

Our Nation is Facing a Health Workforce Diversity Crisis

According to a study published in *JAMA* in March 2021, efforts are needed to increase the percentage of health care professionals from underrepresented populations.

“Federal policy must support efforts to support the creation of a health workforce more representative of the nation to increase access, service quality, and outcomes.”ⁱ

Why the Allied Health Workforce Diversity Act?

The Allied Health Workforce Diversity (AHWD) Act would increase diversity among the professions of occupational therapy, physical therapy, respiratory therapy, speech-language pathology, and audiology by creating a grant program administered by the Health Resources & Services Administration (HRSA).



ISSUE:

“A substantial body of literature suggests that fostering a diverse and inclusive workforce is critical to increasing access to care and improving aspects of healthcare quality”ⁱ —*JAMA*

- Minority groups disproportionately live in areas with provider shortages.ⁱⁱ
- Patients who receive care from members of their own racial and ethnic background tend to have better outcomes.ⁱⁱⁱ



SOLUTION:

The AHWD Act would provide support to programs to recruit candidates from underrepresented populations.

The creation of mentoring and tutoring programs, as well as direct financial support in the form of scholarships and stipends, are allowable uses of grant funds.

This raises awareness of the importance of diversity, and provides more confidence to invest in systems designed to help students from underserved populations while helping all students in that program.

- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas, increasing access to care in underserved areas.^{iv}



ISSUE:

“The anticipated increase in demand for rehabilitation means that capacity to deliver rehabilitation must increase”^{vi} —*HHS Office of the Assistant Sec for Preparedness and Response*

Sec for Preparedness and Response

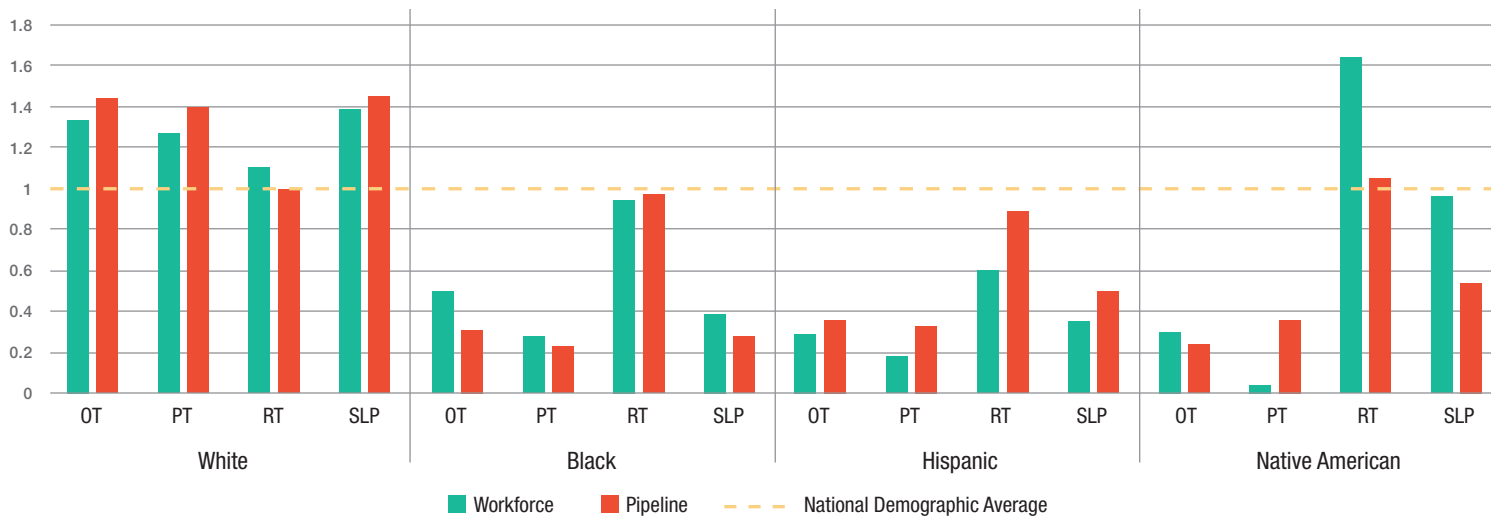
“The COVID-19 pandemic highlighted how important team-based patient care is, from intake to discharge.... [T]he work performed by physical, respiratory, and occupational therapists to ensure patient comfort and assist COVID-19 patients through the recovery process.”^v



SOLUTION:

The AHWD Act would fund higher education programs going into the community to raise awareness of the allied health professions.

“The need for real-time collaboration and communication between care providers, and cooperation between generalists and specialists from multiple fields (including allied health), cannot be overemphasized.”^{vii}



Data from JAMA articleⁱ



ISSUE:

“The lack of diversity in the workforce reflects a variety of factors, including limited financial support, lack of mentorship and role models.”ⁱⁱ —JAMA

“[The] study’s findings suggest a need for additional policies to support a health care workforce that is representative of the diversity of the current population”ⁱ

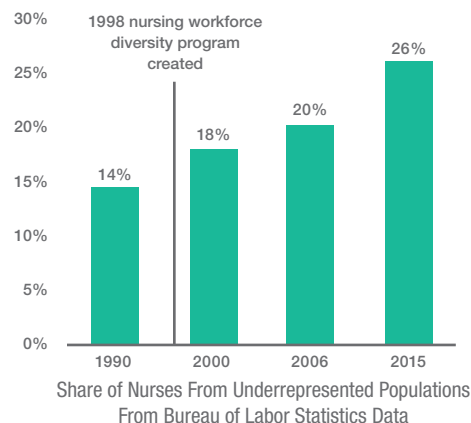


SOLUTION:

The AHWD Act would seek to duplicate the results of the nursing workforce diversity program created in 1998, which nearly doubled diversity among nurses from 1990 to 2015.

“The diversity of the educational pipeline* remains substantially below the diversity of the general population for almost all health care occupations analyzed in this study.”ⁱⁱ

* The percentage of recent graduates in a racial/ethnic group ÷ that group’s representation in the general population aged 20 to 35 years.



CONCLUSION: The bipartisan Allied Health Workforce Diversity Act (S. 1679/ H.R. 3320), introduced by Sens. Bob Casey (PA) and Lisa Murkowski (AK) in the Senate, and Reps. Bobby Rush (IL-01) and Markwayne Mullin (OK-02) in the House, will increase the number of individuals currently underrepresented in the professions of occupational therapy, physical therapy, respiratory therapy, speech-language pathology, and audiology.

ⁱ Salsberg, E., Richwine, C., Westergaard, S., Martinez, M. P., Oyeyemi, T., Vichare, A., & Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic representation in the US health care workforce. *JAMA Network Open*, 4(3), e213789-e213789.
ⁱⁱ Center for Disease Control and Prevention. (2020). COVID-19 racial and ethnic health disparities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>
ⁱⁱⁱ Saha, S., & Beach, M. C. (2020). Impact of physician race on patient decision-making and ratings of physicians: a randomized experiment using video vignettes. *Journal of General Internal Medicine*, 1-8.
^{iv} Walker, K. O., Moreno, G., & Grumbach, K. (2012). The association among specialty, race, ethnicity, and practice location among California physicians in diverse specialties. *Journal of the National Medical Association*, 104(1-2), 46-52.
^v <https://files.asprtracie.hhs.gov/documents/aspr-tracie-the-exchange-issue-13.pdf>
^{vi} De Biase, S., Cook, L., Skelton, D. A., Witham, M., & Ten Hove, R. (2020). The COVID-19 rehabilitation pandemic. *Age and Ageing*, 49(5), 696-700. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7314277/>
^{vii} Survivor Corps. (2021). Post-COVID care: Guidelines for multidisciplinary care centers. Retrieved from https://static1.squarespace.com/static/5e8b5f63562c031c16e36a93/t/605a8a3262f0191b99584df0/1616546355297/PCCC+Standard+of+Practice+3_23.pdf