The Regents of the University of California

COMMITTEE ON HEALTH SERVICES
February 4, 2009

The Committee on Health Services met on the above date at UCSF–Mission Bay Community Center, San Francisco.

Members present: Regents De La Peña, Island, Johnson, Lansing, Pattiz, Ruiz, and Shewmake; Ex officio members Gould[1] and Yudof; Advisory members Bernal and Powell

In attendance: Regents Hopkinson, Kozberg, Lozano, Makarechian, Marcus, Reiss, Scorza, Varner, and Wachter, Regent-designate Stovitz, Faculty Representative Croughan, Secretary and Chief of Staff Griffiths, Associate Secretary Shaw, General Counsel Robinson, Chief Investment Officer Berggren, Executive Vice Presidents Lapp and Darling, Senior Vice President Stobo, Vice Presidents Beckwith, Dooley, Foley, Lenz, and Sakaki, Chancellors Birgeneau, Block, Blumenthal, Drake, Fox, Kang, White, and Yang, and Recording Secretary Smith

The meeting convened at 3:40 p.m. with Committee Chair Lansing presiding.

1. **APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meeting of November 19, 2008 were approved.

2. **DIVERSITY IN UNIVERSITY OF CALIFORNIA SCHOOLS OF MEDICINE**

[Background material was mailed to Regents in advance of the meeting, and copies are on file in the Office of the Secretary and Chief of Staff.]

Committee Chair Lansing invited Senior Vice President Stobo to provide an update on efforts to increase diversity in the University's medical schools.

Senior Vice President Stobo recalled that, during the public comment period at the previous Regents meeting, several individuals had commented on the fact that the cultural, racial, and ethnic aspects of personnel working in the health professions generally do not match those of the population they are committed to serve, particularly with respect to underrepresented minorities. He stated that, to provide background with regard to diversity in the health professions, his presentation would focus on the University's schools of medicine, although he noted that his comments would be applicable also to the other health sciences.

[1] In the absence of the Chairman of the Board

Dr. Stobo pointed out that it is possible to make a compelling case for ensuring a diverse student body in the health professions. Data support the claim that graduates of the schools of medicine do not match the population they serve. The problem is not based simply on a decreasing pipeline in the case of underrepresented minorities. He noted that there are interventions, both positive and negative, that can affect the number of underrepresented minorities applying to schools of medicine.

Dr. Stobo reported that there are four major reasons to strive for a diverse healthcare workforce. First, having diversity in the workforce has an impact on access to health care. A useful way to address the health needs of underserved areas is to ensure that more physicians work in those areas. It has been shown that underrepresented minorities are more likely to work in underserved areas: 51 percent of African-American, 49 percent of Native American, and 33 percent of Mexican-American medical school graduates do so, compared to 18 percent of Caucasians. Access to healthcare, then, is an important reason to examine diversity in schools of medicine.

The second reason cited by Dr. Stobo for the importance of diversity in schools of medicine was that diversity increases cultural competency, which can be defined as having the appropriate knowledge, skills, and behavior to facilitate the provision of services to individuals from a broad range of cultural and ethnic backgrounds. Individuals who represent those backgrounds are more likely to be culturally competent and to communicate those skills to their classmates.

Third, Dr. Stobo believed diversity strengthens the research agenda. It is not possible to have a broad research agenda that addresses issues related to underrepresented minorities unless the scientists doing that research are themselves underrepresented minorities. Scientists work on problems they see. In addition, individuals are more willing to enter into clinical trials as subjects if the individuals conducting those trials look like them. In order to include underrepresented minorities in clinical trials to address issues related to their care, it is important to have a cadre of underrepresented minorities as scientists.

The fourth point Dr. Stobo offered as a reason to examine diversity was that having a diverse workforce in the healthcare system increases the likelihood that the healthcare system will be designed to address issues related to underserved areas and that affect underrepresented minorities.

Dr. Stobo presented a graph to illustrate the significant gap between the proportion of underrepresented minorities in the U.S. population and the proportion of medical school graduates who are underrepresented minorities. He noted also that the data indicate points at which interventions occurred which either increased or did not decrease enrollees and graduates who were underrepresented minorities. He noted that, at the end of the 1960s, the era of civil rights, several admissions programs, including those in the health professions, used affirmative action in admissions. The proportion of underrepresented minorities graduating from medical schools because of this intervention increased from about three percent to eight percent. This situation remained stable until about 1990, at which time about 1,500 students from underrepresented minorities graduated from U.S.

medical schools. That year, the Association of American Medical Colleges initiated a campaign to have 3,000 underrepresented minorities graduate from U.S. medical schools by the year 2000. The effort resulted in an increase in the proportion of underrepresented minorities from about 8 percent to about 13 percent, but that fell far short of the targeted number. The highest number of underrepresented minorities graduating – 2,014 – did so in 1994.

Dr. Stobo noted that, while the interventions he had described were positive, some negative interventions also took place. In California, Regental policy adopted in the 1990s was followed by a ballot measure, Proposition 209, which provided that there should be no discrimination or any provision of preferential treatment in admission proceedings. This had a chilling effect on the number of underrepresented minority individuals applying to and graduating from medical school. The State of Washington enacted a similar proposition in the late 1990s. In examining the states in which similar legislation was passed, it is clear that there was a dampening effect on applications to medical schools. In California, between 1994 and 2000 there was a 30 percent decrease in the number of underrepresented minorities applying to medical schools. In Washington, there was a 57 percent decrease. In Texas, Mississippi, and Louisiana, where courts had ruled against preferential treatment, the decreases were 19 percent, 64 percent, and 24 percent, respectively.

Dr. Stobo reported that, between 1994 and 2004, there was an increase in the number of candidates who were qualified for medical school admission, but the general number who actually applied to medical schools remained flat, and the proportion of qualified undergraduates applying to medical school decreased by 47 percent for African-Americans, 48 percent for Mexican-Americans, and 38 percent for Native Americans, while in the Caucasian pool the increase was under 30 percent. It is apparent that medical schools are losing their market share in terms of their ability to attract underrepresented minorities. Data are not available to show where these qualified candidates do apply.

Dr. Stobo observed that this decline in applications may be due in part to the fact that 80 percent of students who graduate from public medical schools amass an average debt of $120,000. The likelihood of incurring debt of this magnitude greatly concerns underrepresented minorities, particularly those from economically disadvantaged backgrounds. The duration of time is also an impediment, as are factors such as a perceived lifestyle which may not be attractive, and lack of or misdirected counseling in undergraduate schools.

The University has been somewhat successful in its attempt to increase underrepresented minority representation in applicants and graduates by launching innovative initiatives such as the Program in Medical Education (PRIME), which offers specialized education, training, and support for students at the various UC medical schools. The program, which focuses on the needs of the Latino population, rural health, telemedicine, the urban underserved, health equity, and environmental health, science, and policy, tracks individuals who are interested in practicing in underserved areas. Half of the individuals in the PRIME program are underrepresented minorities. The University has many other

such initiatives, including the UCSF Fresno Latino Center and the UC Berkeley Biology Scholars Program, that are designed to help individuals who come from disadvantaged backgrounds, many of whom are underrepresented minorities, become more competitive in applying for and successfully completing medical school.

Dr. Stobo commented that much of what applies to the University's medical schools applies to all the health professional schools. He stressed that offering education, conducting research, and providing clinical service to diverse populations cannot be achieved fully until the workforce looks like the population. Initiatives such as those described have had a quantifiable positive effect on this effort.

Regent Johnson recalled that recruiting underrepresented minorities to the medical schools had long been known to be a challenge for the University. She asked how the University intends to enhance the efforts it has made to this point. Dr. Stobo responded that there is no single approach that will effect quick changes. It will take multiple interventions over time to make a difference. He invited Associate Vice President Nation to comment further.

Dr. Nation commented that the University's effort to increase diversity in the health professions is a work in progress. She believed that the steady gains that have been made in the past few years, after a precipitous decline in the late 1990s, are a credit to the faculty and leadership within the University and across the state. The effort requires constant attention on many fronts. Medical school and health sciences programs that reach out to middle school and high school students instill passion in these students. These programs have established a record of success by focusing on math and science preparation, student support, and guidance to parents. Over the past eight years, the University has been working intensively with the admissions teams and admissions committees of its medical schools and also private California medical schools. Programs such as the PRIME initiative are attractive to students who come from underrepresented communities, but it will be ten years until the practice locations of those students will be seen. She believed that key to the University's success in increasing diversity in the health sciences is the fact that the effort is a continuum which begins with support early in the education system and carries through to professional school and after, focusing on issues such as practice choices and debt levels. Dr. Stobo agreed, noting that the problem of student-incurred debt looms particularly large. Comparing UC's total fees and tuition to those of other public medical schools places it in the middle of the spectrum; however, a ranking in terms of increases to those tuitions and fees in the last five years puts all five UC medical schools in the top seven nationally. He opined that this will be a major impediment for individuals coming from disadvantaged backgrounds who are looking to medicine as a career.

Committee Chair Lansing asked where UC stands with respect to financial aid. Dr. Stobo offered to present specific data about the University's financial aid program at a future meeting, but he observed that many of the University's competitors are using scholarships and aid to attract individuals from disadvantaged backgrounds. Dr. Nation noted that students at UC medical schools are graduating with more debt than graduates

of Stanford. Historically, UC did not have professional fees, and it has lacked the endowment to buy out that debt. Students from poorer and disadvantaged backgrounds who wish to stay in California find if difficult to turn down the kind of financial support being offered by schools such as Stanford.

In response to a question asked by Regent Johnson regarding a school of medicine at the Merced campus, Dr. Stobo reported that the Washington Advisory Group, comprised of noted individuals who were asked by UC Merced to offer their advice on ways in which the campus could establish a school of medicine, produced a report that called for a phased approach to the effort. The first phase would focus on expanding Merced campus undergraduate programs related to research and education in health so that undergraduates could take a track related to medicine that would qualify them for graduate school. Phase two could be the establishment of a branch medical campus in conjunction with another UC medical school, probably UC Davis. The third phase could be to develop the branch campus into a full-fledged four-year school of medicine at Merced. He reported that President Yudof had asked him and Dr. Nation to initiate planning for the first two phases in parallel. The planning phase for a branch campus will be longer than for an undergraduate program in health-related tracks at Merced, and the development of a four-year medical school will take many years.

Regent Scorza believed that Dr. Stobo's presentation underscored the importance of supporting new medical schools at both Riverside and Merced to serve underserved populations. It is more likely that students from those communities will remain to serve them, thereby establishing healthcare networks and addressing some of the healthcare needs of underserved communities. He asked whether this could be viewed as part of the University's long-term planning to increase diversity. Dr. Stobo believed that it could. He reiterated the importance of having a diverse faculty to which underrepresented students could relate. He believed that this, in combination with the University's other initiatives, will help solve the problem.

Regent Island noted the paucity of medical services available in underrepresented communities. He pointed to the fact that State funds are being provided for the benefit of a medical school education to students who do not intend to practice in minority areas where the need for medical resources is greatest. He advocated reevaluating the system with a view to alleviating what has become a large societal problem. Dr. Nation noted this is the exact objective of the systemwide PRIME initiative, which provides outreach to students in underserved communities. Each PRIME program has a different area of focus. At UC Irvine, for example, the PRIME-LC program draws students with an interest in serving the Spanish-speaking and Latino communities. Those students who are interested must first gain admission to the medical school and then go through a secondary level of review that includes an assessment of their fluency in Spanish and an indication of their motivation to serve that community. Similarly, the post-baccalaureate program at UC Davis reaches out to rural communities throughout the state, admitting students based upon their having come from those communities and having a record of service there. San Francisco has a program that focuses on the urban underserved. UCLA's program focuses on diverse disadvantaged and multicultural communities by

providing outreach to students and makes admission decisions based upon their interest. These programs are in the early stages. It will be necessary to follow their participants through graduation, training, and career choices in order to ensure that this approach is as effective as possible.

Regent Island believed such programs would prove valuable over time, but he commented that until the University is able to focus more specifically on identifying medical school candidates who intend to care for the underserved, significant improvement is unlikely. Dr. Stobo agreed, and commented that he would view Regent Island's observations as a basis for moving forward aggressively and would provide a future progress report.

Committee Chair Lansing advocated considering tying a debt reduction program for students to an agreement to complete their training and serve in underserved areas.

Regent-designate Bernal agreed with Regent Scoza about the importance of establishing a medical school at the Riverside campus, noting it would serve a population similar to Merced's. He commented that, in declining to provide budget support to develop that school, the Governor had increased the challenges facing its establishment. Dr. Stobo responded that Chancellor White is working vigorously at the State and national levels to attain funds to continue moving forward with the planning.

Regent Ruiz commented that he had found the report to be substantive and that he agreed with the subsequent observations of other Regents. At his suggestion, Dr. Stobo agreed to have included in the Annual Accountability Sub-Report on Diversity to the Regents an update on the progress being made with respect to diversity at the medical schools.

Faculty Representative Croughan commended the efforts of those involved in enhancing diversity at the medical schools. She recalled that, as a medical school faculty member, she had served for several years on an admissions committee and was familiar with the problems that had been described. She emphasized, however, that while the work must continue, the University has made better progress than any other system in the country and that its classrooms look very different from those of Harvard, Johns Hopkins, and the University of Southern California. She described the success of post-baccalaureate students she had mentored, who were representatives not only of underrepresented minorities but also of less than optimal rural schooling, emphasizing that diversity should be broadly defined. She noted the influence that residency training has on the final determination of practice locations; it has been shown that students are more likely to remain where they completed their training. She noted also that attention must be given to enhancing diversity among house staff through outreach and other means and that, in order to encourage underrepresented minorities to pursue academic medicine, it may be helpful to establish greater breadth in the loan forgiveness program. She believed that the University must determine how it can provide the financial support necessary to encourage diversity across the full spectrum.

Regent De La Peña commented on faculty diversity, believing that the University could improve the relationship between its physicians and private physicians in the community. He advocated targeting doctors from Hispanic, African-American, and other underrepresented groups and inviting them to participate as volunteer faculty. He advocated also examining clinical salary structures with a view toward attracting more underrepresented minorities, particularly now that many doctors in private practice are struggling financially and may be interested in teaching.

Regent Makarechian noted the increases in the past few years in the cost of attendance that had been mentioned and asked for an explanation. Dr. Nation informed him that 20 years ago, UC medical schools assessed educational and registration fees but not professional fees. As a result of budget cuts the University has sustained over the last ten years, including permanent cuts of 25 percent in the instructional budget for students, progressive increases in professional fees have become the norm. She recalled that when she graduated from UCSF medical school in 1990, her fees for the four years totaled $10,000, or $2,500 a year. Today, fees alone are $25,000 a year, and the high cost of living in the cities in which the University has medical schools adds to the bill. Financial aid packages for medical students are now in the range of $50,000 a year. This rate of increase has been a recent phenomenon.

The meeting adjourned at 4:25 p.m.

Attest:

Secretary and Chief of Staff