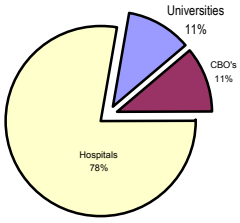
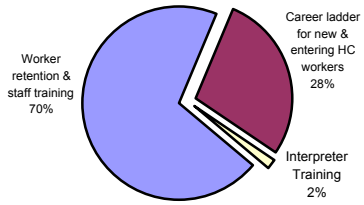
THE HEALTHCARE FOUNDATION FOR ORANGE COUNTY

Ethnic Diversity Overview

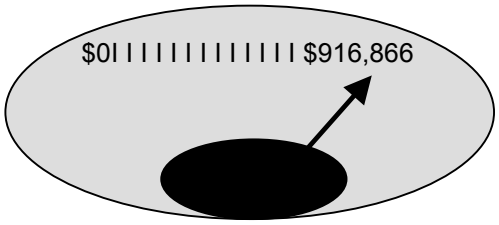


Funding by Institution



Funding by Focus Area

Total Funding Given



Number of People Who Directly Benefited from Grant Funds

9 0 0 +

Many more were impacted as most project participants used their skills to provide healthcare to patients in Orange County facillities.

Some "Startling Statistics".....

- A 2002 Institute of Medicine study found that racial and ethnic minorities receive lower levels of health care (even after controlling for socioeconomic status (SES) and insurance).
- A survey by the Robert Wood Johnson Foundation discovered that 20% of the Latino's surveyed delayed or refused care because of language barriers.
- In a recent national survey 39% of Latinos, 27% of Asian-Americans, 23% of African-Americans, and 16% of non-Hispanic Whites reported communication problems with their physician.
- Patients who do not speak English as their primary language are much more likely to experience drug and other medical complications.

Why is ethnic diversity important?

The United States is an increasingly diverse society. There are over 300 languages spoken in the US; nearly 50 million of us speak a language other than English at home. Orange County is experiencing similar trends. Nearly half the County's residents identify with ethnic groups and national origins other than "non-Hispanic White." Almost a third are foreign born; 40% of County residents over five years of age speak a language other than English at home. One way to increase access to health services is through the hiring and development of a workforce that reflects that cultural and linguistic diversity of its clients.

What were the funded programs and how did they address ethnic diversity in the healthcare workplace?

The HealthCare Foundation for Orange County funded four projects to increase the ethnic diversity of the Orange County healthcare workforce by: facillitating the movement of bilingual/bicultural workers into patient contact positions, providing training for new bilingual/bicultural staff to increase the likelihood of their retention, cultural competency training for existing staff, and training for pre-professional bilingual/bicultural students to encourage entry into healthcare positions. Funds were also given to train non US-licensed foreign trained physicians as medical interpreters. In addition to providing much needed interpretation services in a healthcare setting, the program offered an entry point for foreign trained physicians to US health careers. Grantees included local area hospitals, universities, community based organizations, and two-year colleges. The four funded projects were the Orange County Ethnic Workforce Initiative (OCEWI), the Latino Health Professionals Program (LHPP), the Consortium of Physicians from Latin America (COPHYLA), and the University of California Irvine Medical Center Nurse Practioner Program (UCIMC-NP).

What were the outcomes?

OCEWI: 838 individuals participated in one of the following trainings or programs: new graduate nurse, preceptor, mentor, phlebotomy techs, acute care assistants, critical care nurses, educational advancement, basic skills preparation, and accent reduction. Funds were also used for outreach at local schools and a community college. **COPHYLA:** At mid year, six foreign trained physicians had completed the interpreter training and were working at UCIMC. Each interpreter had on average performed 40 formal (patient / caregiver) translations per week. **LHPP:** 45 students from Cal State Long Beach were selected for the 24 unit certificate course in healthcare administration. Of the seven cohorts who have completed the program (HFOC funded the last two cohorts) 77% are now working in healthcare **UCIMC-NP:** 2 NPs received cultural competency training and provided in-service training to UCI Nurse Practitioner faculty.

Our suggestions to others making grants in this area include:

- Identify and engage different avenues for recruiting new bilingual / bicultural workers. Those in non-patient contact positions may be a good source of potential trainees.
- Create specific "career ladder" opportunities for entry and mid-level workers. Provide networking opportunities and information on jobs, especially those in high demand, for existing and potential new healthcare workers.
- Institutionalize cultural competency in pre-licensure training and continuing education. Staff should regularly revisit cultural competency issues. Trainings should emphasize respect for varied perspectives in shaping client-provider relationships.
- Foreign medical graduates are a good source of potential medical interpreters. Such programs help address an organization's linguistic needs and create a career entry point to increase the ethnic diversity of the healthcare workforce.