



Committee: Health Professional Education
Date of Meeting: February 4, 2005, 10:30am – 12:00 noon
Location: Bon Secours Urban Medical Institute
2600 Liberty Heights Avenue
Baltimore, Maryland

□ Attendance

Committee Members:

Co-Chairs: Dr. Trudy Hall
Dr. Myron Weisfeldt

Co-Staff: Arlee W. Gist, MHHD, Lead Co-Staff

MHHD Staff: Dr. Carlessia Hussein, MHHD Director
Nduku Numbu, MHHD

Committee Members:

Marian Batts-Turner	Diane Cheng
Michelle Clark-Green	Yvette Colo'n
Russell Dick	Gerhard Friedrich
Miryam Granthon	Sheila Higdon
Marilyn Johnson	Adam Kaplin
Shivonne Laird	Dora Mamodesene
April Meise	Julia Mitchner
Ryan Pasternak	Tricia Reedy
Diane Skojec	David Stein
Mary Tabeling	Elizabeth Tanner
Ashley Varner	Colin Weeks
D. Herman White	Emilio Williams
Simon Williams	

Total Attendees: Thirty (30)

□ Meeting Summary and Key Points

□ Dr. Myron Weisfeldt opened the meeting with a welcome and a discussion on the charge of the committee to proceed with recommendations for the health disparities plan. First time committee members attending meeting were asked to provide a brief introduction and employment background.

□ Dr. Carlessia A. Hussein provided an overview of the January 14th meeting notes and members were asked to provide comments. Limited meeting notes were made available to committee members. Sheila Higdon was recognized for disseminating the committee sign-up form and other members were encouraged to do the same within their respective organization.

- Dr. Hussein reviewed Action Steps from the January 14th meeting:
 1. Obtain curriculum from Johns Hopkins and University of Maryland that addresses health disparities and prepares students for working with diverse populations.
Action: Committee will develop this task into a recommendation statement for inclusion in the committee report.
 2. Make the Sullivan Commission Report available to committee members.
Action: Staff sent the report to members electronically prior to the 2/4/04 meeting. Limited copies of the report were made available during the meeting.
 3. Identify a larger meeting space for future meetings to accommodate members.
Action: A larger room at the Bon Secours site was made available.

- The group discussed conducting a survey of health professionals to identify what is occurring to recruit minority health professionals. To properly conduct a survey, key principles should be considered such as the purpose of the survey, framing the questions, informed consent, method of analysis, length of time and validity of the findings.

- Committee reviewed the Sullivan Commission Report and identified recommendations that were applicable to Maryland:

Chapter 2: The Historical roots of Today's Disparities

2.4 Cultural competency curriculums and programs should be included in health professional educational programs. There should be strong support from the schools leadership.

2.5 Key stakeholders, e.g., physician groups, health insurers, health providers, legislators, businesses and the public (patients) should design some form of a language training program.

Chapter 4: The Pipeline to the Health Professions

4.1 Health professional schools should partner with hospitals, public school systems and other community groups to encourage the exposure of students to the health professions early in their education.

During Professional Education

- There was discussion of the breakdown of the pipeline, where students are not exposed to the health profession during the early years of education (K-12). As a result students do not select the math and science courses that prepare them for health professional careers.
- Undergraduate schools need to focus attention on the health professional curriculum to increase minority enrollment. Pilot programs could aid in developing minority competency among mentors, increasing minority scholarships, and training advisors. Other programs should be considered that would recruit more minority students and support their matriculation through graduation.
- The health professional workforce in health facilities and communities should be reflective of the minority population in the areas served.
- The economic impact of health disparities should be examined. Look at the experience of other countries. Why do some have a universal health system and the U.S. does not?

Post Graduate Health Professional Education:

- There should be advocacy for Continuing Medical Education (CME) to include mandatory licensure requirements for courses on health disparities' diseases.
- Research Best Practices for achieving parity in the health professional field. An example is the increase of women in health careers. This is a success story. How can this success be applied to the need to increase minorities in health careers?

FOLLOW-UP

□ **Action Steps**

1. Provide members a complete copy of committee notes.

NEXT MEETING DATE

*February 25, 2005 at 10:00 AM
Bon Secours Medical Institute
2600 Liberty Heights Avenue
Baltimore, Maryland 21210*

PARKING LOT ITEMS –

Gerhard Friedrich agreed to obtain NASA model used to recruit candidates into its program.

HEALTH PROFESSIONAL EDUCATION

Subcommittee Process

February 4, 2005

Background: At the February 4, 2005 meeting, committee members decided to break into subcommittees in order to develop recommendations for the “*Plan for Eliminating Health Disparities in Maryland*”. The following subcommittees were formed.

1. Committee members to break into three subcommittees
 - Pre-educational period: years before entering a health professional academic program; includes K-12 years, post high school work, and first years of college,
 - Current educational period: years during matriculation through an academic health professional program (medical school, nursing school, licensed practical nurse school),
 - Post educational period: years following graduation from an academic health professional program,
2. Subcommittee Selection: Each committee member is requested to select one of the above subcommittees to work on. Subcommittees will meet for the first half of the next committee meeting on March 14, 2005.
3. Subcommittee Charge: Review and discuss reference materials to develop recommendations that will increase cultural competency and improve communication by Maryland’s health professional workforce. Each subcommittee is asked to focus on one of the periods listed in item #1 above.
4. Subcommittee methods:
 - a. Review handouts provided to committee members
 - b. Members are asked to bring reports and papers that address the charge
 - c. Discuss how best practices can work in Maryland
 - d. Tailor recommendations to fit Maryland
 - e. Present recommendations to the full committee for consideration.
4. Handouts provided to all committee members:
 - Notes from February 4, 2005 meeting
 - June 8, 2004 Conference recommendations
 - Sullivan Commission report recommendations

- Committee list of recommendations from January 14, 2005 meeting
- Committee list of recommendations from February 4, 2005 meeting.