



THE SULLIVAN ALLIANCE

## **Summary Proceedings**

of the

# **National Leadership Symposium on Increasing Diversity in the Health Professions**

**March 13, 2007**

Barbara Jordan Conference Center at the Kaiser Family Foundation  
1330 G Street NW, Washington, DC 20005

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## Overview

The National Leadership Symposium on Increasing Diversity in the Health Professions was a conversation among peers who recognize that the challenges and barriers to increasing racial and ethnic representation and cultural diversity in the health professions are similar for all health professions, from physicians to technicians. Sponsored by The Sullivan Alliance to Transform America's Health Professions and led by its co-chairs, Louis W. Sullivan, M.D. and Lonnie R. Bristow, M.D., the Symposium focused on creating a new beginning of equal opportunity and representation especially in medicine, dentistry, nursing, and psychology.

Approximately 55 participants from the more successful institutions were invited to the one-day program to share the success of their efforts, and those of the institutions they represent, in increasing the diversity of their health professions education programs. Recognizing that there is no single solution, Symposium participants sought to identify the factors—both common and unique—in their programs that are responsible for successfully attracting, retaining, and graduating underrepresented minorities in the health professions. Through a collaborative dialogue, participants learned from each other and then identified ways to share elements of their programs with other health professions education programs to facilitate the creation of a more diverse faculty and student body and a more supportive learning environment.

The need to build collaborative internal and external relationships to identify community needs and achieve buy-in for programs was a key theme throughout the day's conversations. Participants demonstrated, through their successful programs, that leadership, commitment, and accountability are required at each level if an environment is to be created in which change is possible. Successful programs were deemed entrepreneurial, always seeking unique ways to overcome barriers and implement ideas despite few resources. Funding and a long-term horizon, which equate to an investment in the future of our society, are two additional critical factors for success.

## Key Themes

Keeping true to the conversational theme, two panel discussions and two working group sessions allowed participants to hear from, and ask questions of, a number of the participants. The discussion summaries that follow for the panels/working groups—Multiple Pathways to Success, Key Factors for Success, Expanding the Pipeline, and Capturing Best Practices—include references to the programs led by participants, as appropriate for illustrative purposes.

## Multiple Pathways to Success

**Panelists:** **Lillye A. Hart, M.Ed.**, Director, Urban Health Program, University of Illinois at the Chicago College of Medicine  
**Robert A. Witzburg, M.D.**, Professor of Medicine, Associate Dean and Director of Admissions, Boston University School of Medicine; Professor of Health Services at Boston University School of Public Health

**Marja M. Hurley, M.D.**, Professor of Medicine, Department of Medicine, and Associate Dean and Director for Health Care Opportunity Programs, Schools of Medicine and Dental Medicine, University of Connecticut Health Center

**Marilyn W. Woolfolk, D.D.S., M.P.H., M.S.**, Professor of Dentistry, Department of Periodontics and Oral Medicine, Assistant Dean for Student Services, University of Michigan School of Dentistry

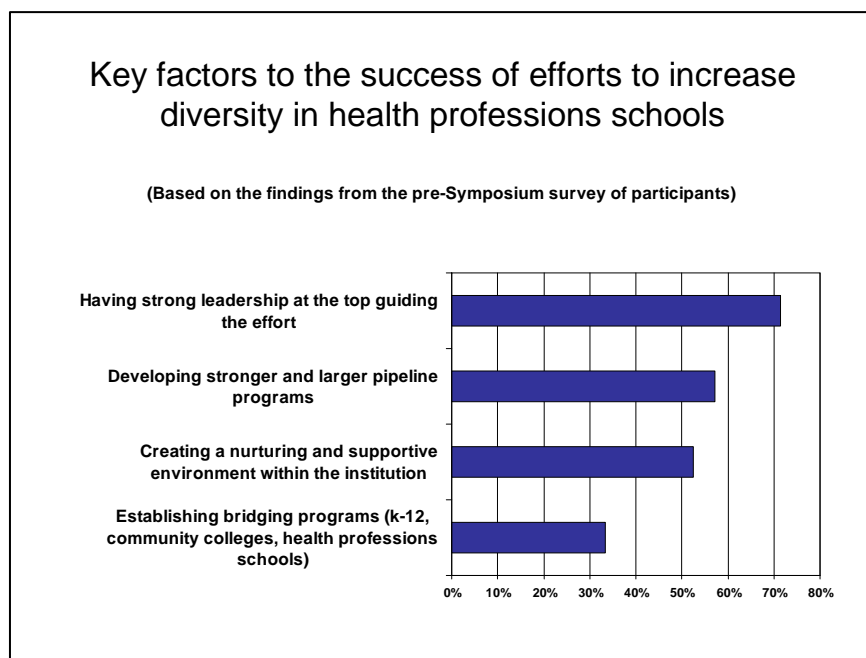
**Dula A. Pacquiao, Ed.D., R.N.**, Associate Professor of Nursing and Director of the Stanley Bergen Center for Multicultural Education, Research, and Practice, University of Medicine and Dentistry of New Jersey, School of Nursing

**Bertha G. Holliday, Ph.D.**, Community Psychologist and Director of the American Psychological Association's Office of Ethnic Minority Affairs

Three themes emerged during the discussion following the panelists' presentations: leadership and accountability, pipeline programs, and accreditation standards.

### ***Leadership and Accountability***

Leadership and accountability differ, depending on the institution. For some, the state legislature or state government agency takes an active role in advancing diversity. For example, the University of Connecticut (U-Conn) involves its state legislature by inviting state representatives to visit its programs as a way of familiarizing them with the benefits and needs so they will sponsor funding measures.



Other institutions focus on university leaders, ensuring everyone from board members to instructors are familiar with and participating in diversity programs. The University of Michigan has an evaluation system in place for deans and has unified the individual health professions schools so they work together as a team to meet diversity goals. Leaders at the Boston University School of Medicine work with Board members to help them understand why diversity is fundamental to the success of the institution, as well as the legal constraints.

### ***Pipeline Programs***

Pipeline programs occur along the continuum from middle school through post-baccalaureate programs, with a few reaching as far back as elementary school. Pipeline programs that make more students eligible to move from 2-year colleges to 4-year institutions was one example of how these activities may greatly enlarge the pool of underrepresented minority students who find careers in the health professions.

Successful pipeline programs seek to identify interested, motivated students and give them the skills and support they need to be successful. The Choice System program sponsored by U-Conn, for example, provides academic support to 150 students—90 percent of whom are from underrepresented minorities—in an academy that functions within a large public high school. U-Conn pays the salary of an Education Specialist who coordinates the educational program provided by health center professionals, and specialized counselors who work with the academy students. The public school pays the salaries of the high school faculty who teach the rigorous curriculum. Students also can go to partner colleges for bioscience courses. The Jump Start and Junior Doctors Academy, other U-Conn programs, are held 20-30 Saturdays a year at one of the U-Conn branches for freshman, sophomore, and junior high school students (a total of 30 students per grade level).

Pipeline programs do not have to be extensive. The Boston University School of Medicine operates City Lab, a double-wide trailer that is staffed by School faculty who travel to local schools to teach about and present information on health care professions with the goal of guiding students and others to biological sciences careers.

One of the American Psychological Association's pipeline programs seeks to increase the number of students enrolled in biomedical careers and facilitate recruitment and retention. The program, which involves 14 schools—5 community colleges, 5 minority 4-year colleges, and 4 mentoring institutions, seeks to develop strategic links between the institutions to support project activities. Institutions develop programs that meet identified community needs, with each institution designating a leadership team comprised of a faculty member, administrator, and student to help coordinate the programs. Each institution's strategic plan must include collaborative components with the other schools. The basic model includes four areas: outreach and orientation activities—seminars on careers, research; engagement—orientation to biomedical research, trips to laboratories, lecture series on research topics; actual mentorship with students—for example, researchers work with students in their labs; and academic support that prepares students for transition from a 2-year institution to a 4-year institution or undergraduate program to graduate program. The program has seen a significant increase in the number of underrepresented minority students in biomedical programs from the baccalaureate to doctoral level.

### ***Accreditation Standards***

Currently, there are no accreditation requirements that hold medical or dental institutions accountable for incorporating diversity into their programs—only unenforceable statements that say schools must recruit a diverse population. In contrast, there are several accreditation standards for programs in clinical psychology.

Despite the lack of standards, the Liaison Committee on Medical Education (LCME) is beginning to recognize the importance of diversity. In its recent accreditation review at Baylor University, the LCME recognized the large percentage of underrepresented students in the University's baccalaureate (28 percent) and medicine (33 percent) programs. Two primary issues emerged from the discussion. The first is that excellence is identified with a diverse population—that diversity benefits all students. The second is that efforts to recruit and graduate students in the health professions must be viewed as a nationwide goal, not just a specific goal of individual institutions. Schools must first understand, in order to make the commitment that they will support and assist students for societal success—that all students studying in health-related fields comprise a potential success for the health professions and society as a whole. Accreditation standards should play a key role in ensuring this broad commitment to diversity of students and faculty.

In addition to enforceable accreditation standards, K-12 educators also need to be invited to the table because pipeline programs are inclusive of students in these grades. Interdisciplinary collaboration is needed so educators in high schools, middle schools, and even elementary schools, understand the academic requirements and can help identify students with the skills and motivation who would benefit from additional support. This takes a collaborative, community-based approach to addressing the challenge of increasing diversity in the health professions and also begins to address the role of higher education institutions in K-12 education reform. At the very least, collaborative efforts should be encouraged that bring together different school districts to share best practices and find ways to work together and reduce inefficiencies.

### Key Factors for Success

**Facilitators:** **Brenda E. Armstrong, M.D.**, Duke University School of Medicine  
**Gabriel Garcia, M.D.**, Stanford University School of Medicine  
**Jay A. Gershen, D.D.S., Ph.D.**, University of Colorado at Denver and Health Sciences Center

Participants were asked to identify the key factors underlying the success of programs and initiatives to increase diversity in health professions schools and the key challenges these institutions must overcome. The identified factors included excellence, community-campus partnerships, leadership and accountability, pipeline programs, and research data.

#### *Excellence*

Increasing the level of diversity in pipeline programs as well as higher education programs provides an opportunity to redefine excellence. The term “excellence” must encompass the requisite professionalism and humanism (including life experiences) needed to provide the care the community needs. These metrics are as important as the metrics which are primarily focused on test scores. This redefinition of excellence moves diversity from being a value to an institutionalized practice.

### ***Community-Campus Partnerships***

Robust, well-nurtured community-campus partnerships are needed that recognize that the body of knowledge resides in both the institution and the community, and that each is a co-teacher of values and knowledge. Community partners should be involved in suggesting potential sites, defining expected outcomes and measures because of their unique perspective on what is needed. Partnerships should be regional and facilitated so partners can share successes, develop best practices, and keep the public informed.

### ***Leadership and Accountability***

Leadership needs to demonstrate a commitment to diversity by engaging the community, creating a culture within the institution that supports implementing a strategic plan that establishes goals which define success and mechanisms for accountability, disseminating best practices and outcomes, and developing the resources to support the financial requirements of related programs.

Leaders may require accountability, but also must be accountable to others, including boards, constituencies, and the community. The continuum of accountability must be defined as an overarching commitment in the university's mission and vision.

Leaders need long-term strategic plans as well as intermediate plans that spell out how the mission and vision will be achieved—deliverables, incentives/disincentives, who is to do what, how it is to be done, and how it will be disclosed to internal and external constituencies.

Leaders must implement accreditation standards. If leaders don't support these standards, they will not be implemented.

Leaders need opportunities to share their policies, accountability methods, and progress. Symposium participants recommended that The Sullivan Alliance consider hosting regional conferences that would facilitate such collaboration.

### ***Pipeline Programs***

Pipeline programs at every level are critical, as are programs that ensure teacher preparation, support for quality K-12 science and math programs, the vital role of community colleges, community hospitals, teaching hospitals, and health care systems, in efforts to increase diversity.

Programs should include all disadvantaged minority groups, but need to target specifically African American programs, which in some areas are in jeopardy.

### ***Research Data***

Research is needed that collates information nationwide to provide a picture of how well we are doing as a nation on our diversity goals. This data is critical to inform the national debate on education reform and appropriations for educational programs. The data also can be used to make a

statement to private philanthropy that we are supporting a long-term strategy that, to be successful, will involve public-private partnerships with a national agenda not just for the health professions, but for raising the level of academic preparedness in general. This moves the discussion from individuals to more of a model that looks at the return on investment to the public in the form of better health care and helps frame the issue in terms that are understandable.

## Expanding the Pipeline

**Panelists:** Nancy W. Dickey, M.D., Texas A&M Health Science System; Texas A&M Health Science Center/Prairie View A&M University

Rubens Pamies, M.D., University of Nebraska Medical Center; The Virginia-Nebraska Alliance

The discussion focused on two primary areas: the shortage of African American men in the pipeline and societal barriers, including the need for family involvement.

### *Shortage of African American Men*

A comment was made that the photos of people in the PowerPoint presentations shown during the Symposium included few African American men. It was acknowledged that African American men are significantly underrepresented on educational campuses (even in comparison to other ethnic groups) and that the percentages have been declining for the past 20 years. The lopsided numbers are apparent, for example, in a Virginia-Nebraska Alliance pipeline program that is 80 percent female and 20 percent male, as well as the undergraduate programs (60 percent female-40 percent male) in the Texas A&M University Health Sciences Center/Prairie View A&M University program. The Morehouse School of Medicine saw its first class in 1978 enroll 60 percent men, today only one-third of the students are men.

The Virginia-Nebraska Alliance is partnering with the organization, 100 Black Men of Omaha, which provides mentors from 5<sup>th</sup> grade upward to keep boys in school. Another program switched from a coed math and science summer camp program to a boys-only session and saw a dramatic increase in enrollment. There was agreement among participants that the shortage among African American men needs to be addressed throughout the pipeline programs.

### *Societal Barriers*

The observation was made that in some communities, family and friends may draw away from students in the pipeline programs when the students begin experiencing academic success. This can cause the students to withdraw from the program. The challenge—to convince students that they must work to be successful themselves before they can help others—must be addressed by the community in partnership with the educational program.

For Native American students, building trust in the community is key to student involvement in pipeline programs. Faculty and administrators speak with parents about the potential for their children, and how the children will be able to bring their skills back to the community; the presentations inform and also give parents an opportunity to speak to an individual, instead of only getting information through written materials or other media.

A collaborative program between the University of South Dakota and two tribal colleges seeks to build a relationship with the tribal community through the Council of Indigenous Advisors (CIA) to help with retention of college students. Family members and students can go to the CIA for information, as well as to the University. The program incorporates strong outreach to high school students and interfaces with on-campus student support programs, such as housing, to change the climate in the dormitories and make them more welcoming. The program also is developing internships and practicum experiences on the reservations to show students how they can assist their communities.

Parental involvement is the focus of numerous pipeline programs, and participants noted the importance of removing any perceived barriers to parental engagement. For example, U-Conn provides transportation to parent nights and parent-health seminars which has resulted in increased attendance at these events.

## Capturing Best Practices

**Facilitators:** **Joan Y. Reede, M.D., M.P.H., M.S.**, Harvard Medical School  
**Gabriel Garcia, M.D.**, Stanford University School of Medicine  
**Jay A. Gershen, D.D.S., Ph.D.**, University of Colorado at Denver and Health Sciences Center

Participants were asked to identify examples of best practices at their institutions for increasing diversity in the health professions. A summary of the identified best practices follows.

- Student-focused pipeline activities
  - Taking a holistic review of students' needs and designing programs to meet those needs
  - Enrolling student populations that mirror community populations
  - Identifying at-risk students and talking to them personally; building a database of at-risk characteristics
  - Using creative approaches (for example, puppets) to engage elementary students in conversations about the health professions
  - Offering demonstrations and resources to enhance K-12 teachers' capacity to teach rigorous science and math courses
  - Offering short-term faculty assistance with defined projects aimed at K-12 students

- Community-Campus bridging activities
  - Developing programs that expose those in leadership positions to diversity issues and train upcoming leaders
  - Building bridging programs that develop campus-community partnerships
  - Providing a faculty/community mentor, as well as access to tutoring programs that address computer literacy and technology access, test-taking skills, and study skills
  - Developing programs that offer career access opportunities to multiple disciplines as well as differing levels of contact
  - Engaging the community in identifying the criteria for success, to evaluate outcomes
- Community-focused activities
  - Providing additional resources, such as a weekend health clinic at a high school
  - Advocating collectively for diversity at the state and national level, including restoring funding for Health Careers Opportunity Programs

The centrality of campus-community partnerships and collaborations resonated throughout the day's discussions. The lesson is that the whole is greater than the sum of its parts and that, ultimately, the effort to bring diversity to the health professions must be for the public good, not just the advancement of individual institutions. Leaders in the movement need to reach out and help others make progress.

## Organizational Efforts

During the Symposium, participants also heard from representatives of two organizations committed to ending health care disparities. Charles Terrell, Ed.D., Vice President, Division of Diversity Policy and Programs at the Association of American Medical Colleges (AAMC) presented an overview of the organization's efforts to (1) promote research to build the evidentiary case for diversity in medical education; (2) refine and tailor support for pipeline program efforts, such as the AAMC/ADEA (American Dental Education Association) Summer Medical and Dental Education program; and (3) build broad partnerships that empower institutional leadership and expand advocacy for the benefits of diversity.

Sandra L. Gadson, M.D., Co-Chair of the Commission to End Health Care Disparities, spoke of the Commission's efforts to raise awareness among physicians of health care disparities, particularly what the gaps mean in terms of health outcomes, by gathering data on workforce diversity and establishing targeted interventions with measurable goals. Discussions began in October 2003 between John C. Nelson of the American Medical Association (AMA) and Randall W. Maxey of the National Medical Association (NMA), which led to the formation of the Commission in January 2005, by the American Medical Association, National Medical Association, and the National Hispanic Medical Association. The Commission has issued the opinions that it is ethically important for a physician to look at himself or herself to see the impact he or she has on health care disparities and that each physician is obligated to address the issue.

## Next Steps

These discussions are just the beginning. With increased diversity will come the challenge of dealing with related issues, such as redesigning curricula, recruiting minority faculty members, and effectively addressing other issues that come with a diverse student body, faculty, and staff.

The Sullivan Alliance is committed to leading these conversations and sharing best practices throughout the health professions. The Symposium proceedings will be broadly disseminated to take full advantage of the shared information and ideas. Symposium participants will be asked to take a leadership role in talking about the complex reality that will require us to link with colleagues from other disciplines with different perspectives as we seek to improve the health care of our citizens and the diversity of the health professions.

Participants and their colleagues are encouraged to contact Congressman George Miller (D-California), Chairman of the House Committee on Education and Labor, asking that the Higher Education Act reauthorization bill expected to be voted on this year, identify meaningful diversity as one of the criteria that need to be met to receive federal funds, and that the accreditation process should evaluate the presence or absence of educational institutions' implementation of this criterion. Members of the Sullivan Alliance met with Congressman Miller on January 31, 2007 in support of the incorporation of this criterion in national accreditation standards. The goal is to let him and the Congress know there is a national community that believes diversity is a standard of excellence.

## About The Sullivan Alliance

One in four Americans is a member of a racial or ethnic minority group, with African Americans, Hispanic Americans, and Native Americans making up more than a quarter of the nation's population. The U.S. Census Bureau predicts that by 2050, there will be no majority population in the United States.

But health status and access to health care for many Americans in these racial and ethnic minorities lag significantly behind whites in our increasingly diverse society. In too many cases, race or ethnicity still influence health status, access to health care, and health outcomes. In its report, the Sullivan Commission described the current situation: "...too many Americans are suffering life or death consequences... the time is right and our citizens are anxious for action."

Under the leadership of Dr. Louis W. Sullivan, former U.S. Secretary of Health and Human Services, and Dr. Lonnie R. Bristow, former president of the American Medical Association, the Sullivan Alliance to Transform America's Health Professions was organized in January 2005 to act on the reports and recommendations of the Sullivan Commission (*Missing Persons: Minorities in the Health Professions* – September, 2004) and the Institute of Medicine Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce (*In the Nation's*

*Compelling Interest: Ensuring Diversity in the Healthcare Workforce* – February, 2004). The Alliance is based at the Health Policy Institute of the Joint Center for Political and Economic Studies. The primary focus of the Alliance’s activities over the next three years will be on the health professions of medicine, dentistry, nursing, and psychology, with the expectation that efforts in these areas will also benefit the other health professions.

Drawing on the experience and expertise of leading health, business, community, education, and legal experts, the Sullivan Alliance will: (1) raise awareness of the importance and value of achieving racial and ethnic diversity in the health professions; (2) disseminate information about “best practices” and resources that enhance diversity; and (3) stimulate academic programs in the four health professions of medicine, dentistry, nursing, and psychology to create new—or more effectively implement existing—diversity initiatives. Through strong leadership, deep commitment, and sustainable efforts, the Sullivan Alliance aims to transform the health professions and help eliminate the gaps in health status and access to health care that affect too many Americans.