



INTERPROFESSIONAL HEALTH
EDUCATION AND PRACTICE:

Making a
Difference with

Pipeline to Practice

Initiatives that Promote Diversity

Final Report and Action Plan
for the Ohio Alliance



JOSIAH MACY JR. FOUNDATION



THE SULLIVAN ALLIANCE



Northeast Ohio
MEDICAL UNIVERSITY



OHIO ALLIANCE



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EXECUTIVE SUMMARY

“PROFESSIONALISM IS MEDICINE’S
MOST PRECIOUS COMMODITY.”

– R. Horton

Purpose

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Northeast Ohio Medical University (NEOMED), in partnership with The Sullivan Alliance to Transform the Health Professions and with the generous support of the Josiah Macy Jr. Foundation, convened a conference to showcase best practices to advance diversity, interprofessional education and practice in health care through pipeline-to-practice efforts in Ohio. Attendees were leaders and stakeholders representing Ohio-based academic institutions, the business and political communities, and other community entities that in some way shared interests in advancing educational pathways leading to and improving the health care workforce in Ohio. National thought leaders reflected on current trends and strategies to advance

- interprofessional competencies for education and practice in the 21st century;
- diversity initiatives to compose a workforce reflective of all Ohio communities;
- pipeline-to-practice educational pathways to identify students from local communities and train them within their communities to enhance their commitment and readiness to practice health care in these communities when they enter the workforce; and
- evaluation practices to comprehend the capacity of pipeline, interprofessional and diversity initiatives to achieve their health workforce goals.

Workgroups devoted appreciable time exploring how national trends and shared best practices in health care recruitment, training and workforce could be combined with local and state resources to promote interdisciplinary practice and diversity in health care in Ohio. All invitees had the opportunity to develop an action plan for transformative innovation as well as new partnerships.

Themes

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The conference highlighted four themes that are critical to the development of The Sullivan Alliance, the budding Ohio Alliance and the priorities of the Josiah Macy Jr. Foundation. These themes were reflected in the plenary sessions, panel presentations and working group discussions.

- *Middle school to pre-professional pathway programs:* Programs and best practices that are designed to attract middle, high school and undergraduate students from diverse, educationally and economically disadvantaged backgrounds to health care careers. Program elements include in-class and out-of-class educational experiences, academic and social support systems, and other skill and knowledge development programs.
- *Innovative interprofessional training pathways:* Curriculum at the pre-professional and professional school levels focusing on programs in interprofessional health care team training, primary care, population health and social determinants of health, and to encourage students to practice in urban and rural underserved areas.
- *Diversity:* Diversity becomes an essential aspect of the health professions training and health care delivery missions as the patient population in the U.S. becomes increasingly diverse. Diversity in the demographic characteristics of the health care workforce enhances the capacity of the health care system to reflect and effectively care for an increasingly diverse patient population.
- *Community engagement and resources:* Initiatives that develop and strengthen the engagement of all Ohio communities is essential to composing a health care workforce reflective of and responsive to community health care needs and mobilizing communities to become partners in sustaining and improving community health.



Outcomes

Conference attendees collaborated to establish a vision, goals/objectives and action plan for the budding Ohio Alliance.

- The Ohio Alliance will convene and mobilize a network of university, community and workforce stakeholders to reduce health disparities and advance the health, life success and economic prosperity of medically underserved and distressed Ohio communities through health professions pathways. These pathways will be designed to recruit students from medically underserved and distressed communities, train them within their communities and encourage them to practice in the community thereafter.

A primary, near-term goal of the Ohio Alliance is to establish, refine and apply an “easy to use” toolbox to continue the advancement of the Ohio Alliance and its mission.

- The tool box will enable community and university resources to mobilize, grow and sustain pipeline to health professions pathways leading from and to diverse, medically underserved communities. The action plan of the Ohio Alliance concentrates on expanding partners across university, community and health care workforce sectors, and mobilizing their coordinated engagement in medically underserved and distressed Ohio communities.

***Pictured above; left to right:** Sergio Garcia, LL.B., chief of staff, Northeast Ohio Medical University and former Congressman Louis Stokes, Sullivan Alliance Board Member*

Barbara Brandt, Ph.D., associate vice president for education, University of Minnesota



The vision, goals/objectives and action plan combine to enhance the capacity of Ohio to diversify the health professions through pipeline to interprofessional training pathways.

- These pathways serve to draw students from medically underserved Ohio communities and train more students within these communities in an effort to encourage them to practice therein upon completing their training. From another vantage, the Ohio Alliance seeks to identify, mobilize and cultivate the resources of those communities that are commonly cast as “impoverished” in order to recast them as strong and rich venues for student recruitment and learning within the health professions.

The conference outcomes ultimately prompted key stakeholders to further recognize how national imperatives and innovations translate to Ohio-based opportunities and challenges. The workgroup activities helped strengthen attendees understanding of how multiple Ohio-based interests could collaborate to improve the health care system and mutually advance multiple missions on that theme. The combination of both the presentations and workgroup aspects of the conference served to fuel an action plan for developing the Ohio Alliance into a center of excellence. The Ohio Alliance will focus its near-term efforts on convene and focusing stakeholders on a collaborative approach to enhancing the health care system through interprofessional practice and diversity initiatives that span the continuum from pipeline to practice.

Pictured above; left to right: Health Professions Affinity Community students with a conference attendee

Panel Discussion

Panelists: Joxel Garcia, M.D., former president and dean, Ponce School of Medicine, former assistant secretary of health; Byron White, Ed.D., vice president for university engagement, Cleveland State University; Eric S. Gordon, M.Ed., chief executive officer, Cleveland Metropolitan School District; and Jay Williamson, M.D., chief medical officer, Summa Physicians, Inc.

Moderator: Jeffrey L. Susman, M.D., dean of the College of Medicine; Northeast Ohio Medical University

Forward

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Thoreau notes in Walden that the most valuable endowment an individual can receive from his education is free: his peers. The Sullivan Alliance and its Ohio Alliance in partnership with Northeast Ohio Medical University (NEOMED) embrace this understanding through their efforts to diversify the health care workforce from pipeline to practice through interprofessional education. Through the generous support from the Josiah Macy Jr. Foundation, a conference was held to convene the partners, national thought leaders and local interests in Ohio to translate the national agenda into an action plan to meet the health care priorities of Ohio and particularly its underserved communities.

Within a climate of diminishing and limited resources particularly in medically underserved and distressed communities, identifying and leveraging local community and institutional resources is paramount to meeting the health care needs of the nation. Meeting this need will also largely depend on understanding that the past, present and future health care workforce hinges a loosely connected system composed of recruitment, training and workforce distribution components. At the heart of this continuum are three general forces. They are (a) student socialization and choice, (b) student academic and professional preparation from cradle through practice, and (c) community health needs and workforce efforts to meet them.

This report aims to deliver a vision and set of strategies to apply pipeline to practice tactics with a focus on team-based and interprofessional educational designs, which we assert are critical for preparing the health care workforce for a rapidly changing patient population and associated health care needs in the U.S.

U.S. Census Bureau predicts that by 2042 there will be no majority population in the United States. Yet, today only 12.3 percent of physicians, seven percent of dentists, 10 percent of pharmacists and 11 percent of registered nurses are of an underrepresented group.



Overview

Purpose

The purpose of this two-day conference was to convene Ohio stakeholders and develop a pipeline to practice framework aimed at diversifying the health professions workforce in Ohio.

Goal

The goal of the two-day conference was to co-create an action plan with Ohio leaders to advance the Ohio Alliance and its mission.

Objectives

The goal of the conference was supported by:

1. convening national leaders to establish a collaborative framework and action plan, with a focus on identifying and leveraging community and institutional assets to advance a U.S. health care workforce that increasingly reflects the diversity of the community and employs interprofessional practice to attend to community health needs.
2. showcasing and sharing innovations, funding practices and evaluation strategies using an asset-based paradigm approach.
3. co-creating an action plan on the basis of the first two objectives to advance the Ohio Alliance and its mission.
4. using the asset-based approach, helping partners leverage knowledge and resources to embed systemic long-term change within a collaborative community-focused framework.

Pictured above; left to right: Jay A. Gershen, D.D.S., Ph.D., president, Northeast Ohio Medical University; George E. Thibault, M.D., president, Josiah Macy Jr. Foundation; and Erik J. Porfeli, Ph.D., assistant dean for community engagement and admissions, College of Medicine, Northeast Ohio Medical University

Former Congressman Louis Stokes, Sullivan Alliance Board Member and Vincent Watts, president, Stark County Urban League

Susan M. Meyer, Ph.D., associate dean for education and professor, University of Pittsburgh School of Pharmacy

Strategies

The conference employed multiple strategies to achieve its objectives and goal. The development and planning effort included:

1. President Jay Gershen's appointment of a Conference Design and Development team led by Dr. Erik Porfeli and Dr. Gina Weisblat and managed by Michael Kerrigan to construct the conceptual framework, identify prospective speakers and attendees and attend to all logistical details needed to convene the conference.
2. President Gershen's direction of his senior leadership team to participate in all phases of the conference effort. This team was particularly invaluable in refining the conceptual framework, recruiting speakers and attendees, and engaging participants as well as managing and participating in program activities during the conference.
3. the Conference Design and Development team's efforts to actively involve stakeholders across Ohio as well as the leadership of the Sullivan Alliance, Ohio Alliance and NEOMED to design and deliver the conference. Toward that end, they employed an asset-based approach, helping partners leverage knowledge and resources to embed systemic long-term change within a collaborative community-focused framework.

The two-day conference agenda was developed to allow:

1. national experts to present national imperatives and best practices in recruiting, training and composing a health care workforce reflecting of and attuned to the changing patient population and prepared to address pressing health care challenges and disparities from an interprofessional frame. Following these plenary session presentations, key Ohio stakeholders participated in workgroup discussions to further refine the mission, goals and objectives of the Ohio Alliance and to identify and connect key existing resources for transformative innovation as well as the formation of new partnerships.
2. a tool box established by the Ohio Alliance to be employed by conference participants to refine its mission and goals and to identify existing Ohio resources to support its work. This tool box is intended to become a national community-focused toolbox to yield a health care education system that reflects, focuses upon and responds to ongoing and changing community health needs.

Themes

The conference highlighted four themes that are critical to the development of The Sullivan Alliance and the Ohio Alliance. These themes were reflected in the plenary sessions, panel presentations and working group discussions.

- *Middle school to pre-professional pathway programs:* Programs and best practices that are designed to attract middle, high school and undergraduate students from diverse, educationally and economically disadvantaged backgrounds to health care careers. Program elements include in class and out of class educational experiences, academic and social support systems and other skill and knowledge development programs.
- *Innovative interprofessional training pathways:* Curriculum at the pre-professional and professional school levels focusing on programs in interprofessional health care team training, primary care, population health and social determinants of health, and to encourage students to practice in urban and rural underserved areas.
- *Diversity:* Diversity becomes an essential aspect of the health professions training and health care delivery missions as the patient population in the U.S. becomes increasingly diverse. Diversity in the demographic characteristics of the health care workforce enhances the capacity of the health care system to reflect and effectively care for an increasingly diverse patient population.
- *Community engagement and resources:* Initiatives that develop and strengthen the engagement of all Ohio communities is essential to composing a health care workforce reflective of and responsive to community health care needs and mobilizing communities to become partners in sustaining and improving community health.



Pictured above; left to right: Health Professions Affinity Community students with a conference attendee

Louis W. Sullivan, M.D., chief executive officer and chairman, The Sullivan Alliance to Transform the Health Professions

Erik J. Porfeli, Ph.D., assistant dean for community engagement and admissions, College of Medicine, Northeast Ohio Medical University with a conference attendee

Overview of the Partnering Entities

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The Sullivan Alliance

The Sullivan Alliance is a nonprofit coordinating entity that seeks to strengthen the capacity and quality of the nation’s health workforce by increasing the numbers of ethnic and racial minorities within the health professions. Alliance activities focus on the intersection of health, education and health workforce. Louis W. Sullivan, M.D., former U.S. Secretary of Health and Human Services, formed The Sullivan Alliance to Transform the Health Professions in January 2005. With operations expanding around the country and the world, the Alliance established itself as a separate 501c.3 non-profit organization in 2011.

The Alliance has enabled and promoted the development of state alliances and regional consortiums of minority undergraduate colleges with academic health centers. Institutional state partners act as “pathfinders” to identify and test best practices to diversify the health workforce. The effort has proved to be an efficient way to build momentum and gains in moving the diversity agenda forward. These alliances, and the resulting “health professionals pipeline” best practice models, have the potential of improving communities’ health and economic vitality in very direct and sustainable ways.

The Ohio Alliance

This conference served as key event in the establishment of the Ohio Alliance, which is the state-based partner of the Sullivan Alliance. The mission of the Ohio Alliance is to concurrently advance the health and life success of Ohio communities through pipeline to practice initiatives leading into and through health professions education pathways. The goal of the Ohio Alliance is to employ community-based resources empowered by stakeholders to recruit, support and train students reflecting the diversity of Ohio to become a competent and diverse health care workforce committed to promoting community health and economic development in Ohio.

Northeast Ohio Medical University

Northeast Ohio Medical University (NEOMED) is the public medical University serving the 4.5 million citizens of Northeast Ohio. Over half of all of the graduates of the NEOMED College of Medicine have remained in Ohio with a significant proportion establishing practices in Northeast Ohio. Most recently, 72 percent of the College of Medicine’s

2011 graduates remained in Ohio. This is the highest retention rate of all of Ohio's medical colleges. To transform health education throughout the region, NEOMED, as a university, is engaging with a number of partners to provide the workforce pipeline, academic curriculum, clinical training sites, and ultimately, practice sites in underserved rural and urban areas, for the next generation of providers.

Background

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Why does this initiative matter?

The nation is undergoing sweeping and unprecedented health care changes and massive population shifts. These changes hold the promise of improving health care outcomes for patients, as well as making the delivery of care more efficient and cost effective. Health professions education must invent and enact new models to ensure that graduating students are ready to enter and innovate within the 21st century health care workforce.

The current system of health professions education has too often focused on a model that places health care trainees into educational silos. This model ignores the fundamental shift within the health care system toward interdisciplinary and interprofessional teams working in concert to deliver high quality, more effective patient care. In addition, the widely forecasted shortage of health professionals, especially in primary care, demands that the delivery system reorganize to efficiently care for our increasingly diverse population. Many of the most underserved patients are in areas – particularly in our urban inner cities and rural and frontier counties – with an inadequate or non-existent health care system and supply of providers. To meet this need, health professions education must develop regional and interprofessional opportunities to enhance educational outcomes for our most vulnerable populations. Moreover, a regional, integrated, consortia model dedicated to interprofessional education can leverage workforce and economic development in a fiscally constrained environment.

Health care in the 21st century is being transformed. According to the Association of American Medical Colleges (AAMC) (2008), the nation will have a shortage of about 125,000 doctors by 2025, with a shortfall of 84,000 specialists and over 46,000 primary care providers. For the first time since the 1930s, the per capita number of physicians is projected to drop.

The AAMC has called for an increase in medical school enrollment. The United States population of seniors (age 65 and older) is now greater than the *total* population of Canada. The first boomers turn 65 in 2011, and every eight seconds there is a new senior. Of those seniors, 37 million (six out of 10) will have more than one chronic condition by 2030. The current health care workforce cannot meet the needs of our aging population in the years to come. The 55-and-older population is expected to increase by almost 21 million by 2018. As a result, the 55-and-older group will account for a larger share of the total national population and will require ever increasing health care services.

Moreover, providers do not reflect the underlying demographics of our population, contributing to challenges in communication and exacerbating health care disparities, particularly for underrepresented and lower income populations. Northeast Ohio, as the home of some of the best medical facilities in the U.S., understands this deficit better than most. We recognize the need for a greater “supply chain” of health care workers, who include diverse individuals from educationally and economically disadvantaged backgrounds. Better prepared and committed health care providers are needed for inner cities and rural communities to assure the delivery of quality health care service to those in most need.

Ohio’s labor market presents clear job opportunities for those educated in the health professions field. The long-term, 2006-2016 Ohio industry projections predicted total employment to grow five percent between 2006 and 2016 with almost all of this growth expected to be in service-providing industries (Ohio Department of Job and Family Services, 2009). Health care and social assistance employment is expected to have the greatest growth during this period, comprising about 151,200 jobs (22.3 percent). The Ohio Department of Job and Family Services estimates that by the end of the decade, one in seven additional Ohio jobs will be in a health-related occupation.

According to the Bureau of Labor Statistics, health care professional and technical occupations are expected to increase by 21.4 percent through 2018 (Bureau of Labor Statistics, 2011). This growth, which, according to projections, will result in almost 1.6 million new jobs, will be driven by an increasing demand for health care services. As the number of older people continues to grow and as new scientific developments allow for the improved treatment of more chronic medical

conditions, more health care professionals will be needed. With roughly 581,500 new jobs anticipated during this period, the most of any single occupation in the economy, registered nurses will account for more than one-third of the growth in this occupational group. Jobs for licensed practical and licensed vocational nurses, as well as pharmacy technicians, are expected to increase substantially to nearly 155,600 and 99,800 jobs, respectively.

A diverse workforce is important in directly providing health care but we must also focus on expanding our nation's research capacity. Future researchers from all backgrounds, interested in conducting research into the basis for higher rates of disease among underrepresented populations is critical. According to a vast research literature, there are significant ethnic differences in disease prevalence (National Research Council (US) Panel on Race Ethnicity and Health in Later Life, 2004). For example, African-American males have the highest rate of prostate cancer, and Asian Americans are more likely to acquire stomach and liver cancer. The American Indian population has the lowest cancer survival rate among all. Thus, it is important to continue to provide opportunities for individuals from all backgrounds to enter the basic and clinical research workforce.



Pictured above: Health Professions Affinity Community students with a conference attendee

Presentation Summaries

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DAY 1

The conference began with conversation and perspectives from Louis W. Sullivan, M.D., former secretary of the U.S. Department of Health and Human Services and chief executive officer and chairman of The Sullivan Alliance, and George E. Thibault, M.D., president of the Josiah Macy Jr. Foundation and a national expert and advocate for interprofessional education and practice. Their presentations were followed by a series of plenary sessions from national leaders in the areas of interprofessional training and diversity. In the afternoon the conference focus on diversity, interprofessionalism and pipeline/workforce initiatives was continued through concurrent breakout sessions. These sessions were offered in a more intimate venue to focus on topical areas with national leaders. Each session was composed of a presentation session followed by a conversation period to pose questions and exchanges ideas. The first day culminated with a panel of experts representing the community, K-12 education, health professions education and health care workforce and employers. These experts offered a robust and diverse set of perspectives on building pipeline-to-health-care-practice through team-based, community-responsive and interprofessional education.

Update on the National Center for Interprofessional Practice and Education - Barbara Brandt, Ph.D

Dr. Brandt addressed the question, “Why interprofessional education, why now, and why us?” While health care leaders and educators have been interested for many years in how collaborative teams can help improve health outcomes, today they view interprofessional practice and education as a critical part of the solution to our health care crisis. Dr. Brandt discussed the growing perception that a gap exists between how health professionals are educated and trained, and the knowledge and skills they need to care for people, families and communities. She advocated for health professions education and health care practice to work together, creating a transformative Nexus where these two systems take shared responsibility for preparing team-ready health professionals committed to achieving better care, added value and healthier communities.

Interprofessionalism as Diversity - Susan M. Meyer, Ph.D.

Dr. Meyer focused her remarks on the difference between diversity for diversity's sake and diversity for inclusion. Currently, there is a need for inclusion not only across gender and ethnicity, but also across health care disciplines. Inclusion across disciplines can lead to higher quality health care and fewer medical errors. Dr. Meyer employed the metaphor of Chex mix to explain how the health care system parts (like the ingredients in a Chex mix) can be adapted to meet the needs of the patient, and the synergy of the parts (sweet and salty parts) produce health outcomes that the system parts cannot achieve in isolated silos. Dr. Meyer encouraged the conference attendees to work with accreditation bodies to cast inclusion as a necessary component of interprofessional education.

A Systems Approach to Diversity: From Theory to Action - Marc Nivet, Ed.D.

Dr. Nivet provided a broad overview of health workforce diversity initiatives over the past century and asserted that they have shown some success, but generally fallen short of expectations. He offered several proactive findings to include the fact that while the number of African Americans in medicine has increased over the past 30 years, the number of African American males has decreased during this interval. Dr. Nivet offered a conceptual framework for diversity. Diversity 1.0 is encompassed mainly as a part of the social justice and equal access movements, thus casting diversity as a part of a social mission. With Diversity 2.0, diversity and inclusion efforts are cast as not only a benefit to underrepresented groups but also to the communities served by them. The limitation of Diversity 2.0 is that is structured parallel to the mission of an organization, meaning that institution seek to be diverse and excellent. This creates issues during times of financial crisis, when diversity may be neglected in the face of attempting to maintain excellence and still allows for tensions between diversity and excellence as they are conceived as related but different parts of a mission. Dr. Nivet then offered his perspective on Diversity 3.0, which essentially identifies diversity as integral to excellence and not separate from it. Dr. Nivet offered empirical results suggesting that traditional academic metrics are of limited predictive value in terms of educational and clinical outcomes of students and to and show no differential at time of graduation. The 3.0 model allows academic institutions, in their pursuit of excellence, to admit students from a broader range of grade point averages and MCAT scores because these indicators become a

necessary but insufficient aspect of a 3.0 mission that includes diversity as an integral aspect of excellence. The broader goal is to compose a competent health professions student body reflective of the community and prepared to serve the diversity of community interests.

Keynote Address - Mary Wakefield, Ph.D., RN

Dr. Wakefield focused her remarks on the current state of national programs to insure care for a diverse population and emphasized the support offered to Ohio. One of the leading programs sponsored by the U.S. Department of Health and Human Services Health Resources and Services Administration is the Community Health Center program that serves rural and urban communities across the country. She addressed the need for partnerships, interdisciplinary approaches to education, and an approach to health care that is based on the delivery of health to diverse patient populations. Dr. Wakefield concluded by addressing the need to provide better health care, better health, and lower health care costs to a diverse population.

An Advance Primary Care Work Force: Critical to Transforming Health Care in Ohio - Theodore Wymyslo, M.D.

Dr. Ted Wymyslo, director of the Ohio Department of Health, began his presentation by stating the major reasons to focus on the primary care workforce in Ohio. These include increased demand, insufficient diversity and maldistribution of primary care in Ohio. Health care is expected to grow at 28 percent of state employment in the next ten years with 259,050 health care job openings, of which 10 percent will be for doctors, 29 percent for nurses, 21 percent for allied professions and 41 percent for supporting health professions. He reiterated that by increasing the number of providers from diverse backgrounds, culturally competent care will be enhanced. He placed special emphasis on prioritizing primary care and underrepresented groups in the health professions. Dr. Wymyslo also declared that there is a need for improving vendor business going to Minority Business Enterprise (MBE) from 8.7 percent to 15 percent. Furthermore, there is extreme maldistribution of health care, with 1.1 million Ohioans underserved for primary care, 1.4 million underserved for dental care and 2.7 million underserved for mental health care. Currently, there are some programs to encourage recruitment and retention in Ohio. These include the National Health Service Corps Scholarship and Loan Repayment Programs, the Ohio Physician and Dentist Loan Repayment Programs and the J-1 Visa Waiver Programs. Dr.

Wymyslo stated that there should be maintenance of comprehensive, consistent and timely health workforce data. He recommended aligning scholarship, training and recruitment/retention programs to support state priorities. He offered that this alignment could be achieved by enhancing loan repayment opportunities for underrepresented groups from disadvantaged backgrounds, providing incentives for providers who serve as preceptors in the community, expanding state loan repayment to additional disciplines, encouraging additional providers to practice in underserved areas, and align programs such as Ohio First, MEDTAPP and Board of Regents that provide scholarships and training for students. Additionally, Dr. Wymyslo asserted the need to establish and expand the Patient-Centered Medical Home model of care. Finally, he closed his discussion by urging participants to advance the CMMI State Innovation Models (SIM) Initiative, which has a triple aim focusing on providing the best care for the whole population at a lower cost.

Diversity in an Era of Teams: Can This Be the Time for a Phase Change? - Lucinda Maine, Ph.D., R.Ph.

Interprofessional education as it applies to learners was the focus of this session. It is important for students to be educated in diverse groups from elementary education through pharmacy and medical school. Often, students are denied access to professionals at the top of their field; to learn effectively, students need to be educated with the top medical groups and teams that demonstrate the best interprofessional practices not just with other students. Changes in interprofessional education will happen more slowly than you think it will in two years and more rapidly than you think it can in ten. Interprofessional education needs to be integrated into current education standards.

Preparing for Impending Physician Workforce Challenges - Russell Robertson, M.D.

Dr. Robertson addressed the issues medical students, current physicians and patients will face given the current undersupply of physicians. At this time, 500 medical students are unmatched to their desired medical programs due to outdated legislation. Although medical schools have begun to increase their admission rates, existing law and associated graduate medical education funding limits the number of available residency programs and ultimately the number of physicians that can matriculate into hospitals. There is also a discrepancy between the perception of primary care physicians relative other specialties, which causes students to move away from primary care. Primary



care is one of the “lowest” paying specialties and this contributes to students’ choices. Dr. Robertson concluded by asserting that these trends in medical education coupled to increasing primary care needs in the community lend strong support for system change.

Lessons From the Sophie Davis Program, a 40-Year Commitment to Diversity in New York City - Donald Kollisch, M.D.

Dr. Kollisch focused his session on the benefits of and need for diversity in health care and described one comprehensive program that over forty years has achieved some success. The Sophie Davis School of Biomedical Education at The City College of New York aims to enhance diversity in medicine, promote caring in underserved communities, and promote primary care careers. Recruiting diverse high school graduates from communities in New York State, Sophie Davis is an integrated baccalaureate/Doctor of Medicine degree (Bacc./M.D.) program. Students spend five years at the City College of New York, located in Harlem, in a curriculum which includes a bachelor’s degree in biomedical science and what are the traditional first two “foundational science” years of medical school. Upon the successful completion of the USMLE Step 1, students transition to one of six partner medical schools including NEOMED to fulfill the third and fourth-year clinical requirements for a M.D. degree. After residency, the students are obligated to practice primary care in a physician shortage area of New York State. The biggest difference from other Bacc./M.D. degree programs is that whereas most programs admit the highest academically-achieving students from the high school ranks and track them towards a medical degree, Sophie Davis takes students primarily from ethnically-underrepresented and/or economically-

Pictured above; left to right: Louis W. Sullivan, M.D., chief executive officer and chairman, The Sullivan Alliance to Transform the Health Professions; Marc Nivet, Ed.D., chief diversity officer, Association of American Medical Colleges; and former Congressman Louis Stokes, Sullivan Alliance Board Member

Health Professions Affinity Community students from Bio-Med Science Academy with a conference attendee

disadvantaged backgrounds and actively promotes careers that address community needs. Approximately 80 percent of matriculants complete the program, and 40 percent achieve all of the objectives. Dr. Kollisch concluded by asserting that Sophie Davis casts diversity and social justice as key aspects of excellence alongside other traditional elements such as academic achievement, clinical skills, compassion and knowledge.

Building the Pipeline: A Review from Institutional Leaders that Span Kindergarten to Practice: Panel Discussion

Joxel Garcia, M.D., Former President and Dean, Ponce School of Medicine; former Assistant Secretary of Health, Department of Health and Human Services

Dr. Garcia emphasized the need to account for population changes that influence who is aspiring to and entering health professions training, the ways in which these groups learn best, and the system of residency training to meet changing U.S. health care needs. He also urged participants to carefully attend to the needs of the community and to partner with them when formulating programs to engage students in the community and to improve community health.

Eric Gordon, CEO, Cleveland Metropolitan School District

Dr. Gordon offered an overview of programs within the Cleveland Municipal School District (CMSD) that link K-12 students to health professions and foster engagement in health-related sciences. He endorsed efforts to connect academic subject matter to the lives of students and communities to bring greater meaning and applicability to academic content. Dr. Gordon also emphasized the need to seek and foster the strengths in each student rather than attempting to find only students who exhibit a number of strengths. He concluded by urging health professions education and health care systems to engage with CMSD as a partner rather than as an agent in the educational enterprise and that in doing so, all parties will find greater value in achieving their respective missions.

Bryon White, Ed.D., Vice President for University Engagement; Cleveland State University

Dr. White emphasized the role of community in initiatives to recruit and support students to enter the health professions and to compose a student body reflective of the diversity of communities within a

geographic scope of impact. He urged participants to consider the community as a key collaborator in identifying future health professions students and for fostering the belief that students from disadvantaged circumstances have the resources need to succeed in the post-secondary setting and ultimately enhance the health care system.

Jay Williamson, M.D., Chief Medical Officer, Summa Physicians Inc.

Dr. Williamson addressed the changing demographics of the U.S., changing populations served by the health care system and preparing health professions students for both changes. Dr. Williamson emphasized the need for changes in graduate medical education to account for the health improvement and wellness imperatives of the modern health care system and pressing health concerns (e.g., diabetes and asthma).

DAY 2

The focus of day two was on translating the national perspective offered on day one into an action plan for Ohio through the emerging Ohio Alliance. The morning's plenary session offered by Art Kaufman, M.D. focusing on how he and his colleagues in New Mexico established a vital and responsive community-focused health care system reflective of and attending to the needs of diverse New Mexico communities. Erik Porfeli, Ph.D., then presented on the emerging Ohio Alliance, its agenda and its asset-focused toolbox. Attendees participated in workgroups and applied the Ohio Alliance toolbox to the three focus



***Pictured above:** Health Professions Affinity Community student with Donald O. Kollisch, M.D., physician, VA Medical Center, White River Junction, Vermont, associate professor, Geisel School of Medicine at Dartmouth, former deputy dean for academic affairs, Sophie Davis School of Biomedical Education at The City College of New York*

areas of the conference: pipeline/workforce, interprofessional education and instructional design and diversity. The second day culminated with a synthesis session in which each workgroup facilitator shared the results of the session and attendees discussed a shared perspective on common themes across the work groups.

Improving Community Health is Our Common Mission: Overcoming Silos to Achieve the Workforce, Delivery System and Diversity We Need - Arthur Kaufman, M.D.

Dr. Kaufman asserted that community engagement is a necessary aspect of reversing detrimental social determinants of poor health. Pipelines can encourage students, especially those from underserved communities, to participate in solving community health problems by becoming physicians. The benefit of pipeline programs extends beyond supplying the health professions workforce to include fundamental outcomes like high school graduation, admission into post-secondary degree programs and persistence and retention. Dr. Kaufman discussed the efforts of University of New Mexico School of Medicine to encourage students to practice rural medicine through their residencies in rural areas and community health clinics. Solutions to effecting change on the social determinants of health can benefit by the mobilization of the University's research enterprise to this task. While there is usually a disconnect between National Institutes of Health (NIH) research priorities and community health priorities, the University has found that its community-based health extension agents can serve as a bidirectional bridge between the two. Dr Kaufman concluded by urging attendees to consider diversity as integral to efforts to improve health and address the social determinants of health problems.

The Ohio Alliance: Applying the Toolbox Within Work Groups - Erik Porfeli, Ph.D.

Dr. Porfeli provided an overview of the Ohio Alliance as the state-based manifestation of The Sullivan Alliance. He described the mission of the alliance in terms of preparing students reflecting the diversity of Ohio to enter and enhance the Ohio health care system and mitigate health disparities through interprofessional practice. He urged attendees to consider the key role of existing Ohio resources and envision how the re-organization of these assets could be employed to advance the health and economic vitality of Ohio. He then introduced the Ohio Alliance Toolbox as a means of developing the Ohio Alliance and outlined the tasks of the workgroup toward that end.

Concurrent Working Groups

Diversity - Sandy Madar, Ph.D. from Hiram College and Byron White, Ed.D., from Cleveland State University

The group began with consideration of strategies to increase the number and diversity of primary care physicians and other health professions serving the medically underserved. The group established a working definition of diversity to encompass race, ethnicity, socioeconomic status and geographic origin.

With this definition, the group shifted its focus to envisioning ways to improve access to health care for the underserved by increasing the number of primary care physicians. The group suggested this could best be accomplished by exposing students from grades eight through ten to the idea of a career in health care as well as enlisting health professions students as mentors for aspiring health profession students. The group also acknowledged the importance of linking high school, college and health professions degree programs to admission standards to enhance the capacity of aspiring students from diverse backgrounds to successfully navigate admissions processes.

The second objective of the group was to consider transforming the nature of inter-professional health care practice to more efficiently meet the health care needs of communities. The workgroup agreed that professionals should consider the cultural epidemiology of the patients they serve and how their community might relate to patient illness or disability. This would increase the professional's understanding as well as the accuracy of their diagnoses and treatment plans. In these communities, it is essential to increase health care providers "cultural humility." This term was determined to encompass the cultural backgrounds of both the patient and physician; particularly addressing how they understood one another culturally. The workgroup acknowledged that, in looking at these different aspects of the patient, communities could more effectively tackle their health care needs.

The third objective was to advance the health and economic prosperity of Ohio and particularly its distressed and underserved communities. Group members discussed organizations in Ohio that could be utilized to advance this mission. Some of the suggestions included engaging high school science teachers, relatives of the students, high school coaches, and Ohio colleges. Other ideas included using

veterans groups and community organizations to help guide and foster the growth of students. A consensus was reached that in order to accomplish this final task, it was imperative that organizations utilize assets from Ohio. This would stimulate growth in the region as well as allow for investment in the social capital of the area.

The working group was extremely successful. Many participants made new contacts and had new ideas. The working group felt that all of the objectives developed could be fulfilled in a timely manner by working with the Ohio Alliance.

**Pipeline/Workforce - Gina Weisblat, Ph.D., and Erik Porfeli, Ph.D.,
College of Medicine, Northeast Ohio Medical University**

The workgroup employed the Ohio Alliance Toolbox to structure its activities for the session. The workgroup reviewed the mission, goal and strategies of the budding Ohio Alliance and offered some suggested enhancements. The workgroup then discussed Ohio-based programs that are currently available with goals to provide care for the underserved and promote retention of health professions students in Ohio. First, Harmony Ramunno shared the programs that are supported by NEOMED. These include Pathways to Pharmacy, HealthSuccess, MEDCAMP and Health Professions Affinity Community (HPAC). HealthSuccess focuses on students interested in general medicine, while MEDCAMP exposes students to medicine as well as allied health fields. During MEDCAMP, 50 students, who have been recommended by schools in underserved areas, reside at the Kent State University residence halls and participate in presentations by nurses, research scientists and neuroscientists. The program culminates with a case study completed by the students, with help from medicine and pharmacy students. HPAC is a recent pipeline program that engages students and promotes their academic and career advancement toward health professions. The program is largely dependent on utilizing existing resources to further the students' success.

The workgroup then focused its efforts on identifying partners that could benefit from and provide direct support to pipeline initiatives and programs to advance the Ohio health professions workforce. It also identified key resources and personnel in these organizations that may be interested in connecting with the Ohio Alliance to advance its mission. The workgroup acknowledged that pipeline assets and programs tend to be fragmented, time limited and highly dependent on

temporary and changing resources and that these aspects limit their capacity to make ongoing and durable changes to the diversity of student bodies with health professions degree programs.

Lastly, the group envisioned the future of the Ohio Alliance in terms of its role in advancing pipelines to the health professions in Ohio. The workgroup agreed that an entity like the Ohio Alliance is needed to coordinate and share resources and advances between pipeline programs to establish a systemic pipeline and to strengthen the capacity of the system to yield health professions pathways and a health care system in Ohio that is reflective of and responsive to the needs of diverse Ohio communities.

Interprofessional Education and Instructional Design - Greer Glazer, Ph.D., University of Cincinnati, and Vida B. Lock, Ph.D., RN-BC, Cleveland State University

This group initially focused their attention on the mission, goal and objective outlined by the Ohio Alliance. It was decided that the goals need to be revised to read "... increase the number and diversity of primary care professionals/ providers" rather than practitioners and other professionals. The new phrasing is more inclusive and less hierarchical. The workgroup proposed a change to the mission statement to include "acknowledge the role of community members and organizations as integral to the health care team." The workgroup also suggested the incorporation of health and wellbeing into the mission. Finally it was agreed that both education and practice needed to be transformed and the mission needs to be written as "transform the nature of interprofessional health care education and practice."

Next, the workgroup established a list of organizations that the Ohio Alliance might partner with in accomplishing their goals. Before the Ohio Alliance asks for assistance, it was agreed that the objectives need to be more concrete and measurable. The workgroup also suggested that the Ohio Alliance needs to clarify the benefit of membership in the Alliance for individuals and organizations.



Conference Outcomes

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The establishment of a statewide partnership for the Ohio Alliance

The Ohio Alliance will create a community-focused agenda to diversify and modernize the health care education system in the context of significant health care reform. Existing community and university networks and resources will be identified and deployed to grow and sustain pipeline to primary care practice pathways leading from and to diverse medically underserved communities. The Alliance will seek to connect these resources to build a strong platform for sustainability. This vision guides efforts to advance the health, life success and economic prosperity of underserved communities.

Vision

The Sullivan Alliance to Transform the Health Professions (Sullivan Alliance) in partnership with the Ohio Alliance based at Northeast Ohio Medical University (NEOMED) are creating and enacting a national network of state-based alliances with the aim of fostering a community-focused and responsive health care education system reflective of the diversity of those needing health care most. The Ohio Alliance will convene and mobilize a network of university, community, and workforce stakeholders to reduce health disparities and advance the health, life success and economic prosperity of medically underserved and distressed Ohio communities through health professions pathways. These pathways will be designed to recruit students from medically underserved and distressed communities, train them within their communities, and encouraging them to practice in the community thereafter.

Goal/Objectives

A primary near-term goal of the Ohio Alliance is to establish, refine and apply an “easy to use” toolbox to continue the advancement of the Ohio Alliance and its mission. The toolbox will enable community and university resources to be identified, leveraged and deployed to grow and sustain pipeline to health professions pathways leading from and to diverse medically underserved communities. This combined resource aids efforts to reduce health disparities and advance the health, life success and economic prosperity of underserved communities thereby yielding sustainable and ongoing health gains. The Ohio Alliance and its toolbox will enhance the capacity of local and regional efforts to build an academically competent, diverse health care workforce, promoting



community health and economic development. Key aspects of the toolbox includes the means to:

- establish a shared regional vision of advancing community health and economic vitality through the health care education system;
- translate the vision into a network of regional university-clinical-community partnerships to recruit and train community members to become local health care providers;
- identify, garner, and leverage regional resources to advance the regional network; and
- evaluate and disseminate the benefits of the network to local stakeholders.

***Pictured above; top to bottom; left to right:** Sergio Garcia, LL.B., chief of staff, Northeast Ohio Medical University; Jay A. Gershen, D.D.S., Ph.D., president, Northeast Ohio Medical University; and Joxel Garcia, M.D., former president and dean, Ponce School of Medicine, former assistant secretary of health*

Health Professions Affinity Community students

Action Steps for the Ohio Alliance

The conference facilitators employed aspects of the toolbox within workgroups during the second day of the conference to advance the mission of the Ohio Alliance. The primary outcome of this effort was list of prospective partners, an elaboration of their resources, and necessary actions steps the Alliance may take to achieve a shared vision for supplying a health care workforce that is reflective of and responsive to the needs of Ohio. This worksheet can be found it appendix A. It was based on the toolbox that is the framework for the Ohio Alliance.

Figure 1: Ohio Alliance Toolbox



Establish an Agenda to Mitigate Health Disparities in Ohio that Recognizes and Acts upon the Social Determinants of Health and Life Success

Advancing health and life success concurrently across people and communities holds the promise of yielding strong multiplicative health and economic gains. Experience shows that concentrating on either the person or the community or attending to just the health or life success of a community yields a limited benefit that fades.

Identify and Convene Stakeholders and Resources

The conference presenters and attendees identified the need to further identify stakeholders and resources. The Ohio Alliance will employ an Asset-Based Paradigm (ABP), which is a resource-focused perspective on communities and their stakeholders. A core tenet of ABP is that communities and their organizations, even those in the most distressed circumstances, have assets (human, social, community, economic and cultural capital) that can be employed to pursue and achieve goals. At times and particularly in distressed communities, these assets are obscured, disorganized, underappreciated, underutilized or misaligned with stated community goals (e.g., improve health and access to medical care). A second core tenet of ABP is that resources can be appreciably enhanced and rendered more effective to the extent that communities:

- recognize and appreciate their assets;
- utilize and synthesize them to develop a greater value as a blended whole;
- leverage them in context to build positive momentum toward favorable outcomes; and
- disseminate progress to generate more investment from a broader array of stakeholders.

Identify, Cultivate and Mobilize Resources

The conference demonstrated that the most effective partnerships involve a shared concern for a challenge or opportunity, shared interests to pursue them, and shared and unique resources to address or capitalize upon them. Some of the most needed resources to pursue a new agenda are present and underutilized in the environment partly because the keepers of these resources feel excluded or ignored during the developmental phase of a new agenda. Later, excluded stakeholders may actively withhold or simply fail to offer these resources at pivotal periods of the agenda. As a related point,

engagement of the philanthropic and workforce communities is essential as the programmatic agenda is being developed. Their buy-in further enables the agenda and offers opportunities through funding and endorsements to celebrate the agenda. The absence of their buy-in often hinders and casts doubt over the agenda. Cultivation of health care workforce partnerships involves joining together local, community and regional stakeholders around a common understanding that:

- pipeline to health care practice programs require ongoing social, cultural, economic and human capital resources that often exist in the community, but, particularly in “impoverished” communities, tend to go unnoticed and underutilized.
- sustainability of these program often hinges on sustainable resources; hence, program development must include a strong bias toward employing existing assets over temporary “start-up” resources.
- community members are often the most effective active agents of community health improvement.
- students from distressed communities bound for and progressing through health care training programs are a precious resource and natural partner in the process because they have an appreciable amount of community and cultural knowledge that must be shared with all students within health care training programs.

Establish a Coordinated Regional Pipeline to Practice Framework. Co-Construct a Saleable and Scalable Health Care Workforce Agenda to Address Identified Health Disparities with Stakeholders and Existing Resources

The outcomes from the conference suggests that efforts to modernize health care education either (a) start too small and show little relationship to a broader agenda resonating with a wider audience or (b) start too big with little connection to operational processes, stakeholders, or specific local needs. Enacting a regional agenda must begin with a vision that speaks to broader concerns, attends to local imperatives and offers operational details addressing and connecting both. It must also attend to what exists and how it can be combined and leveraged into new regional patterns, partnerships, and possibilities yielding a new shared agenda. Strong and committed community leaders are needed to establish a saleable and scalable agenda with achievable short, intermediate, and long-term goals that can be employed to garner and sustain the will of local stakeholders and a broader community and region.

Combine Powerful Strategies and Local-to-Regional Interests into a Coordinated Regional Pipeline to Practice Framework

Presenters and stakeholders attending the conference agreed that pathways from community member to health care provider are challenged by them being long and difficult to navigate; hence, the goals of a regional network should include efforts to streamline those pathways and support students, particularly those from disadvantaged circumstances, to successfully progress through them. Our strategies to address this challenge and associated goal are to:

- engage students from the beginning of their training (even during the high school period) in community health concerns.
- offer appreciable grants to engage in their community and scholarships to mitigate the training costs.
- redefine success from “getting out” of the community to “staying in” and “building” the community as emerging leaders.
- tap into the vested interests of health care providers, health systems, and philanthropic organizations to mitigate “brain drain” and satisfy workforce shortages in key health care professions.

Establish and Cultivate a Home for the Agenda

The blueprint, leadership and project activity of a regional agenda of this nature cannot be fully realized by one entity, but conference attendees agreed that the agenda must have a home. The Ohio Alliance is planning to seek support for such a home. Traditionally, this has been achieved by constructing a regional center located in one place. We are considering a center with a distributed network of hubs located at other partner institutions. As the center and the network become established, hubs will be encouraged to specialize in some core aspect of the regional agenda (as in the case of Cleveland State University focusing on urban health), thus developing a multi-institutional, faculty, student and community program with natural conceptual alignment with the diversity of communities in a region. Such a structure offers a clear leadership structure, but also allows for some degree of autonomy and leadership within specialization areas.

Evaluate the Agents, Methods, and Outcomes of the Pipeline to Practice Agenda to Mitigate Health Disparities

Evaluation is an integral action step that was discussed at the conference. It provides necessary information to assess progress and barriers and ultimately support the establishment of an ongoing quality improvement cycle. Having a clear agenda with measurable goals and

objectives is a key to establishing a logic model leading from effort to proximal intermediate and distal outcomes. The logic model of the agenda should include targets of influence (e.g., recipients of service), agents of influence (e.g., providers of service and services rendered), moderating influences that diminish or amplify the effect of the agent on the target, and outcomes cast along a development frame (e.g., proximal, intermediate, and distal). The logic model must account for the complexity of the agenda and have appropriate expertise at the table to conceive of and address that complexity in a scientifically valid fashion, but it must also be devised in a way that is practical and possible given existing resources.

Align Goals and a Timeline to a Comprehensive Evaluation System

Conference participants agreed that to effect regional change on the health care system it must be supported by a team of evaluation experts and a set of nested logic models that account for

- learners and their academic and career development;
- educators, clinicians and community members serving as agents of training, socialization and change;
- educational systems and how interprofessional community-centric curriculum, pedagogy and faculty development can advance community health and life success across diverse communities;
- communities and institutions, their interrelationships and how they can mobilize their resources to reduce health and economic disparities; and
- population health and life success from within a longitudinal frame attending to social determinants as both an antecedent and outcomes of the regional agenda.

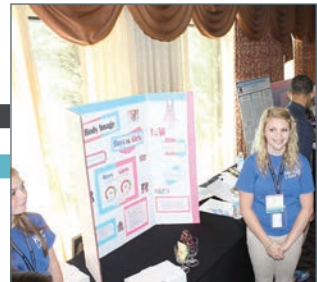
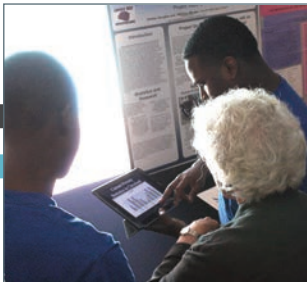
To operationalize and enact such an agenda requires technical and conceptual expertise typically located within university campuses and academic health centers, but this expertise (e.g., content experts, data collection personnel, database management sand data analysts) is often situated within multiple departments, divisions or colleges aligned with different elements and levels of the logic model and funded through different sources of revenue. These differences and divisions within and across institutions often serve as barriers to comprehensive evaluation efforts and elevate the need for a home for the regional agenda.

Summary of Steps for Ohio Alliance

The Ohio Alliance enacted a theoretical framework and toolbox with its partners to identify, cultivate and mobilize resources to advance its mission. With these early stakeholders and their resources at the table, the partners interconnected, leveraged and recognized their assets within the context of Ohio and its communities. Cultivation of the shared resources in the face of significant challenges will accelerate when the Ohio Alliance casts its goals in the light of community opportunities and needs.

Recognizing and appreciating resources brings benefits to the one being recognized and the recognizer. Engaging in this process of resources appreciation and discovery demonstrates that the person or group recognizing the resource appreciates the positive qualities and strengths of a prospective partner. This recognition process can be incredibly powerful when the resources of the prospective partner have previously been ignored, underappreciated or even vilified.

This conference offered The Sullivan Alliance, the Ohio Alliance and NEOMED the opportunity to recognize and, at times, discover hidden resources that can help us discover and re-imagine our assets, how they fit together and ultimately to discover aspects of ourselves that connect with Ohio resources to advance a diverse, dynamic and responsive health care workforce. We have discovered through this work in recognizing the assets of others that we have far more resources and a far greater capacity to advance our shared mission to advance health and life success of those in Ohio and throughout the U.S. through health professions training pathways and the health care workforce than at first envisioned. We are eager to continue our efforts.



Pictured above; left to right: Health Professions Affinity Community students with a conference attendee

*Marc Nivet, Ed.D., chief diversity officer, Association of American Medical Colleges and former Congressman
Louis Stokes, Sullivan Alliance Board Member*

Health Professions Affinity Community students from Bio-Med Science Academy

Figure 2: Conference Toolbox Process Model



Conference Evaluation

An evaluation of the conference was conducted by surveying conference attendees via an anonymous web-based platform.

Methods and Results

Quantitative Results

The evaluation included six multiple choice and four open-ended questions. This effort yielded responses from 36 attendees. Table 1 contains summary statistics from the multiple choices questions, which employed a Likert scale from 1 = completely disagree to 5 = completely agree. These results suggest that the conference was received very favorably by attendees and achieved its general goals

Table 1: Conference Evaluation Scores

Item	Mean
Conference was well organized.	4.6
Conference made efficient use of time.	4.3
Conference presentations were interesting and engaging.	4.3
Presentations provided relevant and useful information.	4.3
Conference effectively conveyed the importance of diversity and interprofessional education in the health professions.	4.4

Qualitative Results

The results from the open-ended questions were systematically examined to identify themes. Results are organized by each question with themes and exemplars.

What did we do best?

Respondents largely agreed that the conference was well designed, organized, and executed.

- “The **program was very rich**, and the speakers were great. I especially **loved the students’ participation and their exhibits!**”
- “The **quality of invited speakers was terrific** – they each brought relevant information and were engaging. **The location was convenient.**”
- “The **AAMC speaker was fantastic!** Securing him was great. **Most events flowed well** into one another.”

How could this conference be improved?

Respondents had mixed views with some suggesting that the conference needed more time and others suggesting less time, but there was some agreement on believing that the conference could have accomplished more.

- “**More focus on day two. Could have accomplished more.**”
- “I thought it might have been better to **do this in one day.**”

Some respondents felt that there is a strong need for follow-up and action.

- “There **needs to be a follow-up meeting** with an update on any initiative or activities that have been initiated or completed that address the issues of the conference. Need to see action!”
- “How to **move from the conference to next steps is not clear.**”

A small number of respondents urged for greater clarity on the goals and roles of the Ohio Alliance

- “The **goals could have been made clearer.**”
- “Audience was a mix of professionals engaged in the regional efforts and **people from outside the Northeast Ohio region who weren’t clear on their role.**”
- “Probably **more time for strategic planning idea development** around what we discussed at conference could have been helpful.”

What should the Ohio Alliance do next to advance diversity and interprofessional education in the health professions?

Respondents call for the need for resources springing from the conference.

- **“Provide attendees with the names of various resources** they need or partnership they should forge to implement pipeline/workforce development strategies within their organizations.”
- “It would have been great to have offered **a session on national, federal and private** grants to implement diversity pipeline efforts.”
- “The Ohio Alliance is already quite accomplished and has impressive initiatives in place. I would however **recommend including additional stakeholders from the state** such as: 1. HBCUs 2. The state health department - office of minority health and 3. Parents.”

Respondents urged the Ohio Alliance to act as a Mobilizer.

- “I would recommend that some **task forces be created to create action steps** to advance these initiatives.”
- “More work needs to be done to **determine buy in** for a statewide alliance vs. the clear commitment in Northeast Ohio to support the mission of advancing diversity and interprofessional education.”

What should the Ohio Alliance do next to advance diversity and interprofessional education in the health professions?

Respondents suggest that the Ohio Alliance engage others in planning and advancing its agenda.

- **“Strategic planning around these important topics with small think tanks and discussion groups perhaps.”**
- “Make the **objectives more measurable.**”
- **“Bring champions together** (some examples in the comments related to improvement) to establish some common goals/objectives and launch some activities that can be measured to determine impact on interprofessional education and diversity of our health care workforce.”
- **“It’s all about getting minority students to go to and complete college.** An article in 7/1 *Inside Higher Ed* lays out the results from reports that indicate **we are doing worse than 20 years ago.**”

Summary

The results from the evaluation coupled with the outcomes of the day one and two agendas all strongly suggest that the conference achieved its goals and provided significant value to attendees, The Sullivan Alliance, the Ohio Alliance and NEOMED. The conference also demonstrated strong interest and investment in pipeline to practice initiatives that promote diversity through interprofessional education. Conference presenters and attendees signaled a strong need for coordinating and collaborative entities to further employ existing community resources to compose cohorts of health professions students who are reflective of and responsive to the needs of diverse communities in Ohio and ready for the interprofessional context of health care. The Ohio Alliance seeks to fill this need in Ohio and to serve as a model for other state-based and national enterprises that aim to fulfill similar needs.



Pictured above; top to bottom; left to right: Marc Nivet, Ed.D., chief diversity officer, Association of American Medical Colleges

Eric Kodish, M.D., former chair, Northeast Ohio Medical University Board of Trustees, asks a question of a speaker.

Health Professions Affinity Community students with a conference attendee

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INTERPROFESSIONAL HEALTH EDUCATION AND PRACTICE: Making a Difference with Pipeline to Practice Initiatives that Promote Diversity.

FINAL REPORT AND ACTION PLAN FOR THE OHIO ALLIANCE

**Northeast Ohio Medical University
The Sullivan Alliance to Transform the Health Professions**

*Prepared by: Erik J. Porfeli and Gina Z. Weisblat
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Northeast Ohio Medical University | The Ohio Alliance

December 2013

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