

Alliances Between Academic Health Centers and Historically Black Colleges and Universities Address Disparities

Increasing the number and effectiveness of diversity programs at health professions schools to help address the problem of health disparities

SUMMARY

To increase the number of minorities in health professions schools, the Sullivan Alliance to Transform America's Health Professions fostered formal relationships called *alliances* between historically Black colleges and universities and academic health centers and provided technical expertise, advice and support to them.

Through the alliances, undergraduate students participate in summer programs at health professions schools. The programs focus on areas such as research; Medical College Admission Test (MCAT) preparation programs; and classes and seminars to help prepare students for studying medicine, nursing, pharmacy and other health professions. These students are provided ongoing mentorship and networking opportunities and are eligible to apply for BS-MD tracks through certain schools of medicine, bypassing traditional admission requirements such as the MCAT exam if they meet other academic/community criteria.

The Sullivan Alliance to Transform the Health Professions stimulates efforts to diversify the nation's health workforce through statewide and regional consortiums of colleges and universities and health professions schools, highlighting and supporting promising practices, enhancing national awareness of diversity in the health professions, informing policy related to health workforce diversity and networking with key stakeholders.

Key Results

The Sullivan Alliance to Transform the Health Professions:

- Provided ongoing expertise to help two existing alliances expand:
 - Virginia-Nebraska Alliance
 - Florida Alliance

- Helped establish new alliances in Maryland and North Carolina and began discussions to form others in Colorado, Iowa, New Mexico, New York, North Dakota, Ohio and South Carolina.
- Created a process to evaluate the work of the alliances based on the Logic Model for Program Evaluation, using metrics, such as the number of students accepted to medical school or average score on the MCAT.

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with a grant of \$200,000 from November 2007 to March 2010.

CONTEXT

Minority populations in the United States have less access than other people to health care, in part because of the lack of minority health professionals. Although the United States has become more diverse, the nation's health professionals have not. The minority population has been steadily increasing, in 2007 reaching 100.7 million—or about one in three Americans—according to the U.S. Census Bureau.

However, the percentage of minorities in the health professions is far less. According to *Missing Persons: Minorities in the Health Professions* (2004), a report by the Sullivan Commission on Diversity in the Healthcare Workforce, Blacks, Hispanics and American Indians comprised:

- Nine percent of nurses
- Six percent of physicians
- Five percent of dentists

The lack of minorities in the health professions contributes to disparities in health care—the tendency of minorities to receive less and lower-quality health care than Whites leads to higher rates of illness and premature death. For those seeking preventive care or treatment for illness and injury, those living in poverty or in rural settings or both—a well-trained, more diverse health workforce must be available to deliver quality care. Minority health professionals are more likely than nonminority health professionals to practice in underserved neighborhoods, according to the Institute of Medicine. Also, patients often feel most comfortable seeing health professionals with racial and cultural backgrounds similar to their own.

Increasing the number of minority students in the nation's medical, nursing, dental and other health professions schools is one way to reduce health disparities. But doing so is not easy for many reasons, such as the high cost of professional education and the

underrepresentation of minorities in the undergraduate institutions that funnel students to graduate programs.

The First Alliance: Virginia and Nebraska

The need to increase the number of minority students in health professions schools is why the Sullivan Alliance worked with a group of undergraduate schools that have predominately minority students and health professions schools that have few minority students to form the Virginia-Nebraska Alliance in September 2004. This alliance sponsors initiatives—such as summer research programs and classes—that help prepare minority undergraduate students to pursue careers in medicine, nursing, public health, pharmacy and other health professions.

Louis W. Sullivan, M.D., former secretary of health and human services and chair of the Sullivan Commission serves as chair of this state alliance, which includes 10 schools:

- Five historically Black colleges and universities in Virginia
- One community college in Virginia
- Three health sciences schools in Virginia
- One health sciences school in Nebraska

For a list of schools, see Appendix 1.

(The unusual marriage of two states occurred after Harold Maurer, the chancellor of the University of Nebraska College of Medicine, heard Sullivan speak on the need to increase the number of minority students in Virginia's health professions schools through alliances of historically Black colleges and universities with health professions schools. Maurer wanted the University of Nebraska College of Medicine to participate.)

The Sullivan Alliance to Transform the Health Professions

The Sullivan Alliance to Transform the Health Professions evolved from two national initiatives convened to craft a roadmap for the diversification of the nation's health workforce: the Sullivan Commission on Diversity in the Healthcare Workforce and the Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Health Care Workforce of the Institute of Medicine (IOM).

Each of these two national panels deliberated for a period of 18 months and engaged 31 leaders representing a wide range of disciplines, including health, education, economics and law. During their "fact finding," these two groups examined the relevant literature and listened to public testimonies during town hall meetings, educational workshops and field hearings around the country. Collectively, they generated 62 policy recommendations for systems change in their reports: *In the Nation's Compelling*

Interest: Ensuring Diversity in the Health Workforce and Missing Persons: Minorities in the Health Professions, both issued in 2004.

In order to ensure that this expansive and laborious process would not "rest on a shelf" but would generate national momentum for action, the Sullivan Alliance was established in January 2005 to serve as a catalyst for the implementation of the recommendations from the IOM committee and the Sullivan Commission. The Sullivan Alliance focuses its resources on programs to increase the racial and ethnic diversity of students in medicine, nursing, dentistry, psychology and public health—with a belief that gains and insights in these health disciplines will positively impact all of the health professions.

The Sullivan Alliance has been administratively supported by the Joint Center for Political and Economic Studies' Health Policy Institute, a research and policy organization focused on issues of concern to Blacks and other people of color.

The first replication of state alliances following the Virginia-Nebraska model occurred in 2006 with the launch of the Florida Alliance for Health Professions Diversity; it includes 11 schools:

- Four historically Black colleges and universities
- One community college that has recently begun to offer select four-year degrees
- Six health sciences schools

For a list of the schools, see Appendix 2.

In 2010 alliances have been forming in North Carolina and Maryland using this same model as their template.

RWJF's Interest in the Area

RWJF has long been concerned with disparities in access to health care for minority groups. Its strategies to address the problem have included efforts to expand the number of health care professionals from historically disadvantaged backgrounds, including underrepresented minorities. RWJF has specifically focused on developing a "pipeline" of qualified students from disadvantaged backgrounds who can apply successfully to medical, dental and other graduate health professions schools.

Pipeline programs included:

• The \$13 million *Pre-professional Minority Programs* initiative (1972–1994), which provided summer enrichment to promising minority college students. It also encouraged collaboration between medical schools and undergraduate colleges in organizing counseling, tutoring and specially tailored premedical courses.

- The \$54.9 million Summer Medical and Dental Education Program (1987–2009), a six-week summer residential program that strengthened the knowledge and skills of minority college students to increase their chances of getting into medical school. The program was expanded to include students interested in applying to dental school in 2005. (See Program Results.)
- The \$7 million *Health Professions Partnership Initiative* (1994–2008), which established partnerships among health professions schools, undergraduate colleges, K–12 school systems and community-based organizations to prepare students academically for application to medical school and other health professions schools. (See Program Results.)
- The \$23 million *Pipeline, Profession and Practice:*Community-Based Dental Education (more commonly known as the Dental Pipeline Program) (May 2001–August 2010), which funded dental schools to increase access to dental care for underserved populations through more community-based clinical education programs and to take actions to increase recruitment and retention of underrepresented minority students, with a minor focus on low-income students. (See Program Results.)

THE PROJECT

From November 2007 through March 2010, the Sullivan Alliance provided expertise, advice and support to existing alliances and replicated and promoted the alliance concept in other states. Project staff worked with interested undergraduate schools with predominately minority students and with health professions schools. Staff also promoted the alliance concept generally through communication activities.

Alliance staff worked with the Virginia-Nebraska Alliance and the Florida Alliance for Health Professions Diversity in person and by telephone. Staff helped Maryland and North Carolina create alliances and other states begin discussions about creating alliances through meetings and by telephone. Guidance on organizational matters (not-for-profit status, leadership/staffing/budget development), resources (funding/evaluation tools) and policy expertise is available to these fledgling alliances.

Raheem Sanders, 21, is a biology major at Virginia State University, a historically Black university in Petersburg. After graduating in May 2011, he hopes to attend medical school.

Sanders spent the summers of 2008 through 2010 at the University of Nebraska on the advice of his academic advisor. "I was reluctant to apply because it was across the country in a state I rarely heard anything about. She assured me that an experience like SMDEP [Summer Medical and Dental Education Program] would introduce me to many prominent physicians and researchers and students who share the same goals as me," Sanders said. "I have to admit, she was right."

In 2008 Sanders participated in the program and the next two summers, he participated in the Summer Undergraduate Research Program. These experiences have given Sanders a better understanding of what it takes to become a doctor. "I have met many professors and physicians who have bestowed upon me valuable advice and insights that will help me advance toward my goals," he said.

Other Funding

The Department of Health and Human Services' Office of Minority Health supported this project with a \$50,000 grant. A portion of a five-year, \$1.15 million grant from the W.K. Kellogg Foundation underwrote administrative and salary expenses.

Results

The project director reported the following results to RWJF:

- The Sullivan Alliance helped the Virginia-Nebraska Alliance and the Florida Alliance for Health Professions Diversity expand by providing technical expertise, advice and support.
 - The *Virginia-Nebraska Alliance* added two new schools during the grant period: the University of Richmond and the Virginia Polytechnic Institute and State University, Blackburg. This brought the membership to 12 schools:
 - Five historically Black colleges and universities
 - One community college
 - Six health professions schools.

For a list of the schools, see Appendix 1.

From 2005 through the end of 2009 (which included the RWJF grant period), 155 students from historically Black colleges and universities participated in these programs:

- Summer research programs for students
- Summer Medical College Admission Test preparation classes
- RWJF's Summer Medical and Dental Education Program

Students in the *Summer Medical and Dental Education Program* spend six weeks at a medical or dental school taking classes in basic sciences, math, writing, oral presentations and current health issues. (See Program Results.)

Some 24 faculty members at historically Black colleges and universities participated in Faculty Development Fellowships, during which they worked on research projects in partnership with seasoned researchers at the health professions schools.

As a result of the Virginia-Nebraska Alliance's efforts (as of July 2010):

- Twenty-two students were enrolled in or have been accepted to medical school.
- Four students were enrolled in doctoral programs in pharmacy.

- Two students were enrolled in graduate programs in public health.
- Three faculty members at historically Black colleges and universities received research funding from the National Institutes of Health.

More information about the Virginia-Nebraska Alliance is available online.

- The Florida Alliance for Health Professions Diversity has, among its member schools, three historically Black colleges and universities and one community college, Santa Fe College, Gainesville, which joined the alliance during the RWJF grant and recently started some four-year degree programs (see Appendix 2 for a complete list of member colleges and universities and sponsors). The alliance has engaged in a wide range of activities, including:
 - The alliance provides undergraduate and master-level graduate students with immersive experiences in research. In total, 10 students, five from Florida A&M University (FAMU) and five from Florida State University (FSU), have served or are serving as Florida Alliance Scholars. In addition, the program has now expanded to the University of Florida, including sponsorship of three high school seniors in the Center for Pre-collegiate Education and Training (CPET) Student Science Program, providing hands-on research experiences for students with basic science and clinical researchers.
 - The Student Symposium on Health Professions targets undergraduate students interested in health-related careers—exploring research and clinical opportunities and strengthening their applications for professional and/or graduate school. The second annual event sponsored by the Florida Department of Health, Florida State University, Florida A&M University and the University of Florida was held on March 30, 2010. More than 100 students and faculty attended.
 - Anti-Tobacco Initiative Scholars is a partnership of the alliance, FSU College
 of Medicine and the Area Health Education Center (AHEC). It was
 established to provide students the opportunity to gain leadership skills and to
 access volunteer opportunities through providing anti-tobacco presentations to
 middle school students.

Additional information can be accessed from the Florida Alliance for Health Professions Diversity website, which is maintained by the University of South Florida College of Nursing.

- The Sullivan Alliance helped schools in Maryland and North Carolina establish alliances and began discussions to form alliances in other states.
 - The Sullivan Alliance organized a meeting on October 6, 2009, in Baltimore, which led to the formation of a steering committee and ultimately the creation of the Maryland Alliance to Transform the Health Professions in May 2010. The Maryland alliance includes:

- The state's four historically Black colleges and universities
- Eight health professions schools (nursing, medicine, dentistry and public health) located within the Johns Hopkins University; the University of Maryland, College Park; and the University of Maryland, Baltimore

"This is a landmark alliance in the history of Maryland health care," said Sandra Angell, from the Johns Hopkins School of Nursing, a member of the alliance. "For the first time, academic and medical institutions are coming together to ensure the growing demand for health care will be met in the future."

For a list of members of the alliance, see Appendix 3.

— Efforts to create an alliance in North Carolina began in the summer of 2007. Renewed focus and commitment to finalize the development of the North Carolina Alliance for Health Professions Diversity followed at a meeting held in December 2009. As a result of the meeting, the steering committee agreed to develop a business plan and budget for a formal alliance. The Steering Committee of the North Carolina Alliance currently is conducting a comprehensive survey to identify resources and proposed interventions in order to reach consensus among its potential institutional members and before sculpting a final vision statement for the organization.

For a list of alliance members and steering committee institutional and organization members, see Appendix 4.

- The Sullivan Alliance and the Western Interstate Commission for Higher Education, Boulder, Colo., held a meeting on April 20, 2009, in Aurora, Colo., to discuss ways to increase the racial and ethnic diversity of the health professions and to begin to establish partnerships. A total of 79 people from 11 states attended:
 - Arizona
 - California
 - Colorado
 - Idaho
 - Iowa
 - Montana
 - Nebraska
 - New Mexico
 - North Dakota

- Virginia
- Wyoming

As of July 2010 discussions about forming either state-based or regional alliances were ongoing in Colorado, New Mexico and North Dakota.

The Western Interstate Commission for Higher Education facilitates resource sharing among institutions of higher education located in the Western region.

- The Sullivan Alliance also had held early discussions in five other states about forming alliances: Iowa, Mississippi, New York, Ohio and South Carolina.
- The Sullivan Alliance created a formal process to measure and evaluate the
 work of the alliances using the Logic Model of Program Evaluation, tracking
 short-term, intermediate and long-term outcomes. These include metrics—such as
 the number of students accepted to medical school or average score on the Medical
 College Admission Test.

"This is one of those things that doesn't happen with many diversity programs: People think it works or it feels good, but we don't really have enough data accumulated to show that this is truly a design that makes a difference and that it is worth investing in," said Robin Carle, executive director of the Sullivan Alliance.

Staff first used the process with the Virginia-Nebraska Alliance. Evaluation is now part of the design of every alliance. "As we bring on new alliances, from the very beginning we talk to them about the research component," said Carle. The Sullivan Alliance created a longitudinal database to compile evaluation results.

Communications

The Sullivan Alliance produced a webinar and print materials and gave presentations to promote the alliance concept and advocate for diversity among students in health professions schools, including:

- "Developing State Alliances: Transforming the Health Professions," a webinar on how to form state alliances of undergraduate and health professions schools. A total of 52 people from 19 organizations participated in the webinar on May 15, 2008.
- "The State of Diversity in the Health Professions a Century After Flexner," an article in the February 2010 issue of *Academic Medicine*. (Available online for a fee.)
- "Increasing and Diversifying America's Health Professions: An Opportunity to Remedy a Health System in Crisis," a white paper published in November 2008. (Available online.)
- The Sullivan Alliance delivered numerous presentations at national conferences, seminars, workshops, briefings, professional society meetings and other forums on workforce diversity and health disparities.

For more information, see the Bibliography.

LESSONS LEARNED

- 1. **Take advantage of the power of professional networking.** When organizing an initial meeting of representatives from academic institutions in a given state to discuss creating a formal alliance, Project Director Robin Carle relied on her Rolodex. "For example, I figure out if there is a dean at a campus who worked at HHS [Department of Health and Human Services] when I was there or when Dr. Sullivan was there," says Carle.
- 2. A neutral party often is a necessary catalyst to get disparate organizations to put aside competing interests. The alliance found that its role as a neutral, national expert helped it transcend the politics within universities and colleges, which compete for students, faculty and financial resources. "We have expertise and interest, but we don't have a dog in the hunt," says Carle.
- 3. An alliance composed of multiple organizations should be independent from the individual members. The Sullivan Alliance encouraged the newly formed state alliances to create a funding stream to pay for an executive director and office space. The executive director should not be affiliated with any of the member institutions and should work from office space that is not located on any of the institutions' campuses. However, at the end of the grant period, the Virginia-Nebraska Alliance was the only one with a paid executive director and dedicated office space. (Project Director/Carle)
- 4. **Obtain the support of top leadership.** The Sullivan Alliance solicited support from presidents, provosts and deans of all the schools involved in a given state alliance. This strengthened the institutional commitment for personnel and other resources necessary to support a state or regional effort. (Final Report to RWJF)

AFTERWARD

As a result of its growth and to increase its visibility, the Sullivan Alliance became an independent nonprofit organization in April 2010. The alliance continues to work with existing alliances and to help create new alliances.

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RWJF Team: Human Capital

APPENDIX 1

Members of the Alliance of Virginia and Nebraska

Historically Black Colleges and Universities

- Hampton University, Hampton
- Norfolk State University, Norfolk
- Saint Paul's College, Lawrenceville
- Virginia State University, Petersburg
- Virginia Union University, Richmond

Community College

J. Sargeant Reynolds Community College, Richmond

Health Professions Schools

- University of Eastern Virginia Medical School, Norfolk
- University of Nebraska Medical Center, Omaha
- University of Richmond (VA)
- University of Virginia, Charlottesville
- Virginia Commonwealth University Medical Center, Richmond
- Virginia Polytechnic Institute and State University, Blackburg

APPENDIX 2

Members of the Florida Alliance for Health Professions Diversity

Historically Black Colleges and Universities

- Bethune-Cookman University, Daytona Beach
- Edward Waters College
- Florida A&M University, Tallahassee
- Florida Memorial University, Miami Gardens

Community College

 Santa Fe College, Gainesville (it recently started offering selection four-year degrees)

Health Professions Schools

- Florida International University, Miami
- Florida State University, Tallahassee
- University of Florida, Gainesville
- University of Miami, Coral Gables
- University of North Florida, Jacksonville
- University of South Florida, Tampa

Stakeholder Organizations

- Access Health Solutions
- Blue Cross Blue Shield of Florida
- Florida Department of Health
- Florida Medical Association
- Shands HealthCare

APPENDIX 3

Members of the Maryland Alliance to Transform the Health Professions

Historically Black Colleges and Universities

- Bowie State University, Bowie
- Coppin State University, Baltimore
- Morgan State University, Baltimore
- University of Maryland Eastern Shore, Princess Anne

Health Professions Schools

- Johns Hopkins School of Medicine, Baltimore
- Johns Hopkins University School of Nursing
- Johns Hopkins School of Public Health
- University of Maryland, Baltimore (medical, nursing, dental, pharmacy and public health schools)
- University of Maryland, College Park School of Public Health

APPENDIX 4

Members of the North Carolina Alliance and Strategic Planning Steering Committee

Historically Black Colleges and Universities

Winston-Salem State University, Winston-Salem

Health Professions Schools

- Campbell University College of Pharmacy and Health Sciences, Buies Creek
- Duke University Medical Center, Durham
- North Carolina Area Health Education Center, Chapel Hill
- North Carolina Community College, Raleigh
- North Carolina Community College System
- North Carolina Office of Minority Health, Raleigh
- University of North Carolina, Chapel Hill

Ex-Officio/Founding Alliance Members

- Peggy Valentine, Winston-Salem State University School of Health
- Jacqueline Wynn, North Carolina Area Health Education Center
- Thomas Bacon, North Carolina Area Health Education Center

Strategic Planning Steering Committee

- AARP University of North Carolina-Chapel Hill Center for Health and Healing, Inc.
- Campbell University College of Pharmacy
- Duke University Medical Center Healthy Lifestyles Program
- North Carolina Community College System/Division of Health Sciences
- North Carolina Department of Public Instruction, Health & Community Relations
- North Carolina Office of Minority Health
- University of North Carolina–Charlotte/School of Nursing

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