

Increasing Diversity to Improve Disparities in Health and Healthcare

Careers as pharmacy technicians, laboratory technologists, physician assistants, physical therapists and occupational therapists are some of this decade's fastest-growing occupations. Yet supply is not keeping up with the demand, nor is it projected to. This provides an opportunity for recruiting and retaining minorities in the allied health field, to both meet the need in the industry and to improve careers and life outcomes for young people in underserved communities.

There is a critical need for diversity within the healthcare field. Having fewer minorities in the medical and allied health workforce contributes—directly or indirectly—to racial and ethnic health disparities among its citizens. Patients not only want health professionals who can help them stay healthy and treat them when they get sick; they also want someone who understands and shares their culture, worldview and daily realities. While all health professionals should strive to meet that need, those who are minorities will likely be able to better communicate with people of color, particularly if they are from the low-income communities that are disproportionately impacted by some of our most pressing health problems.

MEE recently conducted audience research in California with people of color, along with expert interviews, to uncover ways to meet the challenge of increasing the number of underrepresented and minority youth and young adults who pursue careers in the allied health field. We explored how to create enthusiasm in underserved communities about



careers in the allied health professions and how to provide an effective “net of support” to retain students who are recruited and motivated to pursue that path.

During this audience research, we talked to:

- Young adults currently enrolled in allied health training programs, studying for careers as RNs, surgical techs and medical assistants.
- High school students who were enrolled in general education programs (without a focus on allied health and healthcare careers); and
- Unemployed or underemployed college-age young adults who were not enrolled in post-secondary education or programs leading to careers in allied health fields.

The top two life issues among high school students and unemployed young adults were jobs and educa-

tion. Getting a good education was very important to all of the participants, particularly with today's economy.

“Without education, you're not going to get the training you need for the job.” “I think you should go to school first, because the smarter you are, the better job you'll get.” “Without a high school

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FromThePresident

The old saying goes, “when America catches a cold, Black folks get pneumonia.” Many African American families were already struggling to survive, even before the “Great Recession” hit. In fact, the impact of the current economic downturn on poor communities has been devastating on many levels, not the least of which has been on their physical and emotional health.

Another thing that contributes—directly and indirectly—to racial and ethnic health disparities among our citizens, is having low numbers of minorities in America’s healthcare workforce. Ten years ago, MEE began looking into how to boost diversity at America’s medical and allied health training schools and in the provision of healthcare overall. Healthcare reform won’t mean much if we don’t increase the numbers of minority students who stay in and complete high school, go on to post-secondary education and/or pursue a career in medicine or public health. From projects for the Association of American Medical Colleges and The California Endowment, MEE has developed communications strategies that could “move the numbers” in creating a stronger pipeline for minorities to pursue careers in the health professions and be at the table for setting our national healthcare agenda.

In these hard times, millions of Black Americans are living “in survival mode.” Recent research for Children’s Futures, a Trenton, NJ-based nonprofit focused on strengthening families, confirmed what we found in urban centers across the country—people are trying to make do with less, with few positive role models and even less of a safety net than from a generation ago.

This *UT* issue focuses on the hard work of community mobilization. If we don’t roll up our sleeves and get this done, health disparities will continue to exist and widen, while we risk losing generations of inner city youth to poverty, violence and the streets.

Ivan Juzang, President
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Rebuilding the Village to Counter a Dearth of Social Networks in the Inner City

Many low-income residents lack a network of positive social relationships with people and institutions that could help them, generally and in times of specific need. MEE recently conducted audience research with low-income, African American single parents (ages 18-35) in order to better understand what barriers prevent these networks from developing.

We focused on topic areas that contribute to creating a healthy environment for newborns and young children. These included inner city residents’ attitudes about and perceptions of their community, child health and wellness, teen pregnancy, prenatal care, child development and domestic violence. We also explored how to get more inner city residents connected with local organizations, resources or services (political leaders, churches, neighbors, schools, social service agencies, employers and health care agencies) that could support better outcomes for our children.

Key Findings

The Inner City as a Tough Place to Raise a Family: Many parents didn’t see their inner-city community as a very good place to raise a family. Focus group participants said that their concerns included few job opportunities, crime and safety, gangs, the loss of a “sense of community” among residents, cuts in City services, and poor schools and/or cuts in school funding. Safety and crime were persistent problems that made them fearful to go out, especially at night, and to venture into certain neighborhoods. Parents were also concerned about the peer pressure to which their older children would be exposed, including violence, bullying and early exposure to sex and drugs.

All the parents said they were dealing with some level of stress. Parents dealt with stress in various ways, both

positive and negative, from playing with their children and talking with friends and confidants to drinking, smoking and recreational (and sometimes risky) sex. Many commented that it is important to stay positive and have good coping skills to deal with stress.

Single parents, in particular, need stronger support systems. Most of the focus group participants were single parents, most of them mothers raising their children with no father at home. These single mothers said that they need someone they can talk to, along with information and activities that engage both them and their children. Mothers of children with behavioral problems felt especially stressed by the lack of support they receive.

The lack of “decent” jobs was the most pressing life challenge for most of our parents, especially males. Participants told us that despite their repeated attempts to find jobs, there were none available. Men said that maintaining the “right attitude” while unemployed or underemployed was an ongoing challenge. Even when they are raising children on their own, male focus group participants also said they don’t get the public support that is available to mothers.

Parents seek advice and support to handle life’s many challenges. Most parents said they depended on at least two or three family members or friends to help raise their children. While friends were very helpful, family support seemed to result in the most secure and less stressed parents. Parents with the best support at home felt better about coping with the challenges of inner city life. This support was not always financial but could be indirect, through the provision of food, shelter or regular babysitting. In the few cases where the fathers gave financial

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support or lived with the family, mothers also seemed to be more secure. The other set of fairly stable parents were those who lived at home with their own parents or received a lot of family support from their mother or another close family member.

Neighbors, however, were not often seen as a supportive force to young parents; most said that they try to be cordial, but do little socializing with them. Only those who had lived in a community for a while or had grown up in the same neighborhood where they now live expressed feeling comfortable with their neighbors.

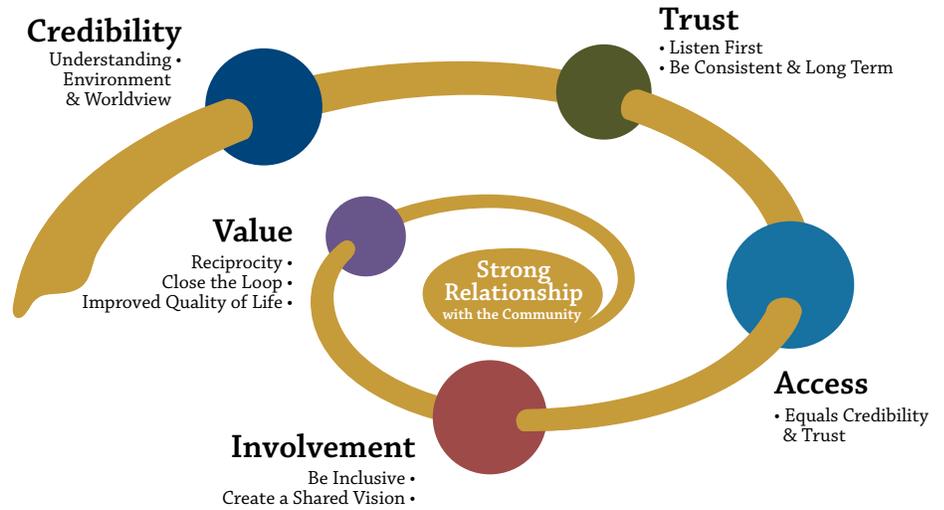
Previous MEE projects with low-income mothers indicated that there is a desire for informal support groups; women are more likely to seek information and guidance from someone they know. Finding a way to nurture relationships among women would allow them to feel less alone in navigating the challenges of motherhood.

Most parents felt that there were few programs that were helpful and that they trusted. Focus group participants told us that many parents do not avail themselves of the services they know of because they have been let down in the past, and don't want it to happen again. In addition, they feel they are more at-risk when a service or support is suddenly withdrawn. There is also a sense of pride that makes people not want to seem weak or admit that they are "failing" in some way.

Most of the parents felt that teens are not being given the guidance and activities that they need to be successful and stay out of trouble. They felt that children, especially teens, are worse off than they were in previous generations. They also felt that watching too much television and too many music videos has negative effects on teens.

All parents felt that teen pregnancy was a major problem; all said that they personally knew a teen mother,

Keys to the Community



In order to be successful in promoting your message, gaining authentic access to community gatekeepers is critical. Keys to the community include having credibility, building trust, gaining access, incorporating community involvement and providing long-term value.

even within their own family. Some parents commented that having babies seemed to be a "fad" among teens. They felt that teen pregnancy was a negative in many ways for the mother, the family and the child. Reasons for teen pregnancy included the destruction of the traditional "village," a lack of sex education in the schools, teens feeling unloved, a lack of good role models and the fact that many parents don't talk to their children enough about sex and protecting themselves.

Unplanned pregnancies were considered a major contributor to the fact that many young women don't get the prenatal care they need. Focus group participants felt that very few pregnancies are planned, since many teens and young women are not married or financially capable of supporting a family. They said that this leads to indecision and delay in getting early prenatal care, due to shock and fear. Many teens, they said, are scared and ignore the pregnancy, hoping the "problem just goes away." A few teens, older mothers asserted, don't even know their own bodies well enough to realize when they are pregnant.

Most parents get their advice on their child's development from family members and friends who are older and experienced mothers. Parents with a good relationship with the pediatrician said they would consult him or her, but primarily around health issues and not general child development. When discussing corporal punishment, many participants commented that people who write baby books sound like they have no practical experience raising children of their own. From MEE's experience with other low-income parents, we know that they often feel that their worldview, realities and "arguments" are not addressed in mainstream parenting education materials.

Most parents were very passionate about the issue of education and preparing their young children for success. They felt that education starts at home and that the primary responsibility for a child's education falls to the parents. Parents who used daycare services felt that those programs should be contributing significantly to the education of their child.

Many of the focus group participants had been victims of or had witnessed

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To augment the information-gathering about improving diversity in Allied Health, MEE conducted one-on-one, expert interviews with three top California-based experts and key stakeholders:

- Graciela Vasquez, Director, Project HOPE, Cerritos College
- Diane Factor, Director, Worker Education and Resource Center, Inc.
- Gail Orum-Alexander, Pharm.D., Dean of the College of Science and Health, Charles R. Drew University of Medicine & Science

Talking with these and other experts helped us identify some best practices that have succeeded in underrepresented communities. Here are some of their thoughts:

“By having diversity or having students or professionals who are Latinos and African Americans, this industry would then begin to understand these communities better, would be able to provide better access and better healthcare service. These individuals [of color] would be able to ...give that knowledge, or their experience in their profession.”—Graciela Vasquez

On retention in allied health training programs ...

“The first year is great. They’re excited; it’s a new thing. But, after the first set of midterm exams, if they’re...having some financial challenges, that contributes more to loss of students than their academic standing and their intelligence.”—Dr. Gail Orum-Alexander.

On what benefits of allied health to promote to young people...

“I think ‘making a contribution.’ I know it sounds corny, but we find incredibly mission-driven people in our program. They want to serve their community and they know that some of these professions offer services for early detection of disease and for making people healthier.”—Diane Factor

Increasing Diversity continued...

diploma, you can’t even get a job at McDonald’s. So I think education comes first.”

Some said that getting a good job was “issue number one” after high school.

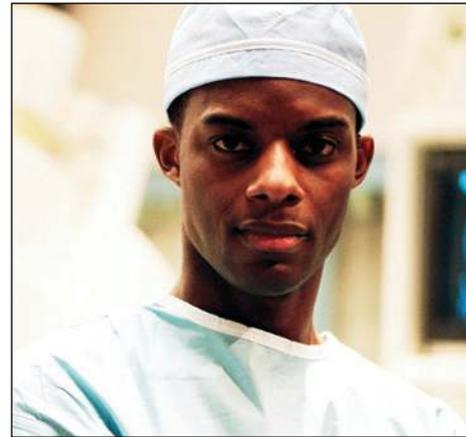
“Because a job gets you money and you need money in order to put food on the table and to buy yourself some clothes and to buy anything you need. From that you can support your family and for me that’s really important.”

There is a very low level of awareness among youth regarding various allied health careers. Most high school students and many young adults were even unfamiliar with the term “allied health” within the general healthcare field. One student said that many of her peers are not aware of these medical careers, or they have a negative view of them.

School-based staff such as teachers and counselors can be positive career influencers for high school students. Students said some school personnel provide the push that they need to get good grades and prepare for college. Students also said school-based staff motivate, encourage and spend time with them. Parents and other non-parental adults, along with peers, were also named as key influencers in career choices.

Participants said that not a lot is being done to promote allied health in their community. They mentioned seeing commercials on TV for some training programs, but also said that only people who are already interested in allied health are talking about it. None of the high school students knew of anything being done in their community to promote allied health jobs.

In low-income communities of color, there is a lack of support, encouragement and motivation to foster childhood dreams of a career in allied health. “There are no role models or not a lot of folks who have parents in the health profession,” said



Graciela Vasquez. Dr. Gail Orum-Alexander agreed. “There are not adequate mentors who are from minority backgrounds who are available to be figureheads for the students,” she said.

Student preparedness at the K-12 level impacts retention in allied health programs. Graciela Vasquez said that deficient reading, math and science skills are “a big hindrance for many of our students coming here to the community college.... they have to begin to start working on those [first].” One young woman who said she had been undecided in high school about what she wanted to do for a career admitted that she was not adequately prepared with science and math skills, and came to allied health “out of the blue.” Ongoing coaching and tutoring support were suggested for young adults enrolled in allied health programs.

Participants said seeing allied health in action would be helpful to them in choosing it for a career. They suggested activities such as shadowing someone in the field. They also suggested informal training and internships where they could actually see how some of these jobs are done. High school students also liked opportunities to be a volunteer in a health-related setting.

Money or financial aid to go to school or stay in school is a major barrier. Even students who were already enrolled in training programs almost unanimously echoed the sentiment that obtaining funding for their education was a major issue. Resources and other support,

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Increasing Diversity continued...

they said, are hard to come by.

MEE's Recommendations

In order to reverse the current trends:

- The allied health professions need to be positioned as more “glamorous” and/or financially rewarding to young people. Potential target audiences for these efforts should include both those in the “contemplation” phase in terms of their career awareness and development and those who have never considered a career in the allied health professions. Efforts must begin early in the “pipeline,” addressing students in middle and high schools.
- It will be important to explore counter-arguments to some of the misgivings students raised against careers in allied health. Any initiative must address those and other issues in order to truly engage and influence potential candidates towards a career in the health professions. Awareness raising and outreach need to be conducted among individuals who are key influencers around life choices for students in middle and high school. Even organizations that do not offer education-related or direct health-related services should be aggressively recruited and prepared to support this important “call-to-action.”
- A targeted marketing and community education effort is needed to reach out to marginalized populations and to attract underrepresented students and young adults to consider and pursue careers in the allied health professions. Middle and high school students need to see more minority role models in these fields and be exposed to the many opportunities it holds. In addition, recruitment efforts need to be more culturally relevant and broad-based (including counseling/mentoring, internships, field trips, academic enrichment activities, health career clubs, etc.). **UT**

Rebuilding continued...

domestic violence in one form or another, among parents, friends or neighbors. Only in a few cases, participants said, do family members or friends intervene in such situations. Their greatest concern was for the children; they believed that children could be damaged by witnessing physical violence, and even by very loud arguments. Many felt that exposure to domestic violence can manifest in children in many different ways, from them being violent to acting out in school; they also said that it teaches males that it is okay to be abusive to females.

Many younger parents do not ask for help from their families or neigh-

bors because they are fearful of being judged, talked about or even turned down. Single mothers in particular felt that asking for help makes them look deficient as parents and, consequently, opens them up to criticism and allows their “personal business” to be exposed. We need a more holistic approach to supporting young parents, because they are dealing with so many challenging issues in their lives. Building stronger peer relationships among parents can be the foundation for a more effective and stronger support system, one that, in the end, benefits the newest generation of children. Since parents are more likely to seek information and guidance from someone they know, MEE's proven community mobilization process could engage and help build bridges between and among parents. **UT**

A New MEE Website!

Tools, Tips and Techniques for Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma:

Moving Beyond Survival Mode



MEE's Tools for Helping Inoculate Low-Income Urban Youth Against the Traumas They Face



Why do some low-income urban youth thrive despite the ongoing stress and trauma in their lives, while others falter? Join the Urban Mental Wellness Community and find out!

This research-based website provides sobering insights on the stresses and traumas of unrelenting poverty and violence in America's urban cities. It also uncovers major barriers that keep low-income populations from accessing community mental health services and describe what it's like to live every day in “survival mode.”

In spite of the challenging environments and life situations that many low-income urban youth face, the positive coping behaviors and protective factors MEE uncovered may explain why some of these youth who experience ongoing stress and trauma in their lives thrive, while others crumble. As a result of this grassroots research project, MEE has developed a culturally relevant Community Wellness Toolkit that leverages the inherent resilience of these youth, addresses stigma and provides solutions-oriented activities that can be immediately implemented in a variety of community, youth or school settings.

The **Moving Beyond Survival Mode** website provides information, ideas and new professional contacts that will help visitors understand the underlying issues and do the important work of promoting wellness among low-income, urban youth and their families.

www.meeproductions.com/mentalwellness

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