

Pacific Islander Health Careers Pipeline (PIHCPP)

A health workforce diversity program: Planning, development and implementation of a community-lead health workforce development program tailored to Native Hawaiian and Pacific Islander students in Southern California

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ABSTRACT:

Native Hawaiian and Pacific Islander communities (NHPI) communities are disproportionately affected by chronic diseases, and the lack of bilingual and bicultural health providers inhibits access to and utilization of services. NHPIs account for less than 1% of the health workforce and most tend to be older with few younger NHPIs seeking a health care career locally. Furthermore, the low retention rates of NHPIs in educational institutions decrease the number of NHPIs entering the health workforce. The NHPI community in Southern California collaborated to develop the Pacific Islander Health Careers Pipeline Program (PIHCPP) to increase the number of NHPIs who provide health care, conduct research, advocate and develop best practices for decreasing health disparities. A needs assessment explored the risk and protective factors influencing NHPI student educational success and lead to a program that includes: educational workshops; a summer research internship project; community service learning; and a mentorship program providing psychosocial support. A key component is the research internship funded by ARRA/NCI funds that supports hands-on engagement in community based participatory research. PIHCPP also focuses on local systems to better serve NHPIs by creating partnerships with educational institutions, financial aid programs, and student associations. A college preparation program is being piloted at a high school. In 2009, seven NHPI youth interned with researchers at academic and community based organizations involved in NHPI cancer-related disparities. In conclusion, decreasing health disparities and achieving equity in health care is a social justice concern and requires diversifying the health workforce.

Needs Assessment Key Findings:

- In 2007-2008 conducted a needs assessment to hear from our PI youth in Southern California
- 7 focus groups with 38 young adult participants ages 13 to 33 of PI descent - Chamorro (5), Chamorro/Korean (1), Filipino/Guamanian (5), Marshallese (9), Marshallese/Japanese (1), Native Hawaiian (6), Samoan (10) and Tongan (12)
- 11 key informant interviews ages 13 to 23 involved in or working with PI young adults
- Key areas of concern reflected in existing research (Ah Sam and Robinson, 1998; Onikama and Colleagues, 1998; Tsutsumoto, 1998; Kawakami, 1990; Kao and Thompson, 2005; Lee and Kumashiro, 2005; and Miyamoto, 2005) were reinforced by Southern California young adults.
 - Socioeconomic status
 - Family structure/involvement



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- Social support
- Culture
- Educational resources and support
- Stereotypes and identity
- Multi-level program to address various factors that influence educational access and opportunities

• **RECOMMENDATIONS**



Work to date:

Two summer cohorts

- 2009 N=7 including one high school student
- 2010 N=13 students
- Included male and female (mostly female 90%) students
- Included Chamorro; Chamorro/Native Hawaiian, Chamorro Samoan, Marshallese, Samoan, and Tongan students

PIHCPP Model

- Research exposure/experience – placement with academic faculty
- Community based research exposure/experience – placement with CBO
- Training/Workshop sessions
 - Pacific Islander community and culture
 - Pacific Islander health and cancer health disparities
 - Research and Reading Journal Articles
 - Quantitative and Qualitative Research
 - Health care disparities Career Opportunities/Panel
 - Skills Building – resume develop, public speaking, presentations (oral



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presentations and poster presentations)

- Mentoring and social support

Keys to Success:

- Engaging community in the recruitment and training process
- Providing role models for students – academic and professional
- Financial resources
- Need for a strong network
 - Clinical partners (e.g. site visits/observations)
 - Network of health care disparities faculty and researchers
 - Health care/Pipeline network throughout the State
 - Scholarship opportunities
- Community events – connection to community
- Supportive families
- Past students – word of mouth

Lessons Learned:

- Ambitious to work across 5 counties
- Build a program that understands the competing priorities of our PI youth
- Address the environmental, social and contextual factors that influence educational access and opportunities
- Summer programs – need time to build relationships
- Engage families/supporters

Next steps/Dissemination:

- Disseminate findings/lessons learned
 - Held two community forums to share needs assessment findings (2009)
 - Held parent night to share experiences from 2009 cohort (Fall 2009)
 - Community Publication, Pacific Islander Health Careers Pipeline Program, 2009
 - Orange County Asian and Pacific Islander Community Alliance.
 - Oral Presentation at the 2010 API Policy Summit, Sacramento, CA
 - Manuscript *Understanding a Pacific Islander Young Adult Perspective on Access to Higher Education*, Tran et al accepted by the Californian Journal for Health Promotion
 - Continue to submit abstracts to conferences and report back to community
- Seek additional resources for a third cohort
- Link PI community into existing opportunities and educational networks
- Continue to mentor and support students from our community in health disparities work (e.g. volunteers, internships)
- Participate on the statewide California Healthcare Workers Alliance to network with others and leverage resources

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