INTRODUCTORY STATEMENT

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As Associate Administrator of the Bureau of Health Professions (BHPr) within the Health Resources and Services Administration (HRSA), I welcome you to this special supplement that focuses on the accomplishments and lessons learned from the summit Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health. The topics featured during the Nursing in 3D summit and in this supplement are inextricably linked to health equity, a critical component of HRSA's mission. HRSA is committed to improving access to quality health-care services, cultivating a skilled health workforce, and fostering innovative programs, with the ultimate goal of improving health and achieving health equity.

Health disparities—the differences in adverse health conditions that exist among specific population groups—prevent us from reaching the highest level of wellness possible across our nation. It has been shown that racial/ethnic minority groups receive a lower quality of care and are less likely to receive routine care.[1] Increasing diversity in the workforce is an evidence-based strategy to reduce and eliminate health disparities and move our nation one step closer to health equity. Health-care professionals who identify themselves as part of racial/ethnic minority groups are more likely to serve in areas of the greatest need. Only with a diverse workforce can we strive to improve health outcomes among populations with racial/ethnic or socioeconomic disadvantages.

BHPr's Division of Nursing has been a champion in spearheading HRSA's mission to achieve health equity. The division has implemented targeted initiatives, such as adding health equity criteria to its Nursing Workforce Diversity (NWD) funding opportunity announcement, an intentional strategy to move toward health equity.[2] A second key initiative focuses on the evaluation of the NWD program. The NWD program works to increase nursing education opportunities for individuals from disadvantaged backgrounds. The 2008 National Sample Survey of Registered Nurses reports that only 17% of the nursing workforce comes from racial/ethnic minority groups.[3] The NWD program seeks to increase this proportion by supporting nursing education opportunities for individuals from disadvantaged backgrounds. The program provides nursing students with stipends and scholarships—including stipends for diploma or associate degree nurses—to enter a degree completion program, and scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention efforts. In fiscal year 2010, HRSA grantees graduated 1,051 nursing students and provided enrichment support, financial assistance, and coaching and mentoring services to more than 10,000 additional disadvantaged individuals under the NWD program.[4] This effort highlights HRSA's capacity to inspire positive change throughout the nursing education system, with immense potential results.

Increasingly, BHPr has focused on diversity across all program areas. Our programs are dedicated to increasing the cultural competency training of health professionals to identify and address health-care disparities. In particular, BHPr maintains a strong focus on reducing disparities in the workforce through its Scholarships for Disadvantaged Students (SDS) program. This program increases diversity in the health professions and nursing workforce by providing grants to eligible health professions and nursing schools for use in awarding scholarships to students from disadvantaged backgrounds and those who have financial need, many of whom are from underrepresented minority groups. The goals of the SDS program are threefold: (*1*) to increase the number of graduates practicing in primary care, (*2*) to bolster enrollment and retention of underrepresented minority groups, and (*3*) to augment the number of graduates working in medically underserved communities. In the 2010–2011 academic year, 50% of health professions graduates who received SDS funding entered service in medically underserved communities—five times the national average.[4] Additionally, 59% of students receiving SDS support were from underrepresented minority groups. In fiscal year 2012, BHPr reformed the SDS program to make grant awards through a competitive process instead of using a formula to distribute grant award amounts. The new competitive approach will increase the amount awarded to students. We anticipate that the increased student award will lead to an increase in the percentage of graduates completing their education and receiving degrees, and, ultimately, an increased number of primary care professionals working in underserved areas.

Across other programs, BHPr has expanded its focus on diversity through such strategies as recruiting racially/ethnically diverse students, supporting cultural competency training, and prioritizing program applicants who demonstrate a commitment to serving underserved populations. For example, the Primary

Care Training and Enhancement program gives funding priority to applicants who have a record of training individuals from underrepresented minority groups or from rural or disadvantaged backgrounds, or who establish formal relationships with clinics in underserved areas or serving underserved populations. Connecting health professions trainees with underserved individuals and communities is essential to creating a health workforce that is culturally competent and diverse.

This special supplement of *Public Health Reports* features essays of transformation, innovation, and expert commentary to paint the big picture of health equity. It shows our positive transition from the focus on disparities to the focus on equity. It shows how far we have come on the road to increasing diversity in the nursing workforce and the important work yet to be done. The key insights and themes contained in these articles are valuable for informing the evolution of HRSA's programs and, more broadly, the development of the next generation of the health workforce. The featured articles of this supplement help to pave the way for a health workforce that is fueled by a common goal: health equity.

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