

# Non-White Students Make up the Majority of Californians Pursuing Health Care Education

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#### **Abstract**

This issue brief explores two related phenomena: growth in the number of non-White students pursuing health professions-related education, and the role played by private for-profit institutions play in their training. Growth in the number of healthcare-related degrees and certificates is associated with an increase in the number of non-White students pursuing training in California in a field related to healthcare. Historically underrepresented students now represent a majority of those earning degrees and certificates that lead to employment in healthcare. Non-White students predominantly pursue these educational opportunities at private for-profit institutions.

### **Background**

Healthcare workforce diversity has been widely recognized as an important policy issue. In California, efforts continue to be made to address the difference in the overall racial and ethnic composition of the state's healthcare workforce compared to its population. Concerns have focused on delivering culturally competent care, communication challenges related to linguistic diversity, and the fact that the healthcare sector has been a consistent source of job creation offering opportunities for professional development and economic security.

Although underrepresentation among physicians, dentists, and pharmacists persists, viii ix x data indicate that segments of the state's healthcare workforce with lower educational barriers to entry are comparatively diverse. Xi Xii Over the past decade, California's healthcare workforce has steadily grown in size, but the job growth has occurred mainly among technical and support occupations. Xiii This growth has encouraged an

# **Key Findings**

- Growth in the total number of healthcare-related degrees and certificates awarded over the past decade coincides with increasing numbers of non-White students pursuing health professions education.
- Non-White students make up the majority of those completing educational programs in fields related to healthcare; in 2012, 70% of the total number of healthcare-related degrees and certificates awarded by postsecondary institutions in California were earned by non-White students.
- The population of non-White students pursuing training in fields related to healthcare is segmented by institutional sector and award type. The pattern of educational attainment exhibited by Asian students is different from other non-White students.
- The large majority of non-White, non-Asian students access health professions training through the for-profit sector.
- The large majority of non-White, non-Asian students pursue non-degree health professions training leading to frontline, entry-level jobs.



<sup>&</sup>lt;sup>1</sup>The general growth of private for-profit institutions and the expansion of health professions education in California have been covered in a previous issue brief.<sup>i</sup>

expansion in the number of healthcare education training programs. The expansion in training capacity has coincided with a substantial increase in the number of non-White students pursuing postsecondary degrees and certificates in fields related to healthcare.

This issue brief focuses on the racial and ethnic composition of health professions education programs in California in the context of program expansion, using data from the Integrated Postsecondary Education Data System (IPEDS). It highlights the association between growth in educational training opportunities and growth in the number of non-White students pursuing health professions education. It details how this growth is reflected across the different types of institutional sectors (i.e. public, non-profit, and for-profit) and award levels (i.e. certificate, two-year vs. four-year degree).

## **Methodology & Description of the Data**

The Integrated Postsecondary Education Data System (IPEDS) is a collection of interrelated surveys conducted annually by the U.S. Department of Education's National Center for Education Statistics (NCES). It is the most comprehensive source of information on postsecondary education available.2 The completion of IPEDS surveys is mandatory for postsecondary institutions that participate in (or apply to participate in) federal student financial aid programs.

The universe of institutions that are surveyed includes universities, community and technical colleges, and non-degree granting schools. There are three different levels of institutions based on the types of degrees awarded: 4-year colleges and universities, 2-year colleges, and less-than-2-year

schools.3 There are also three different types of financial control: public, private non-profit, and private for-profit. The characteristics of institutional level and financial control combine to form nine different institutional sectors, which are used to organize the data presented in this issue brief.

#### **Healthcare-related degrees and certificates** in California

Fields of academic study and occupational training are organized into a taxonomic scheme called the Classification of Instructional Programs (CIP). The CIP scheme assigns numeric codes to areas of instructional content in order to facilitate the collection of information describing educational programs. The CIP code 51 is assigned to programs that "prepare individuals to practice as licensed professionals and assistants in the healthcare professions and related clinical sciences and administrative and support services." Throughout this issue brief, we define health professions-related education as all those instructional programs which are defined by the CIP code 51.4



Tables and figures in this issue brief are based on revised data files (considered the most up-to-date data). As such, they may not match tables or figures published by NCES, which are based on original, unrevised data.

IPEDS data describing private less-than-2-year schools may be less reliable in comparison to data from other sectors. There is evidence that schools open and close comparatively rapidly, and program-level data are inconsistently reported from one year to the next. Independent research has found that the IPEDS survey may underrepresent these schools. (See Cellini, SR. 2005. Community Colleges and Proprietary Schools: A Comparison of Sub-Baccalaureate Institutions. California Center for Population Research). Caution should be exercised when drawing conclusions from the data describing these institutions.

<sup>&</sup>lt;sup>4</sup> For more information see: http://nces.ed.gov/ipeds/cipcode/resources.aspx?y=55

# **Findings**

Figure 1 shows the total number of healthcare-related degrees and certificates awarded between 1995 and 2012 on its primary Y-axis, while its secondary Y-axis shows how these awards were distributed (%) across the public, for-profit, and non-profit institutional sectors. The total number of degrees/certificates awarded each year has more than doubled during this period, and this figure demonstrates that the growth has been driven by for-profit institutions. The share of healthcare-related degrees/certificates awarded by public institutions was approximately equal to that of for-profit institutions in 1995 (both sectors' shares at slightly over 40%). By 2012, the share of total awards granted by for-profit institutions reached 60%, while the share awarded by public schools declined to just to 30%. Total output from private non-profit institutions also declined during this period, although less dramatically by comparison with the public sector. (The private non-profit sector accounted for approximately 14%-16% of the total number of health professions-related awards between 1995 and 2002, at which point its share of total output begins to decline coincident with the rise in total output driven by for-profit schools.)

Figure 1. Total healthcare-related degrees and certificates, and distribution by institutional sector, **California**, 1995 to 2012

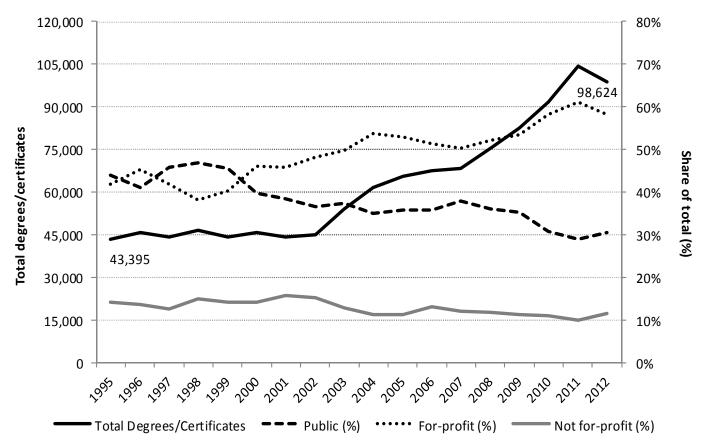




Figure 2 again shows the total number of healthcare-related degrees and certificates awarded between 1995 and 2012 on its primary Y-axis, while, its secondary Y-axis displays the distribution of these degrees/certificates (%) by White vs. non-White race/ethnicity. This figure demonstrates that growth in the total number of healthcare-related degrees and certificates awarded over the past decade coincides with an increasing number of non-White students pursuing health professions education. In 1995, the shares of White and non-White students graduating from healthcare-related degree and non-degree programs were approximately equal. Over time this distribution has dramatically shifted in favor of non-White students. In 2012, 70% of the total number of healthcare-related degrees and certificates awarded by postsecondary institutions in California were earned by non-White students.

Figure 2. Total healthcare-related degrees and certificates, and distribution by White vs. non-White graduates, California, 1995 to 2012

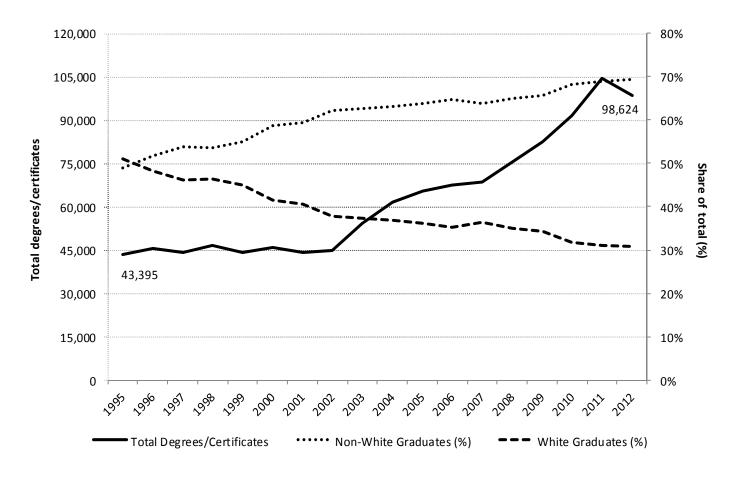




Figure 3 shows the total number of healthcare-related degrees/certificates earned by non-White graduates awarded by each institutional sector between 1995 and 2012. For-profit schools have always played an important role in terms of access to healthcare professions training for non-White students, but this figure demonstrates how this role has expanded over the past decade. For-profit institutions reported a total of approximately 10,500 health professions-related awards made to non-White students in 1995. By 2012 this total had nearly quadrupled to more than 40,000 awards (an increase of 285%). Taken together, Figures 1 – 3 indicate a strong association between the overall increase in the total number of health professionsrelated degrees/ certificates, growth in the number of these awards granted by for-profit institutions, and the increase in the number of non-White students pursuing healthcare-related education.

Figure 3. Total healthcare-related degrees/certificates earned by non-White graduates by institutional sector, California, 1995 to 2012

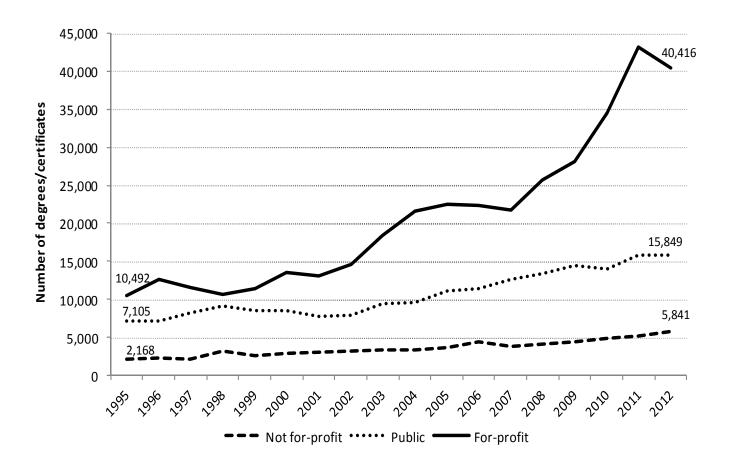




Table 1 shows how healthcare-related degrees/certificates earned by students in each racial/ethnic group were distributed across institutional sectors in 2012. It demonstrates an important distinction in the data describing non-White students: Asian students do not mirror the patterns seen among other non-White students. Both White and Asian students far less frequently pursue health professions education at for-profit institutions by comparison with other groups of students. It also demonstrates the extent to which other non-White groups of students access the for-profit sector in pursuit of health care-related education. More than 70% of African American, Hispanic/Latino, and Native Hawaiian/Pacific Islander students who earned a health care-related degree or certificate in 2012 did so at a for-profit institution.

Table 1. Distribution (%) of healthcare-related degrees/certificates by race/ethnicity, by institutional sector, California, 2012

	Ins				
Race/ethnicity	Public	Non-profit	For-profit	Total Awards	
Native HI/Pac Islander	15.1	6.9	77.9	1,442	
Hispanic/Latino	19.5	5.3	75.2	35,252	
African American	21.3	7.8	70.9	8,160	
Native American	31.0	7.2	61.8	678	
Multirace	26.1	15.6	58.3	2,027	
White	41.4	15.4	43.1	27,526	
Asian	43.2	19.7	37.1	14,547	



Table 2 shows how healthcare-related degrees/certificates earned by students in each racial/ethnic group were distributed across award levels in 2012. It divides award type into two broad categories: non-degree and degree. Non-degree awards include certificates taking less than one year to complete, and certificates taking at least one, but less than two years to complete. Degree awards include associate's, bachelors, master's, and doctoral degrees.

These data underscore the divide between Asian and White students and all other students in terms of where and at what level health professions education takes place. More than 70% of African American, Hispanic/Latino, and Native Hawaiian/Pacific Islander students pursuing healthcare-related education pursued by Hispanic/Latino students results in a non-degree certificate, compared to just over one-third of all Asian students. Taken together, Tables 1 and 2 illustrate the extent to which non-Asian and non-White students pursue training in non-degree programs offered by for-profit institutions.

Table 2. Distribution (%) of healthcare-related degrees/certificates by race/ethnicity, by award level, California, 2012

	Non-degree			Degree			Total	
Race/ethnicity	<1 yr	<2yr	Total	AD <sup>†</sup>	ВА	MA/PhD	Total	Awards
Hispanic/Latino	29.7	44.9	74.6	17.1	4.8	3.5	25.4	35,252
Native HI/Pac Islander	23.3	45.7	69.0	15.5	9.5	6.0	30.0	1,442
African American	28.4	41.1	69.5	16.6	7.0	6.9	30.5	8,160
Native American	30.3	35.5	65.8	17.7	9.0	7.5	34.2	678
Multirace	25.0	28.6	53.6	21.8	12.1	12.5	46.4	2,027
White	21.2	24.1	45.3	25.8	12.3	16.6	54.7	27,526
Asian	14.7	21.1	35.8	24.8	19.3	20.1	64.2	14,547

<sup>&</sup>lt;sup>†</sup>Includes certificates taking at least 2 years but less than 4 years to complete (on average, 2% of total degrees/certificates awarded in each racial/ethnic group).

<sup>&</sup>lt;sup>4</sup> Certificates taking at least two years but less than four years to complete are included with associate's degrees. The reason for doing so is that institutions and program types making these awards are generally the same as those granting associate's degree: i.e. community colleges and private for-profit 2-year schools awarding both the AD and 2-4 year certificates in areas such as Radiologic Technology, Respiratory Therapy, or Licensed Vocational Nursing.



#### **Conclusions**

The data presented in this brief demonstrate several important trends influencing the supply of California's health care workforce. The volume of new entrants into California's health care workforce has more than doubled over the past fifteen years, and it has been largely the for-profit sector that has grown capacity to meet this demand. At the same time, the workforce has become much more racially and ethnically diverse. This diversity has been facilitated by the expansion of for-profit education. However, this increased diversity is segmented into two groups. The pattern of educational attainment exhibited by Asian students is different from that of other non-White students. Asian students predominantly pursue degree awards at either public or non-profit institutions: Hispanic or Latino, African American, and Native Hawaiian or Pacific Islander students are more likely to earn non-degree certificates from a for-profit institution. These trends have implications for cost of and access to education and should continue to be monitored.

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