mental health supports** into the learning environment.
- **Congress and state governments should support and invest in university programs that increase the diversity of faculty, mentors and preceptors** through recruitment and retention-focused initiatives.