



The Boston Disparities Project: Healthcare Career Bridge Programs

APHA

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www.bphc.org/disparities



BOSTON

Purpose of Today's Discussion

- To discuss the data and the underlying causes of racial and ethnic disparities in health care
- To highlight how workforce diversity can be used as a strategy to eliminate health disparities
- To share two innovative projects, their challenges and lessons learned in targeting diversifying the health care workforce

What are racial and ethnic disparities in health care and why is it a priority in Boston?

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What are disparities?

- **Racial or ethnic differences in the quality of health care that are NOT due to:**
 - Clinical needs or appropriateness of services
 - Patient or program participant preferences

Institute of Medicine, *Unequal Treatment*, 2003

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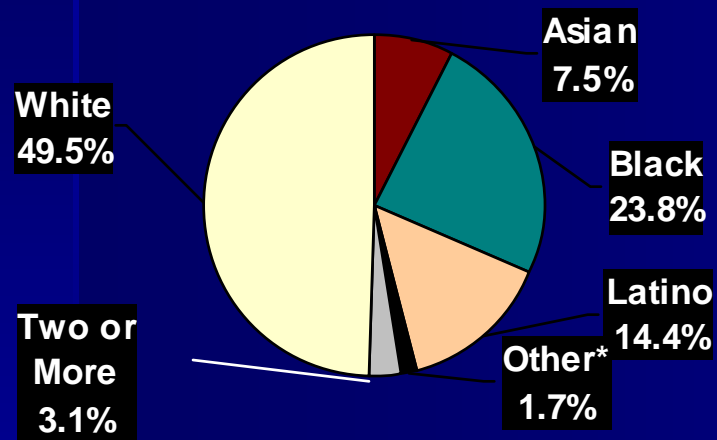
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What causes health disparities?

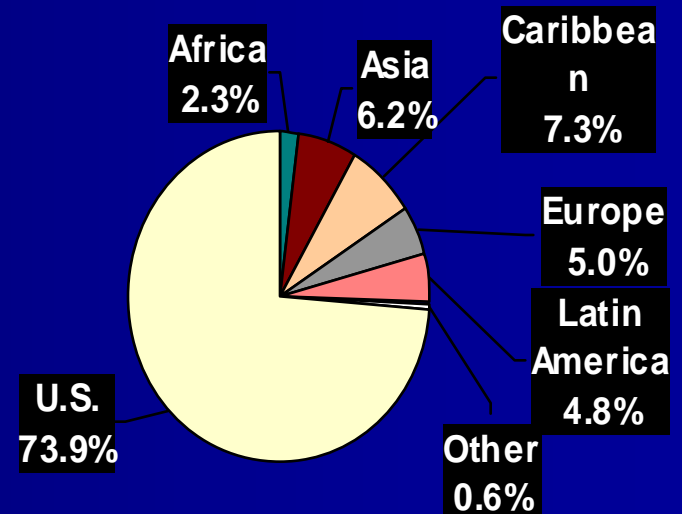
- Social, economic, and environmental factors
 - Lower income groups
 - Environment - Lead paint, air quality
- Barriers to getting health care
 - Health insurance
 - Transportation
 - Language
- Differences in quality of health care
 - Different treatments
 - Discrimination
 - Doctor-patient communication

We live in a diverse city

Boston's Population in 2000, By Race/Ethnicity



Place of Origin Boston Residents



Source: U.S. Department of Commerce, Census 2000

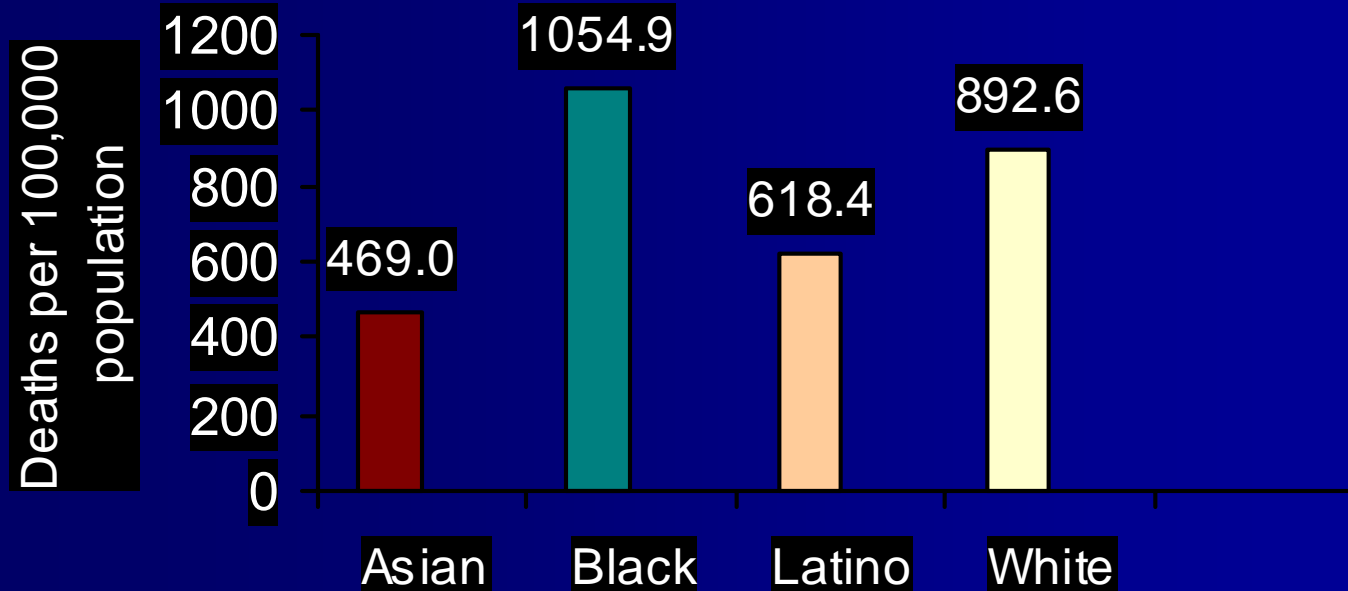
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Poorer health outcomes by race

Boston Mortality Rates By Race/ Ethnicity



SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce

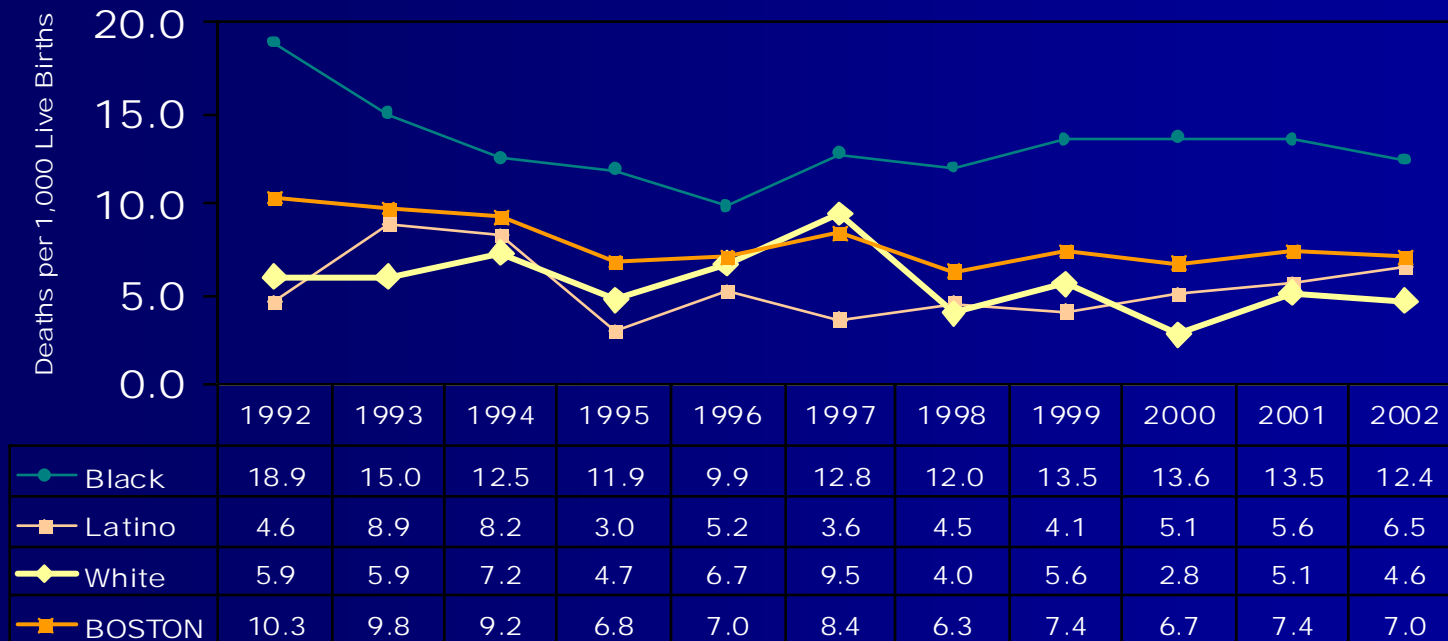
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Infant Mortality

Boston Infant Mortality Rate by Race/Ethnicity, 1992-2002



SOURCE: Boston resident live births and infant deaths, Massachusetts Department of Public Health ANALYSIS: Boston Public Health Commission Research Office

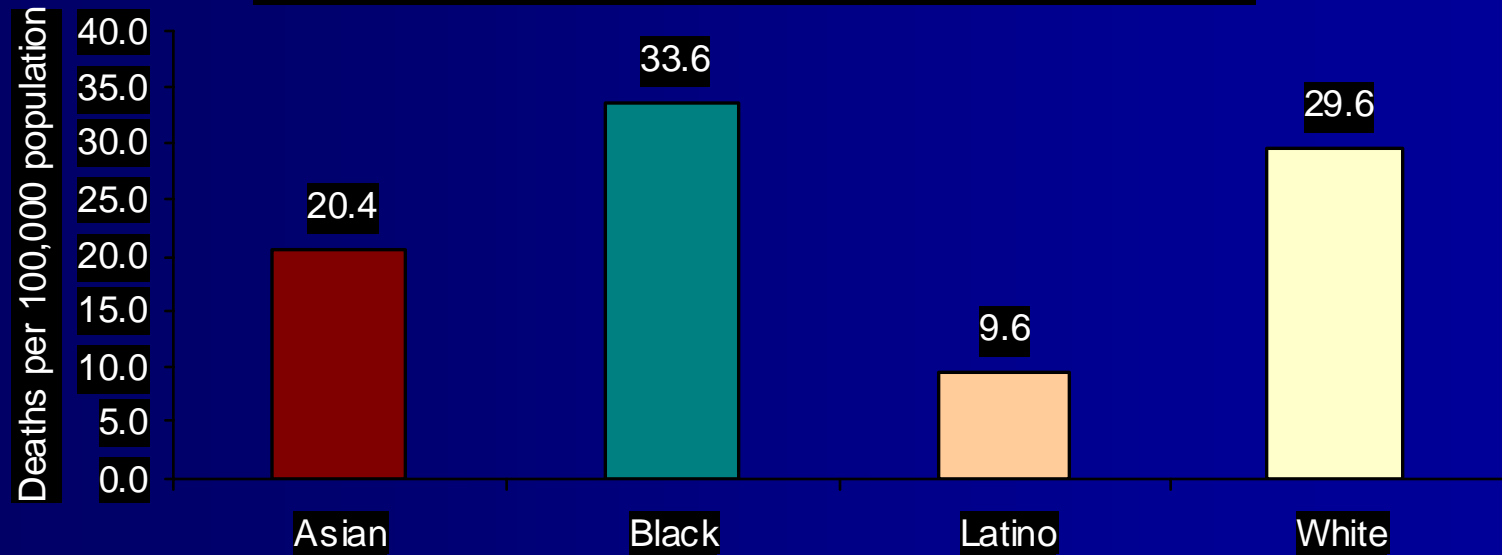
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Breast Cancer Mortality

Breast Cancer Mortality: Age-Adjusted Rates by Race/Ethnicity, Boston, 2001-2002



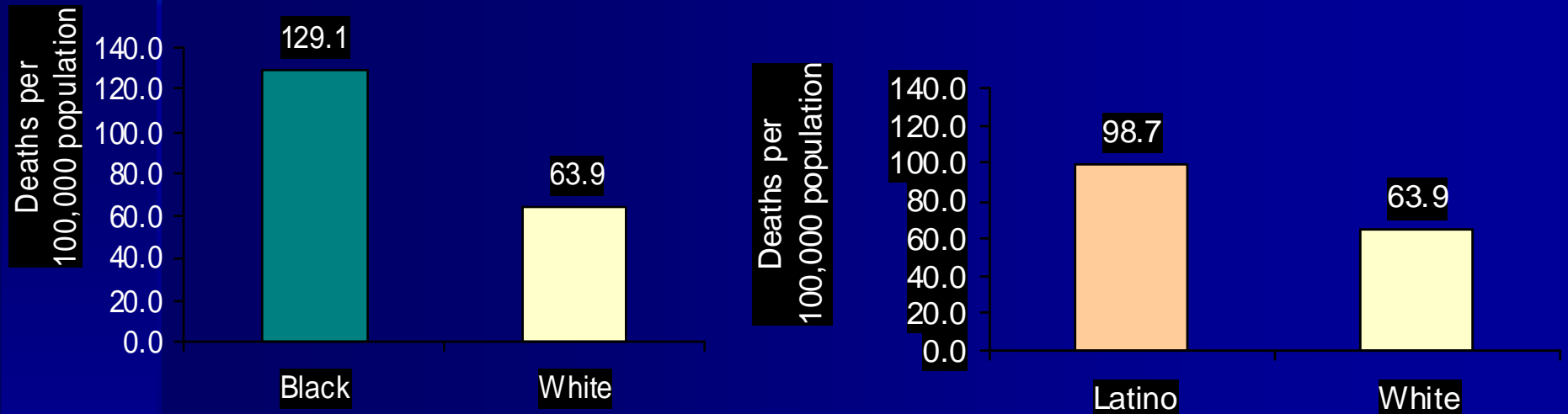
Source: Boston resident deaths, Massachusetts Department of Public Health (2001-2002)
Data Analysis: Boston Public Health Commission, Research Office

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Diabetes, Immediate or Underlying Cause of Death



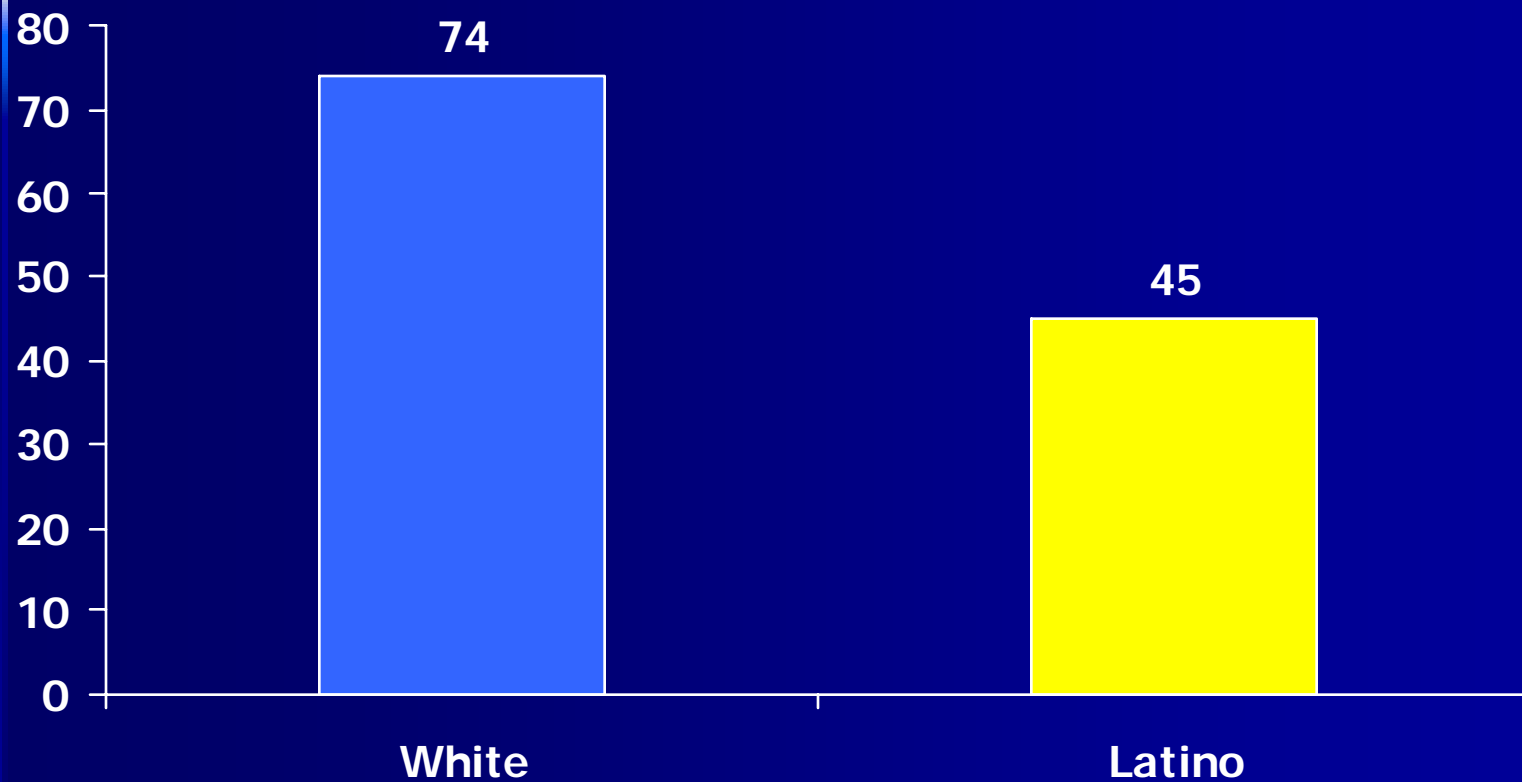
SOURCES: Boston resident deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce

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Pain medication for long bone fractures in the emergency department, UCLA



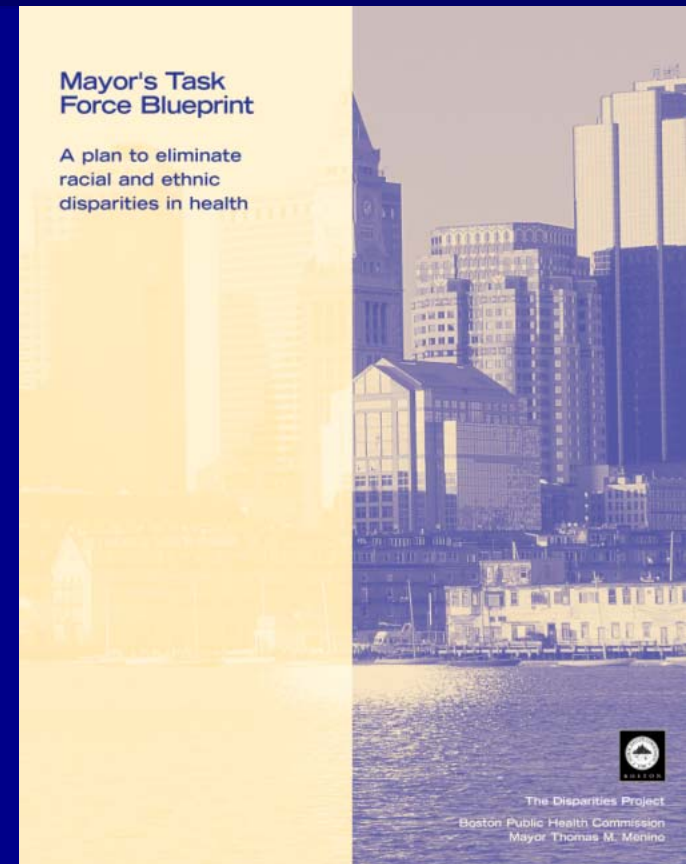
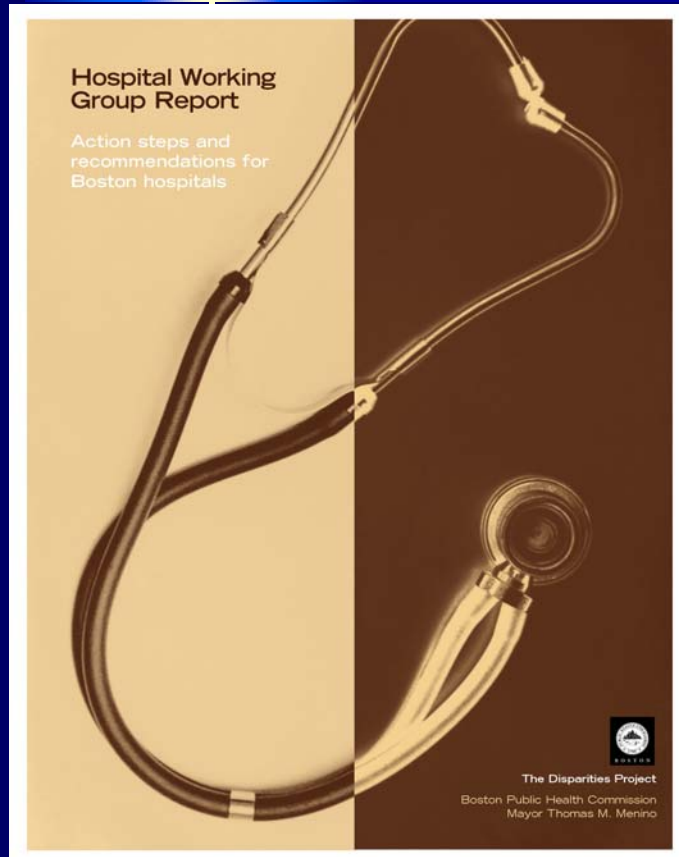
Todd, Samaroo, Hoffman, JAMA 269(12):1537-9

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Boston's approach to addressing disparities in health



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Why focus on diversifying the health care workforce?

People of color make up 25% of US population they represent only 9% Of nurses, 6% of physicians, and 5% of dentists.



Diversity is associated with:

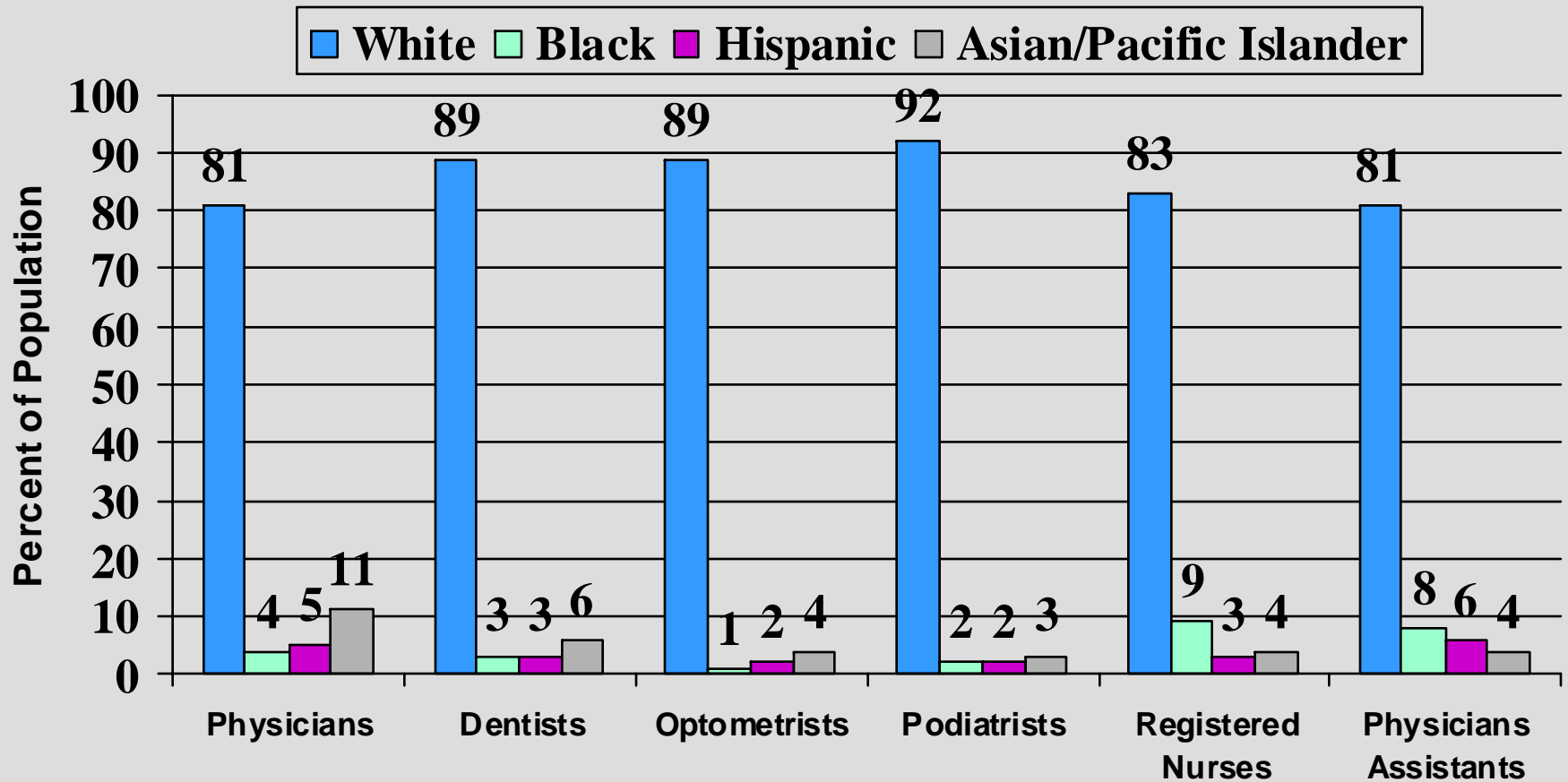
- Improved access to care for racial and ethnic minority patients
- Greater patient choice and satisfaction
- Better educational experiences for all health profession students

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Racial and Ethnic Distribution of Selected Health Professions 1990



SOURCE: U.S. Bureau of Labor Statistics, 1990.

GRAPHIC: Boston Public Health Commission, Research and Technology Services.

NOTES: Persons of Hispanic Origin may be of any race. American Indians compose one percent of the population of physician assistants, however, in other fields they make up less than one percent of the population.

In 1990, the percentage of the population that was white was 75.6; the percentage that was black was 11.8; the percentage that was Hispanic was 9.1; the percentage that was American Indian was .7; and the percentage that was Asian/Pacific Islander was 2.8.

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Boston Health Care Workforce:

- Health Care Industry employs far more people than any other sector in Boston
- Boston's largest private employer: Massachusetts General Hospital
- Most acute shortage in Boston's health care labor force: nurses

Workforce Diversity: Youth pipeline programs

- **Goal** of increasing resources to recruit, train, retain, and graduate persons from underrepresented groups of color in the health care field
- **2 Strategies:**
 - Student Taking Action for Nursing Diversity (STAND)
 - Careers in Urban Nursing (CAN)

Core components

- Academic Support
- Professional Opportunities
- Mentoring
- Financial Support
- Psychosocial Support

Source: Grumbach et al., 2003

Program strategies

STAND:

50 students into nursing program

- Dual enrollment at Bunker Hill
- Mentoring by students of color
- Clinical rotation
- Four-day orientation
- Personal tutoring
- Admissions advisement
- Tours and field trips
- Stipend

CAN:

20 CNAs, 14 MIs, 6 interns

- CNA certification course
- Medical Interpreter instruction
- Tutoring
- College application assistance
- Clinical experiences (CNA and internship track)
- Course tuition covered (CNA and Medical Interpreter)
- Life coaching

STAND completion rates

Twenty of 51 participants completed (39.2%)

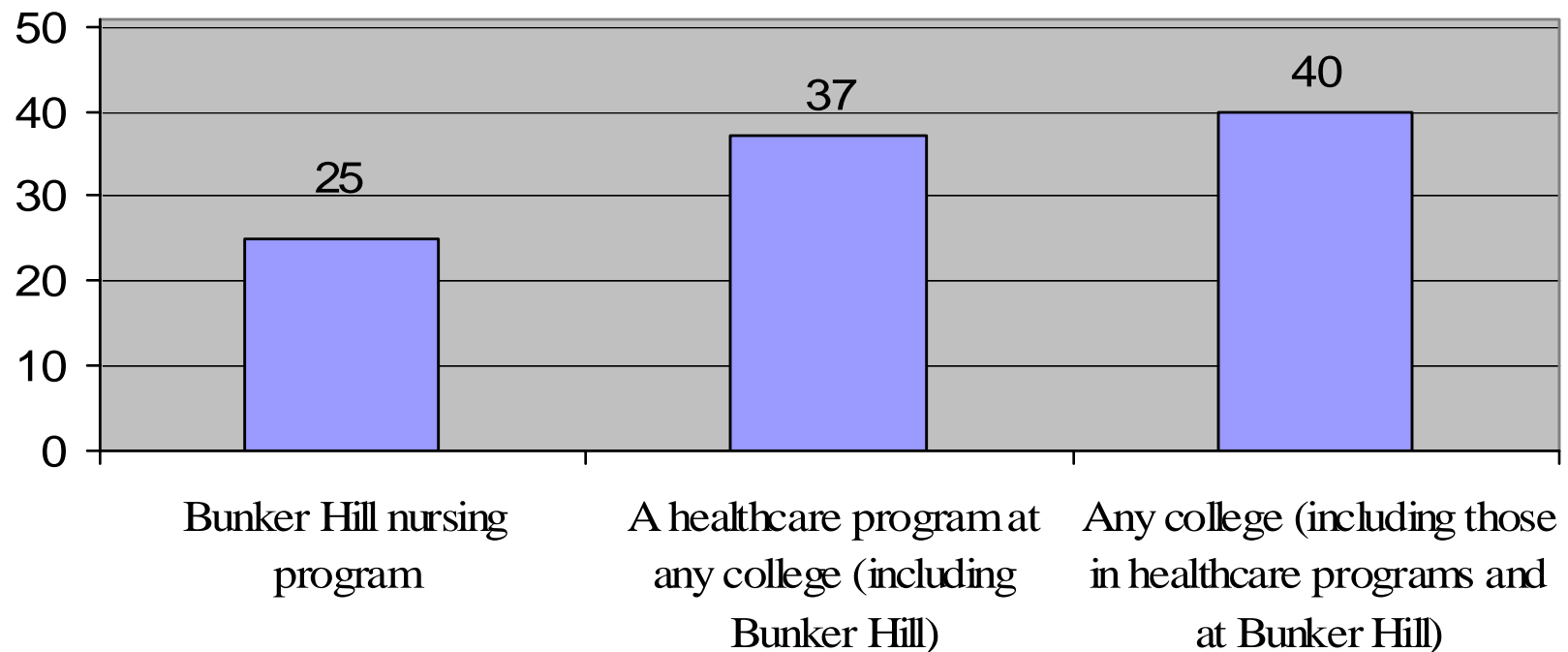
STAND Completion Rates by High School

High School	Completion Rate
Brighton	83%
Burke	69%
East Boston	27%
Health Careers Academy	9%
Madison Park Technical	20%

College Enrollment

College enrollment of 1st year STAND participants

N=51



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CAN completion rates

CNA	23.1%
Medical Interpreter	85.7%
Internship	100%
Overall Program <i>Full year participation</i>	69.2%
Overall Program <i>Component completion</i>	46.2%

Overall successes

- College enrollment
- Establishment of novel cross-institutional relationships
- Interest in health care careers
- Strong leadership

Challenges: Programmatic factors

- Remediation and preparation
 - **STAND:** 20/51 students passed class with C or higher
 - **CAN:** Four took CNA exam, three passed
- Mentors not available
- Lack of coordination between schools
- Coordination between program, schools and internship/job shadowing sites
- Tutoring rarely used
- Competing priorities: student schedules vs. attendance expectation

Challenges: External factors

- Coordination/cooperation with local hospitals and clinics to sponsor job shadowing experiences
- Parental involvement
- How do we address the larger shortcomings of school systems, and assist students who are ill-prepared in math and science?

Recommendations to address challenges

- Offer remedial classes
- Clarify attendance expectations with participating schools and students
- Provide time management instruction
 - Develop structured study sessions to reinforce skills and preparation
 - Tutoring component open to all, mandatory for students identified by faculty
- Institute coordination between schools

Recommendations to address challenges, cont'd

- Seek and formalize career exposure/job shadowing experience before program activities begin
- Establish a structured mentoring program with faculty and nursing/CNA graduates
- Formalize agreements, program components, and main contacts with schools before program begins
- Summer course options

Thank you

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