

Increasing Minority Representation in the Health Professions: One Student at a Time

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Beyond sporadic trips to the clinic for immunization shots, they have limited opportunity to communicate with a physician. A majority of these individuals have never crossed the threshold of a dental office and even fewer understand what the man behind the counter at the local drug store really does. Who are “they” you ask? They are the many minority and disadvantaged students who have received limited contact to adequate health care and little to no exposure to any health care practitioners that mirror their image. It is important to understand some contributing factors to this harsh reality.

Health Disparities

Many Americans are living longer and their overall health is improving. Despite a steady improvement in the overall health of the US population, racial and ethnic minorities, with few exceptions, experience higher rates of morbidity and mortality than nonminorities.¹ This holds true for the citizens of North Carolina. Over the past few decades, enormous strides have been made to enhance the health status and quality of life of all North Carolinians. However, in spite of these gains, a large segment of the state’s racial and ethnic minorities, particularly African Americans, American Indians, and Hispanics, continue to experience a disproportionate burden of poor health and premature mortality compared to their white counterparts.² Several studies have shown that even with equivalent levels of access to care, racial and ethnic minorities experience a lower quality of health services and are less likely to receive even routine medical procedures than white Americans.¹

In addition to examining this epidemic through national discourse, states are addressing the impact of health disparities

on their local home fronts. North Carolina has a long-standing tradition of caring for the health of its citizens. Since 1968, the North Carolina Area Health Education Centers Program (AHEC) Medical Air Operations has transported health science faculty, medical residents, health science students, and university officials to the most remote areas of the state in dire need of health services.³ In 2001, shortly after Governor Mike Easley appointed her as Secretary of the Department of Health and Human Services (DHHS), Carmen Hooker Odom declared eliminating health disparities a priority for the department. The Secretary charged the Office of Minority Health and Health Disparities (OMHHD) with lead responsibility for developing the DHHS Call to Action to Eliminate Health Disparities.² NC OMHHD and the State Center for Health Statistics released the Racial and Ethnic Disparities in North Carolina Report Card 2006. This document is used as a tool to reveal some leading health indicators for broad racial and ethnic

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population groups for the state, supporting data for those health indicators, and a letter grade that ranks the health status of those groups. For instance, the 2000-2004 prostate cancer death rate shown for African Americans (73.0) was divided by the prostate cancer death rate for whites (25.1): $73.0 \div 25.1 = 2.9$. This ratio shows that the prostate cancer death rate for African Americans was 2.9 times as high as the rate for the white population. According to the disparity ratio grading scale, this 2.9 receives a grade of “D.”⁴

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As the state continues to aggressively focus on this health dilemma, it must also address the shortage of health care practitioners with specific emphasis on increasing the percentage of minority practitioners. Empirical evidence is mounting that compared to whites, minorities are more likely to serve the underserved.⁸

Underrepresented Minorities (URMs) Missing from Health Careers

America is experiencing a “browning effect.”⁵ Due to the rapid increase in minority populations, the country is becoming increasingly more diverse. Unfortunately, the same cannot be said for the diversification of the health care professions. To a great extent, efforts to diversify health care fields have been hampered by gross inequalities in educational opportunities for students of minority racial and ethnic groups. The supply of URM students who are well prepared for higher education and advanced study in health professions fields has thus suffered.⁶ As stated in the Sullivan Commission’s Missing Person’s Report, increasing diversity in the health care professions will improve health care access and quality for minority patients and assure a sound health care system for all of our nation’s citizens. It will also strengthen health care delivery systems at multiple levels, enhance educational experiences for all health professions students, promote relevant research and needed changes in health policy, and prepare our nation for the emerging and culturally dynamic health care challenges of tomorrow.⁷ Therefore it is not difficult to surmise that increasing the diversity of our health care professionals is of immense benefit to all citizens. Consequently, health preparation programs are vital vehicles for developing this pool of future practitioners.

Over the years, various academic and enrichment programs have been established at universities across the country to address the shortage of minority and disadvantaged students entering into graduate and health professional programs. These programs have mainly focused on preparing students at the undergraduate and postgraduate levels. However, in order to increase the percentage of matriculants to a more significant level, students must be exposed to health careers at an earlier age.

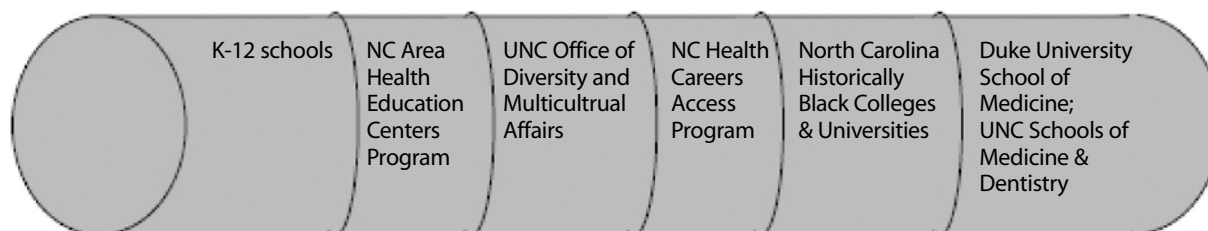
A North Carolina Comprehensive Pipeline Approach

In theory, a pipeline from primary to secondary to postsecondary education and finally to professional training channels the flow of a diverse and talented stream of individuals into the nation’s health care workforce. However, in reality, not all students flow equally through the pipeline to the health care professions. Instead, race and ethnicity often substantially influence an individual’s forward motion at every stage of the pipeline.⁷

Through years of effective collaboration, many North Carolina institutional partners have worked to create seamless pipeline approaches to increasing opportunities for minority and disadvantaged students pursuing health careers. Collaborators from various sectors of the state such as the K-12 public schools, statewide centers, historically black college and universities, and private and public higher educational schools have created a notable comprehensive pipeline approach.

Over the last three decades, several North Carolina programs were created to address the underrepresentation of minority and disadvantaged students in the health professions. Founded by Dr. Cecil G. Sheps in 1971, the North Carolina Health Careers Access Program (NC-HCAP) was one such program. Together with the North Carolina AHEC Program, NC-HCAP has exposed thousands of North Carolina’s K-12 students to health career offerings. Precollege students also benefit from additional structured programs that AHEC offers throughout the year. As students progress through their undergraduate careers, strong recruitment support is rendered by the University of North Carolina (UNC) Office of Diversity and Multicultural Affairs as well as health science advisors at historically black colleges and universities within the state. Undergraduate students with interests in various health professions apply for entry into NC-HCAP’s Science Enrichment Preparation (SEP) Program. SEP is an 8-week, honors-level academic enrichment program for disadvantaged undergraduate students seeking to increase their level of competitiveness for admissions into graduate/health professional programs. Since its inception in 1979, 834 students have completed the SEP Program. Of that number, currently 86% of these participants are either practicing in a health care field, enrolled in health professions training programs, or completing undergraduate prerequisites for these programs.⁹ Freshman and sophomore

Figure 1.
A Comprehensive North Carolina Pipeline Approach



college students interested in medicine or dentistry can apply to the Summer Medical Dental Education Program (SMDEP) at Duke University School of Medicine. For rising seniors and postgraduates with an interest in medicine or dentistry, the natural choice is the Medical Education Development (MED) Program sponsored by the UNC Schools of Medicine and Dentistry. MED offers a structured summer curriculum at the level of professional education to increase the ability of advanced preprofessional candidates, especially those who are disadvantaged, to compete successfully for admission to health professional schools. Since 1974, 88% of the 1886 students who have attended the MED summer program decided to apply to health profession schools. Ninety percent gained admission, with 80% matriculating into medical or dental school, and the remainder entered other health professional schools.¹⁰

Clearly, this approach has successfully assisted many in becoming the health practitioners they are today. Despite this history of success, the majority of these programs are in constant jeopardy of being eliminated.

Federal Budget Cuts

In addition to the support received by their host institutions, pipeline programs have existed due to the support of federal funding. However, when the federal administration's priorities shift, so does the funding. Such a shift occurred in 2006 when the Bush administration enacted drastic cuts to the Health Resources and Services Administration's Title VII Health Professions Education Programs, which supports facilities, initiatives, and individuals engaged in health professions training with an emphasis on recruiting practitioners for rural and other medically underserved areas.¹¹ The President's 2008 budget has proposed a complete elimination of Title VII and nearly a 30% reduction in Title VIII Nursing Education Programs. This action has dire implications for the future workforce supply. These two funding streams are the only federal programs designed to train practitioners in multidisciplinary settings to meet the needs of special and underserved populations as well as increase the minority representation in the health care workforce. Graduates of these programs are 3 to 10 times more likely to practice in underserved areas and are 2 to 5 times more likely to be minorities.¹²

This federal action has in fact reduced and/or eliminated numerous health professional preparation programs across the country despite their long-standing successes. These programs must recognize their vulnerabilities and the need to validate their continued existence.

Future Direction: Data, Development, Discourse

Pipeline programs have been the saving grace for many minority and disadvantaged students aspiring to be health care practitioners. In light of funding woes, many of these pipeline programs forge ahead, recognizing that in order to create sustainability, three areas must become a priority: (1) data collection; (2) development initiatives, and (3) discourse.

Institutional and policy-level strategies for increasing diversity in health professions, however, have been relatively understudied. This lack of emphasis may lead to a void of strategies should future policy changes erode efforts to increase diversity.⁶ These programs are attempting to validate their existence through increased efforts to collect data on program graduates. This data collection will assist in demonstrating how many of their program participants completed additional pipeline programs, gained admissions into graduate or health professional programs, and ultimately graduated from these degree programs. Additionally, many of the above programs are striving to evaluate the total impact made not only on increasing the percentage of minority practitioners nationwide but also how many have remained in North Carolina to serve the people of the state.

With the cyclical nature of federal funding and the economic reality of sparse institutional support, pipeline programs are forced to look in new directions for fiscal resources. One such direction is from their alumni base. The successful impact these pipeline programs have made on the lives of these individuals is evident by their willingness to give back. Alumni are demonstrating commitment of support through the development of scholarships and assisting in the creation and funding of program endowments. Additionally, foundations' attention to addressing health disparities and workforce shortages has been unwavering. Historically, they have allocated major funding to support efforts in these areas. As these health disparities and workforce shortages remain on the agenda of the state and nation, philanthropic institutions' interest and dedication to these pressing issues will not dissipate.

Pipeline program accomplishments must no longer be confined within their program walls but shared with the community at large. The disclosing of program outcomes through publications and presentations will assist in creating sustainability and the sharing of best practices and successful models for replication throughout the country.

As North Carolinians, we must continue to recognize that work still remains to be done and continue to be diligent in our commitment to the health of all of our citizens. It is imperative that the pathway to becoming a health professional is open to every student of our great state. Ultimately, we all benefit from a future health care workforce that is reflective of our growing diverse society.

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