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TESTIMONY RE: SENATE BILL NO. 136, AN ACT CONCERNING DIVERSITY IN
THE HEALTH CARE WORKFORCE

Higher Education and Employment Advancement Committee Hearing

January 26, 2007

Good morning Senator Hartley, Representative Willis and members of the Higher Education and Employment Advancement Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, past-president of the Connecticut Nurses' Association, current chairperson of its Government Relations Committee and chair and professor of Nursing at the University of Hartford. I have practiced nursing for over 40 years and have been educating nurses in Connecticut for 35 years. We are providing testimony on S.B. 136, AN ACT CONCERNING DIVERSITY IN THE HEALTH CARE WORKFORCE.

The data is clear.

- When the health care provider's race, ethnicity and language are congruent with their patient's, the outcomes of care are better and both the provider and the patient are more satisfied.
- Although there has been efforts to close the gaps in diversity of our health care workforce, the "changing demographics and economics of our growing multicultural world and the long-standing disparities in the health status of people from culturally diverse backgrounds have challenged health care providers and organizations to consider cultural diversity as a priority." Online Journal of Issues in Nursing (OJIN) published 1/31/03.

While we support the need for a more diverse workforce to better meet the needs of Connecticut's population, it is essential that we look at this from a global perspective and over the long term. We need to diversify our efforts in a number of areas.

- Our pipeline of future health care providers from diverse backgrounds must begin at the pre-K level in order to have students move successfully from kindergarten through high school. This is the absolute necessary first step.
- We must then ensure that students from historically underrepresented groups are competitive to enter higher education programs. This means not only intellectually but also able to be financially able to do this.
- We next need to ensure that students who have entered health care educational programs are provided the support to complete those programs.
- These efforts must be coordinated and supported by statewide infrastructure to maintain the process over time.

The disparities that exist now must also have focused efforts to provide better care for diverse patients in all healthcare settings.

- We need to ensure that our institutions – both educational and care giving – are learning about and providing culturally competent care. This care goes beyond understanding different practices, customs and values related to racial classification and national origin to the many other areas including religion, language, gender, age, socio-economic status to name a few.

We cannot look just to our educational institutions to solve the problems of diversity. Our efforts must come with clear plans and goals that involve all health care delivery systems in the process in order that we have students that can compete and caregivers who are able to deliver quality care that is culturally competent.

Thank you for your consideration of our recommendations. We are available for information and consultation about this important issue.