



PARTNERING FOR THE FUTURE



Alameda County Health Pipeline Partnership

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Pipeline programs serve a dual purpose by addressing inequities in racial and ethnic health and providing underrepresented minority youth with a pathway to education and sustainable careers that is currently going unmet. The Alameda County Health Pipeline Partnership is a consortium of individual Pipeline programs serving the Alameda County region. Pipeline programs seek to prepare students from underserved communities in Alameda County for education and careers in health and Science, Technology, Engineering and Mathematics (STEM) fields. This document outlines the important role of Pipeline programs and the case for investment and partnership with such programs.

The Importance of Pipeline Programs

Inequities in health and health care for racial and ethnic minorities in the United States continue to persist without adequate culturally competent care providers and researchers. African Americans, Latinos, Asian and Native Hawaiians/Pacific Islanders and American Indian's suffer from and are afflicted by disease, poor health and unequal treatment at degrees that are significantly higher than non-Hispanic whites. According to the Office of Minority Health:

- Heart disease rates are 40% higher for African American's than for non-Hispanic whites. African American males are 60% more likely to die from a stroke compared to white males.
- American Indians ages 10-19 have the highest prevalence of type 2 diabetes.
- African American women have higher deaths from breast cancer.
- Hispanics in the US are almost twice more likely to die from diabetes and have higher rates of high blood pressure and obesity than non-Hispanic whites.
- Mexican American mothers were 2.5 times as likely as non-Hispanic white mothers to begin prenatal care in the 3rd trimester, or not receive prenatal care at all.
- Although African Americans make up only 13% of the total U.S. population, they accounted for 49% of HIV/AIDS cases in 2007. With African American women being 20 times more likely to die from HIV/AIDS as non-Hispanic white women.

The health inequities experienced by communities of color is often exacerbated by the lack of under-represented minorities working as professionals in health and health science fields. Research shows that minorities trained in health professions are more likely to return to and practice in their own communities. Therefore, the potential for addressing health inequities by preparing at-risk, underserved youth for professional jobs in health and science fields is significant. Targeted and strengthened programming is necessary in order to prepare students for fields that will require a deeper understanding of math, science and technology.

Needs for Diverse Workforce in California

For all minority groups in California, barriers to health include language and cultural barriers, lack of access to preventive care and lack of access to health insurance. According to the Public Policy Institute of California¹ California's population will increase by 7-11 million by 2025. Latinos will make up the majority minority population. The popula-

tion will grow older with every five Californian's being over the age of 65 by 2030. An aging and larger minority population means there will be increased demands for culturally competent health professionals.

California's health profession demographics are but a microcosm of the diversity issues across the nation. Latinos comprise 36.6% of the state's population, yet they make up 5.7% of nurses, 5.2% of physicians, and 7.6% of psychologists in California. ⁽¹⁾ Clearly the health workforce reflects neither the state's racial composition nor its language proficiency.

Cultural competency is one of the main ingredients in closing the disparities gap in health care. It is the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes for minority, low income and underserved populations.

Culture and language may influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived; both by the patient/consumer and
- the behaviors of patients/consumers who are seeking health care and their attitudes toward health care providers;
- as well as the delivery of services by the provider who looks at the world through his or her own limited set of values, which can compromise access for patients from other cultures.



Preparing the Future Workforce

In order to meet the needs of California's diverse population a new pipeline of health professionals must be created. The demand for nurses, doctors, dentists, and health researchers will increase as this population continues to grow and age. The economy will continue to need more highly educated workers. According to the Public Policy Institute of California, by 2025 35% of working-age adults in California will have at least a bachelor's degree but 41% of job will require one. Failure to meet the educational needs of the population will directly correlate to future economic prosperity and security in the state.

Health workforce development programs for youth, otherwise known as "Health Pipeline Programs" were developed to increase the representation of African American, Latino, Southeast Asian, Pacific Islander and American Indian.

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dian, and other underrepresented groups in the health professions. Pipeline programs also serve an important role in education by:

- supplementing youth education experiences, thereby addressing current achievement gaps
- enhancing minority student awareness of health pathways to increase those who enter the health careers, improving diversity of healthcare workforce
- addressing the mismatch between the diversity of healthcare workforce and the composition of patients who seek care, potentially improving patient-health professional relationships and reducing health care disparities.

Pipeline programs target student at all ages, thereby addressing student needs along various stages of the pipeline. Some programs serve students as early as middle school, while others extend to post-graduate levels. The intent to increase diversity in health careers is shared among all health pipeline programs, but each respective program may have a unique objective and/or target age group. For example, programs focused on early outreach to middle school students may make career awareness and academic preparation the key components of their program. Essentially such a practice enhances student learning, providing after school tutoring and academic preparation in math and science. This service functions to provide underrepresented minority students with additional academic support outside of their school and home as well as encourage interest in science and mathematics – core subjects needed for health careers.

Another program may focus on servicing to students who are in later stages of the pipeline and thus provide hands-on learning opportunities and career exposure through shadowing in clinics, internships, and career training and certification. Essentially, the goal is to see students transition from one level to the next, ultimately leading to professional careers in the field of health.

Why Invest in Pipeline Programs?

Pipeline programs provide an alternative solution to failing school systems and a growing skills gap in the state by exposing youth to other forms of postsecondary training and workforce skills development in addition to career paths in health and science fields. Pipeline programs are designed to help students navigate the “leaks” in the education system: entrance exams, inability to pay education costs, lack of a support network and inaccessibility to college. Wrap around programming also helps to address the emotional and mental barriers young people in underrepresented and low-income communities might face including trauma, low self-esteem or confidence, lack of role models.

Programs that belong to the Alameda County Health Pipeline Partnership understand that in order to really have an impact on the lives of young people and their communities students need to be reached, served and participate in programming at earlier ages and over a consistent period of time. Unfortunately, these programs are stretched thin and without adequate resources are continuously put in a position where they a) have to turn down qualified and interested students and b) cannot continue to expand their programs to meet the needs of those students. Currently nine of the Pipeline programs in the Alameda County Health Pipeline Partnership are serving only 25% of the students that apply to their programs. This leaves a large pool of students in limbo.

In addition, while it is clear from the programs that they would like to reach students at an earlier age, most of the programs are focused on high school aged students. With resources to expand staffing and programmatic capacity,

Pipeline programs would be positioned to expand existing programs to serve middle and even elementary school aged youth.

The Alameda County Health Pipeline Partnership exists to help health pipeline organizations work more collaboratively to achieve common goals. The Pipeline's role is to help streamline process and policy; draw more resources financial and in-kind to the partner programs, expand each organizations capacity by partnering on program implementation, and finally to evaluate and communicate impact more effectively. The Partnership seeks to accomplish more together with partner organizations than any one organization can accomplish on their own. The Pipeline is currently working towards several collaborative goals defined by a steering committee. These include: creating an online application and referral system for Pipeline programs, creating a system for job placement and referral, and opportunities for collaborative fund development.

A Value on Collaboration

The majority of Pipeline programs (75%) actively partner with schools, hospitals, other youth development programs to advance their programmatic work. The Pipeline seeks to strengthen this network of likely and unlikely partners to further expand strategic collaboration and leverage the resources of individual organizations. Over the past year, the Pipeline has decided upon a set of focused goals to address the greatest needs of the partner programs and the communities they serve. The organization sees collaboration not just as a nice thing to do, but a critical means by which to achieve the important goals it has outlined. The goals include:

- engaging and retaining young men of color in pipeline and youth development programming
- improving systems for recruitment, referral and retention across programs
- placing more youth in meaningful internships and jobs in health and science fields
- increasing the number of youth that enroll in and complete college and/or career training
- streamlining program infrastructure and systems to create greater efficiencies and avoid duplication

By working towards these goals the Pipeline seeks to create a "seamless" system to help youth successfully navigate the health career pipeline. This newly developed system of networked programs will provide support to disadvantaged youth from as early as middle school through college or career training. Programs will be able to link and refer students to services, other programs, job, training and intern placements within the network. Working collectively, pipeline programs and other partners will provide youth with the wrap-around academic, social, mental and professional support they need to obtain a viable career in the health and science fields.

¹ Just the Facts, California's Future Population, Sept. 2008, PPIC.

http://www.ppic.org/content/pubs/jtf/JTF_FuturePopulationJTF.pdf