BUILDING A DIVERSE HEALTH CAREER PIPELINE

BEST PRACTICES FOR SUPPORTING YOUNG PEOPLE OF COLOR PURSUING A CAREER IN HEALTH CARE

Wendy Pacheco
Bridges to Health Summer Associate

Anthony Galace
Bridges to Health Director

TABLE OF CONTENTS

INTRODUCTION
The Need For a Diverse Health Workforce

California's health sector is projected to add 450,000 new jobs by 2020 — growing faster than any other industry in the state.[1] As California continues to recruit and train the next generation of health professionals, we must ensure that young people of color are well-positioned for these opportunities in order to comprehensively reduce racial and ethnic disparities in health and employment. By prioritizing the holistic health needs of each young person, California can lay the foundation for a more robust and diverse workforce while improving the quality of health services.

California's majority-minority population — Latinos make up 38.8 percent of the state, African Americans comprise 6.5 percent and Asian Americans constitute 14.7 percent, while whites make up 38.0 percent — makes it imperative to address racial and ethnic disparities in employment and health outcomes.[2] With high unemployment rates, particularly among communities of color, the rapid growth in the health sector presents a prime opportunity to align the needs of a health workforce with efforts to ensure economic opportunities for communities of color.[3] In order to address this disparity, young people of color must be encouraged, empowered, and trained to pursue careers in health care.

The state's health workforce remains far short of reflecting the diversity of California's populace. Currently, people of color make up only 34 percent of physicians and 47 percent of registered nurses.[4,5] This poses significant challenges for patients in need of culturally competent health care. Numerous studies have proven the importance of cultural competency in reducing racial and ethnic health disparities, reinforcing the necessity of a diverse health workforce.[6] To address this problem, California must coordinate state and regional efforts to diversify the health care system — thus also providing a feasible solution to high unemployment rates disproportionately affecting communities of color. Likewise, if California is to achieve a truly diverse health workforce, it must ensure that young people of color are supported, personally and professionally, throughout their education and training.

Diversity and California's Health Workforce

34% Currently, people of color make up only **34** percent of **physicians**.

**47%** Currently, people of color make up only **47** percent of **registered nurses**.

The Opportunities of Health Workforce Diversity

This policy brief presents recommendations from health pipeline professionals about how to build a diverse health care workforce and support young people of color pursuing these opportunities. Health career pipeline programs should be designed to increase opportunities for people from racially and ethnically diverse backgrounds, and disadvantaged backgrounds to pursue careers in health care.[7] Health career pipeline programs offer young people and students the chance to engage in experiential learning by providing paid work-based internships and other learning opportunities in the health sector. Beyond these fundamental skills, pipeline programs need to provide targeted support to students of racial and ethnic minority backgrounds[8] if they are to play a significant role in diversifying California's health workforce.

This is also an extraordinary opportunity for the health sector to serve as a vehicle for economic security in communities of color while simultaneously working toward a diverse health care industry that reflects California's diverse communities. More than one third of the projected growth in health care jobs will occur in the allied health professions, which already represent 60 percent of all health care providers.[9] These professions include occupational therapists, dental hygienists, and x-ray technicians, and require relatively little formal training beyond a high school diploma. On average, these jobs pay about $35,000 per year and can provide opportunities for career advancement and educational reimbursement.[10,11]

Improving Opportunities for California's Boys and Men of Color

In 2014, Greenlining published a report titled *Pathways Out of Poverty: Boys and Men of Color and Jobs in the Health Sector,* which highlighted the lack of representation of boys and men of color (BMoC) in the health workforce.[12] Greenlining strives to address employment inequities for BMoC through our partnership with the Alliance for Boys and Men of Color, a statewide coalition of over 100 organizations committed to improving life outcomes for California's BMoC.[13] The Alliance for BMoC includes youth, community organizations, foundations, education, public health, law enforcement, and elected officials. Greenlining leads The Alliance for BMoC's Jobs and Workforce Workgroup, which advocates for improving quality employment opportunities for BMoC, particularly in high-demand sectors, such as health care.
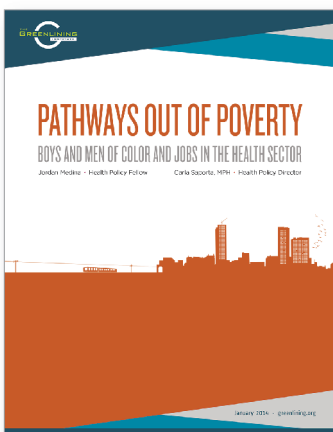
Over 70 percent of males in California age 24 or younger are BMoC, and this number will grow to 80 percent by 2050.[14] Unfortunately, BMoC continue to face significant barriers to opportunity and employment; for example, 36.9 percent of young African American men and 24.8 percent of young Latino men age 16 to 24 are unemployed, compared to 22.4 percent of white men.[15] Among young men of color age 16 to 24 who are not enrolled in school, less than half are employed, and one third are incarcerated or on parole.[16] In order for the state to thrive, we must address disparities that disproportionately affect BMoC and ensure that they have opportunities to succeed. Moreover, youth of color living in under-resourced neighborhoods with high rates of homicide, gang activity, school failure, violent crime, and poverty are less likely to have access to quality health care and even less likely to pursue a health care career.[17,18]

METHODOLOGY

In the summer of 2016, Greenlining conducted semi-structured interviews with five health career pipeline professionals to learn about their efforts to diversify the health workforce. Greenlining reached out to interviewees through coalition and advocacy partners throughout California. We identified interview participants based on each organization's commitment to diversity, equity, and inclusion, focusing on those who exhibited a commitment to supporting each young person by providing support services and other valuable resources.

Participating Organizations

Several youth development organizations across the state have established health career pipeline programs that equip young people with the necessary skills and knowledge to pursue a career in health care. These organizations utilize specific workforce strategies, such as internship programs for underrepresented and underserved youth, in an effort to increase diversity. Greenlining interviewed officials of the organizations listed below to identify best practices for developing and sustaining a health career pipeline program for young people of color:

Alameda County Health Pipeline Partnership (ACHPP)   acphd.org

The Alameda County Health Pipeline Partnership (ACHPP) is a consortium of health pathway programs and organizations that aim to increase the diversity of the health care workforce. Comprised of 15 different organizations, ACHPP's mission is to provide Alameda County youth of color with a supportive network of academic, social, and professional development to build a successful career in all areas of the health industry.[19] ACHPP also works to bridge the opportunity gap for BMoC in the health sector, by conducting targeted outreach and engagement. ACHPP is also an active participant in the Alliance for BMoC.

FACES for the Future (FACES)   facesforthefuture.org

FACES for the Future (FACES) was established in 2000 as a direct response to: 1) a lack of support and opportunity for at-risk youth seeking options to improve their lives through education, career training and healthy choices; and, 2) a lack of diversity in the health professions that directly contributes to worsening health disparities in underserved communities.[20] FACES for the Future works to connect schools, health professionals and community benefit organizations.[21]

Kaiser Permanente's KP Launch   kaiserpermanente.org

Kaiser Permanente's KP Launch program provides paid internship opportunities for high school and college students to engage in personal and professional development in the health care sector.[22] The goal of the program is to build and sustain a diverse, culturally competent health workforce. KP Launch seeks to introduce young people of underrepresented and underserved backgrounds to career opportunities in the health sector by fostering professional and community leadership skills in a supportive environment.[23]

Mentoring in Medicine and Sciences, Inc. (MIMS)   mimscience.org

Mentoring in Medicine and Sciences, Inc. (MIMS) is a not-for-profit organization in Oakland, California that strives to increase the number of underrepresented health professionals through mentorship, career exposure, and leadership development.[24] Established in March 2006, MIMS has supported nearly 2,000 students. Additionally, MIMS has recruited nearly 150 health professional volunteers in the Bay Area to mentor, educate, and support young people who aspire to a career in health care.[25]

Urban Strategies Council (USC)   urbanstrategies.org

Urban Strategies Council (USC) strives to eliminate persistent poverty in the Bay Area by working to transform low-income neighborhoods into vibrant, healthy communities.[26] USC conducts research, innovation, collaboration, policy and advocacy to advance equity and social justice. Moreover, USC leads the Oakland-Alameda County Alliance for BMoC, which aims to improve outcomes for BMoC in education, health, and employment. USC leads this collaborative, which focuses on identifying and implementing programs, practices, and policies for improving outcomes for Latino, Black/African American, Asian/Pacific Islander, and Native American boys and men.[27]

RECOMMENDATIONS
How to Build Diverse Health Career Pipeline Programs

Interviewees identified the following strategies as best practices to provide support for disadvantaged youth[28] and young people of color pursuing a career in health care. In this policy brief, we define "disadvantaged youth" to include both economically disadvantaged young people and youth of color whose communities have faced generations of injustice. By prioritizing the needs of disadvantaged youth, health career pipeline programs can create a model for institutionalizing equity and inclusion. As the demand for a diverse health workforce increases, we must capitalize on this opportunity to address systemic inequities that disproportionately obstruct communities of color.

1) Forge strong partnerships between health pipeline programs and local schools

Health career pipeline programs must develop stronger partnerships with local schools to provide students with direct access to information about jobs and careers in health care. These programs can amplify their impact by partnering with local schools to inspire and influence students to pursue careers in health care.[29] Partnerships with schools also create opportunities to institutionalize health care curriculum in high school education.

For example, **FACES for the Future (FACES)** — a statewide pipeline program with chapters across California in Alameda, east Oakland, Hayward, Sacramento, San Diego, and San Francisco, as well as in Detroit, Michigan — has a formal relationship with public high schools in historically low-income neighborhoods in San Diego.[30] FACES serves between 40 to 100 students per grade level by providing career exposure, life skills training, and professional development. Partnerships between health care professionals and educators, counselors, and other school officials can play a vital role in ensuring that these opportunities reach all students.

Students join FACES their freshman or sophomore year of high school and every year the curriculum builds off the previous year.[31] Students take health care-related elective courses each year, attend various field trips, including college visits, and receive one-on-one mentoring. This pipeline allows students to forge long-term relationships with their peers, educators and health care professionals.[32] Moreover, a comprehensive curriculum over four years allows students to cover more material and become prepared to enter the health care workforce.

2) Ensure opportunities to disconnected youth and young people of color

Although partnerships with educational institutions can ease recruitment efforts, it can also leave out disconnected youth, often between the ages of 14 to 24, who are homeless, in foster care, involved in the criminal justice system, or are neither in school nor working.[33] Across the United States, approximately 6.7 million youth exhibit one or more of these risk factors.[34]

Urban Strategies Council works closely with a young adult work group composed of young people who were either formerly incarcerated or former foster youth. The youth serve as an advisory body to inform USC's work, and some of them are graduates of the Emergency Medical Services (EMS) Corps Program, which strives to increase the number of underrepresented emergency medical technicians through job training and youth development.[35] Interviews with USC staff indicated that youth appreciated the fact that EMS Corp provides paid internships,[36] and that being in a "front line capacity" and working in and for the community encouraged their participation.[37] By placing the needs of BMoC at the forefront, USC can address barriers facing them such as the school-to-prison-to-deportation pipeline, mass criminalization, and other challenges.[38] By providing mentorship, leadership development, and job training, USC can simultaneously target health, employment, and educational disparities that disproportionately target BMoC.

Kaiser Permanente KP Launch specifically reserves positions for young people who otherwise would lack the resources to pursue career opportunities in health care.[39] This allows participants to cultivate a professional network, develop practical skills and build their resumes to better prepare them for a career in health care.[40] By intentionally focusing on underserved young people of color, KP Launch has modeled how to integrate equity and inclusion as core principles in its training program.[41]

3) Facilitate culturally competent mentorship between youth and health care professionals

Mentorship provides a tangible vision and goal for students to work toward, and a support system young people can depend on. Exposing students to health care professionals increases a student's confidence and helps students identify areas of growth.[42] Furthermore, culturally competent mentorship plays a particularly vital role for disconnected and disadvantaged youth.[43] When a mentor and mentee share the same identities — race, ethnicity, gender identity, sexual orientation, socioeconomic status, etc. — this facilitates greater connection and support, two extremely vital needs for underserved young people of color.[44]

For example, the **Mentoring in Medicine & Sciences (MIMS)** program hosts a four-week summer medical immersion program for high school and college students, with most participants identifying as first generation, low-income students of color from the Bay Area.[45] MIMS believes in a tiered mentoring system in which health care professionals mentor college students, and college students mentor their high school peers. This system creates long-term relationships, and allows all participants to see themselves reflected every step of the way toward a health care career.[46] This also builds a strong foundation for MIMS alumni to maintain their network and return as mentors to support future students.[47]

> When the mentor and mentee share the same identities — race, ethnicity, gender identity, sexual orientation, socioeconomic status, etc. — this facilitates greater connection and support, two extremely vital needs for under-served young people of color.

MIMS also hosts dinners for youth and health care professionals to encourage networking, and to give students the opportunity to meet professionals across the health career spectrum.[48] Health care professionals are also invited to give presentations on a topic of their choice to inform participants' under-standing of health care as a field and of the many possibilities in health care.

Career exposure helps ensure participants have the information needed to prepare for their future. Most people think of health careers in terms of becoming a nurse or physician, but the ACA is creating jobs in health administration, health education, and allied health professions. These opportunities are crucial for BMoC, given their low representation in these jobs. By encouraging culturally competent mentorship, MIMS provides participants with a strong support system that is truly invested in the participants' success and overall well-being.

4) Provide comprehensive wellness support

Comprehensive wellness support focuses on assisting participants beyond just their professional endeavors; by providing coaching, trauma-informed care, transportation, and other necessary services, health career pipeline programs can do a better job of setting their participants up for success. This is vital, especially for people of color who, due to unjust redlining practices, have historically lived in low-income neighborhoods.[49]

Additionally, young people of color living in urban environments also face increased risk of exposure to violence — 25 percent of low-income, urban youth have witnessed a murder.[50] Health care pipeline programs should acknowledge these unique experiences by providing trauma-informed care for participants.[51] To ensure success, participants need a space to openly discuss these issues and their relationship to health care.[52] Relating these experiences to the participants' interest in health care can strengthen their interest in pursuing such a career.[53] MIMS, for example, provides trauma-informed care as an empowerment tool.

Pipeline programs should also provide support services to alleviate barriers to participation. Transportation costs as a percentage of income increased in recent years for low-income households, while this spending was more stable for other income groups.[54] Lower-income households spent nearly 16 percent of their income on transportation in 2014, up from nine percent four years earlier.[55] Students need a transportation stipend to allow them to focus their energy on the substance of the program rather than worrying about how they are going to get there.

Finally, health career pipeline programs must foster a sense of support that illustrates true investment in each young person's capability and potential. This "care factor" was illustrated by one interview participant's response in which she shared how a mentor influenced her trajectory into her current role.[56] She recalled receiving a graduation card, not knowing that her mentor had taken the time to learn her home address.[57] This created a space for trust, and empowered her to pursue an opportunity at the **Alameda County Health Pipeline Partnership Program (ACHPP)**, reinforcing her commitment to uplifting future generations of aspiring health professionals.[58]

CONCLUSION

As California's health workforce continues to demand greater diversity, we must train young people of color for these opportunities and provide them with the support to succeed. Furthermore, California needs to prioritize the recruitment, training and retention of youth of color in health care careers, so that the health workforce reflects the state's diversity. This is the opportune moment for California to promote health equity, reduce disproportionately high unemployment rates for communities of color, and create economic opportunity for historically disadvantaged communities.

Health care organizations have already begun to implement pipeline programs that provide internship and research opportunities, mentorship with health care professionals, and personal development workshops. Further progress requires that we work towards empowering young people of color by investing in their holistic health and well-being. These health organizations can play a key role in facilitating the development of a health workforce that reflects California's patient population and provides the necessary, culturally competent care to achieve equitable health outcomes.

REFERENCES

[1] McConville, Shannon. (2014). "California's Health Workforce Needs: Training Allied Workers." *Public Policy Institute of California.*

[2] United States Census Bureau. Retrieved from http://www.census.gov/quickfacts/table/PST045215/06#headnote-js-a

[3] Bureau of Labor Statistics. (2015). "Preliminary 2015 Data on Employment Status by State and Demographic Group." *United States Bureau of Labor Statistics.*

[4] Paxton, C., PhD. (March 2014). California Physicians: Surplus or Scarcity? *California Health Care Almanac – California Health Care Foundation.*

[5] Bates, T., MPP. (November 2014). California Nurses Facts and Figures. *California Health Care Almanac – California Health Care Foundation.*

[6] Betancourt, J.; Green, A.; Carrillo, E.; Park, E. (2005). "Cultural Competence and Health Care Disparities: Key Perspectives and Trends." *Health Affairs.*

[7] Plymale, J., MA; Curry, D., JD. (February 2016). "Pipeline Programs Can Help Pave the Way to a Health Care Career." *American Dental Education Association.*
Retrieved from http://explorehealthcareers.org/en/issues/news/ Article/343/Pipeline_Programs_Can_Help_Pave_the_Way_to_a_Health_Care_Career

[8] Ibid.

[9] Brooks, L. (2016). "Allied Health Professions Overview." *American Dental Education Association.*
Retrieved from http://explorehealthcareers.org/en/Field/1/Allied_Health_Professions

[10] California Economic and Workforce Development (2012). *Sector Profile: Healthcare.* http://www.coeccc.net/documents/dwm_health_sector_CA_12.pdf

[11] Carnevale, A.; Hanson, A.; Gulish, A. (September 2013). "Failure to Launch: Structural Shift and the New Lost Generation." *Georgetown University | McCourt School of Public Policy | Center on Education and the Workforce*

[12] Medina, J.; Saporta, C. MPH. (2014). "Pathways Out of Poverty: Boys and Men of Color in the Health Sector." *The Greenlining Institute.*

[13] The Alliance for BMoC. Retrieved from http://www.allianceforbmoc.org/about-us

[14] Assembly Select Committee on the Status of Boys and Men of Color in California. (2012). "Claiming the Promise of Health and Success for Boys and Men of Color in California: Final Report and Policy Platform for State Action (2012-2018)." *Assembly Select Committee on the Status of Boys and Men of Color in California.*

[15] United Way of the Bay Area. (2014). "Men and Boys of Color: Why it Matters in the Bay Area." *United Way.*

[16] Ibid.

[17] School failure is the process by which a student slips farther and farther behind his peers and gradually disconnects from the educational system. "School Failure — Body, Last, Causes." Retrieved from http://www.humanillnesses.com/Behavioral-Health-Ob-Sea/School-Failure.html

[18] Alameda Health System. *Health Excellence and Leadership (HEAL).* Retrieved from http://www.alamedahealthsystem.org/news/health-excellence-acade-mic-leadership-heal

[19] http://www.acphd.org/pipeline.aspx

[20] http://facesforthefuture.org/

[21] Ibid.

[22] https://share.kaiserpermanente.org/article/ncal-launch/

[23] Ibid.

[24] http://www.mimscience.org/about/

[25] Ibid.

26 https://urbanstrategies.org/

27 https://urbanstrategies.org/cross-sector-collaborations/bmoc/

28 According to 42 USCS § 12511 (Title 42, The Public Health and Welfare; Chapter 129, National and Community Service; National and Community Service Grant Program; General Provisions), the term "disadvantaged youth" includes youth who are economically disadvantaged and one or more of the following: (A) Who are out-of-school youth, including out-of-school youth who are unemployed. (B) Who are in or aging out of foster care. (C) Who have limited English proficiency. (D) Who are homeless or who have run away from home. (E) Who are at-risk to leave secondary school without a diploma. (F) Who are former juvenile offenders or at risk of delinquency. (G) Who are individuals with disabilities." (42 USCS § 12511)

29 FACES for the Future staff, interview, July 2016.

30 http://facesforthefuture.org/locations/california/rady-childrens-hospital-san-diego/

31 Ibid.

32 FACES for the Future staff, interview, July 2016.

33 Belfield, C.R., Levin, H. M., Rosen, R. (2012). "The economic value of opportunity youth." *The Corporation for National and Community Service; The White House Council for Community Solutions.*

34 Ibid.

35 http://www.acphd.org/ems-corps.aspx

36 Alameda County Health Pipeline Program staff, interview, July 2016.

37 Ibid.

38 Urban Strategies Council Staff, interview, June 2016.

39 https://share.kaiserpermanente.org/article/ncal-launch/

40 Kaiser Permanente KP Launch staff, interview, July 2016.

41 Ibid.

42 Mentoring in Medicine & Science staff, interview, July 2016.

43 Cultural competency is defined by the United States Department of Health and Human Services Office of Minority Health, as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. (2003).

44 Alameda County Health Pipeline Program staff, interview, July 2016.

45 Mentoring in Medicine & Science staff, interview, July 2016.

46 Ibid.

47 Ibid.

48 Ibid.

49 Graber, H. (October 2016). "Here's How the Federal Government Made the Maps That Crippled Black Neighborhoods." *Slate Magazine.* Retrieved from http://www.slate.com/blogs/moneybox/2016/10/21/a_new_project_shows_how_redlining_emerged_from_firsthand_reports_of_the.html

50 The National Center for Victims of Crime. (2010). "Action Partnership on Interventions for Black Children Exposed to Violence and Victimization." *The National Center for Victims of Crime.* Retrieved from https://victimsofcrime.org/our-programs/other-projects/youth-initiative/interventions-for-black-children's-exposure-to-violence/black-children-exposed-to-violence

51 http://www.traumainformedcareproject.org/

52 Mentoring in Medicine & Science staff, interview, July 2016.

53 Ibid.

54 Wolff, M. (March 2016). "Household Expenditures and Income." *The Pew Charitable Trusts.* Retrieved from http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2016/03/household-expenditures-and-income

55 Ibid.

56 Alameda County Health Pipeline Program staff, interview, July 2016.

57 Ibid.

58 Ibid.

About the Greenlining Institute

Founded in 1993, The Greenlining Institute envisions a nation where communities of color thrive and race is never a barrier to economic opportunity. Because people of color will be the majority of our population by 2044, America will prosper only if communities of color prosper. Greenlining advances economic opportunity and empowerment for people of color through advocacy, community and coalition building, research, and leadership development. We work on a variety of major policy issues, from the economy to environmental policy, civic engagement and many others, because economic opportunity doesn't operate in a vacuum. Rather than seeing these issues as being in separate silos, Greenlining views them as interconnected threads in a web of opportunity.

About the Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care is not enough. People also need access to the things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

Author Biographies

Wendy Pacheco, Bridges to Health Summer Associate

Wendy's commitment to social justice is intimately connected to her experiences as a woman of color coming of age in the working-poor neighborhood of East Los Angeles. As the daughter of an incarcerated parent, she is a first-hand witness to the mass criminalization of people of color. Wendy has dedicated her time to advocating on behalf of system-involved people through internships with the Ella Baker Center for Human Rights and the Justice Policy Institute. The Greenlining Institute provided Wendy the opportunity to draw connections between the mass criminalization of youth of color and the lack of economic and employment opportunities. Wendy currently works at the Youth Leadership Institute supporting youth in building campaigns to effect policy change in their local communities. Wendy is a graduate of the University of California, Berkeley with a degree in Ethnic Studies.

Anthony Galace, Bridges to Health Director

Anthony's passion for advocacy lies at the nexus of public policy, health equity, and racial justice. As the child of Filipino immigrants, his desire to advocate for underserved communities was shaped by his exposure to the struggles his family and other immigrants faced while coming to the United States. His background in health includes direct health care services, health education, and local advocacy. Anthony leads Greenlining's health advocacy efforts to ensure fair and equitable implementation of the Affordable Care Act (ACA) and access to health care and workforce opportunities for boys and men of color. Additionally, Anthony oversees Greenlining's community benefit advocacy, which focuses on increasing investments towards upstream, preventive health resources to improve community health. Anthony is a native of Chula Vista, California, and a graduate of the University of California, Berkeley, with a degree in Integrative Biology.

The Greenlining Institute
@Greenlining
The Greenlining Institute

WWW.GREENLINING.ORG