



**Community-Campus Partnerships for Health
January 2004 testimony before the
Sullivan Commission on Diversity in the Health Professions Workforce**

Good morning, Mr. Chairman and members of this distinguished Commission. I am Douglas Simmons, Chair of the Board of Directors of Community-Campus Partnerships for Health, known as CCPH. On behalf of the CCPH board, membership and staff, I am pleased to present testimony to the Sullivan Commission on Diversity in the Healthcare Workforce.

Community-Campus Partnerships for Health is a national nonprofit organization that promotes health through partnerships between communities and higher educational institutions. Founded in 1996, we are a growing network of over 1000 communities and campuses. CCPH has members throughout the United States and increasingly the world who are collaborating to promote health through service-learning, community-based research, community service and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic responsibility and the overall health of communities. Our overarching goals? To eliminate health disparities and to achieve a health workforce that is diverse and community-responsive. Partnerships between communities and higher educational institutions are *key* to achieving these goals. We support community-campus partnerships primarily through information dissemination, training and technical assistance, research and evaluation, policy development and advocacy, and coalition-building.

There are some distinct advantages to being included as a panelist during this last Commission hearing. Having reviewed the testimony from the previous hearings, I see that you have been well briefed on the data documenting underrepresentation of people of color in the health professions, the research on the multi-faceted reasons for this underrepresentation, and the evidence-base linking health workforce diversity to health access and outcomes. You have also heard from many exemplary models of partnerships and programs that are playing a part in the solution to this persistent problem. Therefore, rather than share similar information, I will focus my testimony on CCPH's unique perspective, the actions that we believe will significantly increase the diversity of the health workforce, and examples of efforts already underway by CCPH members across the country.

Collaborate with related initiatives in other educational sectors, disciplines and professions.

The Sullivan Commission, and other health workforce diversity initiatives, must not work in isolation as if the issues are ours alone. Many fields and professions lack diversity and cultural

competence. Diversity initiatives are underway in law, science, mathematics and engineering, for example. Similarly, national programs are addressing some of the issues that underlie the achievement gap between white students and students of color, such as the federal No Child Left Behind Act, the Gates Foundation's investment in small high schools and the Kellogg Foundation's multiyear ENLACE initiative that is working to increase opportunities for Latinos to enter and complete college. We urge the Commission to seek out these other initiatives, explore opportunities for collaboration, and minimize duplication of effort.

Invest in community-campus partnerships that address health workforce diversity.

Creating healthier communities and overcoming complex societal problems require collaborative solutions which bring communities and academic institutions together as equal partners and build upon the assets, strengths and capacities of each. Funding is needed to develop and sustain innovative community-campus partnerships that address health workforce diversity. This includes continuing support for programs that are already helping to diversify the health workforce, such as the Minority and Disadvantaged Health Professions Programs funded by the Health Resources and Services Administration. This also includes supporting the ability of community partnerships that are focused on related issues – the elimination of health disparities, for example – to include health workforce diversity and the engagement of educational institutions among their priorities. Partnerships in two areas are especially needed: partnerships that improve K-12 education and the transition of students of color from high school to college, and partnerships that sustain the ability of college students of color to pursue their interests in health careers.

- **Partnerships that improve K-12 education and the transition of students of color from high school to college.** An astounding number of students in this country fail to complete high school. Although 76 percent of white youth and 79 percent of Asian youth graduate high school after four years, the graduation rate for African-American youth is only 55 percent and for Hispanic youth just 53 percent. Further, students of color are prepared less well for college in high school than their white peers. Only 47 percent of African-American and 53 percent of Latino high school graduates are academically qualified for college, compared with 68 percent of white students, according to US Department of Education studies. Community-campus partnerships are able to address these issues through such approaches as outreach, educational enrichment programs, tutoring, mentoring, career guidance and financial assistance. Health career academies, health career tracks and early college high schools are among the promising innovations that can help prepare students of color to graduate high school and successfully pursue a health career.
- **Partnerships that sustain the ability of college students of color to pursue their interests in health careers.** Data from California serve to illustrate the critical nature of this problem. More than 3,000 underrepresented students of color begin college in California with the specific goal of becoming a physician. Approximately 80%, or 2500 of these students, drop out of the pre-med pipeline, with only 500 taking the Medical College Admission Test at the end of their junior year. About 450 apply for admission to medical school, and about 250 are accepted to and enter a US medical school. Community-campus partnerships are able to address these issues through such approaches as educational enrichment programs, tutoring, mentoring, career guidance and financial assistance.

Facilitate the ability of community-based and grassroots organizations that serve communities of color to play integral roles in health workforce diversity.

The passionate involvement of community-based and grassroots organizations that serve communities of color are essential to any efforts to increase the diversity of the health workforce, including direct roles in the outreach, admissions and curriculum processes of health professional schools and degree programs. Two issues in particular should be emphasized:

- **Community-based and grassroots organizations should be rewarded for their integral role in health professions education.** Serving as a training site for health professional students, giving a lecture on campus or reviewing applications for admission represent significant commitments on the part of community-based and grassroots organizations whose primary mission is to serve the community. These organizations should be appropriately rewarded for their involvement in meaningful and valued ways, including monetary compensation, faculty status and access to campus resources, for example.
- **Capacity-building is needed among community-based and grassroots organizations to increase their ability to compete for and administer funds for health workforce diversity.** Given their community location and level of trust, community-based and grassroots organizations can often be ideal “hubs” for health workforce diversity partnerships with local K-12 schools, higher educational institutions, employers and other partners.

Embrace diversity and cultural competency as a core value across the educational and health care continuums

Race and ethnicity alone do not assure cultural competency. Further, culturally competent systems of education and health care may help to encourage more people of color to pursue higher education and health careers. Cultural competency needs to be weaved throughout the systems of K-12 education, higher education and health care. In health professional schools, for example, cultural competency needs to be a core component of the curriculum. Fortunately, schools are beginning to take this responsibility seriously. The Liaison Committee on Medical Education, the accrediting body for U.S. medical schools, for example, now requires that cultural competency be included in the curriculum. Service-learning is key to teaching the knowledge, skills and attitudes necessary to provide culturally competent health care.

- **Service-learning should be a core component of health professions education.** Service-learning is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens. Service-learning contributes substantially to the cultural competency of health professionals-in-training, delivers tangible services and products in communities, and strengthens relationships between communities and their health professional schools.

Invest in community-based participatory research and evaluation to better understand the problem and promising solutions

Despite the release of several recent promising reports that document the link between health workforce diversity, health access and health outcomes, more research is needed to better understand the issues that underlie these observations and promising solutions. Similarly, many health workforce diversity programs are underway that have few funds available to track participants and assess outcomes and impact.

Thank you for inviting Community-Campus Partnerships for Health to present at today's hearing. We look forward to continuing to work with you to increase the diversity of our nation's health workforce. I would be pleased to answer any questions you may have.

Appendix: Community-Campus Partnership Examples from CCPH Members and CCPH Conference Presentations

AN AFTER SCHOOL EDUCATIONAL SUPPORT PROGRAM DEVELOPED THROUGH A CAMPUS-COMMUNITY PARTNERSHIP

Russell C. Sexton, Amber Garcia, LECOM Mentoring Club, Lake Erie College of Osteopathic Medicine; Drew Rhodes, LECOM Mentoring Club

This after school educational support program was designed to improve the academic performance, primarily in the area of reading, of elementary school youths living in the Erie Heights Community Housing Development adjacent to the Lake Erie College of Osteopathic Medicine. The goal of this program is to improve reading scores of students taking the Pennsylvania System of School Assessment test. Due to low reading scores of a significant number of students for the past several years, the management of Grover Cleveland Elementary School could be taken over by the State if significant improvement in test scores is not achieved over the next year. In order to achieve this goal several methods were used. A six-week pilot of the program indicated a high degree of satisfaction occurred among the dozen students enrolled in the pilot, thus their participation level was high. In addition, the pilot data showed significant progress was made towards reaching elevated reading proficiencies.

HEALTHY KIDS LEARN

Chris Reid, Judith Conedera, Purdue University; Arcy Ramariz, Hammond Head Start Program

Healthy Kids Learn is a community partnership between a university-based School of Nursing and the regional Head Start program. This partnership is beneficial to the School of Nursing because as a Land Grant University, the primary mission is to provide service and learning for both students and members of the community. The primary goal of this partnership is to provide health promotion and health maintenance for children enrolled in Head Start. The current health care delivery system fails to meet the health care needs of the children and young families residing in this community. Research findings indicate that children enrolled in the Head Start program frequently fail to obtain all the necessary prerequisite health requirements. In addition, once enrolled in the Head Start program the children are frequently absent or unable to achieve academic success due to health related problems such as vision, hearing, dental caries, or recurring illness. Early detection and intervention are necessary to assist children achieve academic success.

SOWING THE SEEDS: CULTIVATING DREAMS OF COLLEGE

Maricela Ureño, Public Health Solutions and CCPH Fellow 2002-2003

Sowing the Seeds was a pilot project aimed at initiating the conversation about the importance of a college education among immigrant parents and their pre- and elementary school aged children. Focus groups and group interviews were conducted in Washington Heights, a predominantly Hispanic immigrant community in New York City to identify which topics would be most helpful to parents wanting to promote the value of a higher education among their children. The information collected from the parents and other research, provided the foundation for the curriculum development. The curriculum was then implemented with the same parent groups that participated in the qualitative assessments. The resulting curriculum for promoting higher education among Hispanic youth is now a resource available for free on the CCPH website at www.ccpH.info and can be easily adapted for use in other communities.

THE HEALTH PROFESSIONS PARTNERSHIP INITIATIVE (HPPI)—BUILDING A PIPELINE THROUGH COLLABORATION

Lois Colburn, Association of American Medical Colleges; Patricia Thomas, University of Kansas School of Medicine; Reaner Shannon, University of Missouri-Kansas School of Medicine; Nedra Bonds, Greater Kansas City-HPPI; Jan Carline, University of Washington

The Health Professions Partnership Initiative is a national program of community-K12-health professional schools partnerships, funded by the WK Kellogg Foundation and the Robert Wood Johnson Foundation and administered by the Association of American Medical Colleges and the Association of Schools of Public Health. The program has demonstrated that collaborations between health professions schools, local colleges, K-12 systems and community organizations can help build a strong educational pipeline to increase the number of minority students who are interested in, and academically prepared to undertake the education path needed to enter the health professions. Community organizations and parent groups play critical roles in building a strong, sustainable program.

A COMMUNITY HEALTH CENTER LEVERAGES PARTNERSHIP RESOURCES TO CREATE A HEALTH CAREER PIPELINE PROGRAM

Vickie Ybarra, Yakima Valley Farm Workers Clinic; Katharine Sanders, Washington Health Foundation

The Yakima Valley Farm Workers Clinic has leveraged a variety of partnership resources over the past two years to establish a health career pipeline program for rural students and students of color from the Yakima Valley. Partnership resources include relationships with health profession schools, other higher education, K-12, as well as funding resources. Local philanthropy has played an important role in establishing this pipeline program and represent another partnership resource to be leveraged for the common goal.

COMMUNITY VOICES PROGRAM

The WK Kellogg Foundation-funded Community Voices Program is making a significant contribution to understanding the health workforce challenges facing communities, advancing recommendations for change, and implementing solutions. Working with Community-Campus Partnerships for Health (CCPH) on the project, *Preparing the Health Workforce of the Future: Community Voices Service-Learning Partnerships*, the Community Voices Program is facilitating and strengthening partnerships with nearby colleges and universities, and articulating the role of communities in achieving a competent, diverse health workforce.

Denver Health is engaged in a unique partnership with the Community College of Denver to develop and implement a certification program to train outreach workers; the first class of outreach workers graduated in May 2002. The Community College of Denver also offers courses in English as a Second Language, advanced nursing, surgical technology, and paramedics that are focused on the educational needs of Denver Health employees. Denver Health also has strong clinical partnerships with the University of Colorado Health Sciences Center, offering clinical placement sites for students in the health sciences.

One of Denver Health's most noteworthy partnerships involves the Community College of Denver and a local technical high school. In this partnership, high school students are

encouraged to go into health sciences professions through course work at the Community College of Denver and through contact with Denver Health employees. Students are offered opportunities for job-shadowing, mentoring, and volunteering. Through this collaborative approach, student interest in health professions can be increased.

FirstHealth of the Carolinas is a partner in developing the Health Academy in collaboration with the local community college and school district. The project started in the Fall of 2002, working with juniors and seniors in high school to encourage them to enroll in math and science classes. The students are linked to a mentor at FirstHealth, and are offered the chance to earn college credits at the community college if their high school courses are completed. Students can take courses in EMT Basic skills, anatomy and physiology, and medical terminology. The program was initiated by the community college and involves the local school district and FirstHealth. FirstHealth and the local community college are also discussing plans to start a dental assisting/dental hygiene program.

Appendix: CCPH Board of Directors

Kaytura Felix Aaron
Senior Advisor, Minority Health
Agency for Healthcare Research and Quality
Rockville, MD

Renee Bayer
Community-Academic Liaison
University of Michigan School of Public Health
Ann Arbor, MI

Diane Downing
Public Health Program Specialist, Arlington County Department of Human Services
Doctoral Candidate, George Mason University College of Nursing and Health Sciences
Stafford, VA

Elmer Freeman
Executive Director
CCHERS (Center for Community Health Education Research and Service, Inc.)
Boston, MA

Paul J. Freyder
Institutional Services Director
The Salvation Army Harborlight Center
Pittsburgh, PA

Ella Greene-Moton
Program Coordinator Community Liaison
Flint Odyssey House, Inc. Health Awareness Center (FOHIHAC)
Flint, MI

Terri Kluzik
Associate Director
UCSF Center for the Health Professions
San Francisco, CA
Daniel E. Korin
Riverdale, NY

Tom O'Toole
Assistant Professor
Johns Hopkins University
Baltimore, MD

Richard W. Redman
Associate Dean of Academic Affairs
School of Nursing, University of North Carolina at Chapel Hill
Chapel Hill, NC

Monte Roulier
Principal, Community Initiatives
Loveland, CO

Douglas Simmons
Associate Professor of Dental Public Health
University of Texas-Houston HSC Dental Branch
Houston, TX

April Vestal
Associate Director
West Virginia Rural Health Partnerships
Rainelle, WV

Appendix: CCPH Contact Information

Community-Campus Partnerships for Health
UW Box 354809
Seattle, WA 98195-4809
Tel. 206-616-3472
Email: ccphuw@u.washington.edu
Website: www.ccph.info