





Presents:

A Forum on Diversity and the California Healthcare Workforce

Establishing a Diversity Pipeline to Medical Schools

Special Guest:

THOMAS E. PEREZ

United States Secretary of Labor

EVENT DETAILS

DATE: OCTOBER 10, 2016

TIME: 11:30AM PT - 2:30PM PST (LUNCH AVAILABLE)

LOCATION: OFFICE OF THE CALIFORNIA ENDOWMENT

1111 BROADWAY, 7TH FLOOR, OAKLAND, CA

BY INVITATION ONLY. PLEASE RSVP TO COYNESSENNIX@GMAIL.COM BY SEPTEMBER 25, 2016

EVENT SPONSORS











Special Thanks to:

- Jane Binger, EdD
- George Flores, M.D., MPH
- Ron Garcia, PhD
- Ramon Hernandez, DrPH, MPH
- Thuy Thi Nguyen, JD
- Nancy Nkansah-Mahaney, PharmD, MBA
- Jeff Oxendine, MBA, MPH
- Linda Zorn, RD, MA



OVERVIEW

Coyness Ennix, Jr., MD Chair "Today, the importance of the relationship between neighborhoods and health continues to be recognized, with zip code understood to be a stronger predictor of a person's health than their genetic code."

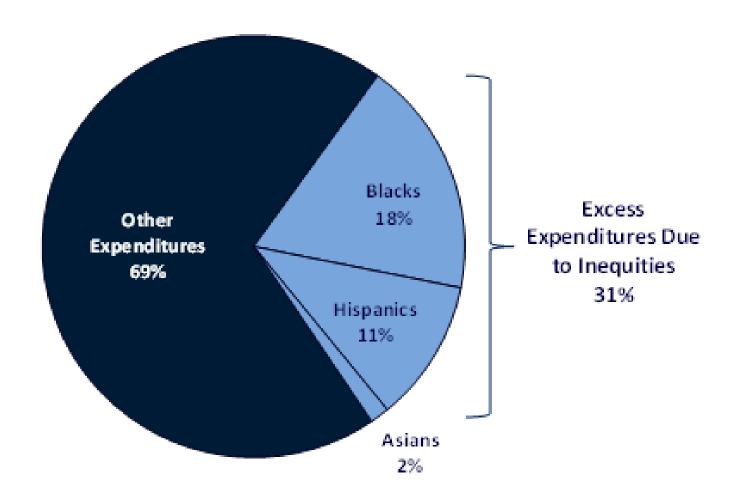
- Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity
 - Nov 04, 2015 | Harry J. Heiman
- Supported by the Henry J. Kaiser Family Foundation

why we need more minority doctors

- To serve those who need it most: "Underrepresented minorities are more likely to go back and serve in their communities.
- To encourage a sense of affinity: "There's research on how patients respond to physicians with whom they feel some concordance — culture, race, language, gender.
- To offer cultural understanding: "We know that different cultures have different belief systems around health.
- To enhance the field of medicine overall: The population we serve is diverse. We need our colleagues to reflect our population."

Figure 1

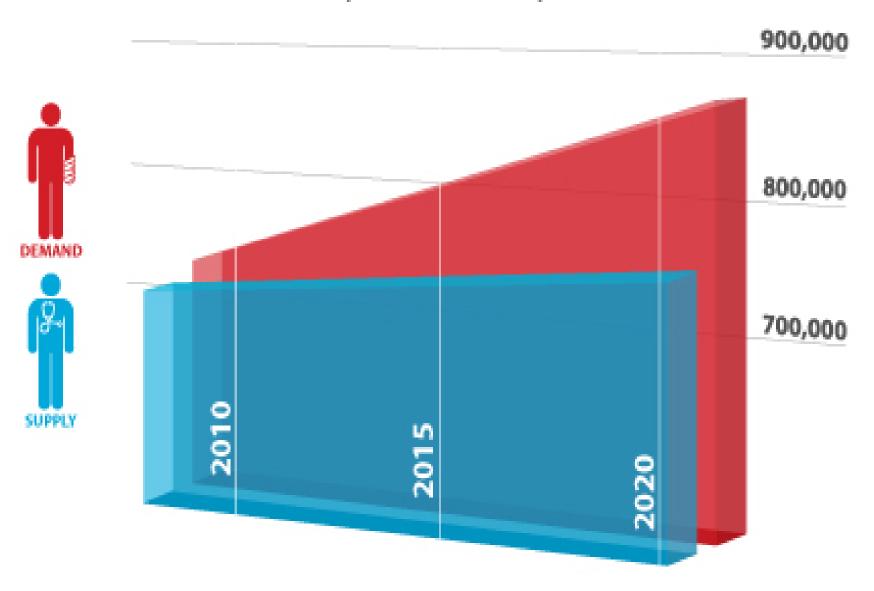
Excess Medical Expenditures Due to Health Inequities



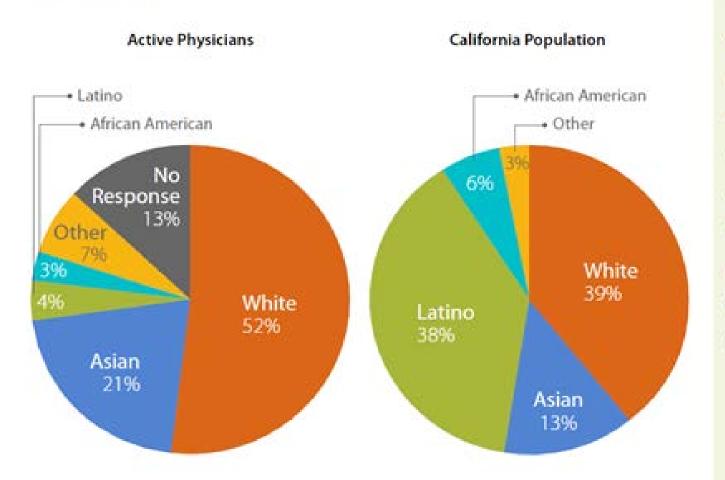
Total Expenditures 2003-2006 = \$749 Billion

Projected Supply and Demand, Physicians, 2008-2020

(ALL SPECIALTIES)



Race/Ethnicity of Physicians and Population California, 2012



California Physicians Demographics

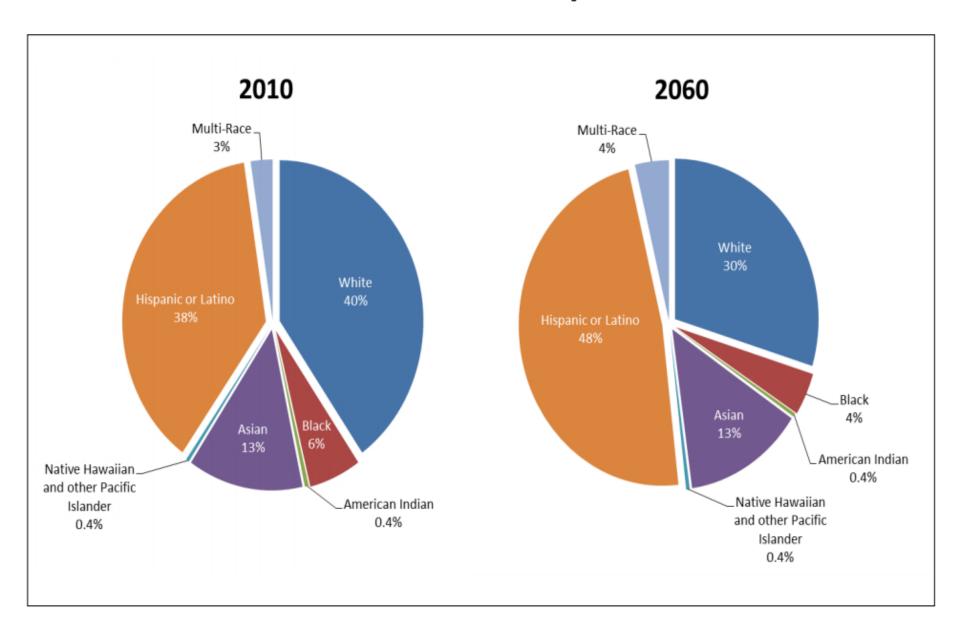
The racial/ethnic breakdown of California physicians was not representative of the state's diverse population. In particular, California's Latino population was significantly underrepresented in the physician population: 38% of the population was Latino, while only 4% of physicians were Latino.

Notice Data include active MDs. Other includes American Indian/Native American/Native Native, Native Hawatan, and respondents who choice two or more successed motives. Segments may not add to 100% due to rounding.

Source: Medical Board of California, Cultural Biologround Survey Statistics, 2012; US Cereus Bureau, Population Division, Annual Estimates of the Resident Population by Sox, Age. Race, and Hispanic Origin for the United Soares and Soares, April 1, 2010 to July 1, 2012; June 2010.

ESTA CALIFORNIA HEALTHCARE FOLINGATION

California Race and Ethnicity Distribution



Source: U.S. Census Bureau, 2010 Census and California Department of Finance, Population Projections for California, 2010 Baseline Series.

Figure 1

Impact of Different Factors on Risk of Premature Death

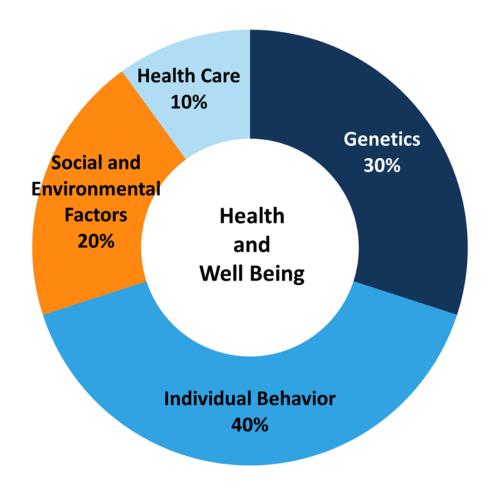




Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social	Health
Income	Transportation	Language	Access to	integration	coverage
Expenses	Safety	Early childhood	healthy options	Support systems	Provider availability
Debt	Parks	education		Community	Provider
Medical bills	Playgrounds	Vocational training		engagement	linguistic and cultural
Support	Walkability	Higher		Discrimination	competency
		education			Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Latino Physicians in the United States: A Thirty-Year Overview From the Censuses

Academic Medicine, Vol. 90, No. 7 / July 2015

David E. Hayes-Bautista, PhD

Professor of Medicine and Director of the Center for the Study of Latino Health and Culture at the School of Medicine, UCLA

UC Berkeley

UC San Francisco

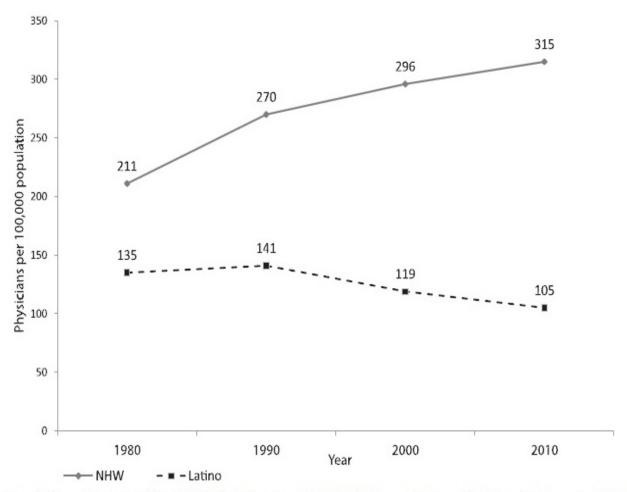


Figure 1 Thirty-year trend of non-Hispanic white (NHW) physicians per 100,000 NHW population and Latino physicians per 100,000 Latino population in the United States, 1980–2010. Source: Ruggles S, Alexander JT, Genadek K, Goeken R, Schroeder MS, Sobek M. Integrated Public Use Microdata Series: Version 5.0 [machine-readable database]. Minneapolis, Minn: University of Minnesota; 2010.

Table 2
Non-Hispanic White (NHW) Physicians per 100,000 NHW Population and Latino
Physicians per 100,000 Latino Population in the United States and in Each of the
Five U.S. States With the Highest Latino Populations, 1980 to 2010^a

Area	Group	1980, no. of physicians 100,000 per group in area	1990, no. of physicians 100,000 per group in area	2000, no. of physicians 100,000 per group in area	2010, no. of physicians 100,000 per group in area
United States (50 States)	NHW	211	270	296	315
	Latino	135	141	119	105
California	NHW	321	365	359	390
	Latino	47	55	49	50
Florida	NHW	214	265	306	279
	Latino	452	364	329	236
Illinois	NHW	184	245	277	300
	Latino	173	158	108	110
New York	NHW	279	380	417	455
	Latino	135	175	159	117
Texas	NHW	219	279	308	310
	Latino	89	93	93	78

^aThe authors obtained these data from Ruggles S, Alexander JT, Genadek K, Goeken R, Schroeder MS, Sobek M. Integrated Public Use Microdata Series: Version 5.0 [machine-readable database]. Minneapolis, Minn: University of Minnesota; 2010. There are two sources of Public Use Microdata Samples: 1980, 1990, and 2000 census long-form data and 2010 American Community Survey (ACS) data which replaced the census long-form data. The U.S. Census Bureau affirms that "subject matter specialists have reviewed the factors that could affect differences between ACS and decennial census estimates and they have determined that ACS estimates are similar to those obtained from past decennial census sample data for most areas and characteristics." ²¹

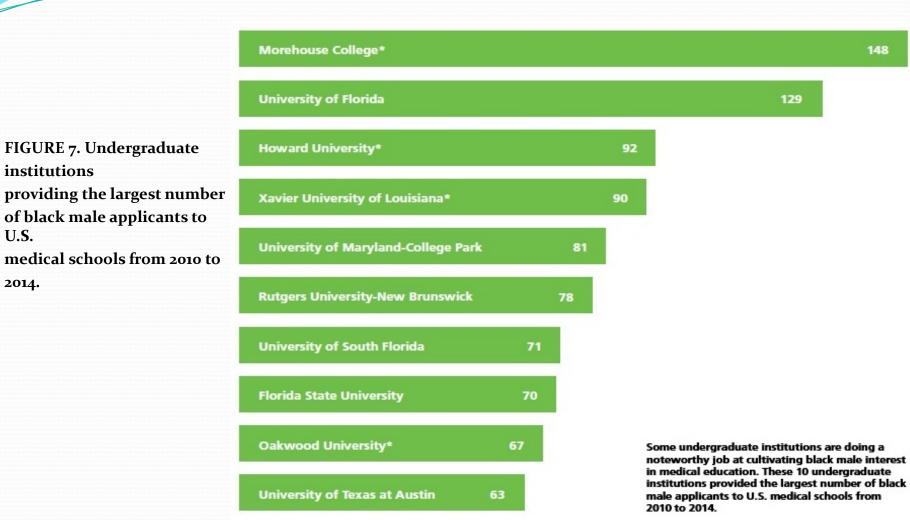


FIGURE 7. Undergraduate

institutions

U.S.

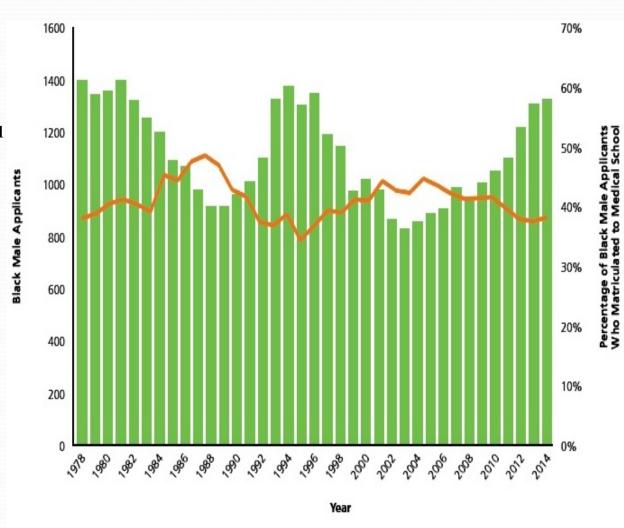
2014.

148

129

*Historically Black College or University (HBCU). Source: AAMC Data Warehouse: Applicant and Matriculant File, as of 2/11/2015.

- FIGURE 1. Number of black or
- African-American male medical
- school
- applicants (bars) versus
- percentage of black or African-
- American applicants who
- matriculated (line), 1978–2014.



Source: AAMC Data Warehouse: Applicant and Matriculant File, as of 5/11/2015.

CALIFORNIA MEDICINE

 Diversity in the Healthcare Workforce has a Powerful and Positive Impact on all THE SOCIAL **DETERMINANTS OF** HEALTH

Jeff Oxendine MBA, MPH

- UC Berkeley School of Public Health
- Associate Dean, Public Health Practice
- Project Director, California Pacific Public Health Training Center
- Project Director, Health Careers Opportunity Program
- Co-director, Undergraduate Public Health Major Program



California Efforts and Opportunities to Increase Diversity in the Health Professions

Jeff Oxendine

Associate Dean, Public Health Practice, UC Berkeley School of Public Health President, Health Career Connection

Co-Director, CA Health Professions Consortium and CA Health Workforce Alliance Leadership Team, East Bay Health Workforce Partnership oxendine@berkeley.edu

Presentation Overview

- History of commitment and innovation
- 2. Importance of a comprehensive approach
- Collective action now! Key opportunities for accelerating and increasing progress

Health Workforce Diversity in CA

- OSHPD Programs- (1970's-present)
- UC, CSU, Private and Community College Programs
- HCOP and COE Programs
- Pipeline Programs- DA, FACES, HCC, BSP, HASPI, SMDEP
- Labor and Workforce Agency/WIB's- SlingShot
- UCSF Center for Health Professions
- Profession or health sector specific initiatives- CPCA, CAFP, CHA, CINHC
- Regional Health Workforce and Pathway Partnerships
- Employer led programs- Kaiser, Dignity, Sutter

Health Workforce Diversity In CA

- Foundation leadership and investment- TCE, TCWF, James Irvine, CHCF, Atlantic Philanthropies
- California Health Professions Consortium (2005-present)
- The Connecting the Dots Initiative (2005-2009)
- CA Health Workforce Alliance (2009- present)
- CA Health Workforce Development Council- (2010present)
- California Career Pathways Trust
- Alliance for Boys and Men of Color
- Doing What Matters Most for Jobs and the Economy: CA Community Colleges
- California Medicine

Connecting the Dots



Benefits of Health Workforce and Pathway Development

- Individuals get jobs, rewarding career opportunity
- Health employers meet priority workforce needs and have a stronger more diverse workforce
- Educational institutions have greater excellence, equity, inclusion and outcomes
- Communities are:
 - Stronger economically
 - Better educated
 - __ Healthier

More civically engaged

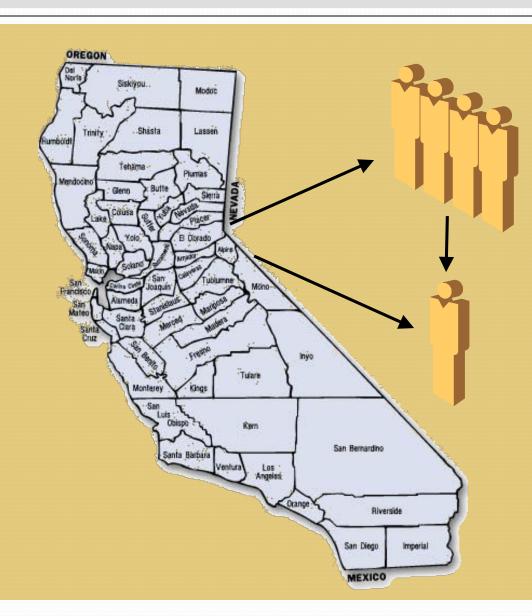
Promising Moment of Opportunity

- Progress but still not where we need to be
- Greater felt need and case for workforce and diversity
- Convergence of initiatives and significant funding
- We know what works, not scaled or sustainable
- Regional pathway and sector progress
- Pathway success linked to growing healthy community, pop health and economic development efforts
- Kaiser and other new medical schools
- Strong relationships and networks among champions
- Key stakeholders interested in comprehensive, collaborative approaches

Importance of a Comprehensive, Coordinated Approach



Levels of work



- State
- Regional/Community
- Institutional
- Profession
- Individual

Framework for Increasing Health Professions Workforce Diversity (Connecting the Dots, 2007)

Making the Case

Social Contract

Institutionalizing Commitment and Innovations

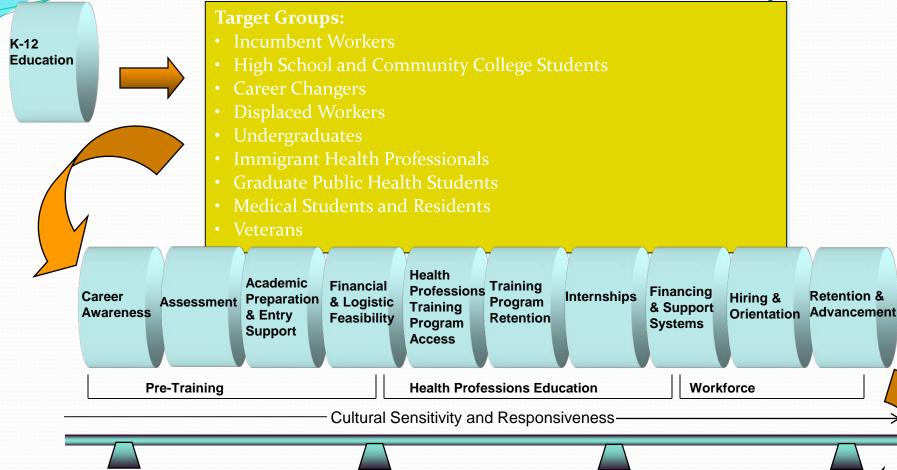
Expanding the Pool

Regional Planning and Partnerships

Shared Learning and Advocacy

Overarching Strategy, Rescoures and Action Plan

Coordinated Health Workforce Pathway



Coordination and Support Infrastructure

Quality, Diverse Health Workforce

Health Pathway System:

- A <u>coordinated</u>, <u>inter-connected set</u> of pathway programs <u>aligned</u> to:
 - provide area youth with support to succeed academically and gain entry into health careers
 - meet area health employer demand for a well prepared workforce in emerging priority professions
- Offers linked, sequential and continuous support across all educational levels and towards a broad range of health careers.

Emerging Health Career Paths in California

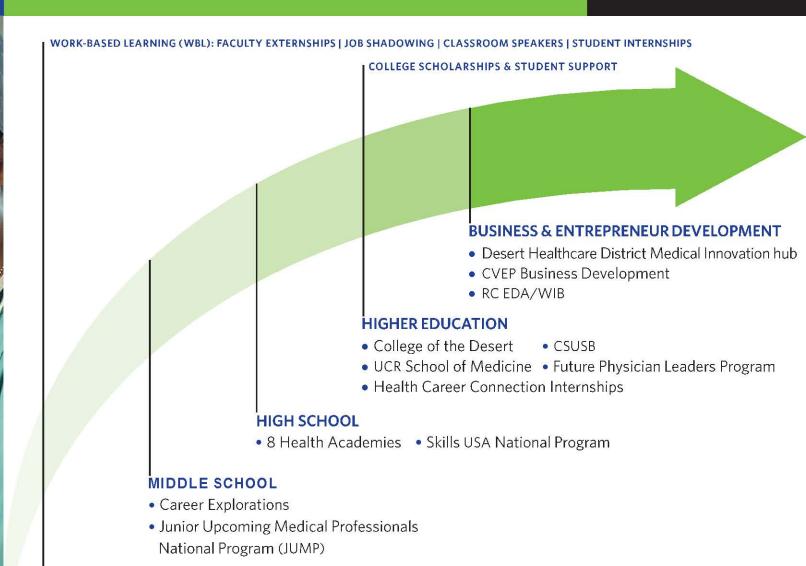
- Primary Care Physicians
- Advanced Practice
 Nurses
- Physician Assistant
- Medical Assistants
- Clinical Lab Scientist
- Pharmacist
- Medical Imaging
- Care Coordinators
- Nursing

- Direct Care Workers
- Community Health Workers
- Social Workers
- Health Administration
- Health IT
- Mental and Behavioral Health, Substance Use
- Oral Health
- Public Health

Linking Education with Business: Healthcare

13,667 **Healthcare Jobs***





Medical Magnet Schools

ELEMENTARY

ALISAL K-16 HEALTH PROFESSIONS WORKFORCE PATHWAYS PARTNERSHIP (AHPWPP)

HEALING-INFORMED SUPPORTS (LA CULTURA CURA)





BOYS & MEN OF COLOR (BMoC) STRATEGY

SALINAS CITY SCHOOL DISTRICT

- Sherwood
- Loma Vista

ALISAL UNION SCHOOL DISTRICT

- Bardin
- Frank Paul
- Virginia Rocca Barton
- Cesar Chavez
- Fremont
- Martin Luther King
- Tiburcio Vasquez
- Oscar Loya
- · Alisal Community

Math, science and language arts curriculum delivered via interactive whiteboard technology.

Professional development for teachers in instructional technology and leadership.

MIDDLE SCHOOL + HIGH SCHOOL

SALINAS UNION HIGH SCHOOL DISTRICT

- El Sausal Middle School · La Paz Middle School
- Mt. Toro High School
- · La Paz Middle School
- · Everett Alvarez High School
- · Alisal High School Mission Trails ROP

Student leadership Clubs - Junior Upcoming Medical Professionals (JUMP) + Health Occupations Students of America (HOSA)

Hartnell College Steps to Success K-16 Bridge college transition support

Summer math workshops for middle school students

Academy for College Excellence teacher training

Dual enrollment/articulated credit Hartnell College courses for Health Academy students

Nursing and Allied Health career fairs, speakers' panels and fieldtrips at local hospitals

ALTERNATIVE EDUCATION/ JUVENILE PROBATION

MONTEREY COUNTY OFFICE OF EDUCATION

- Rancho Cielo
- Salinas Community School
- Salinas Valley Education Center
- Silver Star Resource Center
- Wellington Smith Juvenile Hall

Dual Enrollment Emergency Medical Responder (EMR) + Academy for College Excellence (ACE) program

Culturally-rooted healing support

(National Compadres Network - La Cultura Cura - Joven Noble)

SUMMER MATH **ACADEMY**

HEALTH SCIENCE SUMMER BRIDGE **PROGRAM**

SUMMER HEALTH INSTITUTE

FIRST RESPONDER SUMMER BRIDGE **PROGRAM**

2-YEAR COMMUNITY COLLEGE

Draft June 8, 2015

HARTNELL COLLEGE + HARTNELL FOUNDATION

LVN, RN, RCP, Public Health

- · Academy for College Excellence
- · Nursing and Allied
- Nurse Residency

Health

- · Health Career
- Connection
- Student Services
- MESA
- STEM
- TRIO Program
- Academic Affairs
- Hispanic Serving Institutions
- CSIT-in-3

UNIVERSITY

STANFORD UNIVERSITY SCHOOL OF **MEDICINE**

Physician Assistant/Primary Care Associate Program

UNIVERSITY OF CALIFORNIA. **BERKELEY**

School of Public Health

SAN JOSE STATE UNIVERSITY

Bachelor of Science, Health Science > Master's Degree, Public Health

UNIVERSITY OF CALIFORNIA, **SANTA CRUZ**

Bachelor of Science, Biomedical Sciences

CALIFORNIA STATE UNIVERSITY **MONTEREY BAY**

Bachelor of Science, Nursing (BSN) Program **EMPLOYERS**

HEALTH **EMPLOYERS**

- Salinas Valley Memorial Hospital
- Clinica de Salud
- Natividad Medical

Center

- · Dominican Hospital
- Sutter Health
- Community Hospital of the Monterey Peninsula
- · Sierra Vista Regional Medical Center

HEALTH CAREER CONNECTION: Paid summer real-world industry experience

Comprehensive Statewide Plan and Infrastructure

- Develop common, multi-year agenda
- Alignment and coordination among:
 - education, workforce and regional initiatives
- Investment linked to priority needs
- Shared success metrics and tracking
- Stakeholder engagement and investment
- Infrastructure for execution and data
- Reporting and accountability

Managing Complex Change Action Change Vision Skills **Incentives** Resources Plan Action Confusion **Skills Incentives** Resources Plan Action Resources Vision **Incentives** Anxiety Plan Action Gradual Skills Vision Resources Plan Change Action **Skills** Frustration Vision **Incentives** Plan False Skills Vision **Incentives** Resources Starts

Barriers to Address

- Exposure and experience, access to work-based learning
- College access, success and completion
- Uneven student preparation
- Cost and affordability of college, health professions training
- Sufficient advising and mentorship
- Climate for diversity, equity and inclusion
- Institutional commitment to and investment in diversity
- Pathways to health training and employment
- Post-undergraduate experience and preparation
- Training program capacity and access
- Competition

Opportunities for Accelerating and Increasing Progress on Diversity

- 1. Institutionalize, fund, scale and replicate proven programs
- 2. Support regional pathway initiative success and sustainability
- 3. Develop linked, sequential pathway systems across levels, professions
- 4. Strengthen college access, completion and entry into health professions training. Increase pre-health major capacity and pathways.
- 5. Increase health professions school capacity and financial support
- 6. Enhance health plan and health systems investment and hiring
- 7. Develop comprehensive statewide plan and infrastructure. Link with regional and educational system plans. Leverage Federal Programs.



Evita Limon Rocha, MD, MPH

Psychiatry Resident Physician UC Irvine

Reach Out, HCC, Inland Coalition





Alfonso Molina

UCLA School of Medicine, Prime Program

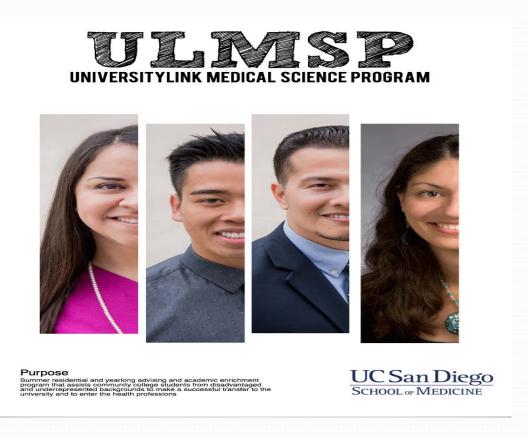
SMDEP, SUMMA, HCC



Ramon Hernandez, DrPH, MPH

Program Director on Diversity
University of California, San Diego
School of Medicine

Developing a Model that Supports Transfer, Transition and Persistence of Community College Students



Ramon A. Hernandez, DrPH, MPH, Project Director PI: Sandra Daley, MD October 10, 2016

Background

Many disadvantaged students enter the pipeline of higher education through community college.

 In California between 60-75% of all underrepresented minority students attending CA public school system enroll in a community college.¹

The majority of these students fail to complete community college and successfully transfer.

- Six years after enrolling, 70% of degree seeking students had not completed a certificate/degree/and not transferred to university.²
- Only 14% of Latino students transfer to a four year university.²

These students face challenges when they first arrive at a large competitive university.

 Only 49% of Latinos and 40% of AA who start college complete a bachelors degree compared to 60% for white students.²



Gándara, P., Alvarado, E., Orfield G. (2012). Building Pathways to Transfer: Community Colleges that Break the Chain of Failure for Students of Color. Los Angeles, CA: The Civil Rights
Project.

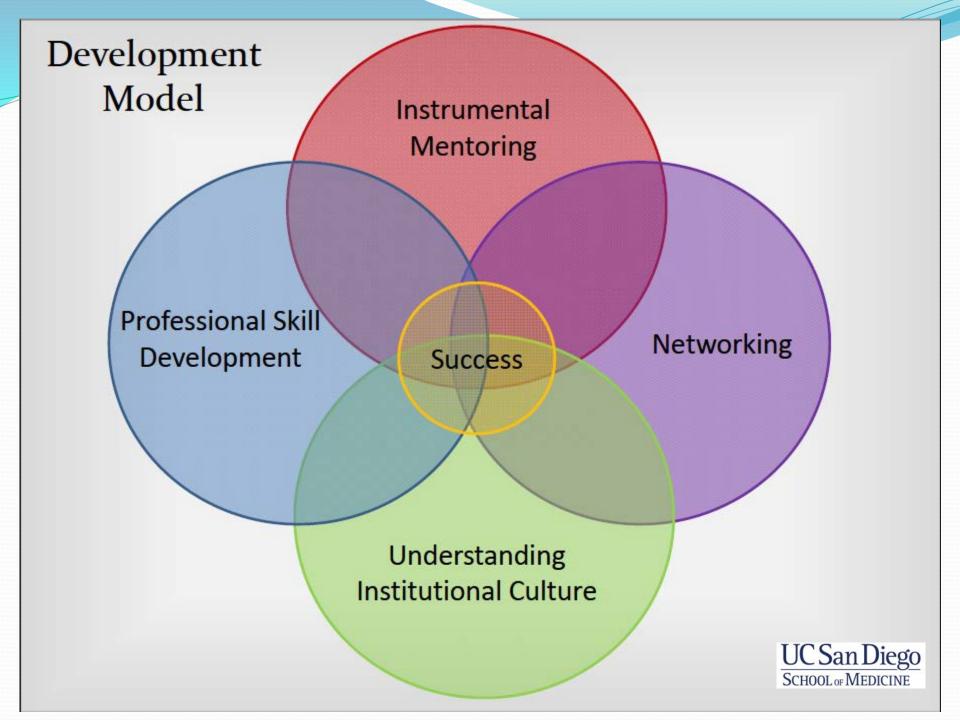
^{2.} Moore, C. & Shulock, N. (2010). Divided We Fail: Improving Completion and Closing Racial Gaps in California's Community Colleges. Sacramento, CA: institute for Higher Education Leadership & Policy.

ULMSP PURPOSE

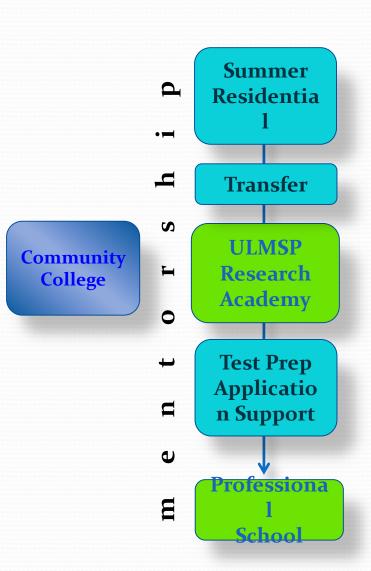


Summer residential and yearlong advising and academic enrichment program that assists community college students from disadvantaged and underrepresented backgrounds to make a successful transfer to the university and to enter the health professions.



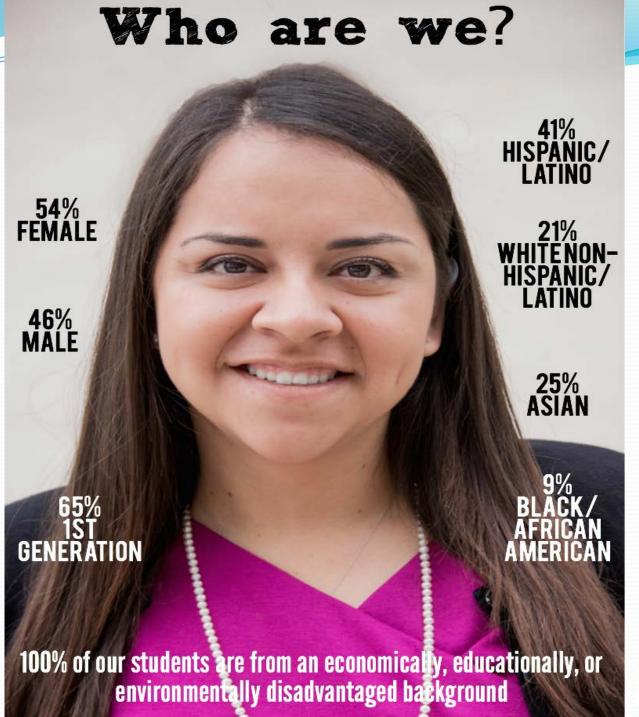


Innovative Approach to Developing a Quality Healthcare Workforce and the Wellbeing of Underserved Communities



- Over the last fourteen years we have led and delivered a program that has:
 - Increased transfer rate to a 4-year University from 20% to 98%
 - Increased graduation rate from 44% to 96%
 - Increased persistence in biomedical science major from 18% to 83%
 - 3X the national rate of professional health science graduates returning to practice in underserved community







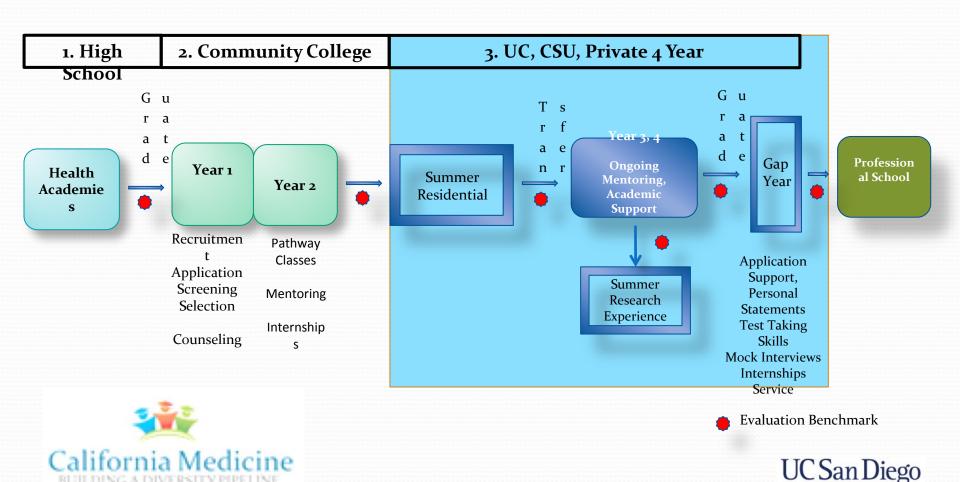






UC San Diego
SCHOOL OF MEDICINE

Sustain and Scale a Pathway that Develops a Well-Trained Diverse Medical Workforce



SCHOOL OF MEDICINE

Nancy Nkansah-Mahaney, PharmD, MBA

Stanford University School of Medicine
Co-Founder, Deeptok
Access to Health Care/Health Professional Pipeline
Effort

Janet Napolitano President, University of California



Thomas Edward Perez, JD 26th United States Secretary of Labor



Ronald D. Garcia, Ph.D

- Stanford University School of Medicine
- Assistant Dean for Minority Affairs
- Director, Center of Excellence in Diversity in Medical Education
- Director, Stanford Premedical Student Summer Program
- Associate Director, Primary Care Associate Program Stanford School of Medicine

Ronald D. Garcia, Ph.D

 "The Opportunity is Now: Why a Medical School-Community College Partnership, and What do We Know About Efficacy of this Strategy?"

Ramon Hernandez, DrPH, MPH

Program Director on Diversity
University of California, San Diego
School of Medicine

UCSan Diego

SUSTAINING AND SCALING A COMMUNITY COLLEGE CENTERED RESPONSE TO DIVERSIFYING THE HEALTHCARE WORKFORCE



Ramon A. Hernandez, DrPH, MPH
Associate Director, Center for Community Health
Hugo Aguilar
UC San Francisco, PharmD Student



SUSTAINING A DIVERSE HEALTH CARE WORKFORCE



Committed to Preparing Students to Enter the Healthcare Work Force

Committed to Preparing Students to Work in Community



COMMITTED TO PREPARING STUDENTS TO WORK IN COMMUNITY

HCOE

Hispanic Center of Excellence

PRIME-HEq

Program in Medical Education Health Equity

CAP

Conditional Acceptance Post Baccalaureate Program



UniversityLink Medical Science Program ULMSP

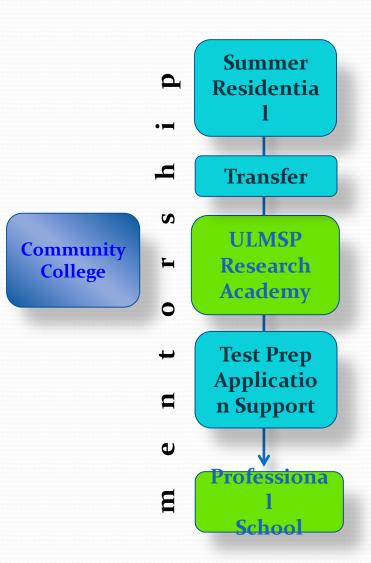
Creating the Future Healthcare Workforce





University Link
Medical
Science
Program
(ULMSP)

Innovative Approach to Developing a Quality Healthcare Workforce and the Wellbeing of Underserved Communities



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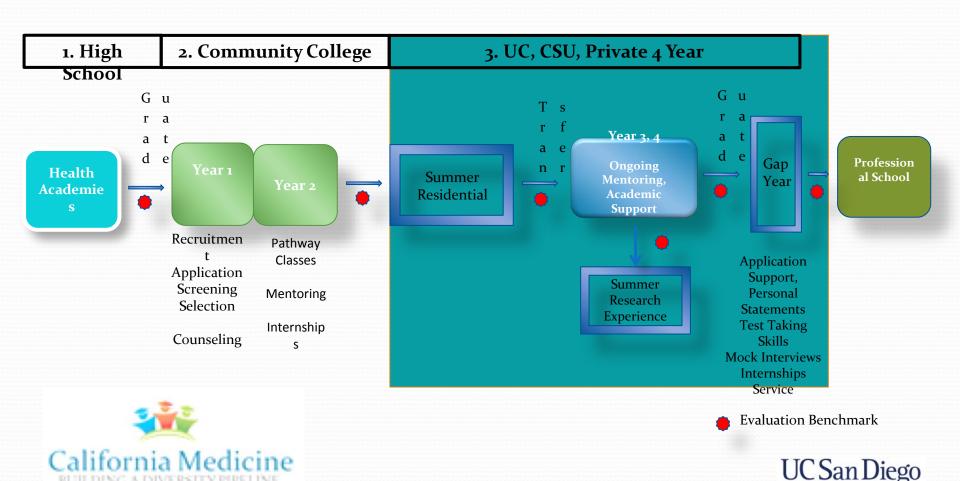


SCALING the RESPONSE



- 1. Determine whether the intervention is ready to go to scale
 - 2. Select the best approach to bring the intervention to scale.
 - 3. Select sites that are best suited to the intervention.
 - 4. Develop the capacity and infrastructure to manage multiple sites.
 - 5. Evaluate the scaling process.
 - 6. Share promising practices and lessons about scale with others.

Sustain and Scale a Pathway that Develops a Well-Trained Diverse Medical Workforce



SCHOOL OF MEDICINE

Thuy Thi Nguyen, J.D.

- President, Foothill College
- Former General Counsel for the California Community Colleges Chancellor's Office

Facing the Challenges & Opportunity to Increase Health Workforce Diversity in California

A Conversation with Secretary of Labor Thomas E. Perez

Statewide Leadership to Establish a Diversity Pipeline

Thuy Thi Nguyen, J.D. President, Foothill College

October 10, 2016

Study by Law School Admissions Council

- + Students starting at two-year institutions tend to succeed in law school as well as students who start at four-year institutions. The challenge is getting them to apply successfully.
- + Increasing recruitment efforts at two-year institutions may **positively impact the diversity** of future applicant pools.
- + More law school applicants, **especially Hispanic/Latino applicants**, are beginning their undergraduate education at more racially diverse two-year institutions.
- + To improve the likelihood of law school admission for applicants starting at two-year institutions, more attention might be given at two-year institutions to developing logical reasoning, reading comprehension, and analytical reasoning skills.

18 H. S. LAW ACADEMIES

HIGH SCHOOL	SCHOOL DISTRICT
Juan Cabrillo	Long Beach
Highland	Antelope Valley
Crawford	San Diego
Cabrillo	Long Beach
Wilson	Los Angeles
Deer Valley	Antioch
Richmond	West Contra Costa
Narbonne	Los Angeles
Washington Prep	Los Angeles
Woodrow	Los Angeles
El Dorado	Placentia-Yorba Linda
Pacific Law Academy	Stockton
McClatchy	Sacramento
Luther Burbank	Sacramento
Florin	Elk Grove
Jesse Bethel	Vallejo
DeAnza	West Contra Costa
Kennedy	West Contra Costa

Pathway to Law Community Colleges (24 Initial Colleges)

Antelope Valley College	Los Angeles Mission College
Bakersfield College	Merritt College
Chabot College	Oxnard College
Chaffey College	Rio Hondo Community College
College of Alameda	Riverside Community College
College of the Canyons	Sacramento City College
College of the Sequoias	San Joaquin Delta College
Contra Costa College	San Jose City College
Fresno City College	Santa Ana College
Gavilan College	Solano Community College
Hartnell College	Southwestern College
Los Angeles City College	Ventura College

4 Add'1 COMMUNITY COLLEGES





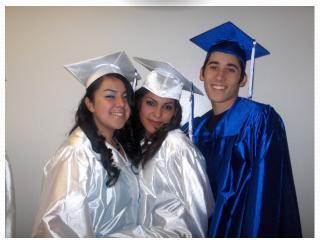




THE FINAL PRODUCT! 6 Law Schools















"When You Dream ... Community College – Pathway to Law School"

https://sites.google.com/site/calbardream/

YouTube Video: over 1,900 hits

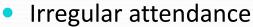
How Pathway Produces Diversity

California Partnership Academies (CPA)

- Created by the California legislature in 1984.
 (Education Code Section 54690 54697)
- Almost 500 current academies in up to 15 industry partnerships including law, finance, health, green technology, etc.
- Graduating students are college ready and work ready.
- Requires a true partnership with the legal profession and school district (100% match).
- Funded, supported and monitored by the California Department of Education.

Law Academies

CPA's are in public high schools of 350+ students. 50% of the entering Academy students must be "at risk."



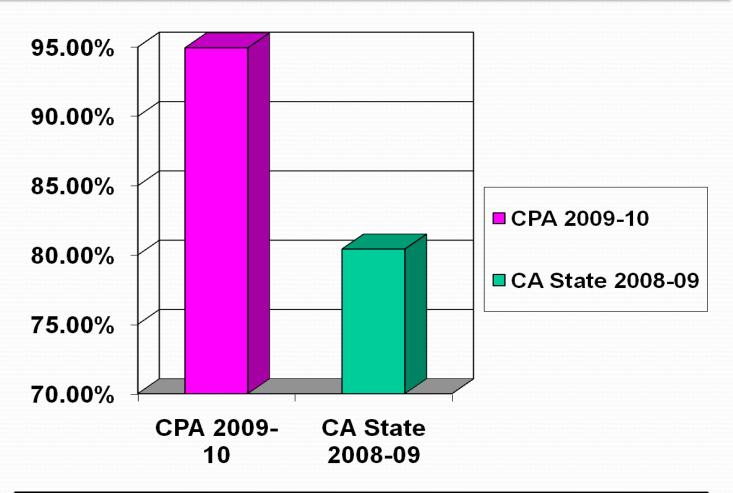
- At least one-third of a year behind in credits
- Low motivation
- Disadvantaged economically
- Scoring below basic, or far below basic in English or Math on CA Standards Tests
- GPA of 2.2 or below

This produces highly diverse classrooms.



GRADUATION RATES -

Graduates/12th Grade Enrollment



CPA 2009-		10 CA State 2008-09	
12th Grade Grad.	94.94%	80.43%	

Community College Students

	CA Pop.*	CA CCs	24 initial CCs
African-American	5.8%	7.3%	8.7% (+)
Native American	1.0%	0.5%	0.5%
Asian	12.8%	10.8%	8.8%
Filipino	**	3.1%	3.2% (+)
Pacific Islander	o%	0.5%	0.5%
Hispanic	37.6%	38.9%	45.4% (+)
White	40.1%	31.0%	23.4%
Multi-Ethnicity	1.3%	3.5%	2.5%
Unknown/Nonrespor	ndent —	4.4%	7.1% (+)

^{*} Data from 2014 Fast Fact Sheet - CCLC

^{* (+)} higher than statewide community college demographics

Participating Community Colleges

Students of Color

69.5% to 76.6% Initial Cohort

64.6% to 69.0% Statewide CCs

59.0% State

URMs transferring to UCs

41%: Initial Cohort

23%: Statewide CCs

Press

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Determining Next Steps for the Coalition: Discussion

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QUESTION #1

What are your thoughts on helping the California Medicine Diversity Pipeline Coalition achieve its first Goal in Phase 1--

To use a community college - 4 year college - medical

school pipeline to create competitive medical school

applicants and graduates who express an interest



QUESTION #2

What can you and your organization do to help us achieve this Goal?

• The California Community Colleges System (CCCS) consists of 113 <u>community colleges</u> in 72 community college districts in the <u>U.S. state</u> of <u>California</u>. Created by legislation in 1967, it is the largest system of <u>higher education</u> in the world, serving more than 2.4 million students with a wide variety of educational and career goals.

•THE END