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**Legislative Update**

***APA's Tomes Pushes For More Diversity In Health Care***

J. Chamberlin, APA Monitor Reporter

APA Executive Director for Public Interest **Henry Tomes, PhD**, pledged APA's support of affirmative action in training health professionals at a March 19 Capitol Hill briefing on "Affirmative action in health professions training and its impact on health care," sponsored by the Congressional Black Caucus. Dr. Tomes urged policy-makers to increase diversity in education by expanding federal support for graduate and postgraduate health professions training. More diversity, he explained, will lead to the more culturally competent health care that is needed to serve the nation's growing ethnic minority population. Dr. Tomes also highlighted APA's long-standing commitment to affirmative action, noting that the association has supported diversity in training through its 27-year-old Minority Fellowship Program and recently filed an amicus curiae brief with the U. S. Supreme Court in support of the University of Michigan's affirmative action policies in undergraduate and graduate education.

The following are excerpts from Dr. Tomes statement at the Congressional briefings.

APA is strongly committed to the elimination of racial and ethnic health disparities. We therefore place high priority on efforts to increase the numbers of racial and ethnic minorities among our nation's healthcare providers and to provide culturally competent health care services to our communities of color. An example of APA's long-standing commitment to this goal is our 27 years of administering the Minority Fellowship Program currently funded by the Substance Abuse and Mental Health Services Administration. This is an interdisciplinary health professions training initiative that encompasses the core mental health disciplines, including psychology, psychiatry, social work, and nursing. The APA program has supported the psychology graduate training of over 600 ethnic and racial minority students. These individuals are employed or in training in a wide variety of mental health service and educational settings in nearly every state in the country. Consistent with this, as well as other programmatic and policy initiatives, APA recently filed an amicus curiae brief with the U.S. Supreme Court in support of the University of Michigan's affirmative action policies in undergraduate and graduate education.

The behavioral and social sciences hold the key to eliminating racial and ethnic health disparities. Just consider the following fact: six of the ten leading causes of death in 2000 for all age groups in this country are based on such behavioral factors as diet, stress, sedentary life style, smoking, and accidents. In addition, many behavioral factors are now known to increase an individual's risk for disease, physical disability, and early death. These factors include physical inactivity, obesity, anxiety, depression, traits of anger or hostility, and diverse social or environmental variables. They determine

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how attributes of habit, personality, and social environment contribute to the development and course of disease, and establish practical strategies to reduce disease risk and assist in preventing, reducing, and managing illness. They also identify behavioral attributes, such as optimism, effective strategies for coping with stress, and meaningful sources of social support and affiliation, which afford some degree of protection against disease and can promote recovery among the ill.

The groundbreaking Institute of Medicine report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, found that racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when controlling for access-related factors, such as patients' insurance status and income. Research suggests that health care providers' diagnostic and treatment decisions, as well as their feelings about patients, are influenced by patients' race or ethnicity. One study based on actual clinical encounters found that doctors rated African American patients as less intelligent, less educated, more likely to abuse drugs and alcohol, more likely to fail to comply with medical advice, more likely to lack social support, and less likely to participate in cardiac rehabilitation than white patients, even after patients' income, education, and personality characteristics were taken into account. Prejudice in healthcare, regardless of whether it is conscious or unconscious, can be a killer.

Although our nation has made remarkable strides in reducing overt discrimination against racial and ethnic minorities, numerous studies over the past 20 years demonstrate that discrimination persists in almost all aspects of American life. Whereas the term "discrimination" describes unequal treatment, "prejudice" pertains to thoughts and feelings. A series of recent studies shows that prejudice is tenacious and pervasive even among those who maintain explicit attitudes of equality. There is widespread agreement among social scientists that social categorization processes—including racial and ethnic stereotyping—are virtually automatic, operating outside awareness and often independent of conscious attitudes, beliefs, and perceptions. These research results conclusively demonstrate that unconscious stereotyping and prejudice, including racial stereotyping, is widespread. Recent empirical research also indicates that prejudice plays an important role in producing discriminatory behavior and judgments and that measures of implicit prejudice are significant predictors of the level of overt discriminatory behaviors and judgments.

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This body of research also tells us that these prejudicial attitudes and discriminatory responses can be reduced when students from diverse racial and ethnic backgrounds live and work with each other intensively, both in and outside of the classroom. Diversity in higher education is critical to achieving this goal.

In conclusion, both a diverse educational experience and specific training in cultural competency are vital to effectively address the health and mental health needs of our nation's growing ethnic minority population. By 2050, the U.S. Census Bureau estimates that 47% of all Americans will be African American, Latino, Asian, or Native American. The need to deliver appropriate care to this burgeoning population presents a major challenge to our nation's healthcare institutions and professions. The 2001 report of then **Surgeon General David Satcher, MD, PhD**, *Mental Health: Culture, Race, and Ethnicity*, found that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. It is critical that racial and ethnic minorities are better represented among health and mental health care providers and that all providers offer culturally competent services.

In closing, I want to commend the Congressional Black Caucus for your dedication and commitment to affirmative action in health professions education. The challenge is now before the U. S. Supreme Court, the Bush administration, and the Congress to promote diversity in education and to ensure a diverse and culturally competent health care profession. This could be accomplished in large measure by expanding federal support for graduate and post-graduate health professions training opportunities. Rest assured that APA will be there with you to support your efforts to eliminate racial and ethnic health disparities in our nation's healthcare system. Again, thank you for the opportunity to present APA's position on this matter of critical national importance.