

Testimony in Support of Senate Bill 136
An Act Concerning a Loan Forgiveness Program for Historically Underrepresented Students Pursuing Careers in the Health Profession

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Public Health Committee Public Hearing
Wed., Feb. 21, 2007, at 10 a.m.

Good morning and thank you for providing me with an opportunity to speak with you. My name is Leo Canty and I am the board chair of the Connecticut Health Foundation. I have been invited here to testify about the importance of a loan forgiveness program discussed in Senate Bill 263, *An Act Concerning a Loan Forgiveness Program for Historically Underrepresented Students Pursuing Careers in the Health Profession*.

As part of its mission to reduce racial and ethnic health disparities, the Connecticut Health Foundation created a 12-member Policy Panel on Racial and Ethnic Health Disparities in December 2003 to examine specific public policy recommendations that would address racial and ethnic health disparities. The Panel's final report, entitled *Pathways to Equal Health: Eliminating Racial and Ethnic Health Disparities in Connecticut*, outlines several recommendations surrounding workforce diversity, which is attached to my written testimony.

In Connecticut, African Americans represent 9.1 percent of the state's population, but only 2.2 percent of Connecticut's physicians. Similarly, Latinos represent 9.4 percent of the total population, but only 2.4 percent of the state's physicians, according to the American Medical Association.

Other research illustrates that physicians from historically underrepresented populations are more likely to treat patients of racial and ethnic communities, which improves access to health care. Moreover, patients from racial and ethnic communities are more satisfied with the care they receive from historically underrepresented health professionals. National studies illustrate that a trusting relationship between patient and provider improves the accuracy of diagnoses, increases patient adherence to recommended treatment, and improves patient satisfaction.

One of the best places to start expanding the racial and ethnic diversity of Connecticut's health care workforce is through our higher education system. Progress in expanding the racial and cultural diversity of the health care workforce has been slow for several reasons, including the high cost of tuition.

According to The Sullivan Commission's 2004 report, tuition and fees at dental schools increased by 84.6 percent between academic years 1991-1992 to 1997-1998, with the largest increase occurring at public colleges and universities.

In addition, sources of grant aid have steadily decreased. In 1976 grants covered 84 percent of the cost of attending a four-year public college, but only 39 percent in 2000.

Loan forgiveness programs may be the only chance for some students to attend college and go on to health care professions. An active loan forgiveness program can encourage many more students from historically underrepresented populations to pursue health professions.

While the federal government allocates funds to Connecticut for the federal loan forgiveness program; upon examination, we found that the state has a pattern of leaving thousands of unused federal matching dollars on the table.

In closing, I remind the Committee that a loan forgiveness program will help diversify a health workforce that will help not only individual patients, but also the entire health care system and our society as a whole.

Thank you and I will be happy to answer any questions.

Workforce Diversity

The lack of diversity among the health care workforce in the nation as a whole, and in Connecticut in particular, has a substantial, negative impact on the level of trust and the quality of care for racial and ethnic communities.

“The consequences of underrepresentation of minorities in the health care workforce are significant,” says Charles Huntington, Associate Director of the Connecticut Area Health Education Center. “First is the lack of cultural sensitivity and cultural and linguistic competence among the health care workforce. And it’s not just that minorities embody cultural sensitivity and cultural and linguistic competence in the care they provide, but their presence in the health care workforce will, in fact, bring greater cultural sensitivity to the overall workforce.”

While African Americans, Latinos and Native Americans make up more than

25 percent of the U.S. population, they represent less than 9 percent of nurses, 6 percent of physicians, and 5 percent of dentists.⁴⁵ Connecticut’s health care workforce reflects similar deficiencies.

Ironically, racial and ethnic minorities constitute the largest untapped reservoir of future health care providers. Addressing shortages in the nursing, pharmacy, and allied health workforce would require intense recruitment from these communities. This can be accomplished by increasing educational opportunities in the health professions and tracking progress to reduce current gaps.

The challenges are formidable but the actions we take today will make a difference tomorrow, resulting in more competent treatment and greater access to quality care for racial and ethnic populations.

WORKFORCE DIVERSITY
<p>Recommendation: The Connecticut Department of Public Health should (a) collect and track data on the race and ethnicity of all licensed medical professionals and issue an annual report on the diversity of the health care workforce in the state and (b) require all health care professionals to participate in cultural and linguistic competence continuing education programs through licensure requirements.</p>
<p>Rationale: Connecticut’s health care workforce should be culturally and linguistically competent and reflect the state’s racial and ethnic composition.</p>

Collecting data helps to identify trends and patterns of migration and access gaps in the state. It also helps policymakers and other health care leaders to understand the nature and extent of the issue, and where to focus attention.

According to the 2000 Census, the percentages of historically underrepresented health care providers in Connecticut vary widely from the corresponding racial and ethnic populations, which, combined, make up nearly 18 percent of the state.⁴⁶

African Americans represent 9.1 percent of the Connecticut population, but only 2.2 percent of the state's physicians, according to American Medical Association data.⁴⁷ Latinos represent 9.4 percent of the Connecticut population, but only 2.4 percent of the state's physicians.⁴⁸

Recent national studies demonstrate the importance of increasing the diversity and cultural competence of the health professions:

- Physicians from historically underrepresented populations are more likely to treat patients of color, which improves problems of access.⁴⁹
- A survey found that 69 percent of African American, 45 percent of Latino, and 35 percent of Asian/Pacific Islander dental students intended to practice in underserved communities after graduation.⁵⁰

- Psychologists from historically underrepresented populations are more likely to practice in racial and ethnic communities.⁵¹

- Patients from racial and ethnic communities are more satisfied with the care they receive from historically underrepresented professionals.⁵²

In addition, all health professionals, regardless of their background, need on-going education so that they can work effectively with cultural and linguistically diverse populations.

The purpose of continuing education is to protect the public by ensuring that health care professionals have formal opportunities to update their knowledge and skills, and learn from one another through networking.

Through continuing education in cultural and linguistic competence, these professionals can work more effectively in cross-cultural settings and with people who are culturally and linguistically different from themselves.

Requiring a certain number of hours in cultural and linguistic competence continuing education may improve provider-patient communication, increase patient compliance with medical and health promotion advice, and decrease the incidence of medical error.

Recommendation:

The Connecticut Department of Public Health should match all available federal dollars allocated to the national loan forgiveness program each year; target these funds to attract a greater number of historically underrepresented students to the health professions; and promote the loan forgiveness program broadly and effectively.

Rationale:

Loan forgiveness programs may be the only chance for some students to attend college and go on to health care professions. The Department of Public Health also should be required to match the federal dollars allocated to Connecticut so that our students can receive the most financial aid possible.

Currently the federal government allocates \$294,500 to Connecticut for the federal loan forgiveness program, but the state spends only \$122,620 in matching funds leaving thousands of federal dollars unused.⁵³ The department should promote the program sufficiently to use all the matching funds it is eligible to receive.

The reasons are clear:

- An active loan forgiveness program can encourage many more students from historically underrepresented populations to pursue health professions.
- Because of high costs, many students from historically underrepresented populations do not have the chance to attend college, since most of these undergraduates come from low-income families.

- Tuition and fees at dental schools increased by 84.6 percent from academic year 1991-92 to academic year 1997-98, with the largest increase occurring in public sector schools (94.5 percent).⁵⁴
- Sources of grant aid have decreased. Pell Grants, for example, covered 84 percent of the costs of attending a four-year public college in 1976, but only 39 percent in 2000.⁵⁵ At the same time, higher education is increasing awards based on merit, rather than need; at private institutions grants for middle-income students have exceeded grants for low-income students.⁵⁶

Recommendation:

The Connecticut Department of Higher Education should require public and independent educational institutions offering health professional programs to create strategic plans that include specific goals, standards, policies and accountability mechanisms that ensure institutional diversity and cultural competence. As part of these plans, these institutions should:

- Demonstrate how they recruit, retain and graduate students from historically underrepresented populations and report on their performance annually.
- Base admission decisions on a comprehensive review of each applicant (balancing the consideration of quantitative and qualitative data) and include representatives from historically underrepresented communities on admission committees.

Rationale:

With a focused approach to recruiting and retaining students from historically underrepresented populations, the state's educational institutions can diversify the health care workforce more rapidly.

Many studies show that increasing the size and diversity of the health care workforce has a positive impact on society as a whole, and on underserved communities in particular. As we have noted, greater diversity among health professionals is associated with improved access to care, greater patient choice and satisfaction, and better provider-patient communication.⁵⁷ Yet, Connecticut continues to lag behind other states in increasing the diversity of its health care workforce. While there have been modest gains in the number of health professionals from the African American and Latino communities, the rate of growth is slower than the growth of those populations.

Changing the racial and ethnic makeup of the health care workforce is a complex and difficult task. Progress to improve representation from underserved communities has been slow for several reasons, including inadequate pre-

professional education; the high cost of tuition; institutional policies and environments, such as inflexible admission policies; few, if any, mentors; and the lack of faculty from historically underrepresented communities.⁵⁸

One solution is to demand greater accountability for how educational institutions attract, retain and graduate members of underrepresented populations. In times of limited resources, it is vital that higher education institutions develop a comprehensive strategic plan to diversify both the student body and teaching staff.

The Connecticut Department of Higher Education (DHE) should require institutions to develop clear and practical plans that will encourage students from historically underrepresented communities to pursue careers in health care and significantly increase their numbers among faculties.