

COLLABORATIVE HEALTHCARE

INTERPROFESSIONAL PRACTICE, EDUCATION, AND EVALUATION

Who are we inviting to the IPE table?



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"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."
– Martin Luther King

Health outcomes and life expectancy in the United States of America differ substantially based on race. For example, people of color are more likely to die of cardiovascular disease or stroke; more likely to have diabetes; and have higher infant and maternal mortality rates as compared to their white counterparts (Frieden, 2013). Achieving health equity is a key focus of Healthy People 2030 (HHS, 2013), which prioritizes addressing social determinants of health, including access to timely, high-quality healthcare and effective healthcare communication. Additionally, the Department of Health and Human Services developed a conceptual framework linking diversity amongst healthcare practitioners to improved health outcomes (Williams, et al., 2014). In this framework, increased diversity within the healthcare workforce leads to: (1) increased concordance between healthcare practitioners and patients/clients relative to race, ethnicity and language, which improves trust amongst and more effective communication with persons of color; (2) increased healthcare service to underserved communities;

(3) improved trust in the overall healthcare system by disadvantaged groups; and (4) greater advocacy for disadvantaged groups (Williams, et al., 2014). These factors can lead to enhanced access to and use of healthcare and subsequently improved health outcomes and quality of care. This framework was expanded by Williams and colleagues (2014) to indicate that improved health outcomes and quality of care can reduce health disparities and lead to health equity.

Continued and increasing disparities in health care delivery systems are driving conversations about the urgent need to diversify the health and social care workforce, and strategies to meet that need. One such strategy is to ensure that when setting the IPE table, we ask the question: "Who should be invited to the table, in order to increase diversity in IPE?" One answer to that question is: individuals from community and technical college health workforce programs.

Community and technical colleges focus on career advancement and career ladders, and produce many of the healthcare workers who are in high touch roles, such as nursing assistants, nurses, medical assistants, paramedics, peer support specialists, substance use disorder professionals, and medical

and radiology technologists. Students who attend community colleges look like the workforce we are trying to grow and are located in communities where the disparities are often greatest. Data from the National Center for Health Workforce Analysis (HHS, 2017) on the distribution of race and ethnicity in 30 healthcare professions indicates that race varies greatly between individual health professions. However, overall, white persons are more likely to be overrepresented (i.e., higher numbers of white people in the occupation compared to their numbers in the general population) amongst health workers who diagnose or treat patients, including physicians, nurses, pharmacists, physical therapists, etc. Conversely, overall, persons of color are more likely to be overrepresented or equally represented within health professions that are classified as technologists (e.g., laboratory or diagnostic technologists), aides/assistants (e.g., medical assistants, physical therapy assistants), or personal care providers (HHS, 2017).

Additionally, community colleges are more accessible to people of color and low income individuals than 4-year institutions (AACC, 2023). Not all students are prepared to jump right into a

4-year university program and any number of social determinants of education might serve as barriers into a traditional education pathway. Community and technical colleges develop innovative programs and partnerships with community organizations to support academic pathway programs. They intentionally work to develop robust local industry advisory boards that focus on meeting the needs of the local communities. Several community and technical colleges have pursued grants to collaborate with industry partners providing support to students experiencing barriers to education, including providing childcare, tutoring, mentoring, innovative instruction, and contextualized curriculum.

Despite the large numbers of community and technical college graduates who provide care to patients, they have not traditionally been invited to the IPE table as learners or practitioners. I have advocated for the development of curriculum and expansion of interprofessional education at community colleges, and for the inclusion of community colleges in IPE partnerships with larger academic health science universities, as a way to increase diversity and promote health equity. My hope with this article is to highlight organizations that share this vision and the work of promoting and advocating for practices that support growing a diverse workforce through interprofessional practice and education.

Below are some organizations that support engagement with community and technical colleges and frequently serve as connectors of health workforce programs to health systems and academic institutions. I encourage readers to reach out to them, or myself, if you have questions or would like to collaborate in your efforts to broaden your IPE invitation list.

Area Health Education Centers (AHEC)

The AHECs develop and enhance education and training networks within communities,

academic institutions, and community-based organizations. Their strategic priorities are to increase diversity among and broaden the distribution of health professionals, enhance healthcare quality, and improve health care delivery to rural and underserved populations.

The National Forum of State Nursing Workforce Centers

The National Forum of State Nursing Workforce Centers is a national network of 40 nursing workforce entities reaching more than four million nurses across the nation. The centers focus on addressing the national nursing shortage, supporting the advancement of nurse workforce initiatives, and sharing best practices. Many of the centers provide specialized IPE training and provide a connection between rural areas, academic institutions, and community care providers. The [Colorado Center for Nursing Excellence](#) is one example.

National Council for Workforce Education (NCWE)

The NCWE builds inclusive networks of workforce professionals that champion innovation, justice, and economic opportunity through policy and practice, preparing communities for success in the global economy. The NCWE provides a national platform that equips practitioners and leaders to deliver equity-conscious and impactful workforce education programs.

American Technical Educators Association (ATEA)

The ATEA is a leading association for the postsecondary technical educator with emphasis on professional development. The organization is dedicated to excellence in postsecondary technical education focusing on practical teaching ideas and best practices. Their goals are to promote high quality technical education and advocate for its value in society, share best practices

and current trends, and enhance workforce development through partnerships.

Community College Baccalaureate Association (CCBA)

The CCBA is a national organization that supports research and development of best practices with baccalaureate degree programs at community colleges. Their mission is to provide support and resources to community colleges that build and sustain high-value, career-focused baccalaureate degrees that maximize opportunities for all citizens to achieve family-sustaining careers.

REFERENCES

- American Association of Community Colleges (AACC) (2023). *AACC Fast Facts 2023*. https://www.aacc-nche.edu/wp-content/uploads/2023/03/AACC2023_FastFacts.pdf?gl=1*j3v5hp*_ga*NTkyMTE
- Frieden, T.R. (2013, November 22). Morbidity and Mortality Weekly Report. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a1.htm?s_cid=su6203a1_w
- U.S. Department of Health and Human Services (HHS) (2013). *Health People 2030*. Healthy People. <https://health.gov/healthypeople>
- U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, (2017). *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015): Technical Documentation*. <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations-technical.pdf> (hrsa.gov)
- Williams, S. D., Hansen, K., Smithey, M., Burnley, J., Koplitz, M., Koyama, K., Young, J., & Bakos, A. (2014). Using Social Determinants of Health to Link Health Workforce Diversity, Care Quality and Access, and Health Disparities to Achieve Health Equity in Nursing. *Public Health Reports*, 129(1). <https://doi.org/10.1177/003335491412915207>