



Strengthening Links Between CSU and UC Health Professions Education Institutions Proposed Elements of Formal Agreements

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Connecting the Dots: A Comprehensive Strategy to Increase Health Professions Workforce Diversity in California

The following proposed elements are drawn from a series of key informant interviews conducted between 2006 and 2007 as part of Connecting the Dots, a statewide initiative funded by The California Endowment that focuses on the development of comprehensive strategies to increase health professions workforce diversity in California. Information from the initial interviews was supplemented by a more recent set of interviews with CSU and UC academic leaders at CSU Northridge, Sacramento, San Diego, and San Francisco State University, and UCD, UCLA, UCSD, and UCSF.

The intent is to provide a definitive starting point for the development of formal agreements that contribute to a meaningful increase in the admission, matriculation, and graduation from UC health professions education institutions (HPEIs) of under-represented (UR) CSU graduates. Given the presence of the “critical mass of diversity” in our CSU system, growing diversity in California’s communities, and lack of meaningful progress to date in increasing diversity among most of the HPEIs in the UC system, building stronger links between the CSU and UC systems is an essential component of a comprehensive strategy that will yield substantial near term results. Proposed elements are presented in a series of defined categories.

A. System Level/Campus Infrastructure to Support/Sustain Reforms

- 1. Develop regional memoranda of understanding between CSU campuses, HPEIs, and health professions employers.** Regional memoranda of understanding is needed between CSUs, UCs / other HPEIs, and health professions employers that outline roles and responsibilities in preparing the next generation of health professionals. These MOUs should be based upon ongoing engagement and trust building between senior leaders at the regional level. Such a process is being initiated at UCSD.
- 2. Establish a CSU – UC Joint Health Sciences Committee.** A formal infrastructure is needed at the system level to facilitate ongoing coordination with accountability for specified objectives. This would be a standing committee that meets on a quarterly basis and produces annual reports for the legislature. Members would include both faculty and administrators at the system and regional/campus level.
- 3. Create CSU central office pool of funds for high performing campuses.** CSU central offices establish an annual pool of funds to provide on competitive basis for campuses that demonstrate a commitment to strengthening health sciences preparation and strengthening CSU – UC links. Criteria would include ability to secure external grants, and funds would be intended specifically to increase the scale and effectiveness of current efforts. UC/other HPEIs should consider a similar strategy.
- 4. Establish a formal process for curricular changes that involves proactive CSU input and coordination with UC system and other HPEIs.** CSU interviewees identified a number of situations where UC HPEIs have changed course requirements with no advance consultation or subsequent notification. As a result, some students had to re-take courses prior to their application; in some cases, opportunities for UR student entry to UC programs were lost.
- 5. Require collection of data on CSU graduates to provide evidence base for increased UC and other HPEI recruitment and admissions.** Better data collection is needed to create an evidence base for increased recruitment and admissions of CSU graduates, including graduation and career patterns of UC HPEI grads from CSUs, and graduation and career patterns of other HPEI grads from CSUs.

It is important to emphasize ways in which the CSU and UC systems are intertwined and have mutual

interests as a basis for strengthening the relationships, as opposed to throwing rocks. At the same time, data on missed opportunities may provide the means to galvanize those who have done little to date. Products should include fact sheets for legislators, UC campuses, and others that explode myths about CSUs and articulate how the pipeline currently functions and should function in the future.

B. K-12 Transitions

- 1. Use 21st century technology to engage, inform, and prepare high school students for health professions options.** Interviewees suggested a number of options, including the replication of websites developed at CSUS and CSUN and the use of YouTube as a mechanism to engage high school students. The CSUS and CSUN websites offer a workable template and approach that outlines career options, issues, strategies, etc. Implementation should include orientation for all high school students with health science interests.
- 2. Engage CSU, UC and other HPEI health professions alumni as pre-college career mentors.** Coordinated, systemwide engagement of CSU, UC and other HPEI UR health professionals is needed to assist outreach to high schools in order to increase understanding of health career options.
- 3. Convene periodic statewide/regional conferences for pre-health advisors at the high school level.** Hold statewide and/or regional health professions conferences for pre-health advisors that include breakout sessions for different disciplines. Each breakout would bring key representatives from HPEIs, and each would share their particular school/program dynamics, values, and priorities.
- 4. Establish summer college bridge programs for disadvantaged pre-health CSU students.** These would be 6-8 week programs that would provide a combination of academic instruction and course selection assistance. Perhaps most importantly, these programs create the opportunity to establish student cohorts that would be supported through their sophomore year with periodic meetings and coordination of group study and tutoring.

C. Undergraduate Preparation

- 1. Develop health professions career preparatory courses.** A significant challenge identified by interviewees is the lack of early exposure to the full spectrum of health career options for the larger student population. As a result, students often self-design health science curricula without appropriate guidance or assessment of skills and passions, with negative results. One model proposed involves one unit in Freshman/Sophomore year to introduce students to the range of health professions, and a one unit advanced course in the Junior year on what is needed to prepare. The courses would also provide an entry point for periodic UC outreach. A number of interviewees suggested that such courses could be available online, and noted that there is significant content that has already been developed.
- 2. Use 21st century technology to engage, inform, and prepare CSU students (including prospective students transferring from CCCs) for health professions options.** Interviewees suggested a number of options, including the replication of websites developed at CSUS and CSUN and the use of YouTube as a mechanism to engage high school students. The CSUS and CSUN websites offer a workable template and approach that outlines career options, issues, strategies, etc. Implementation should include orientation for all high school students with health science interests.
- 3. Establish joint research initiatives sponsored by CSU and UC faculty that include paid summer internships for UR undergraduate students.** There are a growing number of funding opportunities to support research on health disparities and related concerns in underserved communities. An important part of building closer linkages should be institutional support and incentives for joint CSU-UC faculty research initiatives that provide opportunities for undergraduate CSU students in general and UR students in particular to gain exposure to research initiatives.

4. **Remove obstacles to informal post-baccalaureate preparation at CSU campuses.** In order to achieve meaningful progress in the near term, campus level obstacles to take additional courses must be removed for health science graduates in general, and UR graduates in particular. Obstacles include prohibitions, high costs, and deferrals.
5. **Require formal partnerships between UC-based post-baccalaureate programs and CSU campuses.** The partnerships should involve a required number of CSU students, courses should be co-taught by CSU and UC faculty, and some courses should be taught at CSU campuses.
6. **Engage CSU, UC and other HPEI health professions alumni as career mentors for UR students.** Coordinated, systemwide engagement of CSU, UC and other HPEI UR health professionals, is needed to increase understanding of health career options, address practical issues in preparation, and provide ongoing mentoring and support.
7. **Convene periodic statewide/regional conferences for pre-health advisors.** Hold statewide and/or regional health professions conferences for pre-health advisors that include breakout sessions for different disciplines. Each breakout would bring key representatives from HPEIs, and each would share their particular school/program dynamics, values, and priorities.
8. **Establish campus level one-stop health professions advising and resource centers.** Current resources for students tend to be tied to individual departments and/or individuals, and students may not be aware of options and opportunities at critical junctures in their academic experience. Greater coordination and resource sharing is needed across campus to make optimal use of limited financial support and create an entity with higher visibility for students interested in health professions.

D. Graduate Recruitment, Admissions, and Retention

1. **Require periodic site visits by UC/other HPEI senior administrators, faculty, and graduate students to CSU campuses.** This process should be formalized and budgeted to ensure ongoing commitment. CSU campuses should be responsible to effectively coordinate across programs, departments, and student groups to ensure optimal use of limited resources. In addition, follow up interventions should be scheduled to address interests and needs of prospective HPEI students. These kinds of efforts have historically been supported with HCOP and COE funds, and should now be institutionalized. The UC Davis School of Medicine outreach program was cited by a number of CSU campuses as a model.
2. **Designate a formal campus level CSU inter-departmental liaisons.** Many CSU and UC campuses have individuals that play an important role in facilitating links between undergraduate and graduate programs, but more formal designation of individuals as liaisons is needed to move towards greater accountability and continuity of engagement.
3. **Designate admission slots and/or guaranteed interviews at UC and possibly other HPEIs for a percentage of CSU students that meet a set of defined criteria.** Should be tied to proactive, ongoing process to assess and support appropriate skill development. This addresses concern that CSU student applications are “swamped” by a much higher number of applicants from out of state and out of country with equivalent qualifications.
4. **Review CSU health science course content to identify areas where greater alignment is needed to yield optimal results in application process.** A number of UC interviewees indicated that some CSU courses didn’t cover important material that would be needed to make CSU applicants more competitive in the application process. Close examination is needed to ID and address these perceived gaps in instruction.
5. **Establish UC/other HPEI campus level metrics that validate commitment to CSU recruitment.** Develop formal metrics at the UCOP and Chancellors at each campus that validate a commitment to recruit from CSU as an important expression of their commitment to fulfill their social contract obligations in the state of California.