



# Promising Practices to Improve Hispanic Health

*Collaborative interprofessional forum to discuss advancement of Hispanic health*

**Developing the Pipeline for Health Professionals to Advance Hispanic Health**

October 28, 2019  
2:30-4 p.m. ET

Learn

Serve

Lead



Association of  
American Medical Colleges

# Moderator: Maureen Lichtveld, MD, MPH

## Tulane University School of Public Health and Tropical Medicine



- Chair, department of global environmental health sciences
- Freeport McMoran Endowed Chair in environmental policy
- Director, Center for Gulf Coast Environmental Health Research, Leadership, and Strategic Initiatives



## HISPANIC-SERVING HEALTH PROFESSIONS SCHOOLS

*The Hispanic-serving Health Professions Schools (HSHPS) is composed of academic institutions that strive to achieve equitable health and well-being for our Hispanic community.*



# HSHPS RESOURCES

## Graduate Fellowship Training Program

GFTP provides training opportunities for students and recent graduates interested in working on Hispanic health research. Fellows are placed throughout the United States and Latin America within government agencies and academic institutions. All HSHPS fellows work alongside a mentor, assist with a research project as it relates to minority health issues, and participate in a lecture series.

## Networking

Our network not only consists of HSHPS members, but also federal agencies and non-profit organizations. Through our network, Member Institution's have an opportunity to collaborate on research at a local or national level, provide or seek mentorship, and more.

## e-Newsletter

Our Member Institutions receive a quarterly newsletter which includes: HSHPS activities, legislative updates, job and funding opportunities, upcoming events, and spotlight a member faculty and student who have contributed to the field of Hispanic health or Hispanic health workforce through scholarly research.

## Webinars

Member Institutions receive complimentary access to attend quarterly HSHPS educational webinars. Webinars are designed to create a collaborative inter-professional forum to discuss advancement of Hispanic health through community engagement, academic medicine, medical education and clinical approaches to address health disparities.



# Learning Objectives

1. Discuss the importance of utilizing multiple approaches to developing a pipeline to the health professions for Hispanic students.
2. Describe current approaches to building a research pipeline to advance Hispanic health.
3. Identify promising practices in national and local pipeline programs for Hispanic students.

# Panelists



**Eliseo J. Pérez-Stable, MD**  
Director  
National Institute on Minority Health and Health  
Disparities (NIMHD)  
NIH



**Norma Poll-Hunter, PhD**  
Senior Director  
Human Capital Initiatives  
AAMC



**Francisco Moreno, MD**  
Tenured Professor of Psychiatry, University of  
Arizona Colleges of Medicine Tucson and Phoenix  
Associate Vice President, University of Arizona  
Health Science, Office of Diversity and Inclusion



# Eliseo J. Pérez-Stable, MD

## National Institute on Minority Health and Health Disparities (NIMHD), NIH



- Director, NIMHD
- Led research on Latino smoking cessation and tobacco control policy in the U.S. and Latin America for more than 30 years
- Professor of medicine at UCSF and chief of the Division of General Internal Medicine for 17 years

# Norma Poll-Hunter, PhD

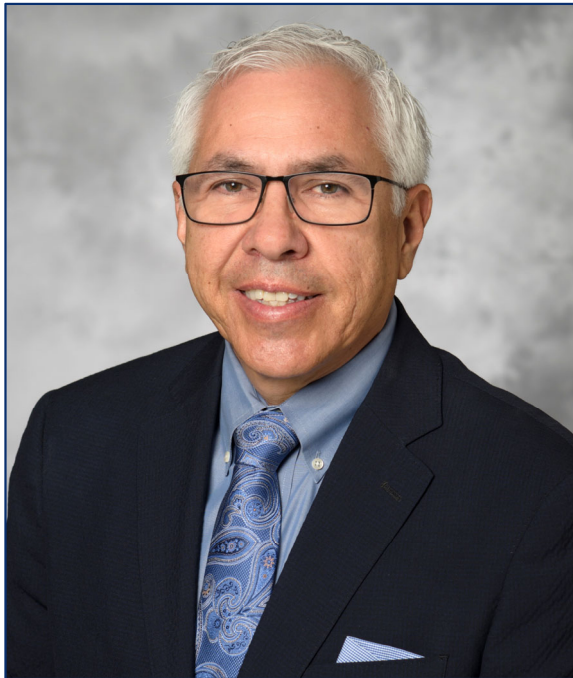
## Association of American Medical Colleges (AAMC)



- Senior Director of Human Capital Initiatives, AAMC
- Deputy Director for the Summer Health Professions Education Program (SHPEP)
- Leads initiatives and research/evaluation focused on cultural competence in medical education and diversity in the health care workforce

# Francisco Moreno, MD

## University of Arizona Health Sciences



- Associate Vice President, UAHS Office of Diversity and Inclusion
- Tenured Professor of Psychiatry, UA Colleges of Medicine Tucson and Phoenix
- Has created and supports programs to improve the mental health services for Hispanic, immigrants, and other disadvantaged communities in Arizona

# Enhancing Diversity in the Clinical and Scientific Workforce: An Imperative for Excellence

**Eliseo J. Pérez-Stable, M.D.,**  
Director, National Institute on Minority  
Health and Health Disparities

[eliseo.perez-stable@nih.gov](mailto:eliseo.perez-stable@nih.gov)

Promising Practices to Improve  
Hispanic Health  
HSHPS/AAMC Webinar  
October 28, 2019



## NIMHD Training Mission

- **Supports the training and development of a diverse scientific workforce—NIH mandate**
- **Fellowships (F30/F31), K-99, K01, K08 and K23 awards**
- **Diversity Supplements**
- **Health Disparities Research Institute**
- **Minority Health Research Training – 12 T37s funded in 2019**
- **Intramural opportunities – MRSP, SIP, IRTA; postbaccalaureate and post-doctoral fellows**



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# Health Disparities Research Institute

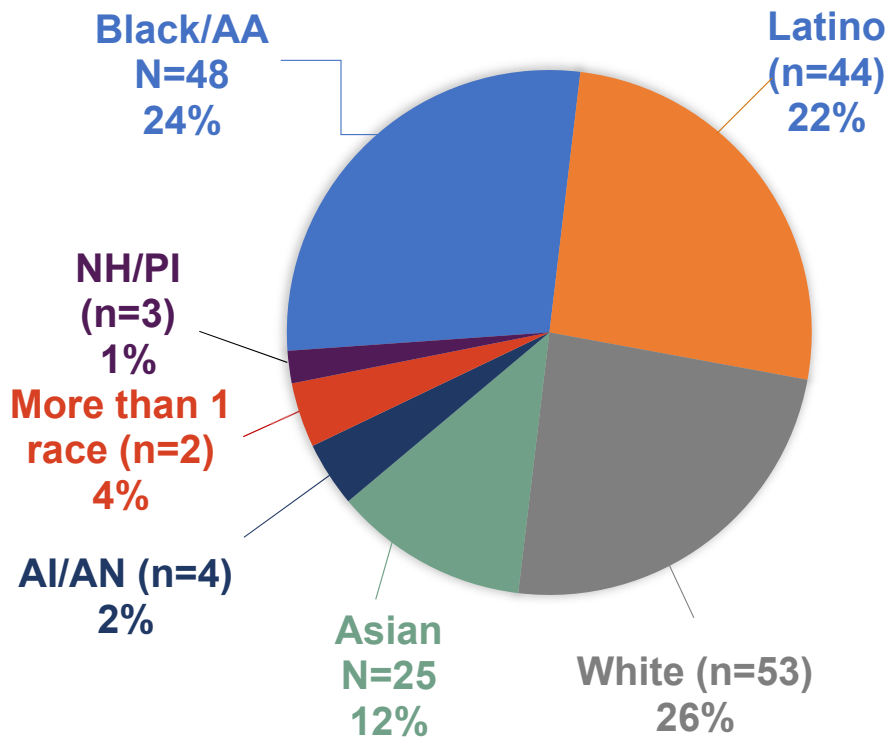
- 289 applications submitted
- 50 early-stage career scientists selected to participate
- Participants represented 25 states, District of Columbia, Guam, and Puerto Rico
- Activities focused on developing skills that will assist early-stage investigators
- Scientific sessions covered the state-of-the-science
- Interactive sessions increased knowledge about the NIH grant process, grant writing, and peer review
- Opportunity to network with NIH program officials and extramural scientists



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## 2016-2019 HDRI Cohort Summary (N=204)



	N	%
<b>Gender</b>		
Women	40	80
Men	10	20
<b>Degree</b>		
PhD/ScD/DrPH	36	72
MD/DO	13	26
Other doctorate	1	2
<b>Position/Title</b>		
Postdoctoral Fellow	15	30
Assistant Professor	27	54
Associate Professor	2	4
Other	6	12



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## Latino Ethnicity

- **Latino or Hispanic as only ethnicity asked about in the Census**
- **20 countries in Latin America**
- **65% of Latinos living in the US today were born in the US**
- **About 50% of Latinos identify as White and 40% as other**
- **Unifying identity is Latin American**



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## NIH Diversity Statement

- **Race/ethnic groups defined as URM by the NSF with institutional flexibility**
- **Socioeconomically Disadvantaged: New definition approved**
- **Disability Status: underrepresented**
- **Women in leadership roles**
- **ICs use above as “examples” and other categories also used**



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# **Diversity in Science and Medicine is a Demographic Mandate**

- **Develop a diverse clinical workforce that will care for our patients**
- **Develop a diverse biomedical scientific workforce that will conduct biomedical research in all areas of science**
- **Engage under-represented populations to participate in clinical research**
- **Leadership in Health and Science**



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## Medical School Enrollment and Graduates, and US MDs, by Race/Ethnicity, 2017

	Medical School Enrollment (%) (2018-2019)	Medical School Graduates (%) (2017-2018)	US Physicians (%) (2013)
American Indian/Alaska Native	214 (<1%)	21 (<1%) <b>- 9</b>	3,475 (<1%)
Asian	20,060 (22%)	4,101 (21%) <b>+94</b>	119,355 (12%)
African American	6,511 (7%)	1,119 (6%) <b>+50</b>	40,499 (4%)
Latino/Hispanic	5,730 (6%)	1,059 (5%) <b>+77</b>	43,685 (5%)
White	46,610 (51%)	10,932 (56%) <b>+57</b>	464,302 (48%)
Total*	91,391	19,553	956,523

\* Column totals do not add up to a 100% because other racial/ethnic groups are missing

## Black and Latino Physicians Provide More Care for Underserved

- MD practice locations in California 1990; survey of 718 PCPs in 1993 to evaluate their patients
- Black MDs cared for more Black patients (25%) and more with Medicaid coverage; Latino MDs saw more Latino patients (21%) and uninsured

*Komaromy M, et al, New Engl J Med 1996, 334: 1305-10*

- 7070 adults who identified a clinician as usual source of care in 2010 MEPS
- Minority MDs cared for 53% of minorities and 70% of LEP; more Medicaid pts and uninsured

*Marrast LM, et al, JAMA Internal Med 2014, 174: 289-290*



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## Graduating Medical Students Intent to Work with Underserved

- AAMC graduate survey, 2010-12, N=40,836
- Predictors of intent to work in underserved communities by demographics, specialty plans, and debt burden
- Women OR = 1.59
- Primary Care = 1.65
- URMM = 2.79 (other minorities = 0.99)
- Adjusted for loan burden (63% URM had >200k)

*Garcia A, et al, Academic Medicine 2018, 93: 82-89*



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## Workforce Diversity is an Urgent Issue

- **About 7% of all NIH R01 grants are awarded to African American and Latino PIs; <1% to AI/AN or NH/PI**
- **14% of new US-PhDs are granted to URM; only 3% of new academic hires are URM**
- **Bias in review of grants by race?**
- **Topic selection of R01 URM applicants is in less well scored areas of human research — community-engaged, health disparities, kidney disease, hypertension**



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# **RCMAR Model for Promoting Diverse Investigators, 1997-2015**

Harawa NT, J Clin Transl Sc 2017; doi:10.1017/cts.2016.23

- **NIA funded Centers to support methods and pilot studies by scholars in minority aging**
- **266 funded scholars from 12 centers**
- **Latinos 17%, Blacks 38%, AI/AN 9%, Asians 21%, Pacific Islanders 1%**
- **18 scholars awarded NIH R01s**
- **Most remain in research and leadership**
- **Long-term mentoring, community engagement, successful research sites**

## **NIMHD as Vehicle to Diversify Workforce**

*Proportion of 112 R01 PIs in FY 2019 by Race/Ethnicity*

• <b>African Americans</b>	<b>11.6%</b>
• <b>Latinos</b>	<b>11.6%</b>
• <b>American Indians/AN</b>	<b>2.7%</b>
• <b>More than one Race</b>	<b>2.6%</b>
• <b>Native Hawaiians/OPI</b>	<b>0.1%</b>
• <b>Asians</b>	<b>16.1%</b>
• <b>Whites</b>	<b>60.0%</b>



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## Challenges: URMM Faculty Tax

- **Serve on committees to “represent”**
- **Responsibility for all diversity efforts**
- **Excess mentorship of students, residents, other faculty**
- **Isolation — lack of community**
- **Discomfort with the “culture”**
- **No “credit” for service**



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## **Institutional Actions to Address Diversity**

- **Leadership commitment: Resources**
- **Organizational change: Metrics for evaluating climate**
- **Unconscious bias training**
- **Track and promote diversity: Holistic review of admissions**
- **Diverse Faculty Hiring: group effect**



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## **NIMHD Grants on Latino Health**

- **Center of Excellence at U Miami/FIU**
- **RCMIs at FIU, UTEP, SD State**
- **Two RCMIs in Puerto Rico: UPR and Ponce**
- **Post-Hurricane R21s in Puerto Rico**
- **Precision Medicine Center Vanderbilt**
- **CRECD in UPR: Training**
- **T37s: Sites in Latin America**



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# Hispanic Community Health Study/ Study of Latinos NHLBI and NIMHD



- **Large-scale epidemiologic study** designed to evaluate cardiovascular and pulmonary outcomes started in 2006
- **Study areas:** Miami, San Diego, Chicago and the Bronx —80% immigrants
- **Study population:**
  - 16,000 persons of Hispanic/Latino origin, specifically Cuban, Puerto Rican, Dominican, Mexican, and Central American, and South American
  - 18-74 yrs. at baseline
  - 20% U.S. born
- Visit 3 planned for early 2020 — 12,000 participants retained
- Visits 1 and 2 data are available for writing projects proposals



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## ***Supplement 1, 20 Special Issue of AJPH: New Perspectives to Advance Minority Health and Health Disparities Research*** **19, Vol 109, No S1**

- Editor's choice by NIMHD Director Dr. Eliseo J. Pérez-Stable and NIH Director Dr. Francis S. Collins
- Definitions for minority health, health disparities, and NIMHD Research Framework
- 30 research strategies in methods, measurement, etiology, and interventions
- Multi-year process with more than 100 authors, including NIH program officers and academic scientists



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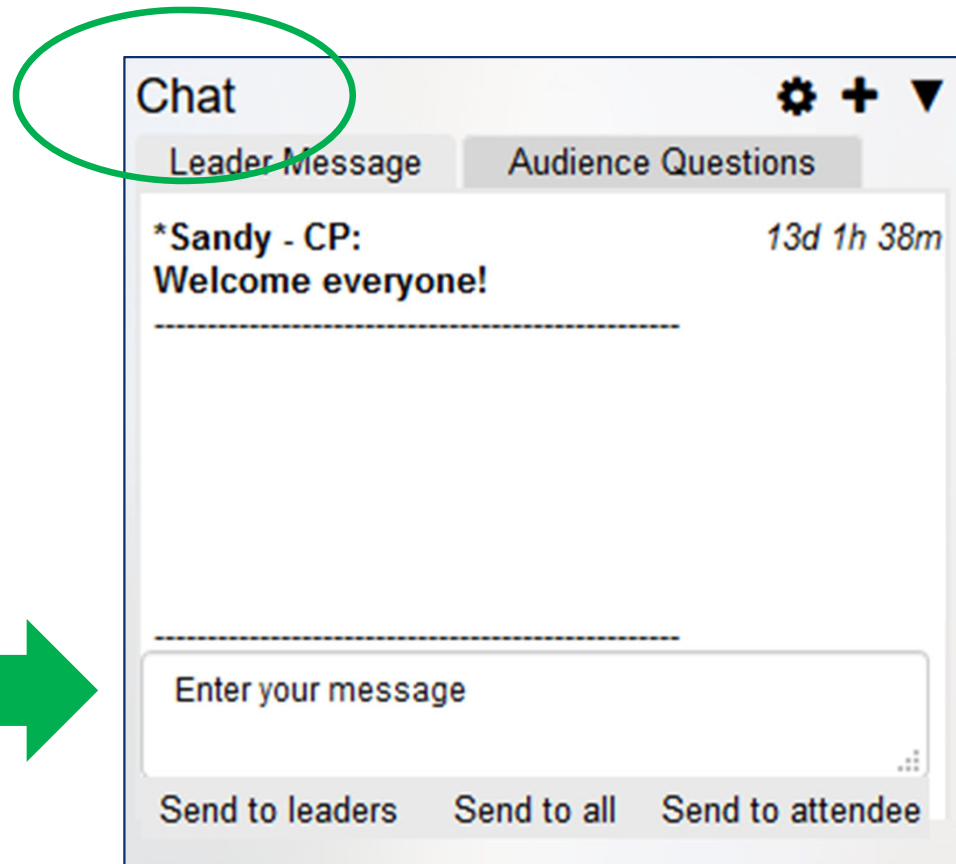
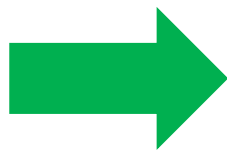


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# Brief Q&A

Type your question in the Chat box in the lower left corner of your window and click “Send”.



# Engaging Latino Students in the Health Professions

Norma Poll-Hunter, PhD  
Senior Director, Human Capital Initiatives  
Diversity Policy and Programs



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Learn

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Serve

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Lead



Association of  
American Medical Colleges

# Diversity Dividends: Education & Training



Classroom diversity contributes to cognitive complexity



Students confront a range of stereotypes based on race, ethnicity, social, political and personal experiences



Faculty diversity contributes to the use of a broader range of teaching strategies and inclusion of varied topics

# Diversity Dividends: Health Care



Increases cultural competence of providers



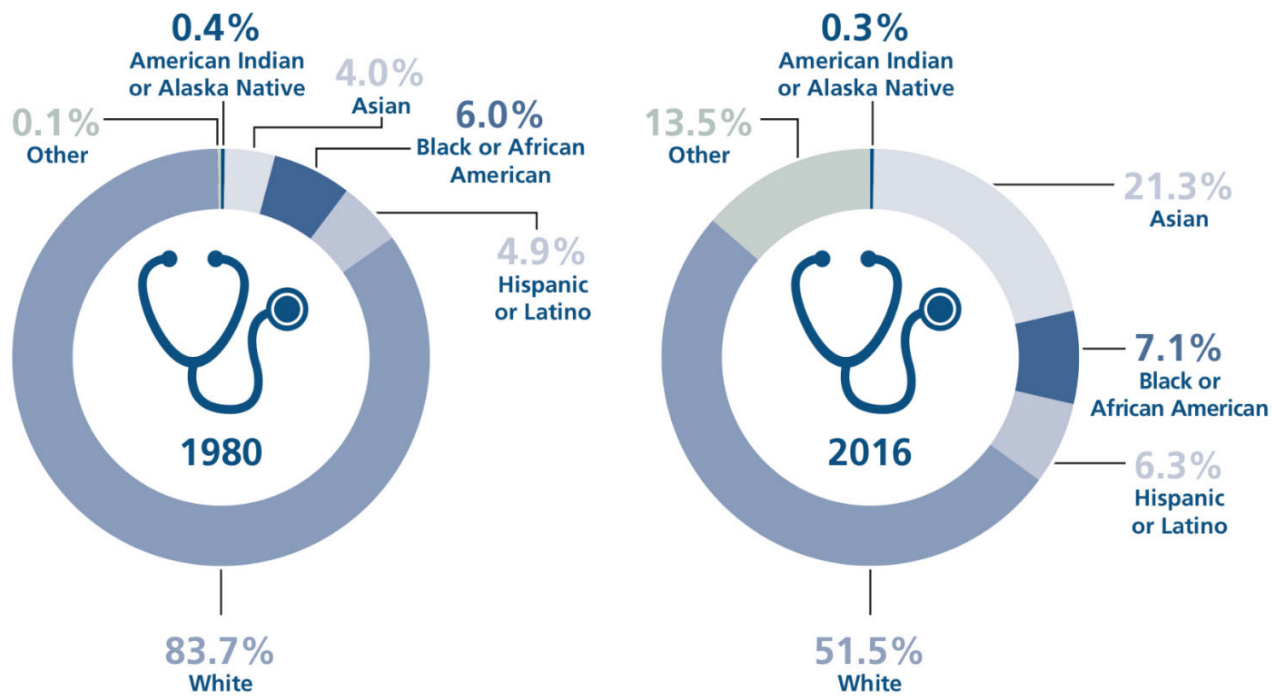
Improves access to care for rural and economically disadvantaged communities



Patients demonstrate greater adherence to treatment recommendations

## Physician diversity has increased; however, more work is needed.

Figure 4. Percentage of U.S. medical school matriculants by race and ethnicity, 1980 and 2016.



AAMC Analysis in Brief, V17, No. 3, November 2017

**Table 2. Number and Percentage of U.S. Medical School Matriculants in 1980 and 2016 by Race or Ethnicity**

Race or Ethnicity	1980		2016	
	Number	Percent	Number	Percent
American Indian or Alaska Native	63	0.4%	54	0.3%
Asian	679	4.0%	4,475	21.3%
Black or African American	999	6.0%	1,497	7.1%
Hispanic or Latino	807	4.9%	1,335	6.3%
White	13,884	83.7%	10,828	51.5%
<b>Total</b>	<b>16,587<sup>1</sup></b>		<b>21,030<sup>2</sup></b>	

Source: AAMC Data Warehouse: Applicant Matriculant File as of August 22, 2017.

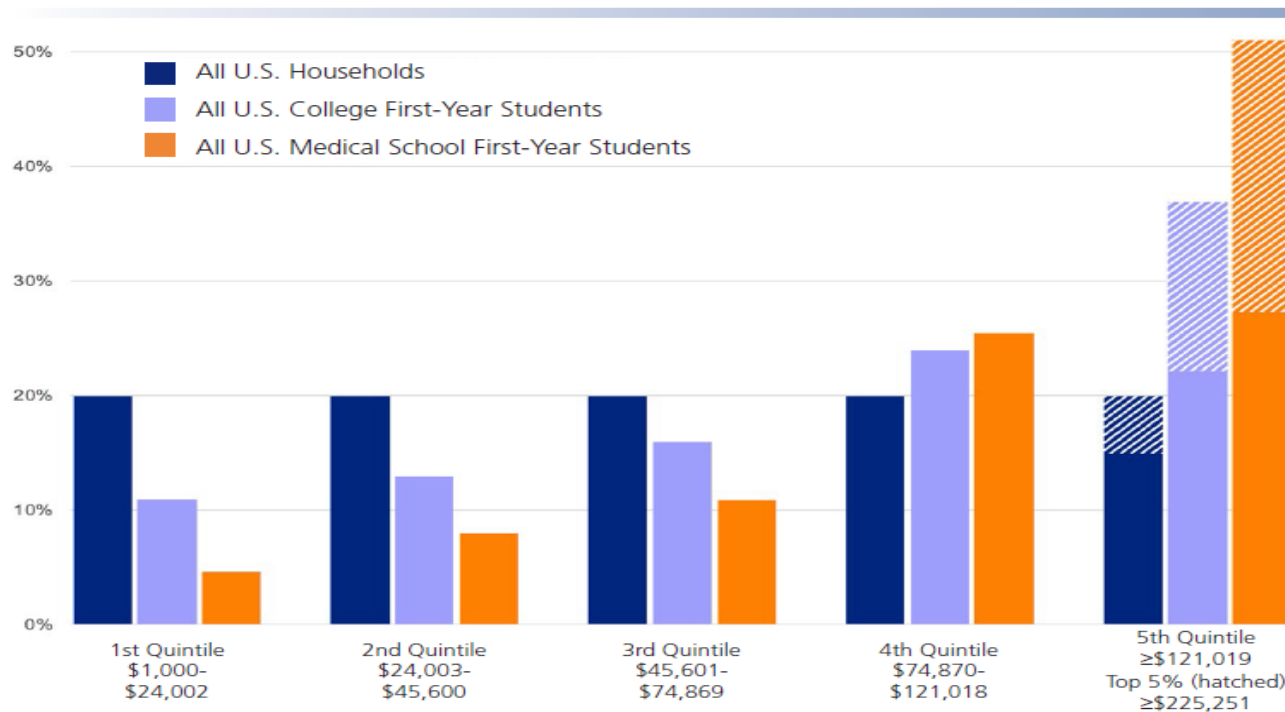
1. Total includes 155 (9% of matriculants) unknown and non-U.S. citizens and nonpermanent residents not included in the analysis.

2. Total includes 2,841 (13.5% of matriculants) Native Hawaiian or other Pacific Islander, multiple-race, other, unknown, and non-U.S. citizens and nonpermanent residents not included in the analysis.

AAMC Analysis in Brief, V17, No. 3, November 2017

# Need for Greater Socioeconomic Diversity

**Figure 1. Parental income of first-year U.S. medical students by quintiles of U.S. household income, MSQ years 2007-17.**



Sources: 2016 U.S. Census,<sup>5</sup> Eagan et al.,<sup>6</sup> and 2017 Matriculating Student Questionnaire (MSQ).

**Figure 2. Percentage of first-year U.S. medical students and U.S. college students by U.S. household income, 2017 MSQ and 2016 Census.**

# Disaggregating the Data by Hispanic/Latino Ethnic Groups

**Table A-12: Applicants, First-Time Applicants, Acceptees, and Matriculants to U.S. Medical Schools by Race/Ethnicity, 2015-2016 through 2018-2019**



The table below displays the self-identified racial and ethnic characteristics of women and men applicants to U.S. medical schools from 2015-2016 through 2018-2019. The "Multiple Race/Ethnicity" category includes those who selected more than one race/ethnicity response. Please email [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

Applicant Race/Ethnicity Responses <sup>1</sup>	2016-2017*				2017-2018				2018-2019			
	Applicants	First-Time Applicants	Acceptees	Matriculants	Applicants	First-Time Applicants	Acceptees	Matriculants	Applicants	First-Time Applicants	Acceptees	Matriculants
Hispanic, Latino, or of Spanish Origin	3,300	2,513	1,393	1,335	3,396	2,545	1,445	1,383	3,297	2,451	1,402	1,350
Argentinean	48	42	29	26	33	22	19	19	38	29	21	21
Colombian	180	139	77	73	195	151	101	95	167	121	65	62
Cuban	212	168	92	89	245	193	96	91	233	172	104	101
Dominican	62	50	24	23	68	55	30	29	82	68	26	25
Mexican American	869	639	378	362	898	640	404	384	926	674	385	366
Peruvian	106	74	41	41	104	76	48	46	115	83	39	37
Puerto Rican	763	596	349	340	784	636	344	328	685	525	346	337
Other Hispanic, Latino, or of Spanish Origin	511	379	190	179	463	315	176	173	482	352	205	200
More Than One Hispanic, Latino, or of Spanish Origin	300	231	131	123	276	207	131	126	303	233	140	133
Multiple Race/Ethnicity	4,737	3,392	1,951	1,858	4,577	3,193	1,975	1,900	4,856	3,492	2,115	2,045
Unknown Race/Ethnicity	910	593	366	341	1,817	1,305	801	765	1,013	653	408	394
Non-U.S. Citizen and Non-Permanent Resident	2,053	1,595	364	269	1,917	1,491	351	275	1,948	1,446	355	280
Total	53,042	38,782	22,036	21,030	51,680	37,364	22,266	21,338	52,777	38,483	22,483	21,622

**Table B-13: Race/Ethnicity Responses (Alone and In Combination) of MD-PhD Graduates of U.S. Medical Schools, 2013-2014 through 2017-2018**



The table below displays the self-identified racial and ethnic characteristics of MD-PhD graduates to U.S. medical schools from 2013-2014 through 2017-2018. "Alone" indicates those who selected only one race/ethnicity response. "In Combination" indicates those who selected more than one race/ethnicity response. Please email [datarequest@aamc.org](mailto:datarequest@aamc.org) if you need further assistance or have additional inquiries.

MD-PhD Graduate Race/Ethnicity Responses		2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
American Indian or Alaska Native	Alone	0	0	1	0	0
	In Combination	3	1	4	5	2
	Alone or In Combination	3	1	5	5	2
Asian	Alone	121	123	136	131	134
	In Combination	9	21	18	17	19
	Alone or In Combination	130	144	154	148	153
Black or African American	Alone	22	27	17	20	26
	In Combination	4	4	3	5	7
	Alone or In Combination	26	31	20	25	33
Hispanic, Latino, or of Spanish Origin	Alone	22	14	14	17	21
	In Combination	11	12	14	12	16
	Alone or In Combination	33	26	28	29	37
Native Hawaiian or Other Pacific Islander	Alone	0	0	0	0	0
	In Combination	1	1	0	1	1
	Alone or In Combination	1	1	0	1	1
White	Alone	337	377	354	343	347
	In Combination	28	28	33	34	39
	Alone or In Combination	365	405	387	377	386
Other	Alone	7	10	11	12	5
	In Combination	4	5	3	9	5
	Alone or In Combination	11	15	14	21	10
Unknown Race/Ethnicity		1	1	5	2	4
Non-U.S. Citizen and Non-Permanent Resident		30	27	28	22	20
Unduplicated Total MD-PhD Graduates		570	615	603	587	600

Continued support for pipeline and health professions school programs are necessary for workforce development!



## Educational attainment of Hispanic population in the U.S., 2017

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Group	High school or less	Two-year degree/Some college	Bachelor's degree or more
All Hispanics	59%	25%	16%
U.S. born Hispanics	47%	33%	20%
Foreign born Hispanics	71%	17%	12%
All Americans	39%	29%	32%

Note: Hispanics are of any race. "High school" includes persons who have attained a high school diploma or its equivalent, such as a General Educational Development (GED) certificate.

Source: Pew Research Center tabulations of 2017 American Community Surveys (1% IPUMS).

PEW RESEARCH CENTER

## U.S. Hispanic population living in poverty, 2017

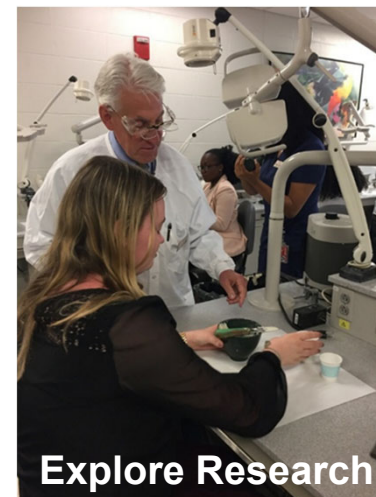
Group	Share in poverty
All Hispanics	19%
U.S. born Hispanics	20%
Foreign born Hispanics	18%
All Americans	13%

PEW RESEARCH CENTER

### LIVING IN POVERTY

All ages	19%	20%	18%
Younger than 18	27%	26%	31%
18-64	16%	15%	17%
65 and older	18%	15%	20%

# Value of Pipeline Programs





**SUMMER  
HEALTH  
PROFESSIONS  
EDUCATION  
PROGRAM**  
*Shaping Careers. Changing Lives.*



1989	Minority Medical Education Program
2003	Summer Medical Education Program
2006	Summer Dental Education Program
2016	Summer Health Professions Education Program

# SUMMER HEALTH PROFESSIONS EDUCATION PROGRAM

Support  
provided by

Robert Wood Johnson Foundation



Applicants must be  
a college freshman  
or sophomore



Focus on academic  
enrichment &  
experiential learning

8

Health professions  
represented



12

Program  
sites



[www.shpep.org](http://www.shpep.org)

# National Program Office



- ☐ Centralized admission process
- ☐ Outreach and recruitment
- ☐ Curricular development & support
- ☐ Evaluation and research
- ☐ Technical support & direction
- ☐ Alumni engagement

# SHPEP Program Sites

Columbia University

Howard University

Rutgers, The State

University of New Jersey

University of Alabama at  
Birmingham

University of California Los  
Angeles and Charles R. Drew  
University

University of Florida

University of Iowa

University of Louisville

University of Nebraska

University of Texas health Science  
Center at Houston

University of Washington

Western University of Health  
Sciences



- ✓ Dentistry
- ✓ Medicine
- ✓ Nursing
- ✓ Optometry
- ✓ Pharmacy
- ✓ Physical Therapy
- ✓ Physician Assistant
- ✓ Public Health



# SHPEP Eligibility



- ✓ Must be a high school graduate and currently enrolled as a freshman or sophomore in college.
- ✓ Have a minimum overall college GPA of 2.5.
- ✓ Be a U.S. citizen, a permanent resident, or an individual granted deferred action for childhood arrivals (DACA) status by the U.S. Citizenship and Immigration Services
- ✓ Must not have previously participated in the program.

# Program Components



Basic Science Instruction  
Problem Based Learning  
Health & Health care Disparities



Study & Learning Skills  
Application Process  
Career & Educational Guidance



Building Social Capital  
Peer Connections



Integration of Wellness  
Stereotype Threat,  
Microaggressions  
Financial Literacy



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# Importance of Partnerships



*Advancing Chicanos/Hispanics  
& Native Americans in Science*



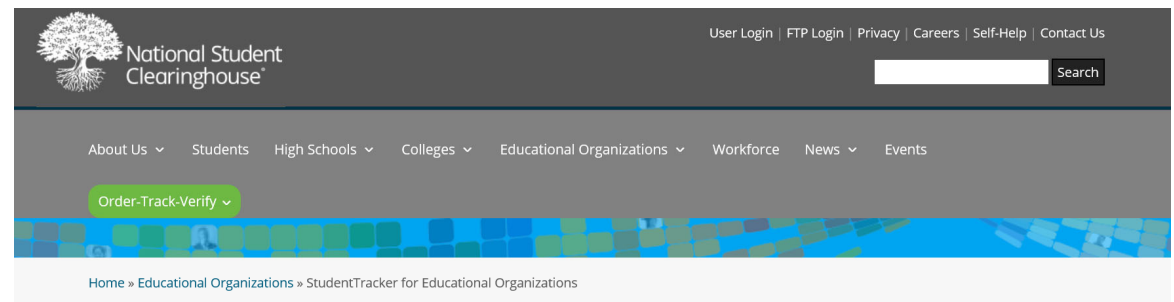
HISPANIC ASSOCIATION OF  
COLLEGES AND UNIVERSITIES



American Association of  
Hispanics in Higher Education, Inc.

# Data Sources

- Scholar self-reported
- AAMC & ADEA databases
- AMA Masterfile
- National Student Clearinghouse



## StudentTracker for Educational Organizations

Educational organizations can use our StudentTracker service to study enrollment and degree completion patterns of students nationwide. It takes your research beyond the limitations of local and state data resources by providing access to actual student records from our more than 3,600 participating colleges and universities, enrolling 98 percent of all students in public and private U.S. institutions.



RESOURCES:

## MMEP, SMEP, SMDEP Evaluation

- 27,164 students have participated in MMEP, SMEP, SMDEP, and SHPEP
- SMEP made a significant contribution to the diversity of the national medical school applicant pool
- Since 1989, over 7,000 are physicians
- Since 2006, nearly 600 are dentists
- Alumni have pursued business school, nursing, law school, and advanced degrees in public health, psychology, and the biomedical sciences.

## Pipeline Program Outcomes – Case of RWJF SMDEP

- Program successfully **recruits students from economically disadvantaged communities and racial and ethnic minorities**
- The program's participants are about **8 percentage points more likely to apply to medical or dental school, and 10 percentage points more likely to matriculate** than non-participants
- **Bundle of activities** makes the difference
- **Leadership and faculty tenure** contribute to student outcomes
- Increase in participant's **self-efficacy**

# Summary

- ✓ Pipeline programs, including HCOP and COE, a critical strategy for workforce development
- ✓ These programs make a significant difference in attracting students who are underrepresented in the health professions
- ✓ Pre-med programs increase the likelihood of matriculation to MD programs
- ✓ Continued evaluation is necessary

## Select References

- American Council on Education & American Association of University Professors. 2000. Does Diversity Make a Difference? Three Research Studies on Diversity in College Classrooms. Washington, DC.
- Milem, J. (2001) Increasing Diversity Benefits: How Campus Climate and Teaching Methods Affect Student Outcomes In: Orfield, Gary, Ed., Diversity Challenged: Evidence on the Impact of Affirmative Action. Cambridge, Harvard Education Publishing Group. p233-249.
- Acosta DA, Poll-Hunter NI, Eliason J. Trends in racial and ethnic minority applicants and matriculants to U.S.medical schools, 1980–2016. Analysis in Brief. 2017;17(3):1-4.
- Alsan, Garrick, Graziani (2018, Oct). Does diversity matter for health? Experimental evidence from Oakland. NBER Working Paper No. 24787
- LaVeist TA, Nuru-Jeter A, Jones KE. The association of doctor-patient race concordance with health services utilization.Journal of Public Health Policy. 2003;24(3/4):312-323.
- Xierali IM, Castillo-Page L, Conrad S, Nivet MA. Analyzing physician workforce racial and ethnic composition associations: geographic distribution (Part II). Analysis in Brief. 2014;14(9).
- Bergeisen, L., & Cantor, J.C. (1999) The Minority Medical Education Program. In S. L. Isaacs, and J.R. Knickman (Eds.), The Robert Wood Johnson Foundation Anthology: To Improve Health and Health Care 2000. San Francisco: Jossey-Bass
- Brunson W, Poll-Hunter N. Changing the healthcare workforce one summer at a time: A preliminary report of the Summer Medical and Dental Education Program (SMDEP). The Advisor. 1999;29;17 20.
- Cantor JC, Bergeisen L, Baker LC. Effect of an Intensive Educational Program for Minority College Students and Recent Graduates on the Probability of Acceptance to Medical School. JAMA. 1998;280(9):772–776.
- Dill, M., Poll-Hunter, NI (2010) Increasing Workforce Diversity. Academic Medicine, V85 (1) 179.
- Cosentino, C, Speroni, C, Sullivan, M, & Torres, R. (2015) Impact Evaluation of the RWJF Summer Medical and Dental Education Program (SMDEP). Mathematica Policy Research: Washington, DC.
- Smith, S.G., Harrison, S., and Slapar, F. J. (2018, November). Diversifying the dental workforce and maximizing community care: Summer Health Professions Education Program (SHPEP) 2006-2015. American Dental Education Association: Washington, DC  
[https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/policy\\_advocacy/White\\_Papers/ADEA-SHPEP-Report-Nov2018-update.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/White_Papers/ADEA-SHPEP-Report-Nov2018-update.pdf)

# Hispanic Center of Excellence

## Mission, Goals, Values

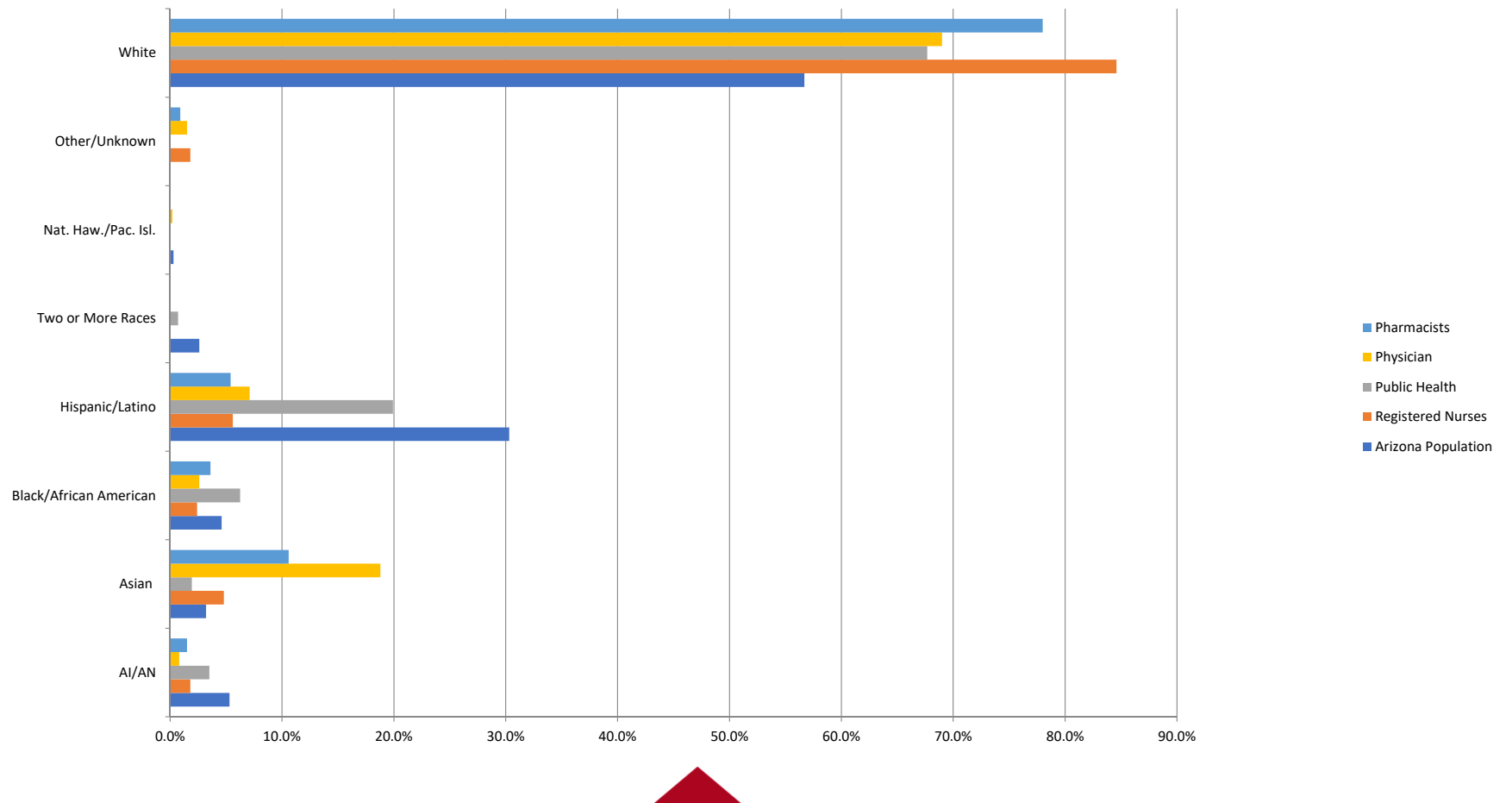
**Mission:** to promote the health of the community by meeting the needs of the state's growing Hispanic population.

**Goals:** increase the number of Hispanic health providers; enhance health research that serves the Hispanic population; and improve the cultural competence of health-care service providers for Hispanic communities.

**Values:** Diversity, Inclusion, Excellence, Equity, Justice.



# Arizona Physician Disparities



# Building the Pipeline



Outreach: Meet them where they are at, help them believe and feel invited.



Advertising your mission: Keep it clear, authentic, and congruent.



Increase their competitiveness, empower them to feel and be successful.



Relationship Building: Help them feel like “insiders”, relationally and physically.



This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number D18HP32129 Health Careers Opportunity Program, as part of an award totaling \$3,199,800 with 25 percent financed with non-governmental sources.

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# AZ-HOPE

ARIZONA HEALTH OPPORTUNITIES PATHWAYS TO EXCELLENCE



 THE UNIVERSITY  
OF ARIZONA

► Arizona Health  
Opportunities Pathways to  
Excellence  
► Arizona AHEC

### **AZ-HOPE AMBASSADORS**

An innovative multi-year longitudinal academic development program for students at various stages along the continuum of development in the Allied Health Professions/Health Professions pipeline. This competitive multi-year program provides learning support services, mentoring, counseling, academic advising, scholarships, and stipends to individuals selected for participation.

### **MED-START HEALTH CAREERS PROGRAM**

A 6-week residential summer academic enrichment and health career exploration program for disadvantaged high school juniors (rising seniors). Students experience college life at UA dorms, take college credit courses, and learning about allied and health professions from practitioners. Scholarships and/or stipends are available to participants who meet eligibility guidelines.

### **BRIDGE**

A 5-week full time college transition program for disadvantaged students newly admitted to the University of Arizona directly from high school, transferring from community college, or are Adult Non-Traditional Learners (including Military Veterans). College credits and stipends are provided to participants in this summer program.

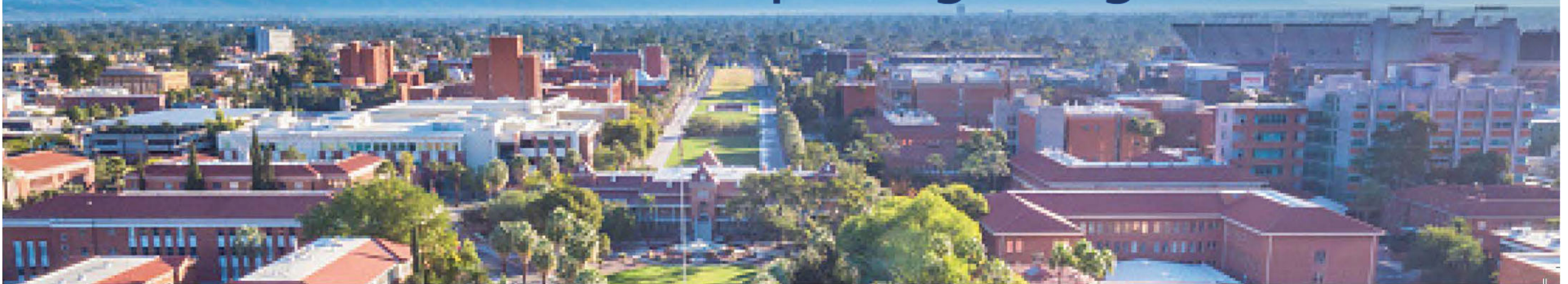
### **BLAISER**

Border Latino and American Indian Summer Exposure to Research (BLAISER) Is an innovative 10-week, undergraduate research experience that provides an extraordinary laboratory training opportunity, pairing junior and senior level student-scholars with preeminent UA health sciences researchers. Dr. Jorge Gomez the Associate Director of the Center for Elimination of Border Health Disparities and is the Director of BLAISER, he offers a breath of exceptional work and experience in this area. Scholarships and/or stipends are available to participants who meet eligibility guidelines.

### **FRONTERA**

Focusing Research on the Border Area (FRONTERA) Summer Internship provides undergraduate and graduate students with opportunities to prepare for graduate school, hands-on research experience, and an increased understanding of public health disparities in the U.S.-Mexico Border Region. Participants are matched with faculty mentors engaged in biomedical and public health research that has an impact on border communities. Scholarships and/or stipends are available to participants who meet eligibility guidelines.

# Az-HOPE Participating Programs



# Open the Doors

- Holistic Admissions that intentionally address your diversity dimensions
- Financial Aid that is need/mission informed
- Conditional Admissions for those who are prepared and ready
- Maintain a commitment to excellence



# Building the Ecology: Creating a Supportive Environment for Inclusion

Building “buy in” that is rationale supported

Presence of like- and broadly diverse-peers

Address basic equity, safety and compliance

Address rules of civil dialogue across groups

Normalization and negotiation of conflict

Nurture a sense of belonging that impacts the culture and discourse in campus

Promote affirming attitudes across identity groups



# Ensure Retention and Success

01

Provide learning support services to create expert learners, based on adult learning theory, and life long learning.

02

Address stereotype threat and promote a sense of identity based value

03

Provide wellness and counseling services that are culturally informed and learner centered

04

Ensure adequate resources are available to foster a whole-community model

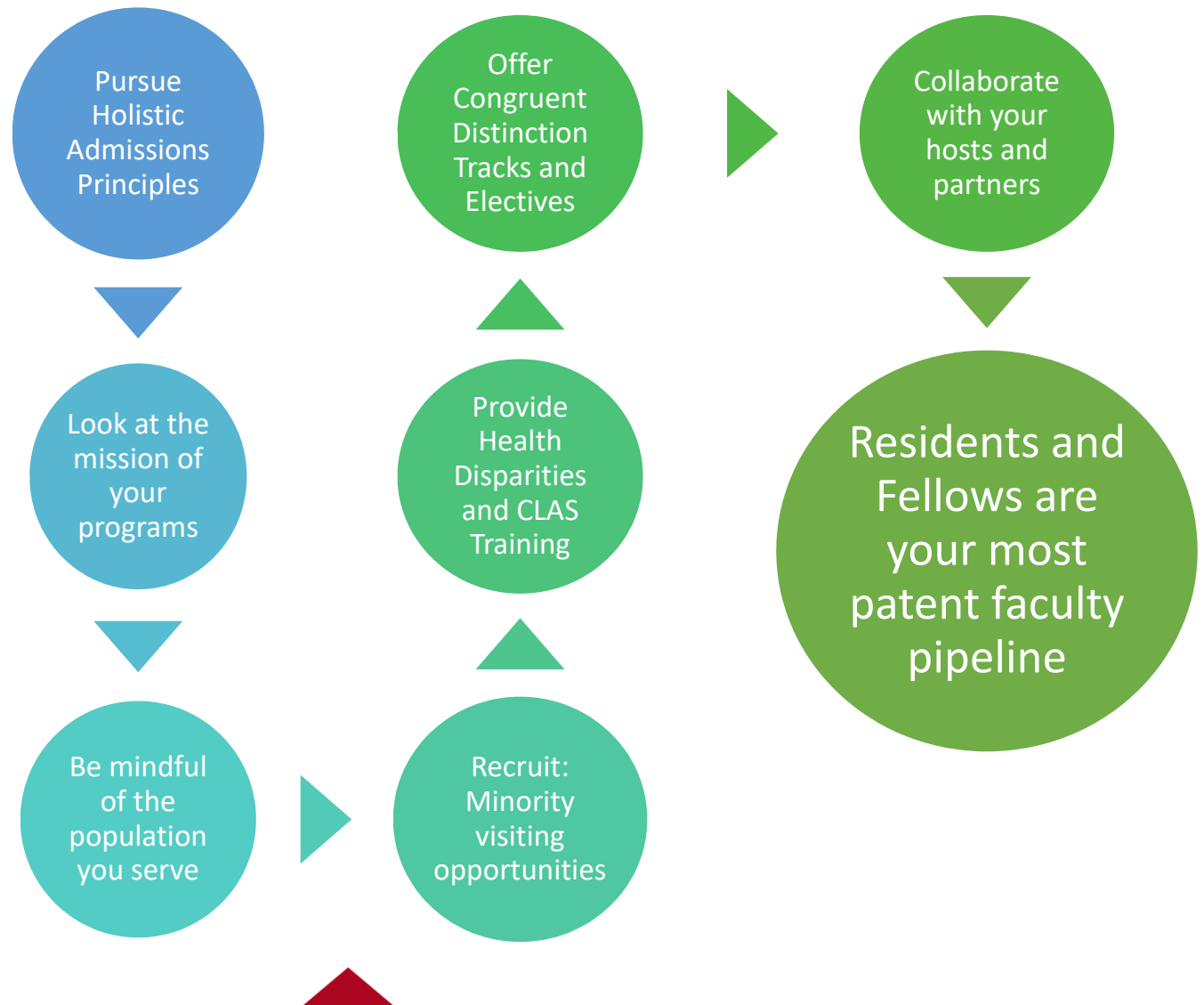


# Curriculum and Experiences

- Content that affirms identity and service aspirations
- Early exposure to philosophy of community service and social justice
- Robust Health Disparities Curriculum integration
- Cultural Proficiency, Unconscious Bias, Safe Zone training, Diversity Speaker Series



# Increase Diversity in GME



# **Faculty, Staff, Leadership Diversity: Composition, Training, Engagement, Service**

- Students benefit from diversity from faculty, staff, leaders, community experiences.
- Patients benefit from treatment by culturally and linguistically congruent providers
- Role modeling cultural, linguistic, and literacy appropriate care by institutional and partner providers
- Empowerment from seeing yourself in the people who train you, and who you serve
- Providing faculty, staff, leaders with training, support, and educational resources for instruction, clinical supervision, mentoring, leading, and advocating.



# Q&A



Eliseo J. Pérez-Stable, MD  
NIMHD



Norma Poll-Hunter, PhD  
AAMC



Francisco Moreno, MD  
UAHS



Maureen Lichtveld, MD, MPH  
Tulane

Type your question in the Chat box in the lower left corner of your window and click “Send”.

