



Today, one in three Americans is a member of a racial or ethnic minority group, with African Americans, Hispanic Americans, and American Indians making up more than 34% of the nation's population. If one looks at Americans under the age of 20, the percentage rises to 43%. For those under age 1, it is 50.4%. The U.S. Census Bureau projects that by 2042; there will be no majority population in the United States.

But healthcare for many Americans in these racial and ethnic minorities has not improved sufficiently in our increasingly diverse society. All too frequently, race or ethnicity still influences health status, access to health care, and health outcomes.

The Sullivan Alliance (www.thesullivanalliance.org) is a national not-for-profit organization, led by former Secretary of Health and Human Services, Louis W. Sullivan, M.D. In 2005, Dr. Sullivan invited other health and education leaders to form The Sullivan Alliance (SA) to act on the recommendations of two seminal reports published by the Sullivan Commission and the Institute of Medicine (IOM) in 2004: The Sullivan Commission's report, "Missing Persons: Minorities in the Health Professions" and the IOM study, "In the Nation's Compelling Interest: Ensuring Diversity in the Healthcare Workforce." Both studies documented the severe shortage of under-represented minorities (African Americans, Hispanics, American Indians, Alaska Natives, Native Hawaiians and Pacific Islanders) in the health professions, and have served as guideposts for many projects and programs undertaken within academia and government, aimed at addressing these shortages.

For more than a decade, SA has sought to strengthen the nation's health workforce and to promote community improvement by increasing the representation of ethnic and racial minorities within the health professions. Sullivan Alliance activities focus at the intersection of health, education and the health workforce.

The Alliance's activities are prioritized, and encompass the health professions of medicine, dentistry, nursing, psychology, and public health with the expectation that efforts in these areas will also benefit the other health professions. As a result, projects that develop new models for inter-professional training and culturally competent care delivery are particularly compatible with the Alliance mission.

Most recently, answering the U.S. government's call to increase the nation's healthcare workforce capacity, the Alliance is participating in a project to expand access to dental care through the training of mid-level dental professionals.



Academic reviews of strategies to eliminate health disparities call for the diversification of the nation's health workforce as one approach to achieving health equity. These reviews highlight the lack of a national, overarching, coordinated effort to remedy the health workforce deficiencies pertaining to workforce diversity. Grumbach et al found in a 2003 review of strategies to diversify the health professions, that discontinuity of interventions across regions and across stages of the educational pipeline make it difficult to sustain gains from one educational stage to the next. The researchers concluded that what is needed is better coordination and articulation between programs and funders.

To that end, forming collaborations to diversify the health professions is an important strategy employed by The Sullivan Alliance. The Alliance has stimulated the formation of State Alliances across the U.S., an effort that has proved to be an effective way of developing momentum and building on gains in moving the health workforce diversity agenda forward. The development of these alliances and the resulting "health professions pipeline" best practice models has the potential of spurring needed federal action.

Drawing on the experience and expertise of leading health, business, community, education, and legal experts, the Sullivan Alliance: (1) raises awareness of the importance and value of achieving racial and ethnic diversity in the health professions; (2) disseminates information about "best practices" and resources that enhance diversity; and (3) stimulates academic programs in the health professions of medicine, dentistry, nursing, psychology, and public health and the research community to create new- or more effectively implement existing-diversity initiatives.

In 2015, members of racial and ethnic minority groups accounted for only 12.3% of physicians, 7% of dentists, 10% of pharmacists, and 11% of Registered Nurses. These groups are also severely underrepresented among health professions faculty, deans, provosts, hospital administrators, and health policy experts. If we are to eliminate the gaps in health status and access to health care that today affect far too many Americans, these percentages must increase.

The Sullivan Alliance's goal is to provide the focused leadership, deep commitment, and sustainable efforts that will result in the addition to our nation's workforce of more well-trained health professionals from racially and ethnically diverse backgrounds able to provide quality health care and biomedical research in the decades ahead.