Urban Universities
An Action Plan for Transforming the Future Health Workforce

USU Health Action Groups
September 2013
Urban Universities for HEALTH

Urban Universities for HEALTH (Health Equity through Alignment, Leadership and Transformation of the Health Workforce) is a partnership effort of the Coalition of Urban Serving Universities (USU)/Association of Public and Land-grant Universities (APLU), the Association of American Medical Colleges (AAMC) and the NIH National Institute on Minority Health and Health Disparities (NIMHD). The project aims to address the severe shortage of qualified health professionals in underserved areas by leveraging the power of urban universities to enhance and expand a culturally sensitive, diverse, and prepared health workforce.

The Coalition of Urban Serving Universities

The Coalition of Urban Serving Universities (USU) is a president-led organization committed to escalating urban university engagement to increase prosperity and opportunity in the nation’s cities, and to tackling key urban challenges. The USU includes 42 public urban research universities representing all U.S. geographic regions. The USU agenda focuses on creating a competitive workforce, building strong communities, and improving the health of a diverse population. The USU has partnered with the Association of Public and Land-grant Universities (APLU) to establish an Office of Urban Initiatives, housed at APLU, to jointly lead an urban agenda for the nation’s public universities.

The Association of Public and Land-grant Universities

The Association of Public and Land-grant Universities (APLU) is a research, policy, and advocacy organization representing 218 public research universities, land-grant institutions, state university systems, and related organizations. Founded in 1887, APLU is the nation’s oldest higher education association with member institutions in all 50 states, the District of Columbia, and four U.S. territories. Annually, member campuses enroll more than 3.8 million undergraduates and 1.2 million graduate students, award over 1 million degrees, employ nearly 1 million faculty and staff, and conduct more than $37 billion in university-based research.

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Urban Universities for HEALTH Demonstration Sites

Cleveland State University/Northeast Ohio Medical University
SUNY Downstate Medical Center
University of Cincinnati
University of Missouri-Kansas City
University of New Mexico

USU Members

Arizona State University
Boise State University
California State University, East Bay
California State University, Fresno State University
California State University, Fullerton
California State University, Long Beach
California State University, Northridge
Cleveland State University
Florida International University
Georgia State University
Indiana University-Purdue University Indianapolis
Morgan State University
Portland State University
San Francisco State University
San Jose State University
Temple University
Texas Tech University
The Ohio State University
The State University of New York System
Stony Brook University
SUNY College of Environmental Science and Forestry
SUNY Downstate Medical Center
SUNY Upstate Medical University
University of Akron
University of Albany
University at Buffalo
University of Central Florida
University of Cincinnati
University of Colorado-Denver
University of Houston
University of Illinois at Chicago
University of Louisville
University of Massachusetts Boston
University of Memphis
University of Minnesota
University of Missouri-Kansas City
University of New Mexico
University of North Carolina at Charlotte
University of Washington, Tacoma
University of Wisconsin-Milwaukee
Virginia Commonwealth University
Wayne State University
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Introduction

The American health care system is in crisis. In order to address persistent health inequities among the poor and minority groups, the United States must start producing more health professionals with the skills and competencies to provide care to a rapidly diversifying population. Ensuring access to care in underserved urban areas will require a sustained commitment to educating students from those communities in the health professions.

Urban universities bear primary responsibility for training the future doctors, nurses, dentists, pharmacists, and allied health professionals that will serve their communities. Although most urban institutions have made health workforce development a priority, further action is needed to increase the diversity and cultural competence of the health workforce.

An Action Plan for Urban Universities

The long-term goal of the USU health agenda is to expand and enhance a health workforce that improves health and reduces health disparities in urban communities. Following the November 2012 publication of *Urban Universities: Developing a Health Workforce that Meets Community Needs*, USU presidents and chancellors nominated individuals for three health action groups, which were created to identify specific actionable steps that the USU can take to make progress toward its strategic health workforce recommendations. Members were drawn from multiple disciplines and possessed expertise within the following core areas:

- Urban education pipeline partnerships and programs to health careers
- Cultural competency of institutions
- Health professions recruitment and admission practices

Each group identified two actionable steps USU members can undertake to: 1) improve evidence regarding what works, 2) strengthen the ability to measure and improve impact, and 3) facilitate information sharing and exchange among members. In addition, the action groups identified and documented innovative practices that could be scaled or replicated at other institutions, as well as promising new ideas that should be further evaluated.

The following *Action Plan for Transforming the Future Health Workforce* represents the culmination of the groups’ work, as well as direct feedback from USU presidents and chancellors obtained at the USU Summer Meeting in Chicago, IL on June 17, 2013. The plan will be used to inform the USU health agenda and develop future learning partners’ network activities for the Urban Universities for HEALTH initiative.
Step 1 | Expand and Extend the Health Professions Pipeline

The 2012 USU Health Workforce study recommended several strategies for improving the talent pipeline into the health professions. These include: identifying high-impact interventions for pipeline programs, building upon interventions that work, and collaborating regionally with other institutions and stakeholders to strengthen educational pathways to health careers. Longitudinal tracking of pipeline participants, which has historically been weak, will help institutions identify effective strategies and bring them to scale.

Strategic Recommendations from the USU Health Workforce Report

• Identify high-impact interventions.
• Build on what works.
• Collaborate regionally.
• Partner with minority-serving institutions.
• Develop mechanisms to track pipeline program participants longitudinally.

The pipeline action group acknowledged there are barriers to implementing these recommendations and proposed several solutions. Although some challenges are best tackled at the local level, public urban universities should also leverage their collective power by pooling resources, engaging top leadership, and exploring systemic, cross-institutional solutions.

Common concerns across our universities include:

Lack of coordination among campus pipeline programs is a barrier to improving the measurement of student outcomes and tracking students over time. Individual pipeline programs lack the resources and breadth necessary to develop meaningful metrics and data collection systems. Universities may opt for local solutions such as centralizing the administration of pipeline programs at the institution or working with stakeholders at the state and federal level to devise comprehensive strategies for data collection.

Low-income and non-traditional students often face steep financial and logistical hurdles when attempting to pursue a health career. The development or expansion of “bridging programs” may help universities mitigate some of these challenges for students by providing affordable and flexible pathways into the health professions. By forging collaborative partnerships with other local higher education institutions and employers, urban universities can provide better support for students and increase their chances of success.

As academic pathways evolve, universities need to broaden how and where they look for talent to comprise the health workforce. The traditional definition of a student as a full-time, residential, recent high school graduate is rapidly becoming obsolete. In order to prepare a 21st century workforce, universities must radically transform their pipeline efforts to capture more part-time adult learners, community college students, and returning veterans.
Many pipeline programs are focused on outreach and could do more to prepare students for academic success. While reaching out to students and providing information about health careers is necessary, academic barriers loom large for low-income and first-generation students. Providing students with test-preparation resources, tutoring, mentoring, and other academic support activities will not only encourage students to pursue health careers, but also increase their success.

Step 2: Assess and Improve Institutional Climate and Culture

Institutional climate is a new and rapidly evolving area of concern for universities. Identifying the determinants of a culturally sensitive institutional climate and nurturing those factors is critical for universities that aim to create an inclusive society where higher education is a vehicle for social mobility. In order to improve campus climate, universities must take a comprehensive approach that encompasses everything from strategic planning at the senior leadership level to curriculum development and student programming.

Strategic Recommendations from the USU Health Workforce Report

- Establish expectations for cultural competence that encompass campus climate, institutional practices and policies, and education programs.
- Identify learning outcomes for students.
- Educate more students from – and in – the communities where they are needed.
- Work with local healthcare employers to improve the supply of culturally competent graduates.

Common concerns across our universities include:

At many institutions, climate is not currently being monitored or managed as a regular part of university business. In order to transform institutional climate, presidents and provosts need to establish processes for measuring and reporting on campus climate, and expect action as a result of these assessments. Campus leaders working to create an inclusive climate should anticipate disruption of the status quo and embrace it as a necessary by-product of healthy change.

Faculty and staff deeply influence campus climate through their research and their interactions with students. Presidents and provosts can shape this influence by encouraging and supporting faculty in their efforts to incorporate diversity and inclusion into teaching and research activities. Staff development is equally critical, as staff members are often the first to interact with incoming students and set the tone for a student’s experience on campus.
Learning environments are rapidly evolving as a result of new technologies, globalization, and re-definition of the student. Faculty can no longer assume teaching and student learning will occur solely within the classroom or on campus. Online courses, internships, social media, and community-based service experiences are just a few examples of new learning environments that universities can leverage to increase the cultural competence of students.

### Definition of Cultural Competence

Higher education institutions are dynamic and evolving, and they must prepare students for the workforce needs of the future. Therefore, a culturally competent institution:

- Has a defined set of values and principles, and demonstrates behaviors, attitudes, policies, and structures that enable the institution to work effectively cross-culturally;
- Has the capacity to 1) value diversity, 2) conduct self-assessment, 3) manage the dynamics of difference, 4) acquire and institutionalize cultural knowledge, and 5) adapt to the diversity and cultural contexts of the individuals, families, and communities it serves; and
- Incorporates the above in all aspects of policymaking, administration, practice, and service delivery, and systematically involves consumers, families, and communities.

*Adapted from the definition of cultural competence published by the National Center for Cultural Competence at Georgetown University*

### Step 3: Transform Recruitment and Admission Practices

Assembling the right body of students is critical to the pursuit of a university’s mission. Universities must assess the full value of a potential student by considering the breadth and diversity of experience the student brings to the university community and ultimately the workforce. In order to ensure student success, universities must also support the students they have admitted and provide them with the resources they need to excel and thrive.

### Strategic Recommendations from the USU Health Workforce Report

- Align admission practices with institutional goals.
- Consider adopting promising practices in admission to promote diversity.
- Evaluate health professions admission strategies and outcomes to make sure they are effective and aligned with goals.
However, the recruitment and admission action group acknowledged systemic barriers preventing institutions from fulfilling their mission in this area:

**Current educational systems are not designed to maximize pathways for non-traditional students into health careers.** Students are now approaching higher education from multiple points of origin, with many low-income students beginning their academic careers at a community or technical college. Recruitment and admission processes must adapt in order to keep pace with these changes and ensure universities are effectively capturing talented non-traditional students.

**Admission processes in the health professions rely heavily on test scores and lack sufficient means to evaluate other qualities that predict student success.** “Holistic admission” (see box) is a promising practice that has been used with success at many institutions, particularly in medicine, as a means of ensuring a more comprehensive review of applicants and their value to the university. Other institutions have been slow to adopt this practice because of the costs and challenges associated with implementation, as well as their need to demonstrate that student outcomes are improved through this approach.

**Admission is only the first step; retention often proves more difficult.** Student success is primarily defined by graduation, not admission, and many universities could do more to address the challenges their low-income and first-generation students face after entry into the campus community. Institutions that provide high-quality mentoring, emergency financial support, and improved resources to help students navigate higher education may experience greater retention rates.

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**Definition of Holistic Admission**

Holistic admission is a flexible, individualized way of assessing an applicant’s capabilities by which balanced consideration is given to experiences, attributes and academic metrics and, when considered in combination, how the individual might contribute value as a student, member of society, and to his or her future profession.

*Adapted from the Association of American Medical Colleges (AAMC) definition of holistic admission.*

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**Action Items for the USU**

After identifying the barriers universities face in each of the core areas, the action groups developed a number of potential solutions for addressing common challenges. These potential solutions ranged from ambitious new ideas to be tested, to evidence-based practices that could be scaled up or adapted for broader use. The following list of priority action items describes six discrete projects that the action groups believe will help urban institutions make progress toward their health workforce goals.
Develop a how-to guide and business case for cluster hiring of faculty around health disparities topics

A number of USU institutions have piloted the practice of hiring faculty into multiple departments and schools around specific research topics related to the social determinants of health and health disparities. This practice shows potential for improving campus climate, increasing the diversity and cultural competence of faculty, and providing mentoring and research opportunities for minority students.

Evaluate the impact of holistic admission and determine feasibility of expanding its use among USU members

Holistic admission is a promising practice that has been championed in the health professions as a means to developing a more diverse health workforce that is responsive to community needs. However, barriers to implementation are significant and, as a result, have limited its widespread use.

Identify and scale solutions that enable university leaders to better coordinate existing pipeline programs

At many institutions, pipeline programs are siloed within specific disciplines and are not coordinated across the institution. This results in duplication of costs and services and impedes efforts to track student outcomes. The USU is positioned to work with pipeline leaders in its network to identify processes that have enabled universities to coordinate (or centralize) their efforts, and assist others in adopting these practices.

Identify successful elements of bridge programs for transitioning community college students into health careers

Evidence has shown that health professional students who come from underserved areas are more likely to return to practice in those communities after graduation. Urban students who attend community college for financial reasons face numerous barriers when attempting to continue their education. Some USU institutions have piloted innovative solutions for streamlining the transfer process for health professional degrees. These solutions could be targeted by the USU and brought to scale.
Pilot the recently released AAMC tool, “Assessing Institutional Culture and Climate” at a group of USU institutions

The Association of American Medical Colleges (AAMC) has developed a new tool to assess institutional culture and climate; however, this tool has not been piloted and is geared toward medical colleges. The USU could adapt this tool for broader use and pilot it at a small group of institutions in order to identify best practices for measuring and improving campus culture and climate.

Work with the U.S. Armed Forces to develop and pilot bridge programs for returning veterans to transition into civilian careers in the health professions

A persistent challenge for returning medics and corpsmen is applying their substantial field health experience toward a civilian career. By developing educational pathways for veterans, USU members can increase the volume of minority and first-generation college students entering the health professions.

Impact

The USU Health Action Groups have recommended these actions as discrete projects that the USU can undertake as a coalition. These actions were prioritized after discussions with health leaders and university presidents regarding campus needs, potential solutions that can be immediately acted upon, and the expected impact of those solutions. The proposed action items will enable our universities to make progress toward our shared goal of enhancing and expanding a health workforce that improves health and reduces health disparities in urban communities.

If we are successful, these efforts will enhance the efficiency of programs that bring more students into the health professions pipeline, improve institutional culture and climate so that diverse students, staff, and faculty can thrive, and increase the number of diverse graduates across health professions. By drawing upon the combined leadership and resources of the USU, our work together will ensure that tomorrow’s health workforce meets the needs of our communities and improves the health of all.