

Improving the Health of the Nation: HRSA's Mission to Achieve Health Equity

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Improving the health status of the United States is predicated on reducing and eventually eliminating health disparities and achieving health equity. Meaningfully addressing health disparities is complex work and involves considering what are, at times, seemingly unrelated factors. Recognizing this challenge, the Health Resources and Services Administration (HRSA) recently hosted an inter-professional summit titled *Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health*. The speakers included experts in nursing, health workforce, epidemiology, and public health who presented recent findings on complex connections among workforce diversity, health disparities, and social determinants of health. The interplay of these factors is not a new focus for HRSA; in fact, the basis for some of the meeting's agenda was drawn from an earlier HRSA report titled "The Rationale for Diversity in the Health Professions: A Review of the Evidence."¹ The report shows that patients are best served by providers who are knowledgeable and conversant in the background and culture of the patients for whom they care. Through these and many other related efforts, HRSA has engaged a sharp focus on eliminating disparities in health outcomes and enhancing health equity across the populations served by our programs.

An essential element in this effort is building a culturally and linguistically diverse health workforce by increasing both minority participation in the health professions and the cultural competency of all health professionals. Increased diversity among health professionals leads to improved patient satisfaction, patient-clinician communication, and access to care for racial/ethnic minority patients.² Consequently, for many of HRSA's health professions training grants, the agency requires grant applicants (generally health professions schools) to identify in their applications innovative programs and institutional strategies to effectively develop and retain a diverse and culturally competent workforce. Such strategies often include supporting activities to recruit diverse students and provide cultural competency training. During academic year 2011–2012, 46% of graduates and individuals who completed training and received direct financial support through one of HRSA's Title VII or Title VIII programs were from underrepresented minority groups and/or disadvantaged backgrounds.³ HRSA is evaluating these strategies and incentives to identify and expand on

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successful models for diversifying our nation's health-care workforce. Indeed, this special supplement of *Public Health Reports* includes an article on HRSA's efforts to evaluate the Nursing Workforce Diversity program to identify best practices for diversifying the nursing workforce.⁴

Additionally, HRSA is addressing health disparities through new strategies provided by the enactment of the Patient Protection and Affordable Care Act⁵ (hereafter, ACA), which, while celebrating only its third anniversary this past March, has already asserted positive changes in the trajectory of the country's health care. For example, the ACA addresses health disparities head-on by confronting a primary social determinant of poor health—lack of access to high-quality health care. HRSA's part in this work has been executed through the expansion of the community health center system that delivers primary care to vulnerable populations. The health center sites and the number of patients served have expanded markedly across the nation as a result of ACA investments. Additionally, the National Health Service Corps, which places health-care providers in underserved rural and urban communities in exchange for scholarships and loan repayments, more than doubled in size from 2008 to 2013—to almost 8,900 clinicians (Unpublished data, Department of Health and Human Services [US], Health Resources and Services Administration, 2013).

The aforementioned programs provide only a few examples of important efforts underway at HRSA to meaningfully address health disparities. Within this

special supplement, readers will find timely and compelling articles by authors who also presented at the Nursing in 3D summit. The articles highlight relevant work currently underway in federal and private sectors and also present various pathways and partnerships that show strong potential in helping to achieve health equity. At HRSA, we are committed to achieving health equity for the populations we serve, and we are excited about this supplement and its potential to help all of us push forward toward achieving this shared goal.

The views expressed in this article are those of the author and do not necessarily represent those of the Health Resources and Services Administration or the U.S. Department of Health and Human Services.

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