

**California State University
Nursing and Allied Health Professions
Pathways and Best Practices
California Statewide Summit**

Summary of World Café Sessions

1. What are the barriers (financial, cultural, educational, and other) that block persons from underrepresented groups from seeking education in the health care professions?

Financial:

Increased tuition and fees. Suggest subsidized schooling with payback options including military and public health service and underserved area community service.

High cost of books. Suggest e-books, lending library, used books, online workbooks.

Life dynamics that interfere with schooling or require jobs that may detract from studies.

Steady reduction in State support.

Reduced slots and capacity and impacted programs.

Cultural:

Language.

1st in family in college. Lack knowledge of career options and how to navigate system.

College is far beyond family expectations and dreams.

Parents reluctant to have daughters leave home.

Lack of parental support for advancement; e.g., “Why get a BSN degree—you’re already a nurse (RN)?”

Lack of peer support, students feel like “outsiders” in their community.

Cultural aversion to debt.

Educational:

Lack of knowledge of range of options in health professions.

Unsure how to finance education.

Unaware of value of education.

Lack of effective preparation, especially in math, science, and, for some, English (note: cited by multiple groups as the number one issue)

Geographic limitations, lack of programs in certain areas.

Legal issues: undocumented, previous convictions, drug, DUI.

Navigation challenges regarding health professions career prerequisites. (Not provided in many HS settings.)

2. What are the most effective strategies/solutions/initiatives at local levels that increase URG recruitment into and retention in health care academic programs?

Provide financial support, jobs, grants, stipends. (note: cited by multiple groups as the number one issue)

Develop programs for adults, job changers, mid-career, etc.

Establish one stop shopping for HPs on local campuses, including advising avenues and mentoring programs)

Create a centralized application like MCAST.

Build capacity at Health Academies. Some work closely with CCCs and CSUs, especially if partnered or on a campus; others no contact at all. Faculty need guidance on what's needed for students' admission and success and allied health options. Develop family nights with parents and other family members, e.g. grandparents. Santa Rosa JC has a HS academy on site and has 100% acceptance to college.

Align prerequisites for health professions programs.

Peer counseling and improved peer-to-peer communication.

Risk assessment testing and assign case manager to student cohorts.

Centralize health science activities and resources.

Address cultural issues in institutional climate, e.g., students alienated in their community due to achievements, and isolated at college.

Target marketing and outreach through social networking, online, etc, with language and culture focus. Market to families as well.

Collaborative programs at CCC and CSUs in nursing and allied health where students study at both schools, demonstrate seamless articulation. Send students "Back to CCC" for technical prep.

Expand the knowledge base of high school and college counselors on allied health options. Convene regional meetings for counselors.

Increase partnerships for internships at health providers

3. What are strategies/solutions/initiatives at system-wide or statewide levels that can increase URG recruitment into and retention in healthcare academic programs?

Conduct meta-analyses to ID elements of high performing programs and replicate key elements (E.g. Just For The Kids NCEA initiative).

Increase understanding at the system level of barriers – develop consistent and clear roadmaps of program availability, location, articulation issues, etc. that also connect to career opportunities

Centralize application process. Aggregate data and provide support.

Increase targeted state funding for highly impacted programs and occupations that lack significant diversity.

Establish fast-track approval process for developing programs.

Provide incentives for employers to mentor and precept.

Use mass media, eg, Daytime TV, soap operas, videos, PSA to market health professions to target populations, especially in allied health; essentially develop sophisticated marketing strategies

Change educational strategies to integrate curricula, reality based training, ecological model. Encourage openness to change and less territorialism to allow educational re-structuring.

Promote cohorted learning communities for nursing and allied health.

Establish flexible emergency funds.

Support and promote regional resource centers.

Provide targeted and accelerated ESL classes for health professionals.

Develop a systematic approach to redirect students not accepted into nursing programs.

Develop a state level template with career options, time to degree, focus, pay, and employment opportunities.

Align health professions related undergraduate major requirements between CSU and CCC

4. What are strategies/solutions/initiatives at high school or earlier levels that can increase URG recruitment into and retention in healthcare academic programs?

Improve students' prioritization, time management skills.

Pre-HS outreach; describe HPs as "careers" instead of "jobs". Educate students about the options available. E.g. Health Jobs Start here.com.

Partner with community organizations, e.g., churches, Boy and Girl Scouts.

Involve families in outreach, especially early in students' education.

Develop student support programs such as EOP in K-12.

Promote statewide communication esp. through internet and social media.

Coordinated use of CCC and CSU alumni to "adopt a school" (HS/MS) for URG mentoring.

Create "Health Careers Day" at MS level with free tours of educational institutions and health care facilities.

Partner with hospitals for health fairs with career components. E.g. Job Fair.

Encourage and promote mentoring at all educational levels.

Develop tool kits for coordinators, counselors, teachers, and mentors.

Provide community service credit and other types of reward (esp. re RTP) for college faculty mentoring or partnering with high school faculty in the health professions.

Build mentoring into undergraduate student curriculum/service learning, to increase "near peer" advising

Coordinated use of Higher Ed faculty, health care providers, or vetted materials to provide content and fill gaps in health sciences in HS.