

Māori Health Review

Making Education Easy

Issue 29 – 2010

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Tēnā koutou, tēnā koutou, tēnā tātou katoa

Nau mai ki tēnei tirohanga hou mo te Hauora Māori. He rangahau tuhi hōu e pā ana ki nga kaupapa hei hāpai te oranga o te iwi Māori.

Nō reira, noho ora mai rā i ō koutou wāhi noho, wāhi mahi hoki. Pānui mai!

Elana

Greetings

Given the recent focus on the health workforce in Aotearoa, it seemed timely to give the topic similar attention here in the Māori Health Review. The evidence base on 'what works' in the attraction, recruitment and retention of Māori and indigenous students to health, although increasing, is still rather small. And I'm no expert in the field either! Fortunately I work with a number of 'authorities' on this topic and Dr Elana Curtis has kindly provided the papers and comments for this issue. I hope you find these as interesting and informing as I have!

Nga mihi

Matire

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Meeting the needs of regional minority groups: the University of Washington's programs to increase the American Indian and Alaskan native physician workforce

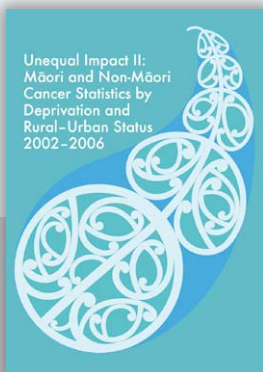
Authors: Acosta D, Olsen P

Summary: This paper concerns the fact that physician workforce diversity in the USA has not keep pace with rapidly increasing minority populations and their needs. Minorities comprised 26.4% of the population in 1995 and are expected to comprise nearly half by 2050. The paper argues that medical schools must enlist greater numbers of minority physicians and train all physicians to provide culturally responsive care. The paper highlights the pipeline and minority recruitment programmes put in place by the University of Washington School of Medicine (UWSOM), in its attempt to meet the needs of its five-state region (Washington, Wyoming, Alaska, Montana, and Idaho), rectify primary care shortages, and meet increasing regional demands for underserved populations. The paper's authors describe the various programmes at the UWSOM that actively recruit American Indian/Alaskan Native applicants to medical schools and what is in place to retain those students in medical training. The paper concludes that medical schools have an important part to play in resolving the barriers faced by indigenous medical students, by continuing to provide pipeline programmes, retention programmes, and minority faculty development that can make a difference.

Comment: This paper from the US experience highlights the importance of integrated and comprehensive approaches for indigenous students entering study in health including recruitment, retention, pre-matriculation, support, mentorship, curriculum and research. Importantly, the authors found that cultural issues are an important component for American Indian and Alaskan Native students.

Reference: *Acad Med.* 2006;**81(10):863-70.**

http://journals.lww.com/academicmedicine/Fulltext/2006/10000/Meeting_the_Needs_of_Regional_Minority_Groups_The.3.aspx



Unequal Impact II: Māori and Non-Māori Cancer Statistics by Deprivation and Rural-Urban Status 2002-2006

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The development of the First Nations, Inuit and Métis medical workforce

Authors: Anderson M, Lavallee B

Summary: While indigenous people comprise over 4% of the Canadian population, less than 0.25% of them are physicians. These researchers describe the national initiatives being undertaken to increase the representation of First Nations, Inuit, and Métis people in the medical workforce, intended to be a way forward towards achieving a health care system that is culturally safe and responsive and towards achieving equity in health for indigenous people in Canada.

Comment: As the authors state, Canada requires an increase in the number of its indigenous health workforce by at least 16-fold. The authors describe an appropriate strategy to meet this target. Activity should focus on community level supports for education preparation for university level learning; early exposure to 'health as a career option'; collaboration with Aboriginal leaders/elders; monitoring and evaluation; financial aid; recruiting campaigns; role models; and ongoing development of the curriculum.

Reference: *Med J Aust.* 2007;186(10):539-40.

http://www.mja.com.au/public/issues/186_10_210507/and10299_fm.html

Footprints forwards blocked by a failure discourse: issues in providing advice about medicine and other health science careers to indigenous secondary school students

Authors: Chesters J et al

Summary: This paper reports the outcomes from a survey conducted in Australia that investigated the advice and support offered by career co-ordinators in Victorian secondary schools to indigenous students considering careers in medicine. Of 144 school career advisers or guidance counsellors who responded to the survey, only 26 (18%) demonstrated the knowledge, skills and understanding to effectively advise and support an indigenous student who expressed an interest in a health career.

Comment: This interesting paper provides results from surveys conducted with careers advisors in Victoria, Australia. Not only do the authors show that careers advisors lack the knowledge, skills and understanding to effectively advise and support indigenous students into health/medicine, they also observed that the discussions were based on students' deficits/failures. Indigenous students have the right to good careers advice and this must start early. Professional development for careers advisors, including information on health pathways, is required.

Reference: *Aust J Career Dev.* 2009;18(1):26-35.

<http://www.highbeam.com/doc/1G1-203231314.html>

Independent commentary by Dr Elana Taipapaki Curtis (Ngāti Rongomai, Ngāti Pikiao, Te Arawa). Dr Curtis is a Public Health Physician currently working as Senior Lecturer Medical at Te Kupenga Hauora Māori, University of Auckland.

Dr Curtis directs Vision 2020, a University of Auckland initiative that aims to increase the number of Māori and Pacific students entering into Medicine, Pharmacy, Nursing and Health Sciences via three programmes including Whakapiki Ake (a Māori recruitment programme for secondary students), Hikitia Te Ora – Certificate in Health Sciences (a pre-degree programme) and MAPAS – Māori and Pacific Admission Scheme (provides admission and academic support for students within the Faculty of Medical and Health Sciences).

Proximal versus distal influences on underrepresented minority students pursuing health professional careers

Authors: Cooney R et al

Summary: These researchers discuss the exposure and enrichment activities provided by the Pipeline to Success programme run by the Health Careers Opportunities Program (HCOP) at Creighton University in the USA for participants beginning in middle school and continuing through a one-year postbaccalaureate component. These activities are designed to ensure that these students are knowledgeable about health professional careers and competitive in applying for these training programmes. Analyses of the programmes' outcomes have shown that the middle-school participants demonstrate a different pattern of influence from the other programme components. As participants progressed through the Pipeline to Success HCOP at Creighton University, the programme resources impacted their desire to pursue health professional careers in addition to positively preparing them for health professional training programmes.

Comment: Describes the Health Careers Opportunity Programme (HCOP) at Creighton University (USA) – a 'pipeline to success' model that provides health awareness at middle school, educational enrichment and mentoring at high school. Results from the questionnaires show that middle school/young students are influenced by proximal factors (parents/family) and college/older students are influenced by distal factors (health professionals, role models, job shadowing, programme staff). Particularly useful for similar programmes here, in that different age groups will require specific programmes (and consequently unique resources, expertise, etc).

Reference: *J Natl Med Assoc.* 2006;98(9):1471-5.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2569706/>

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The things that matter: understanding the factors that affect the participation and retention of indigenous students in the Cadigal Program at the Faculty of Health Sciences, University of Sydney

Authors: Farrington SK et al

Summary: These researchers detail the components offered by the Cadigal Programme at the School of Indigenous Health Studies at the University of Sydney, Australia. This programme is intended to improve equity of access and participation for Aboriginal and Torres Strait Islander students, allowing lower scores on the University Admission Index or Tertiary Entrance Rank for Aboriginal applicants, who typically enter the programme with less educational experience in the basic sciences and less experience with academic skills necessary for tertiary study. An interview of a representative sample of Cadigal students found that participants received friendly and effective support at the time of application to the programme, were given the option of a 2-week orientation programme, the option of a reduced load in the first 2 years of enrolment, academic support and peer tutoring, and study aids. Unfortunately, the students also reported negative and racist attitudes of non-indigenous students toward the programme.

Comment: The Cadigal Programme is very like MAPAS (Māori and Pacific Admission Scheme) at the University of Auckland. The paper describes factors affecting the decision to study at university (i.e. previous educational experiences, discouragement by careers advisors, attendance at prep science courses, other life experiences, knowledge of programme, quality of personal interactions). As the authors highlight, negative and racist attitudes of non-indigenous students exist and must be addressed. The authors suggest strategies to confront racism may include ways to increase resilience in the indigenous student. However, non-acceptance must start with a system that perpetuates it and with those people who mediate it.

Reference: Presented at the Annual Conference of the Australian Association for Research in Education (Melbourne, Australia, November 29-December 2, 1999).

<http://tinyurl.com/2f8qrh6>

American Indians and Alaska natives: how do they find their path to medical school?

Authors: Hollow WB et al

Summary: In an attempt to understand the supports and barriers that American Indian and Alaska Native (AI/AN) students encounter on their path to successful medical school entry, who remain underrepresented in the medical profession, these researchers analysed qualitative semistructured, one-on-one, confidential interviews with 10 AI/AN medical students to identify salient support and barrier themes.

Comment: Key themes included: educational experience, competing career options, health care experiences, financial factors, cultural connections, family and friends, spirituality and discrimination. The authors propose a number of distinctive strategies to improve recruitment including the provision of role models as advisors; involving indigenous communities in native health research; and importantly, addressing spiritual concerns for indigenous students who may experience tension between their own cultural beliefs and the principles promoted in Western medicine.

Reference: Acad Med. 2006;81(10 Suppl):S65-9.

<http://journals.lww.com/academicmedicine/pages/articleviewer.aspx?year=2006&issue=10001&article=00017&type=abstract>

An indigenous medical workforce. Stenghtening Māori participation in the New Zealand health and disability workforce

Authors: Ratima MM et al

Summary: This review of the previous 15 years of Māori health and disability workforce development notes that key factors in successful programmes to increase Māori health workforce recruitment and retention include Māori leadership, mentorship and peer support, as well as comprehensive support within study programmes and in the transitions between school, university and work. The interventions to date provide a strong basis for ongoing action to address inequities in Māori health workforce participation, and are likely to be relevant to health workforce development approaches for other indigenous peoples.

Comment: An important paper on health workforce development in NZ for Māori; it is an excellent and condensed summary of activities and issues. It should be noted that there have been significant changes in the three years since this paper was published, particularly in the political environment, which has focussed on increasing clinical leadership and non-regulated health workforce opportunities; hence the need for regular 'updates' to reflect current movement.

Reference: Med J Aust. 2007;186(10):541-3.

<http://tinyurl.com/2f3o3rr>

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Support programs for minority students at Ohio University College of Osteopathic Medicine

Authors: Thompson HC 3rd, Weiser MA

Summary: This article (published in 1999) describes the strong recruitment and retention programmes designed for under-represented minorities and disadvantaged students attending the Ohio University College of Osteopathic Medicine. The article describes the ways in which the college supports minority students through both undergraduate and medical school. The medical college first focused on supporting students already in the medical school curriculum, then expanded logically back through the undergraduate premedical programmes, always targeting learning strategies and survival strategies, peer and faculty support, and mastery of the basic science content.

Comment: Two important messages from this paper – programmes such as these should be continuously refined; and the organisation/staff must be willing to start fresh with each class. Support must be flexible to accommodate student individuality, yet also be structured for programme consistency. The authors provide good recommendations for a pastoral support model and have highlighted how ‘pipelines’ can provide multiple and varied interventions to address different issues.

Reference: *Acad Med.* 1999;74(4):390-2.

<http://tinyurl.com/234bu5e>

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Parental involvement in recruitment of underrepresented minority students

Authors: Wadenya RO, Lopez N

Summary: These researchers discuss how the Short Term Enrichment Program (STEP) of the University of Pennsylvania School of Dental Medicine involves parents of under-represented minority high school students in a programme consisting of an introductory 2-day course that includes presentations of the dental profession, laboratory, and virtual classrooms. Biannual follow-up workshops are conducted for both children and parents. According to post-programme analyses, these activities have increased STEP attendance rates among both students and their parents and led to greater numbers of student enrolments in a pre-dental programme or dental school, or other prehealth programmes. Students in pre-dental programmes or dental school have the highest percentage of parents who participated in STEP (96%) and engaged them in discussions over career goals (100%).

Comment: Although it seems ‘common sense’ to involve parents in their children’s career decisions, the researchers have taken it a ‘STEP’ further to describe what ‘parental involvement’ actually means and the impact it has on workforce outcomes. Interestingly, both students and their parents have raised concerns about racism at the University.

Reference: *J Dent Educat.* 2008;72(6):680-7.

<http://www.jdentaled.org/cgi/content/full/72/6/680>

The Stanford Medical Youth Science Program: 18 years of a biomedical program for low-income high school students

Authors: Winkleby MA

Summary: A detailed analysis is provided of the Stanford Medical Youth Science Program (SMYSP), a biomedical pipeline programme that seeks to diversify the health professions by providing academic enrichment in the medical sciences and college admissions support to very low-income high school students. Since its inception in 1988, 405 students have completed SMYSP and 96% have been observed for up to 18 years. The majority are from under-represented minority groups, many with poor academic preparation. This report highlights the extremely successful components of this programme that have enabled the students to succeed and prepared them for medical and other careers.

Comment: This paper reviews the results of a programme over an impressive 18-year period. Importantly, the authors have been able to show success but note the need to track students for 10–15 years (as they have to graduate from high school, graduate from the undergraduate programme and then enrol and graduate from Medicine). The findings have important implications for recruitment funding models in New Zealand (such as what else can be provided and funded for) and highlight the importance of the integration of secondary schools and tertiary/university institutions for recruitment.

Reference: *Acad Med.* 2007;82(2):139-45.

http://journals.lww.com/academicmedicine/fulltext/2007/02000/the_stanford_medical_youth_science_program_18.5.aspx

Affirming the disadvantaged student

Authors: Zuzelo PR

Summary: This researcher stresses the importance of developing affirming strategies to support and promote disadvantaged students choosing the nursing profession. The paper contends that such support is critically important to the long-term recruitment and retention of nurses from a variety of socioeconomic backgrounds. Characteristics are described of disadvantaged students, equity issues are explored, and the paper offers suggestions for supporting disadvantaged students during their educational experiences.

Comments: A fantastic paper that presents an ‘affirmative’ approach to supporting students and achieving equity at nursing school. Again, it highlights the need for ‘buy in’ from parents, particularly at recruitment, and for counsellors who can recognise and address financial barriers for students.

Reference: *Nurse Educator.* 2005;30(1):27-31.

http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=542143

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