

## HEALTH POLICY CORNER

## Why SGIM Supports Health Professions Pipeline Programs

Amira del Pino-Jones, MD; Meredith Niess, MD, MPH; Domenic Ruscio; Robert B. Baron, MD, MS

*Dr. del Pino-Jones (Amira.delpino-jones@ucdenver.edu) is an assistant professor in the Department of Medicine at the University of Colorado. Dr. Niess (merniess@gmail.com; @drnermal) is an internal medicine physician at Fair Haven Community Health Center. Mr. Ruscio (druscio@dc-crd.com) is a partner at CRD Associates, SGIM's government relations consultants. Dr. Baron (Baron@medicine.ucsf.edu) is a professor of medicine in the Division of General Internal Medicine and associate dean for graduate and continuing medical education at the School of Medicine, University of California, San Francisco.*

### The Importance of Pipeline Programs

Racial and ethnic minorities continue to be underrepresented in the health professions. African Americans, Hispanics, and Native Americans represent 30% of the combined US population, but only account for 11.5% of physicians, 11.2% of registered nurses, 10.1% of pharmacists, and 9.4% of dentists.<sup>1</sup> While the proportion of minorities in the U.S. population continues to grow, the health workforce distribution is not keeping pace. Beyond the equity problem this poses, health outcomes for minority patients improve when providers share racial/ethnic backgrounds, and providers from underserved backgrounds are more likely to serve the populations with the greatest health disparities and provider shortages: rural, urban underserved, and minority communities.<sup>2</sup>

Pipeline programs work to break down academic, financial, and social barriers for disadvantaged and underrepresented groups within the educational pipeline to healthcare professions. The goal of these programs is to increase matriculation and completion of health professional training for minority and economically disadvantaged potential physicians, advanced practice providers, dentists, nurses, and pharmacists. According to the Institute of Medicine and the Sullivan Commission on Diversity in the Healthcare Workforce, the failure of primary education in meeting the educational needs of minority and low-income students in kindergarten through grade twelve (K-12) is the single biggest barrier to

greater diversity in the health professions.<sup>3</sup> Further, among this demographic of college and graduate students, those involved in pipeline programs have higher matriculation into medical school.<sup>3</sup> Based on current knowledge, these pipeline program interventions are the highest-yield, short-term strategy for increasing diversity in the health professions.<sup>3</sup>

### Government Funding for Pipeline Programs

The Federal Government is the single biggest funder of pipeline programs.<sup>3</sup> The Health Resources and Services Administration (HRSA) Health Workforce provides funding for the Centers of Excellence (COE) and the Health Careers Opportunity Programs (HCOP). According to the Association of American Medical Colleges (AAMC), at least half a million individuals have participated in HCOP and COE programs, including over 400,000 underrepresented minorities and nearly 700,000 educationally and economically disadvantaged individuals. Mentorship programs through COE serve to recruit, train, and retain underrepresented minority students and faculty at health professions schools. As outlined on the Health Resources and Services Administration (HRSA) Health Workforce website, HCOP supports the recruitment of K-12 and college students from disadvantaged backgrounds into health professions programs and improves retention and admission rates of qualified students by means of tailored pipeline programs. In addition, HCOP provides opportunities for

community-based health career training, specifically in underserved communities. In a 2012 AAMC survey of COE and HCOP directors, approximately half of HCOP respondents offer direct academic, test, and application preparation for their participants and 32% provide career guidance through shadowing, mentorship, and advising. Twenty three percent (23%) of COE respondents provide leadership and development training opportunities for diverse faculty as well as cultural competence training.

Despite the ongoing need for diversification of the workforce, since its initial authorization in 1972, HCOP has repeatedly come under threat of defunding. In 2006 the federal budget for HCOP decreased by 89% and COE by 65%.<sup>3</sup> In recent years, the House and Senate have frequently cut or completely defunded these programs in their initial proposed budgets.

### Proposed Pipeline Budget Cuts

As part of its fiscal year 2018 budget proposal to Congress, the Trump administration recommended that the COE program, currently funded at \$21.7 million, be terminated. The Budget prioritizes funding for health workforce activities that provide scholarships and loan repayment to clinicians in exchange for their service in areas of the United States where there is a shortage of health professionals. Similarly, the administration's budget calls for elimination of the HCOP program, which is currently funded at \$14.2 million, citing

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as justification, “This program focuses its activities on entry points early in the health careers pipeline and does not have a broad enough reach to have a significant impact on the health workforce.” While the congressional appropriations process is still in its early stages, the House Appropriations Committee voted on July 24, 2017, to decrease funding from \$21.7 million to \$9.7 million for COE and completely eliminate funding for HCOP. (H.R. 3358; House Report #115-244) Despite two-thirds of HCOP and COE programs accessing non-federal funds, 90% of COE programs and 78% of HCOPs indicate that they cannot continue without federal support in the recent AAMC survey. Decreased funding for these vital programs will have damaging consequences for the healthcare workforce as well as the diverse communities they serve. The cuts jeopardize minority and disadvantaged student recruitment and retention, clinical experiences for pre-health students, and opportunities for cultural competency initiatives needed to create a healthcare system and workforce capable of providing universal quality care regardless of race, ethnicity, culture, or language proficiency.<sup>4</sup> Given evidence that racial and ethnic minority health care providers are more likely to work in medically underserved communities, cutting pipeline programs geared towards increasing diversity in the health professions also threatens to increase already promi-

nent health care disparities.<sup>5</sup> State and private funding, not to mention institutional culture and legislative barriers and facilitators, are essential to improving health workforce diversity and equity: However, federal funding for these essential programs is currently at risk for fiscal year 2018, and the Health Policy Committee’s Education Subcommittee is concerned about the effect this will have on our future health workforce.

While budget cuts to COE and HCOP threaten the sustainability and growth of health professions pipeline programs, the \$403 million budget cut from HRSA workforce programs proposed by the Trump administration also includes Primary Care Medicine, Area Health Education Centers (AHECs), geriatric programs, and HRSA funding from the Behavioral Health Workforce Education and Training (BHWET) program. Although these programs are not within the scope of this article, government funding for all of these programs is critical providing healthcare to rural and other underserved communities around the country and merits the attention of the SGIM community.

### Conclusion

Pipeline programs play an integral role in preparing students for the healthcare workforce, diversifying our medical community, and improving access to and quality of care for underserved and minority populations. Continued adequate government funding for pipeline programs

is critical to the growth and sustainability of these programs and providing comprehensive care to all of the populations that we serve.

*Note:* Final congressional action on health workforce appropriations will not occur until this fall or winter (after the August 15 deadline and before the piece would be published in the *Forum*). Given this, the authors would like to make an addendum to keep it relevant for our readers prior to publication.

### References

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