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
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
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

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
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
2016-2019 HDRI Cohort Summary (N=204)

<table>
<thead>
<tr>
<th>Race</th>
<th>N</th>
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<td>Black/AA</td>
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<td>White</td>
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<td>Asian</td>
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<td>12%</td>
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<td>Latino</td>
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<td>22%</td>
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<tr>
<td>AI/AN</td>
<td>4</td>
<td>2%</td>
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<tr>
<td>NH/PI</td>
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<td>1%</td>
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<td>4%</td>
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<tr>
<td>Men</td>
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<td>72</td>
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<td>MD/DO</td>
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<tr>
<td>Assistant Professor</td>
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<td>54</td>
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<tr>
<td>Associate Professor</td>
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<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>12</td>
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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
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
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
## Medical School Enrollment and Graduates, and US MDs, by Race/Ethnicity, 2017

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>214 (&lt;1%)</td>
<td>21 (&lt;1%) – 9</td>
<td>3,475 (&lt;1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>20,060 (22%)</td>
<td>4,101 (21%) +94</td>
<td>119,355 (12%)</td>
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<tr>
<td>African American</td>
<td>6,511 (7%)</td>
<td>1,119 (6%) +50</td>
<td>40,499 (4%)</td>
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<tr>
<td>Latino/Hispanic</td>
<td>5,730 (6%)</td>
<td>1,059 (5%) +77</td>
<td>43,685 (5%)</td>
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<tr>
<td>White</td>
<td>46,610 (51%)</td>
<td>10,932 (56%) +57</td>
<td>464,302 (48%)</td>
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<tr>
<td><strong>Total</strong>*</td>
<td><strong>91,391</strong></td>
<td><strong>19,553</strong></td>
<td><strong>956,523</strong></td>
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</table>

*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
  

- 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

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)

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 URMs; only 3% of new academic hires are URMs
- 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
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

- **African Americans**: 11.6%
- **Latinos**: 11.6%
- **American Indians/AN**: 2.7%
- **More than one Race**: 2.6%
- **Native Hawaiians/OPI**: 0.1%
- **Asians**: 16.1%
- **Whites**: 60.0%
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
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
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
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
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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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
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.
Table 2. Number and Percentage of U.S. Medical School Matriculants in 1980 and 2016 by Race or Ethnicity

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<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
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<td>American Indian or Alaska Native</td>
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<td>0.4%</td>
<td>54</td>
<td>0.3%</td>
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<tr>
<td>Asian</td>
<td>679</td>
<td>4.0%</td>
<td>4,475</td>
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<td>Black or African American</td>
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<td>6.0%</td>
<td>1,497</td>
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<tr>
<td>Hispanic or Latino</td>
<td>807</td>
<td>4.9%</td>
<td>1,335</td>
<td>6.3%</td>
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<tr>
<td>White</td>
<td>13,884</td>
<td>83.7%</td>
<td>10,828</td>
<td>51.5%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>16,587(^1)</strong></td>
<td></td>
<td><strong>21,030(^2)</strong></td>
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</tbody>
</table>


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.
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, Eagan et al., 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 if you need further assistance or have additional inquiries.

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<td>Acceptees</td>
<td>Matriculants</td>
<td>Applicants</td>
<td>First-Time Applicants</td>
<td>Acceptees</td>
<td>Matriculants</td>
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<td>1,393</td>
<td>1,335</td>
<td>3,396</td>
<td>2,545</td>
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<td>Colombian</td>
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<td>73</td>
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<td>151</td>
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<td>Cuban</td>
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<td>89</td>
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<td>Peruvian</td>
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<td>Puerto Rican</td>
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<tr>
<td>Other Hispanic, Latino, or of Spanish Origin</td>
<td>511</td>
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<td>More Than One Hispanic, Latino, or of Spanish Origin</td>
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<td>Multiple Race/Ethnicity</td>
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<td>765</td>
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<td>Non-U.S. Citizen and Non-Permanent Resident</td>
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<td>269</td>
<td>1,917</td>
<td>1,491</td>
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<td>38,782</td>
<td>22,036</td>
<td>21,030</td>
<td>51,680</td>
<td>37,364</td>
<td>22,266</td>
<td>21,338</td>
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¹ Includes both American Indian/Alaska Native and Black/African American applicants and acceptees.

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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 if you need further assistance or have additional inquiries.

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<td>American Indian or Alaska Native</td>
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<td>0</td>
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<td>4</td>
<td>5</td>
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<td>Alone or In Combination</td>
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<td>5</td>
<td>5</td>
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<td>18</td>
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<td>19</td>
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<td>Alone or In Combination</td>
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<td>153</td>
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<td>In Combination</td>
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<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Alone or In Combination</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>337</td>
<td>377</td>
<td>354</td>
<td>343</td>
<td>347</td>
</tr>
<tr>
<td>In Combination</td>
<td>28</td>
<td>28</td>
<td>33</td>
<td>34</td>
<td>39</td>
</tr>
<tr>
<td>Alone or In Combination</td>
<td>365</td>
<td>405</td>
<td>387</td>
<td>377</td>
<td>386</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td>7</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>In Combination</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Alone or In Combination</td>
<td>11</td>
<td>15</td>
<td>14</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>Unknown Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Non-U.S. Citizen and Non-Permanent Resident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>27</td>
<td>28</td>
<td>22</td>
<td>20</td>
</tr>
<tr>
<td>Unduplicated Total MD-PhD Graduates</td>
<td>570</td>
<td>615</td>
<td>603</td>
<td>587</td>
<td>600</td>
</tr>
</tbody>
</table>
Continued support for pipeline and health professions school programs are necessary for workforce development!

But the world ISN’T EQUAL.

- Scholarships
- Educated Parents
- SAT / ACT Tutors
- Middle to Upper Class
- Honors Courses, AP Credit & Highly Skilled Teachers
- Active Social Networks and Social Capital

Poorly Funded Schools
Less-Skilled Teachers
Counselor Ratios: 1:1000
Truncated Curriculum
## Educational attainment of Hispanic population in the U.S., 2017

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

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

<table>
<thead>
<tr>
<th>Group</th>
<th>Share in poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Hispanics</td>
<td>19%</td>
</tr>
<tr>
<td>U.S. born Hispanics</td>
<td>20%</td>
</tr>
<tr>
<td>Foreign born Hispanics</td>
<td>18%</td>
</tr>
<tr>
<td>All Americans</td>
<td>13%</td>
</tr>
</tbody>
</table>

**LIVING IN POVERTY**

<table>
<thead>
<tr>
<th>Age Category</th>
<th>19%</th>
<th>20%</th>
<th>18%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All ages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger than 18</td>
<td>27%</td>
<td>26%</td>
<td>31%</td>
</tr>
<tr>
<td>18-64</td>
<td>16%</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>65 and older</td>
<td>18%</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Value of Pipeline Programs

Building Social Capital

Academic Enrichment

Clinical Exposure

Explore Research
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

Applicants must be a college freshman or sophomore

Focus on academic enrichment & experiential learning

8 Health professions represented

12 Program sites

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

SACNAS
Advancing Chicanos/Hispanics & Native Americans in Science

NHMA
National Hispanic Medical Association

LMSA
Latino Medical Student Association

HACU
Hispanic Association of Colleges and Universities

AAHHE
American Association of Hispanics in Higher Education, Inc.
Data Sources

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


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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

Pharmacists
Physician
Public Health
Registered Nurses
Registered Nurses
Arizona Population
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.

Building the Pipeline
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.

The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

For more information, please visit HRSA.gov.
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 is 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 lifelong 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

Pursue Holistic Admissions Principles

Look at the mission of your programs

Be mindful of the population you serve

Offer Congruent Distinction Tracks and Electives

Provide Health Disparities and CLAS Training

Recruit: Minority visiting opportunities

Collaborate with your hosts and partners

Residents and Fellows are your most patent faculty pipeline
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.
Type your question in the Chat box in the lower left corner of your window and click “Send”.

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