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Subcommittee on Health**

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Chairwoman Eshoo, Ranking Member Guthrie, and members of the health subcommittee, thank you for inviting me to speak to you today, providing me the opportunity to voice strong support of H.R. 3320, the Allied Health Workforce Diversity Act. This legislation is crucial as our nation looks to recover from the pandemic and have an allied health workforce that mirrors the makeup of our nation.

I want to thank Representatives Rush and Mullin for their leadership on this bill. I also want to thank Ranking Member McMorris Rodgers, who has been such a champion for this bill since it was first introduced in the 116<sup>th</sup> Congress, passing unanimously out of the House of Representatives as part of the larger Title VII workforce programs reauthorization package.

When reflecting on this legislation, I think about how different my life would have been if the Allied Health Workforce Diversity program had existed when I started my pursuit to become an occupational therapist. After my parents married, they moved to Chicago for the booming industry jobs. My father was in construction for 30 years, and my mother, who didn't finish the 8<sup>th</sup> grade, worked in a factory at night while my four older siblings. When we were old enough, she enrolled in cosmetology school. Hers was the first degree to ever hang in our home.

My parents strongly believed education equaled opportunity, but as the youngest of five, my parent's ability to provide financial support was limited. Financial support from Boston University (BU) and federal student loans allowed me to afford a bachelor's degree in occupational therapy. But it is because of the network of mentors and career counselors, who became like family at BU, that I speak to you today as a licensed occupational therapist and member of the Board of Directors at the American Occupational Therapy Association.

The Allied Health Workforce Diversity Act would provide thousands of future students of respiratory therapy, occupational therapy, physical therapy, speech language pathology, and audiology with access to additional targeted supports beyond what I received, like mentorship and tutoring. Students who are disadvantaged and from underrepresented communities bring a unique perspective to our health care system and improve health outcomes. If we as a nation want to improve patient care and reduce health disparities, we must increase our efforts to recruit, train, and support these students.

## **What the Bill Would Do**

The Allied Health Workforce Diversity Act creates a grant program in Title VII of the Public Health Service Act, administered by the Health Resources & Services Administration (HRSA). Grants would be awarded to accredited higher education programs of respiratory therapy, occupational therapy, physical therapy, speech language pathology, and audiology to support efforts to increase the opportunities of students from underrepresented and disadvantaged backgrounds.

The funding the grant provides would support efforts by the program to attract, recruit, and retain individuals underrepresented in these professions. It will fund community outreach efforts, mentoring and tutoring program creation or expansion, and financial support directly to the students in the form of scholarships and stipends.

The program is modeled after a similar successful program, the Nursing Workforce Diversity Program. According to Bureau of Labor Statistics data, since its creation in 1998, the Nursing Workforce Diversity Program has doubled the percentage of nurses from a diverse background.

H.R. 3320 seeks to duplicate the success of the nursing program, while providing HRSA with the flexibility to continuously define which communities are considered underrepresented, to grow with an ever changing health care workforce. While the bill cites people from ethnic or racial minorities or those with a disability as an example for an individual underrepresented in the profession, HRSA would have the authority to fund programs seeking to increase the share of students from other backgrounds such as those from rural, military, or agriculture communities.

## **Why This Legislation Should Become Law**

A study published in JAMA in March 2021 stated, “fostering a diverse and inclusive workforce is critical to increasing access to care and improving aspects of health care quality.”<sup>i</sup>

The research shows two important findings:

- Health professionals from underrepresented and minority backgrounds are more likely to practice in medically underserved areas.<sup>ii</sup>
- Patients who receive care from health care professionals of their own cultural background tend to have better outcomes.<sup>iii</sup>

The same study shows the higher education pipeline for the allied health professions are less diverse than the current workforce findings, which match an analysis of the National College Progression Rates<sup>iv</sup> by the National Student Clearinghouse Research Center. Between 2019 and 2020, the national college enrollment rate fell 9.4% for students from high minority high schools, 10.7% for students from low-income high schools, and 11.4% for high poverty high schools. Both urban and rural districts were affected the same, with suburban schools faring slightly better.

## **Conclusion**

I thank the committee for the opportunity to come here today and discuss this important issue. The Allied Health Workforce Diversity Act is an opportunity to move our nation along on the path to recovery. I look forward to working with you, and I'm happy to answer any questions you may have.

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<sup>i</sup> Salsberg, E., Richwine, C., Westergaard, S., Martinez, M. P., Oyeyemi, T., Vichare, A., & Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic representation in the US health care workforce. *JAMA Network Open*, 4(3), e213789.

<sup>ii</sup> Cooper-Patrick, L., Gallo, J. J., Gonzales, J. J., Vu, H. T., Powe, N. R., Nelson, C., & Ford, D. E. (1999). Race, gender, and partnership in the patient-physician relationship. *JAMA*, 282, 583–589.

<sup>iii</sup> Institute of Medicine. (2004). *In the nation's compelling interest: Ensuring diversity in the health care workforce*. Washington, DC: National Academy Press.

<sup>iv</sup> Causey, J., Harnack-Eber, A., Ryu, M., & Shapiro, D. (March 2021). *A COVID-19 special analysis update for high school benchmarks*. Herndon, VA: National Student Clearinghouse Research Center.

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