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PUTTING THE SULLIVAN COMMISSION RECOMMENDATIONS
INTO PRACTICE: A CASE STUDY EXAMINING BARRIERS
ENCOUNTERED BY URBAN STUDENTS ENTERING
THE HEALTH PROFESSIONS

DISSERTATION

SUBMITTED TO

The School of Education and Allied Professions

THE UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for

The Degree

Doctor of Philosophy in Educational Leadership

Susan McLaughlin Price, M.S., Ed.

THE UNIVERSITY OF DAYTON

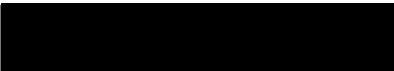
DAYTON, OHIO

2008

PUTTING THE SULLIVAN COMMISSION RECOMMENDATIONS INTO
PRACTICE: A CASE STUDY EXAMINING BARRIERS ENCOUNTERED
BY URBAN STUDENTS ENTERING THE HEALTH PROFESSIONS

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2008

PUTTING THE SULLIVAN COMMISSION RECOMMENDATIONS
INTO PRACTICE: A CASE STUDY EXAMINING BARRIERS
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THE HEALTH PROFESSIONS

By

Susan McLaughlin Price, Ph. D.

The University of Dayton, 2008

Carolyn Ridenour, Ph. D.

Research demonstrates a direct link between poor standards of healthcare among people of color in the United States and the scarcity of healthcare providers from minority populations (Institute of Medicine, 2003). This case study describes a pipeline program built between an urban high school and a private, health professions college. The model to create the program was suggested by the Sullivan Commission report (2004) entitled, *Missing Persons: Minorities in the Health Professions*. The goal of this study was to identify and examine barriers that may prohibit African American students from entering nursing and other allied health careers. The researcher challenged existing practices in healthcare education and provided insights for other health professions colleges in their attempts to diversify.

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Chapter One: The Problem

The United States has little competition when compared to other countries in regard to the availability of state-of-the-art healthcare technology and training for the medical professions. Yet, even with the most advanced technology in the world, and medical schools that are the envy of nations worldwide, basic care and healthcare educational opportunities are out of reach for a growing number of Black Americans (Institute of Medicine [IOM], 2003; Sullivan Commission [SC], 2004).

The United States' policies and practices concerning healthcare are rooted in a system established during times of slavery and consequences of this past are still evident today. Hospitals, as well as the colleges that educate healthcare professionals, must work toward increasing diversity as a means to better serve our nation's growing multicultural communities.

This study is about a relationship built between King High School, a public, urban, vocational school, and Huxley College of Health Sciences (HCHS), a nearby suburban, health professions college. All study participants, institutions and locations have been given pseudonyms either chosen by students or assigned by the researcher. My place in the story was one of a college educator, a college diversity officer, and a healthcare professional. My research goal as a critical, participant/observer was to identify possible barriers confronting students from King High School in their pursuit of healthcare careers and to challenge current policies and practices at both Huxley

Health Network (HHN) and King High School (KHS) that may hinder the success of students in the newly established pipeline program.

Cultural differences, combined with high rates of poverty, unemployment, and a lack of access, all contribute to substantial ethnic and racial discrepancies in healthcare outcomes among people of color (SC, 2004). Not only does evidence demonstrate differences in healthcare across racial lines, healthcare as a profession is out of reach for many African American high school graduates from underserved populations due to poor preparation at the secondary school level (Samson, 2004).

Any effort to remedy this problem must include learning more about why students from inner city schools are not getting the education they deserve. What barriers exist? How can healthcare colleges build relationships with urban high schools and create pipeline programs focused on healthcare? Healthcare colleges must go beyond admitting students from urban schools and setting them up for failure. It is not enough to want a diverse student body, then admit students and hope for the best. If healthcare institutions are genuinely interested in the success of African American students from local urban schools, then colleges and local healthcare communities must assume an active role.

As a first generation college student, I have always empathized with students who come to college unprepared for the academic rigor expected of them. As an educator, I wonder about those I will never know because they did not have the support from either home or school that is vital for high school students with college aspirations. If all people had the same access to career goals, diversity and

inclusiveness would be the norm, but many African American high school students are still negatively affected by social injustices imposed on generations of ancestors from slavery and Jim Crow laws, to forced social and educational segregation. Civil rights laws passed in the 1960s have been slow in becoming part of everyday life. The passage of government policies and laws does not change societal attitudes, biases, and social mores; namely, the culture of people. These changes take time, prolonged action, and most importantly, education.

My goal was to present this case, not from the view of an outsider looking in or even as a neutral voice, but as a broker for students from King High School. It is not my intention to “give them a voice” but to listen and report what they have to say as informants with specific knowledge that will help future King students, and possibly students from other urban schools, in their pursuit of becoming health professionals. Eisenhart (2001) wrote, “Surely it continues to be the case that educational researchers who ignore what teachers, students, and parents think and feel about themselves and others will be unlikely to have any significant positive impact on schools or education” (p. 26).

A qualitative case study approach allows the reader to see life through the eyes of the students and to realize they represent more than just numbers on a page. Hearing their stories can help people who are in positions of power in education and the healthcare industry to understand many of the challenges students from urban public schools face. When actual people who represent the statistics from urban schools have an opportunity to speak, those in authority should be compelled to act

on behalf of voices that are often silenced in our society. It is my hope to illuminate the personal struggles and educational disparities faced by many students in this study and to provide a set of guidelines for other healthcare colleges in their attempts to diversify their students and, ultimately, our future health professionals.

This dissertation is a case study in critical theory. Critical theory recognizes that “oppression” as referred to by Friere (1970) is a result of our current societal structure. Friere stresses that all people must come to the realization that everyone suffers in a society based on oppression, understanding that people who gain in wealth and education do not accomplish their personal achievements at the loss of another’s. Oppression will continue until oppressive structures within our current system in the forms of racism, quality of healthcare, and equal educational opportunities are addressed. Friere wrote that to overcome oppression of any kind, in any society, both the oppressor and the oppressed would have to be willing to form meaningful relationships.

The Sullivan Commission Report (2004) entitled, *Missing Persons: Minorities in the Health Professions*, was used as a model for this research. The Sullivan Commission establishes the knowledge base by providing an awareness of the inequalities that occur in our healthcare system today based on race and educational access. Critical theory is a call to action, recognizing first that oppression occurs and then calls on people from all communities to work together to find a solution. If people turn their heads and wait for society or the government to eradicate oppression before doing anything to help, then oppression wins. Critical theory does not imply

addressing an educational issue “for” someone by arriving with all the answers and “telling” a group of people how to overcome “their” problem, but working within local communities so all children receive the education they deserve.

The Sullivan Commission suggests building a pipeline program between urban schools and healthcare colleges as one way to increase African American representation within the health professions, which would, ultimately, increase the quality of care for all people. Critical theory (Friere, 1970) is about establishing relationships to address existing problems and that by forming these relationships, problems can be resolved. According to Friere (1995), critical theory is, ultimately, about hope.

Case Description

This study documents the formation of a pipeline program as suggested by The Sullivan Commission in its 2004 report. A pipeline program (SC, 2004, p. 72) is a relationship built between an urban high school and a health professions college to increase the college readiness of urban high school students. This case study discusses the lives of the students from King High School and the suggestions they have for building a successful program. The case study asks what barriers exist for King High School students and how they can be addressed at the high school level to increase students’ chances of becoming future health professionals.

For a true partnership to exist, the pipeline high school and the partnering college must jointly address any barriers identified. The intent of this study is to put the Sullivan Commission recommendations into practice and to share successful

steps, as well as mistakes that were made, so that more pipeline programs might be initiated between health professions colleges and urban high schools.

The Sullivan study is named for former U.S. Secretary of Health and Human Services, Louis W. Sullivan, M.D., and is an outgrowth of a grant from the W.K. Kellogg Foundation to Duke University School of Medicine. The report claims to “provide the nation with a blueprint for achieving diversity in the health professions” (SC, 2004, p. i). Dr. Sullivan warns in the preface of the Sullivan Commission (SC) report that we must act now to better serve future generations of patients. He stresses that it is “time to correct the imbalance in our health professions” and if we fail to do so, “we risk catastrophe in view of the rapid demographic changes occurring in our society” (p. v).

The King/Huxley case study began in March 2006 and continued through June 2007. The case study asks: What barriers exist for students from King High School who have aspirations of becoming health professionals? To answer this question, I interviewed all 11 students from the 2007 allied health program at King High School and their teachers, who are both also registered nurses. During the time of the study, I met on a regular basis with the director of the King allied health program and spent time with the students in the classroom, during job shadowing experiences, in meetings with their parents, in financial aid information meetings, at mentor celebration dinners, and finally at their graduation. I have included interviews, emails, journal entries, and field notes to provide the reader with multiple perspectives, as well as my insight as a participant observer. All journal entries are

single-spaced and reflect my personal thoughts as a participant in establishing the King/Huxley Pipeline Program. I also invite readers to make their own conclusions about the issues brought to light in this study and challenge them to address the issue at a local level.

A Successful Pipeline Program

How can relationships that promote diversity become a reality between urban high schools and health professions colleges? To determine the answer to this question, I asked students and teachers from King High School for their perspectives on how to form a successful program. Research from the Sullivan Commission states that in order for a diversity agenda to work there must be three key components in place:

1. To increase diversity in the health professions, the culture of health professions schools must change.
2. New and nontraditional paths to the health professions should be explored.
3. Commitments must be at the highest levels.

The first recommendation suggested by the Sullivan Report, *changing the culture in health professions schools*, is partially addressed at HCHS through a core cultural diversity course. The course is an attempt to thread diversity through the existing curriculum. It is not meant to become the single answer to diversifying the college, but one in a collection of many that center on community healthcare practices, such as service learning and healthcare mission work, both locally and internationally.

The second recommendation by the Sullivan Commission is to *explore new and nontraditional paths to the health professions*. This case study focuses on recommendation number two. By encouraging King High School students and creating a pipeline program Huxley College is “exploring new and nontraditional paths” providing counseling and career pathways for students at King High School interested in careers in healthcare. During the initial work to diversify Huxley College and the local healthcare workforce it became apparent that answers to the questions asked about the success of urban students could best be provided by the students and teachers from King High School.

The third suggestion is that *commitments must be made at the highest levels*. In 2004, the network board of directors from Huxley Health Network charged the network, which employs over 8,600 people, with assembling a diversity initiatives committee to address disparities in healthcare throughout the local community. As diversity officer at Huxley College I meet with the CEO of Huxley twice yearly to discuss the progress of the pipeline program. I am a member of the institutional diversity council that is chaired by the Chief Human Resources Officer for Huxley Health Network. During a September 25, 2007, meeting with the Director of Nursing for Huxley Health Network, she pledged to accomplish “what it takes” to provide clinical experiences for King allied health students and to hire successful graduates of the pipeline program.

The History of Racial Dynamics in Mayville

It is essential for the reader of this case to have an understanding of the cultural history of the city of Mayville. Mayville Public Schools are not unique. They face challenges similar to other urban schools throughout the country. King High School is located in Mayville and is part of the Mayville Public School System. Huxley College is located in the Mayville suburb of Huxley. King High School's student body is currently composed of 88% African American students and 10-12% White students, many of Appalachian descent. Located in the suburbs a few miles away, Huxley College and Huxley Medical Center Network have historically served a mostly White middle class population.

As a remedy for the segregation and inequalities existing in 1976 at Mayville Public Schools, the city of Mayville was forced by U.S. District Court order to begin busing within the Mayville Public School system. Soon much of the White population of the city began moving to surrounding suburbs, and became part of a phenomenon coined "White flight." The intent of integration actually served to polarize the community and has been blamed by many as increasing the segregation that previously existed in this city where Black people live on the west side of the river and White people live on the east side.

In 2001, the city of Mayville was ranked the third most segregated city in the United States (Corcoran, 2001), and Mayville Public School District was the last school system in the state to end forced busing as a means to achieve racial balance. As recently as February of 2001, the Mayville School Board asked a U.S. District

Court Judge to lift the busing order (Corcoran, 2001) stating that 73% of the students in the district were African American and that busing them across town was “serving little purpose.” The school system now incorporates the magnet school approach allowing students within the system to choose a high school designed for specific career goals. King High School is a vocational school designated for students interested in healthcare as a profession.

The city of Huxley and surrounding areas grew rapidly during the 1970s as a result of people moving out of Mayville as well as increased industrialization from factories in the surrounding areas. The local community has long seen Huxley Medical Center Network as a private hospital that serves the needs of mostly White suburbanites while people of color from the nearby urban areas have patronized the downtown hospitals. It should come as no surprise that Huxley has historically served a White population, and it is for these reasons that Huxley has always maintained the reputation of being a “white bread” kind of place. A local attendee of a session I facilitated on the topic of The Sullivan Commission recalled that as an African American child growing up in the local Mayville area in the 1970s, African American people did not drive through many of the southern suburbs of the Mayville area, including Huxley. She stated during our meeting, “It just was not done.”

When the current Chief Executive Officer of the HMCN interviewed for the position in 1994, the members of the network board of directors were concerned about Huxley’s exclusive reputation within the community. There was consensus among the board members that, as a Christian institution, more effort was needed to

reflect Christian values of serving the community and providing compassionate care for all people. The board revealed that HMCN had surveyed the surrounding communities and learned that Huxley Hospital was seen throughout the surrounding Mayville area as being the most technically proficient, but that it was also viewed as elitist.

Huxley College of Health Sciences (HCHS)

Huxley College of Health Sciences is a private, Christian college operated in association with the Huxley Health Network. The institution is driven by the college mission and vision statements and exists to fulfill the community need for a competent, accredited healthcare workforce. Huxley College is predicated on the concept of whole person care, (www.pseudonym.HCHS.edu, *Academic Bulletin*, p. 6). The Huxley College mission statement charges Huxley graduates in the “tradition of the Master Healer, [to] give whole-person care to their patients and generous service to their communities” (*Huxley Academic Bulletin*, 2007/2008, p. 9). The following statements guide Huxley College:

College Mission Statement (2004)

As an institution of Christian higher education, Huxley College of Health Sciences graduates health-care professionals of high character who, in the tradition of the Master Healer, give whole-person care to their patients and generous service to their communities.

College Vision Statement (2004)

Huxley College excels in achieving mission-based institutional and professional outcomes. Passion for excellence drives our work and builds our reputation.

College Diversity Statement (2007)

As an institution of Christian higher education, Huxley College actively seeks and values individuals from diverse backgrounds and beliefs. Diversity among students, faculty, and staff greatly enriches the educational experience and produces graduates who are able to provide high quality, whole-person care to the communities they serve. (2008/2009 *Huxley College Bulletin*)

Huxley College is a component of the Huxley Health Network and is religiously affiliated with a Christian mission that includes community service and outreach. Huxley College is led, administratively, by a president who is part of an executive council that includes the president, the academic dean, and a chief financial officer. Faculty is governed through the academic dean and college senate. There are 50 full-time faculty members; 5 are from minority populations. The ethnic distribution of the student body at HCHS is as follows: 86% White, 6% African American, 2% Latino, 2% Asian, and less than 1% American Indian (HCHS Opening Report, Fall Semester, 2007). The racial composition of the local community (Mayville) is 53% White and 43% African American (quickfacts.census, 2005). The Mayville metropolitan area and suburbs combined is 73% White.

Located in the Mayville suburb of Huxley, the college occupies a portion of the 35-acre campus of Huxley Memorial Hospital. With a current enrollment of 782 students (HCHS Opening Report, Fall Semester 2007) the institution has grown to be a dominant provider for the education of nurses and allied health professionals throughout the southwestern portion of the state. Huxley offers Associate of Science degrees in medical sonography, nursing, respiratory therapy, and radiology, as well as a Bachelor of Science in health professions and a Bachelor of Science in nursing. The college also offers a master's degree for physician assistants. The newest addition to the college, the Center for Medical Sciences (a \$14 million project that included a student life center, learning resources center, chapel, technologically advanced classrooms and laboratories, and faculty offices) opened during fall semester of 2006.

Huxley College is unique among other area colleges offering healthcare programs, as it is part of a healthcare network that includes multiple hospitals, nursing homes, and neighborhood clinics. As part of a pipeline program that can offer job shadowing, clinical experience, a part-time job for college students, and a career as a health professional, Huxley is positioned to become several rungs in the ladder that can lead to both college and a career for graduates from the King allied health program.

My specific charge at Huxley College was to develop the position of diversity officer. The current Huxley requirements for cultural diversity officer are to: represent diversity issues at key meetings within the college governance structure, teach cultural diversity courses, and appropriately represent the college diversity

interests within the community, as stated in my first contract with specific duties as diversity officer at Huxley College in 2007.

Huxley differs from other colleges described in The Sullivan Commission report because of the healthcare degrees offered at HCHS. The Sullivan Commission data and recommendations are mostly focused on schools of dentistry, schools of medicine, and schools of nursing. Many of the degrees at Huxley can be accomplished in 2 years and the scarcity of people of color is just as great in allied health professions requiring associate and Bachelor of Science degrees as they are in schools of medicine and dentistry (SC, 2004, p. 58).

Educational research has demonstrated that first generation college students are more likely to attend and succeed at local, 2-year community colleges as opposed to private 4-year colleges located far from home (Napoli & Wortman, 1998; Pascarella & Terenzini, 1998). Eight of the 11 students interviewed in this study were first generation college students. Although Huxley College is a private 4-year college, over 80% of the student population commutes from the local area, (HCHS Opening Report, Fall 2005). The assumption could be made that students from King would have higher success rates if they attended a local college, and Huxley, although it is a private college, is local for students from King High School. Huxley also offers healthcare degrees from the associate to master's degree level. This would lead one to expect that King High School students, who are mostly first generation college students would do well at Huxley College because the stressor of living in a new community would not be present.

General Research Questions

The following research questions provide direction for this case study:

1. What barriers exist for students in the 2007 graduating class in allied health from King High School that may prevent them from becoming healthcare professionals?
2. From the perspective of King students and teachers, what relationships can be established between King High School and Huxley College to increase the number of African American students admitted to college health professions programs?

Significance of the Study

The matter of diversity in our healthcare system is deeply complex and needs to be addressed as components of a systemic problem for transformational changes to occur in our nation's health professions colleges. It is not enough to simply inform underserved populations about educational opportunities in the health professions. It is imperative that we also assist prospective students with financial aid options, career counseling, scholarship information, and grant opportunities they may be eligible to receive.

Healthcare colleges can improve admission policies and reduce barriers for African American students by developing a clear mission statement recognizing the value of diversity in the health professions (IOM, 2003). Institutions must realistically look at themselves by examining current admission practices that may systematically exclude African American students from entering the health professions. Realistically

examining hospital processes in mostly White institutions with mostly White administrators would involve looking at current problems in healthcare from the perspectives of others: those community members who populate their hospitals as both patients and employees, who are not White.

“Simply inviting diverse students through the doors is not doing nearly enough,” writes Chang, Chang, and Ledesma. (2005, p. 9). Chang et al. wrote in response to the most recent affirmative action opinions of the Supreme Court in the University of Michigan cases and refer to the court’s support of a “diversity rationale” without any “guidance for campuses on assembling the appropriate means to create environments conducive to the benefits of diversity” (p. 10) as what they term “magical thinking,” meaning that expecting something to happen just because you wish it to be so is a lack of a realistic relationship between cause and effect. This case study is designed to provide other health professions colleges with ideas and reflections that go beyond magical thinking to practical suggestions for healthcare colleges interested in building pipeline programs with high schools near their own institutions.

Assumptions Underlying the Study

1. Problems that exist at Huxley Health Network in regard to diversity are similar to other like institutions nationwide.
2. Those asked to participate in the case study process are a purposive sample of high school students at Mayville Public Schools.

3. An increase in the diversity of healthcare providers is a step toward better healthcare for all people.
4. The Sullivan Commission report is a legitimate framework for increasing cultural diversity in the health professions.
5. A case study approach can lead to enhanced understanding of institutional change.
6. Critical theory is a voice for the oppressed.
7. Critical theory questions the status quo and demands change.
8. Critical theory asks individuals to link with others to promote democratic change that will improve society.
9. The participant/observer point of view from the researcher will strengthen the trustworthiness of the story.
10. A case study examines a scenario over a period of time and then makes meaning of the collected data.

Definitions and Operational Terms

Community college- a junior college, without residential facilities, offering associate degrees often funded by the government. [www.freedictionary](http://www.freedictionary.com), retrieved on February 2, 2008.

Culturally competent healthcare- being responsive to the needs of all patients with regard to their cultural identity and healthcare needs (Bonder, Martin, & Miracle, 2002)

Cultural diversity- the array of differences that exist among groups of people with definable and unique cultural backgrounds (Diller, 1999). Operationally, increasing cultural diversity in this study means increasing the number of African Americans in a local healthcare system to mirror the population it serves.

Healthcare outcomes- results of treatment from the patient population

Health professional- educated in the field of healthcare

Health professions colleges- colleges that confer degrees in health professions

Huxley College of Health Sciences (HCHS) - a health professions college

Huxley Medical Center Network (HMCN); recently changed to Huxley Health

Network (HHN)- a healthcare institution in the city of Huxley that includes a network of hospitals, clinics, nursing homes, and Huxley College

King High School- a Mayville public high school and vocational school

Magnet high schools- secondary education designed for specific career goals

Racial disparities- irregularities in healthcare resulting in some racial or ethnic groups receiving a lower quality of care (U.S. Department of Health and Human Services, 2004)

Vocational school- a school, especially on a secondary level offering instruction and practical introductory experience in skilled trades

Personal History of Researcher

It is important for the reader to understand my place in this study as a participant/observer. I am from a different background and culture than the 11 young African American women who participated in this study. There were many times over the past 2 years as a participant/observer that I felt my Whiteness. I felt my Whiteness the first time I walked through the front doors of King High School which is 88% African American, I felt my Whiteness when I mispronounced names of students in this study during a roll call on the first day we met, and I felt my Whiteness at an assembly when a fellow White representative from another local college told King students that healthcare “needs you people” to become health professionals so, in the future, “you can take care of people like you.”

I am from a small, midwestern factory town. Almost everyone I went to school with was White, either of Irish, Scottish, or German ancestry. Most fathers were factory workers or farmers, and most of us had stay-at-home mothers. It was only on the nightly news that I was ever exposed to anyone who was not from my own culture. Vietnam, Kent State, and Selma were all things that I remember watching on television, but were not a part of my life as a child growing up in the 1960s. My hometown is in the foothills of Appalachia, and most of my fellow classmates and I lived in the same small town where our grandparents and great-grandparents grew up. We had three channels of television, and we never thought much about diversity.

Life changed for me when I married into the military life in 1980. I graduated with an associate degree in radiology from my hometown community college and worked in a variety of healthcare settings during my husband's military career. We moved to five different bases during the first 6 years of marriage, and I worked in four different hospitals throughout the country.

It was during this time that I began to experience living and working with people who are different from me and realized the enrichment these experiences provide. Through the transient military lifestyle I became acquainted with many different cultures and beliefs. As a practicing health professional, I also became acutely aware of the breakdown in communication that occurs when people of different backgrounds and cultures try to express themselves to each other in a healthcare setting. Differences in language, religion, and even food preferences can cause communication barriers that impede a positive healthcare experience.

I began teaching in the radiology and ultrasound programs at Huxley College in 1991 after graduating from the Huxley ultrasound program. I realized I had the social skills and clinical expertise to teach in the healthcare professions, but I lacked knowledge about what it means to be an educator and how to go about teaching successfully. I needed to know about the profession of education and to accumulate knowledge that would allow me to broaden my repertoire of teaching skills and academic leadership. Since that time I have acquired a master's degree in education and am currently in pursuit of a doctoral degree.

My personal thoughts about the oppression that occurs in our nation were solidified when, as a master's degree student, I read Friere's (1970) *Pedagogy of the Oppressed*. His writing challenged me to look at the world from a new perspective and brought me to the realization that I was part of the oppression if I was not an agent for change concerning discrimination within my own profession as a healthcare provider and an educator. Critical theory was a compelling framework for this study because it goes beyond stating a problem and suggesting solutions. Critical theory calls for action. It calls everyone, not only those who are personally affected, to battle oppressive practices within our government, healthcare, and public educational systems.

Finally, although it is an acceptable word in current day vernacular and literature, as a White person, I feel uncomfortable using the word "minority" to describe people who are other than White. It hides an embedded difference and an inherent hierarchy, like saying major and minor, commissioned and non-commissioned, them and us, and White and nonWhite. The *Webster's Dictionary* (Cayne, 1990, p. 637) I have had on my desk at home for the past 18 years says the word "minor" means "of less importance."

In the context of recent literature, including many of the references used in this dissertation, the word "minority" is used in relationship to the "majority" population in the United States that is currently White. In the Sullivan Commission report "minority" refers to people of color from African American, Latino, or Native

American heritage. In this study the term is used only when comparing population groups.

The word “minority” is certainly not an accurate word to describe African American students at King High School; the majority of students (88%) who attend King are African American and the remaining 10-12% are White students of mostly Appalachian descent. In the future of an increasingly multicultural America, I envision the word “minority” becoming one of those words that fall out of vogue because of an awareness of its derogatory nature and because people will come to the realization that no one should be treated as if they were “of less importance.”

I have found there is a deep chasm between the idea of diversity and bringing it to fruition. The Sullivan guidelines served as a tool to conceptualize what needs to be accomplished at a national level, but also the Sullivan report directs individual communities to address diversity issues locally as a means to identify secondary schools that could be implemented as pipeline high schools leading to healthcare colleges.

Diversity at Huxley College

Huxley College of Health Sciences is a conflicted institution in terms of diversity. The diversity mission statement recently adopted for the entire Huxley Medical Center Network (including Huxley College and hospitals), says “we are committed to strengthening the awareness and appreciation for the value of diversity within our workforce.” The network vision statement discusses the value of “trust, dignity and inclusion.” The statement goes on to say, “We will accomplish this through ongoing education and policies advancing the value of diversity.” Huxley

College brochures for prospective students picture a richly diverse student body, yet African American students at HCHS fail out of prerequisite classes and healthcare programs at a much higher rate than White students (HCHS Opening Report 2004, 2005, & 2006).

In 2005, the Board of Directors for HCHS charged the enrollment management committee of Huxley College to increase the number of African American students admitted into healthcare programs. As a means to increase the diversity of health professionals within the local community, HCHS has incorporated the Sullivan Commission recommendations into its current strategic plan.

As previously stated the Sullivan Commission is an outgrowth of a grant from the W.K. Kellogg Foundation to Duke University School of Medicine and was established in April 2003 with a goal of making policy recommendations to bring about systemic change to address the scarcity of minorities in health professions. The report was completed in September of 2004, and contains 37 recommendations for multiple actions to address root causes of underrepresented populations in the health professions. Although the Sullivan report deals specifically with schools of medicine, dentistry, and nursing, information can be conceptually extrapolated to fit the needs of Huxley College, an institution that offers mostly associate and baccalaureate degrees in nursing and the allied health professions.

King High School

King High School, a local urban high school within the Mayville Public School system, was chosen as the pipeline school for this study. At a meeting held in

2005 with the academic dean at Huxley, we discussed the need for a partnership between Huxley and Mayville Public Schools as a means to increase diversity within our local health professions community. I agreed to pilot a program with the goal of building a partnership between Huxley College and King High School. I specifically chose King because, as a magnet school, it provides a focused program that educates students who are interested in healthcare professions. "Students have the opportunity to work on job related sites during their senior year," according to the King High School website (2007). High school graduates from the allied health program are also prepared to take the licensure exam to become State Tested Nursing Assistants (STNA).

There are multiple programs available at King designed to provide students with real life work experiences. Other programs offered at King High School are auto mechanics, business and marketing, cosmetology, engineering technology, food management, graphics communication, machine trades, and radio and TV. The allied health program director reports to the principal at King High School and also the director for career-technical and adult education at Mayville Schools.

Many students who attend King do not have plans for college and attend King with the idea of being trained for a job once they graduate from high school. An African American colleague of mine who attended Mayville Public Schools during the 1970s and moved to Middleton when busing began, described King High School from an insider's perspective:

Students from Mayville go to King to get a job. African American students with college aspirations go to the liberal arts magnet schools in the Mayville system. Most people don't talk about the "Black flight" that occurred after busing was imposed. When the infrastructure left and businesses closed in Mayville, those African Americans who could afford it, moved to Middleton in the 1970s and 1980s.

King is located 8 miles from Huxley College and there is public transportation available from the high school to the college campus. There are approximately 400 students at King High School. Twenty students are admitted annually to the allied health program. There are two instructors for the allied healthcare classes, both of whom are registered nurses. Students at King also take academic classes throughout the day. The magnet school, according to the instructors, was designed to have classes scheduled as a vocational model, which proposes that academic classes be scheduled around healthcare clinical experiences, thus preparing students to be employed as nursing assistants after graduation. After the failure of recent school levies, funding has decreased and magnet schools within the Mayville Public School system have been forced to schedule programs through an academic model at King High School due to the availability of math, science, and English teachers. Students from different programs are scheduled into shared academic classes resulting in a schedule that does not allow time for clinical experiences without missing academic classes. Currently, students in the allied health program must miss academic classes and complete make

up work when they are assigned a day of job shadowing. The instructors in the allied health program feel this system punishes students who need job shadowing internships for employment or to gain entry into college programs after high school graduation.

State report cards use 12 indicators as measures to determine the designation of each school. For the 2005-2006 school year King High School was designated as "continuous improvement" (www.ode.state.xx.us/reportcard). The five possible designations reported are Excellent, Effective, Continuous Improvement, Academic Watch, or Academic Emergency. At least 75% of students tested must score a proficiency rating between 75 and 93% to be determined as proficient in that category. The 2005-2006 results stated that King was proficient in 3 of the 12 indicators tested with a performance index score of 78.4 out of 120 total points. Comparatively, indicator numbers have increased, overall, since the previous year when King received a performance index score of 72.8. The 2005-2006 graduation rate at King was 89.5% compared to the total graduation rate within Mayville School District that was 73.3%.

According to recent statistics, the King High School allied health program students are faring better than other students in the Mayville district. My thoughts are that students in the allied health program are at an advantage because they have smaller class sizes and go through school together as a cohort group. Students interviewed in this study compared their school experience at King as much better

than their home (nonvocational) district school because of smaller class size and caring teachers.

Summary

Research reveals many disparities within our healthcare system today. People of color do not receive the same standard of care as patients from the White population, and minority groups are poorly represented in the health professions. Some say we should forget about racism in the United States and move on, but research has suggested we must evaluate ourselves truthfully and start where we are to be successful at diversifying (IOM, 2003). Institutional biases must be examined and barriers must be broken that inhibit underrepresented students from becoming health professionals. Programs must be established that link potential healthcare professionals from urban high schools with local healthcare colleges.

Chapter Two: Review of the Literature

The United States is second to none in regard to innovative healthcare technology. Our hospitals and the resources they have to offer are the envy of healthcare providers around the world. Students come here from far distances to study the art of medicine as it is practiced in the United States, and thousands travel here every year seeking medical advice and treatment not offered in their home countries. Yet, even with the best that healthcare has to offer, many citizens within our own communities are without adequate health services. The Institute of Medicine (2003) repeatedly concludes that minority populations in the United States are more likely to receive suboptimal care than those from the White population. In the 2003 *National Healthcare Disparities Report* (U.S. Department of Health and Human Services, 2004), African American people had poorer quality of care than Whites for about 60% of quality measures, including prenatal care and recommended childhood and adult immunizations. Also in the report, African American people had less access to care than Whites about 40% of the time: lacking health insurance or a source of ongoing healthcare, having problems getting referral to a specialist, and rating their own healthcare poorly.

Patients report feeling more satisfied with their care if they share a cultural background with their healthcare providers and feeling generally more at ease discussing a medical condition or ailment with someone who is from their same culture (Malat, 2001). When the healthcare professional and the patient are from differing cultures, barriers may be present that prevent the patient from receiving the

best possible care. These cultural barriers, according to Malat, increase the social distance between the patient and healthcare provider. As the distance between patient and provider increases, the satisfaction level of the patient decreases.

Culturally Appropriate Healthcare

Differences in race, age, socioeconomic status, and gender all contribute to the ease or difficulty of communication between the patient and healthcare provider (Bonder, Martin, & Miracle, 2002). For example, women may feel more comfortable seeing a female gynecologist because they are more at ease discussing gynecological problems with a female physician. Conversely, men may feel more comfortable going to a male physician to discuss prostate disease because there is less social distance in a male/male patient/provider relationship than a male/female relationship.

Standards of healthcare are typically based on patient outcomes. A positive outcome is evident when a patient is appropriately relieved of the ailment for which he or she sought treatment. Healthcare outcomes are not measured purely on the basis of whether or not the patient has recovered. They also must be focused on the patient's satisfaction regarding his or her care and whether the care received was culturally appropriate.

One measure correlated with culturally appropriate healthcare is how nearly the healthcare workforce mirrors the population it serves (IOM, 2003; SC, 2004). The Institute of Medicine (2003) provides suggestions for interventions to eliminate racial and ethnic disparities in healthcare. Recommendation 5-3 suggests increasing the

proportion of underrepresented U.S. racial and ethnic minorities among health professionals as one way to eliminate these disparities.

Because patients are more at ease with caregivers who can identify with them culturally, it would make sense that caregivers from the same or similar cultures may provide insight into the patients' healthcare needs that would increase the quality of care. The entire patient population will receive more appropriate care when healthcare providers are educated to be culturally sensitive to all patients and when the healthcare workforce mirrors the population. Research demonstrates a higher satisfaction level from patients treated by physicians and healthcare personnel without a language or cultural barrier to overcome (IOM, 2003). Americans who speak English as a first language can relate to this scenario by recalling a time when they personally have seen a physician who spoke English as a second language. It is not an issue of the clinical competence of the provider, but one that relates to communication and expression, two important dynamics in the patient/provider relationship.

Any diversity program devoted to healthcare should include goals of effective interaction between ethnic groups whether as working professionals or in the patient/provider relationship. A study convened by *Physicians for Human Rights, The Right to Equal Treatment*, in 2003 wrote of the importance of understanding cultural differences when providing patient care:

The cultural competence of physicians and other healthcare professionals - that is, the ability to interact comfortably and

appropriately with racially and ethnically diverse patients, to understand culturally determined health beliefs and value systems, to invite participation in clinical decision making, and to explain diagnostic and treatment recommendations in terms that are understandable across social class and cultural lines—is now increasingly regarded as an essential component of a physician's knowledge and skills. (p. 14)

The Meaning of Health

Health is defined in the *Merriam-Webster Dictionary* (2008) as “a condition of being sound in body, mind, or spirit” and being “free from physical disease or pain.” Angela Davis, an internationally known activist and feminist, defines health as not merely the absence of illness but the active promotion of emotional, mental, and physical well-being for present and future generations. As a speaker at the 35th annual spring conference of the Society of Teachers of Family Medicine in 2003, Ms. Davis opened with a plenary speech entitled, *Race, Health, and Justice: An Activist's Perspective*, in which she questioned the meaning of health if it is unequally applied.

Health professionals with limited exposure to and knowledge about other cultures are expected to care for an increasingly diverse population. As a means of serving the total population and being proactive toward increasing diversity in the

health professions for future generations, health professions colleges must act now to educate a culturally competent and diverse student body (IOM, 2003).

Is the United States morally responsible for adequate healthcare for all citizens? Should citizens with a high socioeconomic status expect better treatment and more options in regard to their health than those who are poor? Until Medicaid and Medicare became household words in the mid 1900s only those who could afford the cost of services received the kind of care the insured experience today. Powers (1992) claims that "healthcare is more than just a good or service bought or sold in the marketplace" (p. 316). There is a certain moral responsibility that accompanies the issue of health and healthcare education. Powers believes that adequate healthcare for all Americans is a matter of social justice and a moral obligation of its citizens to uphold.

Smith (1999) agrees that a society is best judged by how it treats those in need and specifies three aspects of healthcare that make it different from the way other businesses are overseen. He believes that healthcare is intrinsically different from other businesses because it serves as a medium for social control, works for the public good, and stands as an ethical and moral touchstone of a society.

The History of Race and Healthcare

Current research illustrating healthcare disparities among minority populations is staggering but believable when we recall that it has only been within the last 50 years that African American people were admitted to hospitals through the "back door" and were restricted to only "colored" wards for care (Sullivan

Commission, 2004). In 2003, the Institute of Medicine (IOM) warned of the “unequal treatment” minority populations still face when encountering the United States healthcare system.

A history of racial injustice continues to linger and ultimately creates a negative impact on our healthcare system today. Americans with African heritage receive healthcare from a system that has not always regarded them as having value as human beings.

Smith (1999) chronicles the history of African American healthcare from slavery to present times and illustrates the segregated system that shaped our contemporary model for healthcare. Through the use of narratives and historical documents, Smith reveals the sentiments held by many early physicians in the US that considered African Americans a threat to the well-being of the White population. The following excerpt is from “Smith’s Healthcare Divided” (1999) and was referenced from the *Southern Medical Journal* of 1915. Smith used this quote to typify the opinions of a large population of physicians who provided the framework for our current healthcare system:

I feel that not only is the Negro mortality of the Southern city increased by these diseases from the lack of preventive measures amongst this people, but that the White mortality and morbidity is raised by these same causes, through their prevalence in the other race. To quote from another paper on this subject: “These Negro citizens among whom we find

such an undue prevalence of diarrheal diseases, tuberculosis and venereal infections, who live under the worst of sanitary conditions, through circumstances, racial inferiority or our neglect, mingle with us in a hundred intimate ways, in our stores and factories, our kitchens and nurseries. They knead our bread and rock our babies to sleep in their arms, dress them, fondle them and kiss them; can anyone doubt that we may not escape close exposure? The missed and carrier cases of typhoid and other intestinal diseases that wait upon our tables must exact their toll nor is this lessened by any habits of personal cleanliness discernable.” (p. 23)

There are multiple cases in American healthcare history when African Americans have been treated unethically and unjustly. Schoen (2001) wrote of forced sterilizations of poor, Black women that occurred from 1929-1975 in North Carolina which was, often, the only means of birth control available given the absence of adequate healthcare and welfare services for poor people.

The Tuskegee Syphilis Experiment is another example of why African Americans in the United States have felt they have historically been regarded as having less value than Whites within our health system. The Tuskegee Syphilis Study of untreated syphilis is the longest nontherapeutic experiment on human beings in medical history (Jones, 1981). The study, which began in 1929, was intended to last for 6 to 9 months, but ultimately lasted for 40 years. The experiment involved 399

African American men infected with syphilis. The medical community was interested in whether there was a racial difference in the effects of the disease. Even when penicillin was found as a cure in 1951, those men infected with syphilis and participating in the study were denied access to the antibiotic. They were never educated concerning transmission of the disease (Thomas & Quinn, 1991), but were told only that they had "bad blood." Over the next 40 years, local and state health departments observed the Tuskegee men by monitoring effects of the disease, all the while denying treatment.

While it seems impossible now that an experiment like this could have continued for so many years, an interview in 1976 with Dr. John Heller, Director of Venereal Diseases at the U.S. Public Health Service from 1943-1948, reveals the true nature of those responsible for such an atrocity. When asked about the men involved in the study, Heller replied, "The men's status did not warrant ethical debate. They were subjects, not patients; clinical material, not sick people" (as cited in Jones, 1981, p. 179).

Healthcare and Civil Rights

The Civil Rights Laws of the 1960s promised great strides in healthcare policy and the services minority populations receive, but practices and attitudes are slow to change. Justice Powell of the U.S. Supreme Court has long stressed the need for diversity in the training of physicians. From *Keyishian v. Board of Regents* (1967) Powell wrote:

Physicians serve a heterogeneous (mixed) population....A qualified medical student with a particular background-whether it be ethnic, geographic, culturally advantaged or disadvantaged-may bring to a professional school of medicine experiences, outlooks, and ideas that enrich the training of its student body and better equip its graduates to render with understanding their vital service to humanity. (p. 26)

Diversity among physicians, nurses, and allied health professionals can only enhance patient care as it “enables our society to move forward in a direction that is equitable for all citizens” (Dworkin, 2000, p. 79). We have come a long way from our segregated past, but many institutionalized policies are still in place within our nation’s colleges and hospitals that systematically prohibit people who are not White from becoming health professionals. Practices and policies that exist within any institution that are knowingly or unknowingly allowing oppressive practices to remain in place are part of a system that allows institutionalized racism to linger and cause oppression by omission. Because a company, hospital, or educational institution claims being unaware of systematically denying rights to groups of people does not mean it is not responsible for its actions and the repercussions that follow.

Civil rights laws passed in the 1960s began to hold organizations responsible for the government funding they received and stated that companies maintaining discriminatory practices would lose funding and be penalized for any proven misdeeds. The Federal government states in Title VI of the 1964 Civil Rights Act

that discrimination on the basis of race, color, and national origin in programs and activities receiving federal funding is prohibited. This would include our current healthcare system which awards millions of dollars a year to healthcare organizations through federal grants, Medicare, Medicaid, and hospital government aid. Section 84.3 (3B) states that any organization receiving federal funding which is principally engaged in the business of providing education, healthcare, housing, social services, or parks and recreation must comply with this law or lose federal funding.

The enforcement of civil rights laws regarding healthcare has been relegated to low priority status in recent years, due to insufficient resources in the Office of Civil Rights. The U.S. DHHS Office of Civil Rights is responsible for enforcing federal statutes and regulations that prohibit discrimination in healthcare. The Institute of Medicine (2003) recommends the agency should be well equipped with “sufficient resources to better address complaints and carry out oversight responsibilities” (p. 15).

Office budget cuts and understaffing of The Office of Civil Rights were also noted in the Institute of Medicine Congressional study (IOM, 2003), *Unequal Treatment; Confronting Racial and Ethnic Disparities in Healthcare*. This study resulted in a recommendation to Congress to provide greater resources to the U.S. DHHS Office of Civil Rights to enforce civil rights laws that are being overlooked in our current healthcare system.

Healthcare Disparities in the United States

Recent data indicate people of color in the United States suffer from higher rates of illness and disability and die at earlier ages than the White population (IOM, 2003; Physicians for Human Rights, 2003). Studies also demonstrate that African Americans have a higher cancer-specific mortality rate compared with other racial groups and suggest that breast, uterine, and bladder cancer have higher mortality rates within the African American population (Rodgers, 2002). The Institute of Medicine (2003) reported that relative to Whites, African Americans, and in some cases Hispanics, are:

less likely to receive appropriate cardiac medication (Herholz et al., 1996) or to undergo coronary artery bypass surgery (e.g., Ayanian et al., 1993; Hannan et al., 1999; Johnson et al., 1993; Peterson et al., 2002, are less likely to receive peritoneal dialysis and kidney transplantation (e.g., Epstein et al.; Barker-Cummings et al., 1995; Gaylin et al., 1993), and are likely to receive a lower quality of basic clinical services (Ayanian et al., 1999) such as intensive care (Williams et al., 1995) even when variations in such factors as insurance status, income, age, co-morbid conditions, and symptom expression are taken into account. Significantly, these differences are associated with greater mortality among African American patients (Peterson et al., Bach et al., 1999). (p. 3)

African Americans have lower rates of kidney transplants (Childress, 2001), coronary bypass surgery, and many other procedures, even where no differences in insurance or the ability to pay exist (Smith, 1999). A recent study documented that nonWhite Medicare enrollees were less likely to receive a prescription for a beta-blocker medication following hospital discharge for myocardial infarction (heart attack), to be referred to mental health services after hospitalization for mental illness, or to receive eye examinations if they were diabetic (Rodgers, 2002).

Barriers to Healthcare Education

The demographics of the United States are changing. Individuals of differing races, religions, and cultural backgrounds are working and existing together. In a 2003 landmark study entitled, *In the Nation's Compelling Interest: Ensuring Diversity in the Healthcare Workforce*, (Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce, 2004), the authors recommend increasing the number of minorities in healthcare by improving opportunities for enrollment and success at healthcare colleges.

Students of color are often at a disadvantage when applying to competitive college programs offering healthcare degrees. Many are from low income, city schools and not academically competitive in current healthcare program admission ranking systems. Samson (2004) wrote there are a disproportionate number of students from disadvantaged populations who do not get into programs, but meet minimum criteria for entry. She found that African American students many times meet the minimum requirements for admission, but are often "not competitive in

ranking systems that look at performance in science courses and grade point averages in all college level courses" (p. 33).

Students who have no choice other than to attend inner city high schools are many times not adequately prepared for the science based college curricula needed for health professional degrees (Heilman, 2004; Samson, 2004; SC, 2004). In 1994, Ladson-Billings wrote a list of compelling facts that foretold the current chances for many African American students with aspirations for college:

African American students continue to lag significantly behind their White counterparts on all standard measures of achievement.³ African American children are three times as likely to drop out of school as White children are and twice as likely to be suspended from school.⁴ The high school drop out rate in New York and California is about 35 percent; in inner cities, where large numbers of African Americans live, the rate nears 50 percent.⁵ African American students make up only about 17 percent of the public school population but 41 percent of the special-education population.⁶ These dismal statistics hold despite the two waves of educational reform initiated in the 1980s.⁷

Statistics for African American students correlate with some harsh social and economic realities. Nearly one out of two African American children is poor. The rate of infant

mortality among African Americans is twice that of Whites.

African American children are five times as likely as White children to be dependent on welfare and to become pregnant as teens; they are four times as likely to live with neither parent, three times as likely to live in a female-headed household, and twice as likely to live in substandard housing.⁸ More young African American men are under the control of the criminal justice system than in college.⁹ Indeed, an African American boy who was born in California in 1988 is three times more likely to be murdered than to be admitted to the University of California.¹⁰ (p. 2)

The numbers Ladson-Billings presented in 1994 are still significant in the year 2008. Difficulties that elementary school children faced in 1994 would be evident in the college students of today. African American students from disadvantaged high schools enter college from a playing field that is far from level compared to most of their White counterparts. Noguera (2004) argued that the United States must confront the crisis in urban public schools by examining low test scores, high dropout rates, and poor attendance, all of which affect the success rate of students once they enter college. He illustrates the dilapidated buildings and unsafe environments where most urban students have to go to school and questions the efficacy of the “burned out and ineffective teachers” (p. 3) who populate city schools with low tax bases.

Many urban students with healthcare aspirations enter the competitive arena of healthcare colleges at a disadvantage and are many times overlooked due to the lack of science preparatory classes and low standardized test scores (Chang et al., 2005; Samson, 2004). The issue becomes even more complex as applications at healthcare colleges around the nation continue to increase allowing healthcare programs to choose from an ever-larger pool of prospects.

Among the qualified applicants denied admission are a disproportionate number of students from disadvantaged backgrounds (Samson, 2004). In order to increase the number of health professionals from minority populations, a concerted effort must be made to advise students early in their high school years about prerequisite science and math courses needed to compete for admission into college healthcare programs.

Samson (2004) discusses strategies for increasing minority populations within the nursing profession. She stresses that “early and repeated exposure to nurses, along with age appropriate discussions of what nurses do, can shape future career choices” (2004, p. 33). Samson has observed that many students from less affluent areas have no professional role models to expose them to careers in healthcare. Her strategies for increasing minorities in the health professions include:

1. Promoting science achievement by using supplemental science curricula created by the National Institutes of Health.
2. Partnering with local healthcare institutions to create opportunities for job shadowing, mentoring, and internships.

3. Providing opportunities for students to attend local health career fairs.
4. Increasing financial aid options and scholarship availability.

Samson (2004) also states that even after students of color are accepted into health programs many face social and financial challenges to their success. The need to work, family demands, and a lack of family support systems are common reasons students cite when discussing the difficulties they face when attending college (p. 33).

Tinto (1993) wrote of the struggles students from disadvantaged populations face when entering college. The stressors students face seem to chip away at their college aspirations and leave them more vulnerable to dropping out before their goals have been realized. He determined multiple factors that increase the likelihood of the decision to drop out. These stressors occur for many students in the United States who have no choice but to attend a public school system that is failing to prepare them for college. Tinto discusses prior qualifications for entry-level college students, many of which negatively impact students of color. He demonstrates that a student who is socioeconomically disadvantaged, first generation college, lacking an adequate high school education, and lacking the tools to socially integrate once through the college doors is at a high risk for failure in his/her academic pursuits.

The Concept of Diversity on College Campuses

Research demonstrates that student background characteristics—age, socioeconomic status, and precollege educational experience are factors in their potential for success as a college student (Napoli & Wortman, 1998; Pascarella &

Terenzini, 1998). Colleges with a multifaceted agenda for diversity are more successful and have higher retention rates of students from underrepresented populations than do institutions that address their diversity needs by using a piecemeal approach (Chang, 2002). Research within the field of education has shown time and again that diversity is an asset to college campuses and student learning (Baez, 2000; Chang, 2002), but colleges must come to appreciate the value of a diverse student body.

Justice Lewis Powell, in the Bakke affirmative action case of 1978, claimed that educational benefits from a diverse student body flow to an institution of higher education, its students, and the public it serves. Powell argued that learning must not occur in an “educational vacuum” and thought diversity education was particularly critical in professions such as law and healthcare as these students would be serving a very diverse population during their professional careers (as cited by Chang, Chang, & Ledesma, 2005).

The impact of interracial interaction in colleges suggests that students having a strong commitment to racial understanding also demonstrate increased leadership ability (Antonio, 2001). Current literature suggests that in order for a diversity agenda to be successful it must be embraced by faculty (Valerio, 2001) students (Goodman, 2000) and the institution as a whole (Chang, 2002). Colleges that attempt to meet the needs of students by providing only a diversity class or diversity week without creating an environment for institutional change may be viewed as only addressing the problem cosmetically and without a genuine desire to evaluate the needs of

marginalized groups (Goodman, 2000). Chang and colleagues (2005) suggest that colleges and universities must “intercede in ways that provide underrepresented students with appropriate institutional support and conditions that foster intellectual and social development” (p. 15).

Summary

This literature review uncovered many barriers to African American students that already exist in our society due to a history of racial injustices that stem from slavery and segregation. These barriers form the grounding of this study and are summarized as follows:

1. A healthcare system that is historically grounded in practices that discriminate against African Americans (p. 34)
2. African Americans have been historically devalued as human beings (p. 35)
3. Low priority given to civil rights laws mandating nondiscrimination (p. 37)
4. Budget cuts in the Office of Civil Rights (p. 37)
5. NonWhites receive substandard healthcare (p. 38)
6. Urban students, many times, come from poor quality schools (p. 39)
7. Lack of adequate science curriculum in urban schools (p. 41)
8. Lack of professional role models in healthcare fields (p. 42)
9. Social and financial demands for urban students (p. 43)
10. Lack of diversity initiatives on college campuses (p. 43)

Conclusion

Students of color have been historically underrepresented in healthcare colleges and are currently not well represented throughout health professions in the United States. Research demonstrates that patients react positively toward caregivers with similar cultural backgrounds. As the population of the United States becomes more diversified it is imperative to realize the need for a multicultural healthcare workforce.

Progress toward diversity can happen only if colleges have the desire to make changes and institutional leaders support the change. Colleges must be willing to look at past mistakes and support policies and practices to become more inclusive to people of all races and ethnicities.

Kozol (1991) writes about time spent in Cincinnati's public high schools. In his conclusion he writes that few of the children from the poorest areas would "have the preparation to compete effectively on the exams...long before they leave this school, most of their academic options are foreclosed" (p. 233). In the last paragraph he writes, "Surely there is enough for everyone within this country....All our children ought to be allowed a stake in the enormous richness of America....We soil them needlessly."

Yes, I believe we soil them needlessly. We soil them by holding them responsible for the life situations they face. We soil them by turning our heads to poverty and expecting students from disadvantaged schools to realistically compete with students who do not carry the weight that poverty demands them to bear. We soil

them by allowing institutionalized policies and practices to remain in place that systematically decrease their chances of becoming health professionals. But most of all, we soil them by not taking action, by not creating a public school system that allows students to shed generational barriers that keep them in poverty, by, as Friere (1970) describes, remaining the oppressors.

Chapter 3: Research Design

Merriam (2002) wrote that an ethnographic, qualitative study is one that presents a “sociocultural interpretation of the data” that is not defined by how data are collected, but by “the lens through which the data are interpreted” (p. 9). The goal of this research was to demonstrate any barriers that exist for King High School students through the lens of their own personal life experiences.

If case study is the chosen method of investigation, the researcher must realize that his/her method of inquiry is nebulous and it may take some time being immersed in the case to realize what moves the research forward in a way that is meaningful. Merriam (1988) warns that case study researchers must have an “enormous tolerance for ambiguity” and “must enjoy searching for pieces of a puzzle, as well as tolerate ambiguity for an indefinite period of time” (p. 37).

Eisenhart (2001) expresses the importance of describing typical experiences as a way to learn about a culture and warns of the drawbacks of using exotic examples or sensational stories to describe an entire group of people. This approach is what drives a good case study. In order to understand the problem, let alone suggest a solution, the researcher of a case study must know the subjects so intimately that patterns begin to emerge that are common to those being studied.

Theoretical Framework: Critical Theory

Critical theory does more than just identify issues of oppression and poverty, but takes the research to another level by providing pathways for the oppressed and by calling those into action who feel they are not affected and remain unaware.

Merriam (2002) writes that critical theorists work for social justice with a “historically grounded understanding of contemporary social, political, and cultural issues” (p. 204). Morrow and Brown (1994) wrote that critical theory “examines situations that have been connected with oppression and social struggles” (p. 230).

Being unaware cannot be used as an excuse for injustices happening all around us. I cannot claim that I am unaware. Fine (1994) wrote of “the other” and challenges writers to “work the hyphen” between self and other. I identified with the hyphen that stands between self and other. Working the hyphen for me, as a researcher at King High School, meant self-examination and reflection many times on my drive home. Working the hyphen for me is acting as a broker between Huxley College and King High School. Fine wrote:

By working the hyphen, I mean to suggest that researchers probe how we are in relation with the contexts we study with our informants, understanding that we are all multiple in those relations. I mean to invite researchers to see how these “relations between” get us “better” data and limit what we feel free to say, expand our minds and constrict our mouths, engage us in intimacy and seduce us into complicity, make us quick to interpret and hesitant to write. Working the hyphen means creating occasions for researchers and informants to discuss what is, and is not, “happening between,” within the negotiated

relations of whose story is being told, why, to whom, with what interpretation, and whose story is being shadowed, why, for whom, and with what consequence. (p. 72)

Friere (1970) posed the question: If the oppressors do not know they are oppressing, how can they be expected to change? We, as a society, must expect people in positions of power to make decisions that are right and just for everyone within a community. For that reason, it is their duty to be informed and to examine oppressive practices.

People in positions of power, though, many times live in a world that is separate from people who are different in socioeconomic status. They eat, shop, receive medical treatment, school their children, worship, and live in a world that is free from overcrowded classrooms and public school levies that do not pass. In this world people never have to worry about where they are going to live or how to decide between paying their daughter's senior high school fees and buying her a prom dress. The value of an ethnographic study is that it allows readers to see a world that is different from their own. People of power and wealth who are in positions that have an impact on people different from them may be more compelled to act on societal problems if they can see life through the eyes of someone who lives outside of their personal world.

Research Model: The Sullivan Commission

This study and the implementation of the pipeline program were completed using the Sullivan Commission model for providing guidelines to increase underrepresented populations in the health professions. The Sullivan Commission suggests creating pipeline programs between urban schools and healthcare colleges.

As previously stated, most data from the Sullivan report address the shortage of health professionals in the fields of dentistry, nursing and medicine (physicians), but allied health professions such as physician assistants, radiographers, nuclear medicine technologists, ultrasound technologists, and respiratory therapists were not represented. The research presented in this study advances the findings reported by the Sullivan Commission by examining diversity efforts at a health professions college (HCHS) offering Associate and Bachelor of Science degrees in the allied health professions that also have a low representation of people of color.

The Sullivan Commission gathered information from the community as a means for learning how to solve a community problem. In a series of field hearings across the country, the Sullivan Commission gathered testimonies from health, education, religion and business leaders; community and civil rights advocates; healthcare practitioners; and students as a means to fully understand the problem and identify solutions to remedy health disparities and their relationship to low numbers of African American healthcare providers.

After reading the Sullivan Commission study, I wanted to parallel its approach while forming the King/Huxley Pipeline Program, but on a much smaller scale. I decided to interview students from King to see what they thought about initiating a pipeline program between Huxley College and King High School and to determine if any barriers they identified could be remedied from the Huxley side of the partnership. I also incorporated suggestions by Samson who had identified successful practices. Samson (2004) suggested that healthcare colleges organize mentoring and job-shadowing opportunities for high school students interested in health professions. Her work suggested that students benefit from work life experiences in a healthcare environment and also from having professional role models.

A study about King High School could be performed using quantitative measures instead of describing the lives of 11 urban African American students in an ethnographic case study. I could report to you that only one of the 11 students I interviewed lives with both her mother and father. I could also report that 6 of the 11 students are responsible for the care of others in their family or that 3 of the students are impacted by the imprisonment of family members. But, providing the reader with only statistics allows the reaction to be as impersonal as the numbers presented. This case study is intended to challenge the accepted norm. Katz (2003) discusses the lifelong process of becoming aware of racism and "owning my whiteness" (p. vii) as a process marked by introspection, frustration, confusion, shame, and guilt. Her writings have helped me to place myself in this case study. Yes, my voice is one of an

outsider, but a concerned and determined outsider who will use this case study to provide a stage for the voices of those who have been silenced.

The demographics concerning the plight of urban youths in our community seem to give the impression that nothing can be done to make things different. Delpit (2006) wrote:

After all, that little voice constantly asserts itself between the lines of the research reports, the policy documents, and the energetic beginning of school pep talks, saying we cannot change the community, we cannot change the parents, we cannot change the crime, the drugs, the violence. But despite mutterings to the contrary, I know that there are things that we can do, because I have seen them make a difference. (p. 220)

This case study provided me with hope for the future of King High School students and hope is what Friere (1995) said would ultimately be what makes an educational system successful. The students I interviewed shared pieces of their lives with me. I realize that a pipeline program cannot initially address issues of community or poverty, but by providing equal access to educational opportunities for graduates of the King allied health program the future of King graduates will improve. Poverty will decrease as a result of jobs provided through successful completion of the pipeline program and a sense of community will increase if there is an increase in African American healthcare providers to mirror the population they serve, ultimately meaning better healthcare for all.

Determinants for Successful Case Study Research

Yin (2003) states that a case study must:

- be significant.
- be complete.
- consider alternative perspectives.
- display sufficient evidence.
- and must be composed in an engaging manner. (pp. 161-165)

This case study is (#1) *significant* because it reviews subject matter that is critical to the future of healthcare on local and national levels. The study is (# 2) *complete*, because it states the problem, reviews current literature, asks meaningful research questions, and suggests implications from the responses to understand what barriers existed for 2007 graduates of the allied health program at King High School. Information was gathered through interviews with students and teachers to provide different perspectives from a variety of different vantage points as suggested by Bonder, Martin, and Miracle (2002).

Encouraging participation from members of the local healthcare and educational community to participate as mentors aided in construction of the pipeline program. Their suggestions about mentoring were valuable as they provided multiple viewpoints allowing the researcher to *consider alternative perspectives* (Yin #3). According to Yin (2003), however, the most important advantage presented by using multiple sources of evidence is the development of “converging lines of inquiry”

creating the process of triangulation, making a case study more accurate and convincing. The converging lines of inquiry in this study are represented by the lives and experiences of 11 young women from King High School. Seeing the pipeline program through their eyes and learning from their stories enabled me, the cultural diversity officer of Huxley College, to make decisions regarding future success of the King/Huxley Pipeline Program.

This study is *complete* according to Yin (2003) because I have displayed *sufficient evidence* (Yin, #4) from multiple participants making the data more reliable. Lastly, I have attempted to include fully developed descriptions written in “*an engaging manner*” (Yin, # 5) to provide thick, rich description concerning the lives of students from King High School.

Participants

This case incorporates suggested guidelines developed by the Sullivan Commission and mirrors its data gathering process on a smaller scale by interviewing King High School students and their teachers. All names have been changed. The students interviewed were key informants during this study and all signed letters of consent (Appendix A) that have been kept on file for the purpose of confidentiality. Each student was a willing participant during the interview process. Each chose her own pseudonym for the interviews conducted at King High School between January

and April of 2007. Their pseudonyms are: Alea, Champagne, Chastity, Gabby, Janea, Nekeyla, Renea, Shayla, Staci, Tiffany, and Unique. Both instructors from King High School were given pseudonyms. The director of the program and senior advisor is referred to as Ms. Roth and the instructor for the junior classes in allied health is referred to as Ms. Valeri. Both instructors are African American. Approval from the Chief Administrator of King High School (Appendix A) was obtained for this study as was Institutional Review Board approval from the University of Dayton (Appendix B).

As a participant/observer and an insider, my vantage point was crucial to the meaning of the study. I have taught at Huxley College since 1991, and I see students of color from urban high schools struggle to get the GPA needed for admission into competitive healthcare programs. Local African American students leave Huxley College at a higher rate than African students from religiously affiliated high schools in Africa and the Caribbean (Huxley Opening Report, 2005). As an insider I know that Huxley must do more than admit students of color from local urban high schools. We are setting many up for failure and we fall under the spell of “magical thinking” (Chang et al., 2005) as we watch local African American students leave college at higher rates than their White classmates. As an insider and healthcare professional, I hear of the increasing number of African Americans that have been hired at Huxley Hospitals and I look around and see an imbalance in the color of people pushing brooms and passing out food with those who are in professional roles.

I am one of many concerned members of the Huxley Health Network. I see, firsthand, people at Huxley who are willing to help students from King through job shadowing and mentoring. But good intentions toward diversity efforts must be valued and coordinated through programs that connect for students at an early age to set high school achievement goals that will help with college success. My intentions for implementing the pipeline program have always been met with nods and smiles, the kind of program that gets in the local news or receives an award at the end of the year. The true test of the success of the King/Huxley Pipeline Program will lie in a long-term commitment between Huxley and King, creating better access for pipeline students desiring healthcare occupations.

My perspective as a Huxley faculty member can also be a detriment to the study if I report information with an insider bias. One way to ensure that multiple voices are represented is to gather data from the multiple perspectives of others involved in the study. In her ethnographic case study, True (2000) describes the building of a women's health center at her place of employment. She interviewed a variety of community members involved with the project. She discussed healthcare experiences with patients, their families, medical staff, and students to "tell the story" of those involved in the case study. Stake (2000) refers to this type of inquiry as a form of triangulation that entails using multiple perceptions to clarify meaning and to verify repeatability of an observation noted by the researcher.

Stake (2000) writes, "Case study method has been too little honored as the intrinsic study of a valued particular, as it is in biography, institutional self-study, and

program evaluation” (p. 439). He concludes that the bulk of case study work is done by individuals who have intrinsic interest in a particular institution and the reflections of the interested researcher “develop what is perceived to be the case’s own issues, contexts, and interpretations, its thick description” (p. 439). So, although my view of the case was one of close proximity, it also allowed me to interpret the findings in a way that was meaningful to HCHS and most importantly, the students at King High School.

Data Collection

Data collection for this study was accomplished using multiple sources. Students and teachers at King were interviewed which allowed for themes to emerge concerning the barriers identified. Data were also collected through parent meetings, conversations with Huxley faculty and administration, and from time spent immersed in the classroom at King High School.

Rubin and Rubin (2005) suggest that when the interviewer is interested in obtaining an overview of what occurs within a given cultural arena, the researcher should ask open-ended questions; for example, asking the students to describe a “typical day” for them (p. 160). The writing of a case study is necessarily emergent (Bonder, Martin, & Miracle, 2002). Questions and patterns that arose from the interviews emerged as the case study proceeded. The following questions were asked of the key informants to create a scaffolding for the structure of each interview:

1. What type of health professional do you want to be? If you have not decided yet, which ones interest you?

2. Why did you choose to go to King High School? What are the advantages and disadvantages of being a student at King? Will you be a first generation college student?
3. Could you describe a typical day for you? How do you get to school? Who else lives at your home? Are you responsible for caring for any brothers or sisters, or other family members when you are at home?
4. What advice would you give me to make the King/Huxley program better? What works? Examples?

Interviews took place over a 3-month period and typically each interview lasted for about half an hour. After the interviews were completed and the transcripts were typed, I read each transcript multiple times to look for themes and answers to questions that emerged during the interviews. The following questions were not all asked directly to students, but answers were revealed throughout the interview conversations.

1. What do you want to be?

- 1A Nurse
- 1B Computer Science
- 1C Psychologist
- 1D PA
- 1E Physician
- 1F Pharmacist
- 1G Surgery Tech

2. Are you responsible for the care of any family members?

- 2A Mother/Father
- 2B Siblings
- 2C No
- 2D Own children

3. Who lives at your house?

- 3A Mother/Father
- 3B Siblings
- 3C Extended family
- 3D Children

4. Did your Mother or Father go to college?

- 4A No
- 4B Yes-Both
- 4C Yes-One

5. Did your Mother or Father graduate from high school?

- 5A No
- 5B Yes-both
- 5C GED
- 5D Yes-one

6. What are the advantages of going to King High School?

- 6A Tech/prep scholarship (\$3,000)
- 6B Pipeline program
- 6C Job preparation
- 6D Good teachers

7. What are the disadvantages of going to King High School?

- 7A Block scheduling
- 7B Academic classes
- 7C No sports teams

- 7D Cost of STNA testing
8. How do you get to school?
- 8A Parent
 - 8B Bus
 - 8C Friend
 - 8D Drives
9. What are some suggestions you have for the Pipeline Program?
- 9A Scheduling
 - 9B ACT preparation
 - 9C Satisfied
 - 9D Earlier start
 - 9E Information packet
 - 9F Job counseling
 - 9G Job shadowing
 - 9H Jobs guarantees
10. Do you feel safe where you live and at the bus stop?
- 10A Yes
 - 10B No
11. Do you think there any barriers that exist for students at King?
- 11A Levy does not pass
 - 11B Only one school counselor
 - 11C No barriers
 - 11D Mostly segregated
12. Where do you work?
- 12A Fast food/restaurant
 - 12B Unemployed
 - 12C Nursing Assistant
 - 12D Nursing home
 - 12E Store

Most students mentioned in their interviews that they felt the need for mentoring and counseling. Most had not taken the ACT. The nearby community college has open enrollment and many planned to initially attend community college. The students who had taken the ACT stated they would like classes to better prepare them for the test.

During the interviews many discussed issues in their immediate families that Ms. Roth referred to as “students and parents living in survival mode,” one of the units of meaning in this study that led to the identification of a barrier. For example, 2 out of the 11 students interviewed were the primary caretakers of children affected by parental imprisonment. Only one (Nekeyla) of the 11 students lived with both her mother and father. Nekeyla’s mother worked two jobs and her father worked three to support the family. Champagne, the single mother of twins, lived in government housing and was unable to graduate because she did not pass the state proficiency tests. Champagne was raised in a series of foster care homes after her mother was placed in a psychiatric hospital when Champagne was 8. These circumstances are examples of “survival mode” according to Ms. Roth because students’ basic needs are not being met.

After each student interview, I made notations in a journal about everything that occurred during the interview and facts that I knew about each student. Journaling helped me to chronicle the process and improve as an interviewer as the study progressed. Keeping a journal also allowed me to begin processing the interviews in my own mind, instead of waiting until they had all been completed and

transcribed. The interview process took place over a 3-month period. The interviews were transcribed and returned to me a month after they were all completed and by that time I had listened to them several times and had made journal notations about all interviews. The journal also contains notes on meetings with students and teachers from King.

During the course of this study students would commonly see me writing in the journal while I was in the classroom observing or meeting with Ms. Roth. Midway through the study on January 31, 2007, the students and I met to discuss the pipeline program. I asked Staci, a pipeline student, if she would mind taking notes in my journal as I led the meeting at the front of the class, writing collective thoughts on the whiteboard. Students rolled their eyes and groaned when Staci turned to the class and told them that I must be her favorite if I asked her to write in my journal. One of the other students retorted that I probably just gave her the job so she would “shut up.” I remember watching Staci as she carefully turned to the next open page of the journal and marked it with the ribbon. Staci’s notes from that day began the process of defining themes that led to identifying the barriers that exist for King allied health students in their pursuit of healthcare careers.

Staci wrote:

January 31, 2007

1. Students need Internet access to email Huxley mentors.
2. Increase meeting time required for mentors and mentees.
3. Talk to students individually about aspirations.

4. Extend pipeline program to include interviewing techniques for seniors and information about Huxley College and employment at Huxley Health Network.

Data Analysis

Once I received the typed interview transcripts, I read each of them multiple times and different themes began to emerge. I coded answers to 12 open and closed ended questions. The answers to the closed ended questions established facts about students' histories and current lives. For example, answers to questions pertaining to the level of their parents' education established that most 2007 graduates would be first generation college students and most would also not have professional healthcare role models in their families.

I looked for connecting patterns in the transcripts, then checked again for instances when more than one student had similar answers to interview questions. These answers were sorted and ranked according to the number of times they were mentioned throughout the interviews. For example, the theme of "family responsibilities" became apparent when students were asked to describe a typical day. Staci talked about preparing food for her diabetic father, giving him his medication, and caring for her brother's two primary school age children while he served a prison term. Champagne was the mother of infant twins, and Janea was partially responsible for the care of her newborn brother while their mother completed a prison term.

Other responses were ranked according to answers that seemed to hinder the students' success the most. For example, Staci's discussion about her father raising

her since she was an infant because her mother “left her at the hospital” permeated everything in Staci’s life, so it ranked of high importance for Staci.

Rubin and Rubin (2005) suggested that researchers let those being interviewed help name themes as they are coded (p. 213). Ms. Roth and Ms. Valeri often said, “Our students parent themselves” and commented on students and their parents living in “survival mode.” I incorporated both of these terms when labeling the identified barriers.

Multiple students mentioned the concept of “the vocational model” of class scheduling and felt it would be easier to navigate their classes and accomplish career goals if this model was adopted. Working within the vocational model would allow King allied health students to experience real life clinical situations by scheduling blocks of time for students to travel off campus to clinical assignments. Instead, students must remain on the high school campus because arts and sciences classes are scheduled throughout the day, the academic model. Other suggestions to improve the pipeline program were ACT preparation, career counseling, and job opportunities at local hospitals.

Conclusion

Eisenhart (2001) states, “To be involved directly in the activities of people still seems to be the best method we have for learning about the meaning of things to the people we hope to understand” (p. 21). The real story was found while getting to know the students in the class of 2007 at King and chronicling their pursuit of healthcare professions.

Ladson-Billings (1994) writes about the appropriateness of “story” as a means of conveying information in fields such as law, education, and ethnic studies. She believes that telling the story of a group of people has gained credence as an appropriate methodology for transmitting the richness and complexity of cultural and social phenomena. For me, qualitative research methods best “tell the story” of these 11 students and is the best way I can authoritatively pass on their knowledge and insight to others in the pursuit of a diverse healthcare workforce.

In October of 2006, I had my first opportunity to meet, individually, with the group of students I would be interviewing for this study. Ms. Roth (the allied health instructor from King) and I had met on several occasions, and I had also met several of the students from different grades at King, at the career fair that Huxley had hosted in April, but I had not yet met with the class of 2007 as a group. On this day, I drove to King for my first meeting with the students who would participate in this study. I wanted to ask the students about their aspirations of becoming health professionals. I also told them about the Sullivan Commission and my desire to interview all of them for my dissertation. I asked them what they felt they needed in order to succeed in their pursuit of becoming a health professional. They had many ideas and were more than happy to share them with me. While we discussed topics like career counseling, job shadowing, mentoring, scholarships, and financial aid, one of the students asked me, “Ms. Price, are you writing all of this down?” I told her I would.

Chapter 4: The Case Report

September 2006-June 2007

The concept of a pipeline program was initiated during a meeting with my academic dean and two other faculty members from Huxley College in September of 2005. Our goal was to build a partnership with King High School as a means to increase the diversity of health professionals throughout the Huxley Health Network and local community. At this meeting, we examined the Sullivan Commission guidelines, published the previous year. The study claimed to provide a “blueprint” for increasing diversity in the health professions and suggests pipeline programs between urban high schools and healthcare networks as a “new and nontraditional pathway” toward increasing diversity in the health professions. In November of 2005, I presented the Sullivan Commission guidelines to the Huxley College Board of Directors and they accepted them as a plan to increase the African American population at Huxley College. The Board then charged the enrollment management committee at Huxley to work toward prioritizing its efforts to increase the number of African American students who attend and graduate from Huxley College.

The purpose of this case study was to identify barriers that exist for African American students from urban schools with aspirations of becoming healthcare professionals and to ask students and teachers how to improve the newly implemented pipeline program at King High School. The methodology is critical theory using the Sullivan Commission guidelines of 2004 as a case study model. Writing from the perspective of critical theory involves an awareness of the

injustices in our current society. A case study in critical theory is written with the recognition that many of this nation's African American high school students from urban schools do not get the education they deserve and need in order to be academically successful in healthcare colleges. The Sullivan Commission also acknowledges that oppressive practices occur in our current healthcare system that stem from a history of racial injustices. As demonstrated in the literature review, healthcare in the United States remains an elitist institution that upholds oppressive practices resulting in many African Americans receiving a lower quality of healthcare and less access to careers in nursing and allied health.

The King/Huxley Pipeline Program is about students with aspirations of becoming healthcare professionals who are trying to succeed in high school amidst the oppressive practices in our current education system. Friere (1970) wrote about the relationships that must be built between those institutions that represent the "oppressor" and those who represent the "oppressed." The Sullivan Commission provided three overarching guidelines to increase diversity in the health professions. To review, those guidelines are:

1. To increase diversity in the health professions, the culture of health professions schools must change.
2. New and nontraditional paths to the health professions should be explored.
3. Commitments must be at the highest levels.

Huxley College has responded to these guidelines in a variety of ways as described previously in this document. The emphasis of this particular study pertains to Guideline #2 concerning new and nontraditional paths to the health professions. A nontraditional method suggested in the Sullivan Commission study is to create pipeline programs from urban schools to healthcare colleges. Using the Sullivan Commission guidelines as a model, the study unfolded and it became apparent that asking students about their lives was the best way to obtain critical input for making a pipeline program successful. Identifying barriers that exist for students from urban schools as seen through their own personal lenses seemed like the best way to work toward rectifying the problems that presently exist.

In this chapter I discuss the answers to research question one from the perspective of King students, teachers, and my own perspective as a participant/observer. The answers to question two are from the perspective of King students and teachers. Chapter five discusses my own reactions and thoughts about the case as a participant observer, as well as suggestions for the future of the pipeline program.

Research Questions

The following research questions provide direction for this case study:

1. What barriers exist for students in the 2007 graduating class in allied health from King High School that may prevent them from becoming healthcare professionals?

2. From the perspective of King students and teachers, what relationships can be established between King High School and Huxley College to increase the number of African American students admitted to college health professions programs?

Meeting the Class of 2007

Ms. Roth, the instructor for the senior class in allied health at King, met with the seniors each day from 9:45 to 11:15 a.m. and on this day, in October 2006, she introduced me, handed me a list of the student names and then quickly exited the room in a rush to one of the many meetings she attends during any given day. The room was loud. Students were texting on cell phones and talking to one another. I looked down at the list of names in front of me. I mispronounced the first one, Nekeyla, (pseudonym) and they all giggled and looked at this first student on my list. One of Nekeyla's classmates, Staci, yelled out that I had said her name wrong and very dramatically put the accent on the proper syllable for me. Nekeyla spoke sharply across the room to Staci and said that Ms. Price could say her name any way that she wanted to, that it was none of her business anyway, and not to be rude.

Her comment seemed to irritate Staci, so she turned and asked me if I thought it was rude of her to correct me on the pronunciations of the names. "A little bit, yes," I said. "Maybe not what you said, but the way you said it." She shrugged and smirked as I went on to mispronounce many of the remaining names on the list, while each of the other students smiled in response to her name being called, giving me the correct

pronunciation. Staci and another student continued to banter back and forth in the not so quiet background about an unrelated topic. Two of the girls in the front row whispered to each other and then looked down at my shoes; a pair of brown leather Michael Kors sling backs with white stitching, then looked back at each other and nodded. At least I got the shoes right, even though they were from the sale rack. To me, these students appeared to be a tight-knit group who had been in a lock step curriculum together for the past 2 years and knew each other well. I wondered what they thought of me.

I have made the trip to King High School many times. Driving from my home in the suburbs to the urban neighborhood of the historically segregated city of Mayville, the change in scenery from my world to theirs was always one I could not help noticing. The drive to King ends in the center of a city described in the literature review of this document as one of the three most segregated cities of its size in the nation. The street to King High School ends at the river that has historically separated the city into African American and White. King High School is the only building on the street with the exception of a vacant factory that has boarded up and missing windows. The sign at the cross-section turning into King High School reads ---Dead End.

Many of the students at King live near or below the poverty line. A recent article in the *Mayville Daily News* (Aug. 29, 2007) stated that nearly 30% of Mayville residents live below the poverty line and ranked Mayville as the 15th poorest medium-

sized city in the United States, with a median household income of \$28,630 according to the American Community Survey. During a May 2007 discussion with Ms. Roth, she stated that all of the students I have come to know over the past year are living in homes with family incomes that are rated as below the poverty level in the US.

King Student Interviews

The students from the 2007 class from the allied health program at King were 11 young women who represent a cross section of life on the west side of the river in the city of Mayville. The answers to my research questions were determined after job shadowing experiences, mentoring, career fairs, dinners, time spent together in the classroom and through personal interviews with each student. The students in this study do have barriers, but they also have experience, attainable goals, and some very good suggestions for the future success of the King/Huxley Pipeline Program.

As previously mentioned, only one of the students in the group, Nekeyla, lives with both her mother and father. Three of the 11 students interviewed did not live with either parent, while the other 7 live in single parent homes. More than half of the students had at least one parent who did not complete high school.

Four of the 11 students in the study were partially or completely responsible for the care of family members in their home. Unique had lived with and helped to care for her great grandmother until she died last fall at the beginning of the school year, and Staci took care of her father, a severe diabetic, as well as her grade school age niece and nephew while her brother was completing a prison term. Champagne,

who just turned 18, lives in government housing with her infant twins, while Janea and her grandmother cared for her newborn half brother and 8-year-old sister since her mom began a prison term directly after the birth of her brother last year.

To help understand the culture at King High School, I have written an introductory description, from my perspective, of each of the young women who participated in this study. Following each introduction is a portion of the interview. I used excerpts from each interview to chronicle the students portrayed in this study. Each student and her teacher, Ms. Roth, have a story to tell. To me, listening to the students describe their lives in their own voices was very compelling, and I want to share their lives with the reader through their own personal lenses.

The following pages of this study report personal interviews that I had with each student individually during January through April 2007. I used excerpts from each of the interviews to allow students to speak for themselves and tell me what could make the King pipeline a better program. I also asked them to talk about their lives. Asking students about their plans for the future could help me to identify any barriers King students in the allied health program may have and how the pipeline program could be implemented to help King students achieve their career goals as health professionals.

The students seemed to look forward to their interviews. Renea asked me in the classroom one day when it was going to be her turn. Ms. Roth offered her office to me to conduct the interviews and students would look at each other and grin when I called their names to leave class and participate in their interview. I appreciated their

frankness and honesty. Their life stories and circumstances saddened me at times, but I was also struck by the determination and resilience of these 11 young women. Many had already been caretakers of family members for years, living in multigenerational households and from a culture that would never consider putting the matriarch of the family in a nursing home. Listening to glimpses of their lives provided me with information to make improvements to the pipeline program. I also realized that many of these young women already have experience in the care taking skills needed to become health professionals. I am the interviewer in each interview and am designated as SP. The interviews were conducted in no particular order, but usually depended on individual student availability in regard to class schedules.

Chastity

My first student interview was on March 26, 2007, with Chastity. I wrote in my notes that I talked too much when I listened to the tape later that evening. I also wrote, "let the students tell the story." Chastity wants to be a pharmacist. She explained that she had job shadowed at a local hospital for an afternoon in a hospital pharmacy when she was a sophomore. Later when I listened to the interview, I wanted to ask Chastity if she chose to job shadow a pharmacist or was it assigned. I asked her the next day and she reported that the pharmacy had been assigned to her for the job shadowing experience. It was assigned for 2 hours on one afternoon and that was the only time she had ever been exposed to a pharmacy other than to obtain a prescription.

Chastity: I want to be a pharmacist, and the reason I decided to come to King was because I figured I had more opportunities here since it is a vocational school, so I can be ahead of some people when I decide to go to college for pharmacy, if I go to college for pharmacy.

SP: Have you had any job shadowing opportunities?

Chastity: Yeah. I job shadowed someone, a pharmacy technician at a local hospital.

SP: What did you get to do when you job shadowed?

Chastity: I made baby medicine. I filled up vials with baby medicine and basically she showed me the shipping things that they got. They got tubes that go around to the different parts of the hospital. You just put it in there and shoot it off.

SP: Like pneumatic tubes, OK, OK. And so, how many times have you been able to do that?

Chastity: Just that once.

SP: That once. How long ago was that?

Chastity: Like my sophomore year, my sophomore or junior year.

SP: Have you thought about where to go to pharmacy school?

Chastity: (Giggles). No. I'm not even sure. I don't know. I'll go to any school that will accept me. I'll figure it out when I get there.

Chastity has only positive things to say about her teachers. She stated, "You can teach in a garage if you are a good teacher" but she says there is a problem at King with career counseling. She says that King students need mentoring, financial aid information, and career counseling.

Chastity: We've got one counselor and that's about it.

- SP: One counselor for the whole school?
(approx. 400 students)
- Chastity: For the whole school, and it's not divided in one counselor for the juniors or seniors. It's one counselor doing everything, so some people get looked over.
- SP: So, when you say counselor, is that counselor for like job preparedness or is it a counselor for if you had some kind of problems that need you need to talk about?
- Chastity: It's our counselor for college, and she's basically our overall counselor for everything.
- SP: So have you gotten to spend any time with her? As a counselor?
- Chastity: Yeah. I go up there, but that's the only time you would get a chance because she don't look for you. You got to go to her.
- SP: So you don't have, like each student doesn't have a set appointment with the counselor to determine like, for instance, if you wanted to know where different pharmacy schools are? Does she make an appointment with you at a certain time and you go to discuss that with her, or is she just too busy, like you said you have to have appointments with her?
- Chastity: You have to get to her. I was just up there earlier. You got to write your name down and then she calls you, if she calls you. Plus, we just switched counselors, so we got to go back through the basics.

Chastity plans to attend community college and will be a first generation college student. She currently lives with her father and his aunt. Ms. Roth says that she met Chastity's mother once. Chastity says that she and her mother do not have a relationship anymore. When I asked her if she feels safe where she lives, she said yes, but her morning walk to the bus stop suggests danger to me. Chastity says, "You get used to it."

- SP: How long does it take you to get to the bus stop in the morning?
- Chastity: The bus stop? The bus stop is right up the street. Like, I gotta watch out because we got a lot of crack heads by our house. So... I usually get the girl who lives next door to me and we walk together.
- SP: Do you feel safe going to the bus stop?
- Chastity: Yeah. Once you get used to it. You feel safe but you always got to be sure.

I got to know Chastity on a personal level because her original mentor was unable to fulfill the mentor duties because of a serious illness. We do not have a pharmacy program at Huxley and faculty members from the various Huxley programs served as mentors. Students chose mentors by choosing a health profession. Chastity chose radiology as the career for her mentor after attending the 2006 career fair. She is now in the community college radiology program and, as a pipeline graduate, is in the process of interviewing (January 2008) for a part-time weekend assistant position in a Huxley Hospital.

Unique

On the very morning of this interview, Unique had signed an agreement with Ms. Roth and the principal concerning truancy. Her commitment was to be on time to class, have no more absences, and complete the credit recovery program in which she was currently enrolled. I talked to Unique on a day that she seemed really committed to getting to school. You cannot help but like Unique, but Ms. Roth says that faculty at King say that her nickname is the "bullshitter."

Reading over my notes and thinking about Unique, she did not actually lie to me when she told me she had not missed a day since her truancy meeting. She just did not say that the meeting had been that very morning!

March 27, 2007

SP: What did your mom say when you did not go to school?

Unique: This was a really critical time, my grandmother died and I was on the verge of turning 18. So I was smelling myself –the whole 18 thing. I did not tell my mother anything. I did not have to tell her nothing...It was all my being. I was all myself. Eventually we had a meeting with Mr. Applegate & Ms. Roth about me trying to change my schedule so I could still be able to graduate. He eventually turned me into something totally different. I took it because I desired it. So after that meeting and after that and they told me that my attendance was so horrible, I haven't missed a day since, I have not been late. I am doing my work.

During the interview Unique expressed much sadness over the loss of her great grandmother whom she had lived with since she was in the eighth grade. They called her GG, and Unique relays that GG was “the glue that held the family together.” When she died, her family seemed to fall apart, and Unique started to miss school. Her closeness to GG and the period of mourning she went through after her death were obvious when she told me her story, but it made me wonder if most people at school or in everyday life would understand the impact her death had on Unique. I never knew my grandmother, let alone my great grandmother. To me, great grandmothers have been introduced in stories and old photographs, but Unique, like many of her peers, lives in a multigenerational household, a circumstance of the past for most White Americans. GG was the matriarch of the family and her death

strongly affected Unique and her outlook on life and school. She started sleeping in late and missing school.

Unique: Right now. I am not working. My mother told me she did not want me to work because of my school situation. So I do not need to focus on work I need to focus on my school and get out of there. Then I could get a job. So I am not working now. My typical day for me. I get up sometimes around 7 or 8 o'clock and school starts at 8:15. I was getting up really late, you know. Now I get up at 6 o'clock. See I get up at 6 now.

SP: Your grades went down because of just bad grades or because you were not in school?

Unique: Really it was attendance that killed me because I was not here. It was so bad truancy had to get on me. Once truancy got on me I knew something was wrong.

Before I interviewed Unique, if someone would have told me that she was having a rough year because of the death of her great grandmother, I do not think I could have understood that Unique was in mourning during her senior year. GG was the breadwinner for the family and they all lived together in a house that had been in the family for generations. GG was also their spiritual connection with strong ties to their family church. Unique and her mother took care of GG at home until her death last October. Unique said in the interview that she was afraid she "let her GG down" and that seemed to bother her more than anything.

Unique: At the beginning of my senior year I lost someone very close to me, my grandmother, she died that Saturday, I had school that Monday. So it was hard coming back, you know, I had a totally different mindset and I was stuck on something else. And you know that kind of got me off track for a moment, a while and that made me slip up and I had to catch up before I fell completely you know. So I had to catch myself and get myself on track.

SP: Did you live with your great grandmother when she died?

Unique: Yes. We all decided that we needed to move into this house because we knew she was coming at the end. She had cancer. She had colon cancer. She got bad. She was 80 years old. So she lived a good life. We knew it was coming to an end. We knew she needed to be under a closer watch. So we all kind of had shifts of who watches who.

SP: Did your mom or dad go to college?

Unique: No. My mother did not even graduate from high school. My father, my biological father graduated from high school. My stepfather graduated from high school but my mother didn't. That was about the same time that she got pregnant with me. I think she could only finish her GED. She was going through a lot at that time too.

Miss Roth and the principal had met with Unique earlier in the day to discuss her obligations if she expected to graduate with her class in June. Eventually, she stopped going to credit recovery, and Ms. Roth told me that she had to pull her aside and tell her to comb her hair. Ms. Roth spoke to me about her concerns, "She just rolled out of bed, put on her clothes and got to school tardy most of the time."

Unique did not graduate with her class on June 4th.

Shayla

Both of Shayla's parents are dead. Her mother died when she was 9 and her father died when she was 14. According to Shayla, her parents were not married and her father's name did not appear on her birth certificate, so she did not receive any financial assistance from him when he died. A cousin of her mother and her husband have primarily raised Shayla since her mother's death. Shayla refers to them as her grandparents and they are very involved in Shayla's education. Her grandmother has been very instrumental in researching college choices and submitting financial aid paperwork with Shayla. They both attended a meeting Huxley had at King High

School last year for information about the FAFSA form and financial aid opportunities.

March 28, 2007

SP: Do you think, just from your perspective, that there are barriers that exist for you as you work towards your goal?... What are they? Or, do you not feel there are any barriers?

Shayla: Um, yes and no. Because, well no. I don't really do the excuse thing. If you really want to do something, you can do it regardless of what your financial situation is or educational situation is. But, also Oakridge, Huxley, and Mellwood. The only reason I'm saying this is that I went to Mellwood schools. Like they have a better curriculum. They get prepared for passage. And we have good teachers but some of the kids can't stay focused or whatever. So, when we go to college, half of us just end up dropping out or not even going to college because we didn't even make it through high school. So, I don't feel like there are barriers, but.

Shayla and her best friend, Tiffany, have both been accepted at an HBCU (historically Black college or university) in Tennessee for fall. She is very independent and states that her main goal is to "get out of Mayville." Shayla wants to become a nurse and possibly return to Mayville to work in one of the local hospitals. Shayla's advice to me about the pipeline program was to start early with career counseling.

SP: OK, the last question. What advice would you give to me to help make the King-Huxley program better? What works? What would make it better here at King for you to get your career goals? What do you think of the mentor program?

Shayla: I think you should do the job counseling, because a lot of people don't have the slightest clue of what they want to do. They just know they like nursing and science.

Tiffany

Shayla and Tiffany are best friends. I have met Shayla's grandmother and I have also met Tiffany's mother. They have both been very supportive of Tiffany's and Shayla's desire to leave Mayville and attend college. I met them both initially at a meeting that Huxley held at King to assist students and parents who had questions about scholarships, grants, financial aid, and completing the dreaded FAFSA form.

Shayla's and Tiffany's determination about going away to school have set the bar for other students in the class. They both have family support, financial aid, and the support of each other to start their college days.

Tiffany has always had a plan for going to college. Her mother is a registered nurse who, like me, went back to school to be a health professional as an adult with a family. She has encouraged Tiffany to go away to college and get her education before she gets married and starts a family. It has never been a question in Tiffany's mind about going to college. She has a very strong support system. Her only question is what health profession to choose.

May 24, 2007

Tiffany: Um, I was thinking about three different fields. Like right now, my major for college is in nursing. But, when I go to do my schedule in July, I want to change it. I don't want to just be in nursing. I want to be in the medical field but I was thinking about maybe pediatrics.

SP: When you say pediatrics, do you mean specialized in pediatrics as in nurse, or do you want to be a pediatrician?

Tiffany: I really want to be a pediatrician. But I could start off specializing in it. I had also thought about anesthesiology.

SP: A nurse anesthetist.

Tiffany : Um-hmm. And then, we did our internship at St. Philips Hospital. I had thought about a surg tech. Because I thought it was real cool, but it's different from on TV.

They have both promised to keep in touch. I am excited for them and the futures in store for them in Tennessee this fall. My advice to both of them was to study hard and not have *too* much fun. I look forward to hearing from them and hope they will work with me as mentors one day with future King High School students who have aspirations of becoming health professionals.

SP: So you and Shayla are going away to school this fall and you are also going there in July for orientation and to see your schedules?

Tiffany : Um-hmm. We've been accepted to Tennessee State and I got one of my scholarships, the county one, and I still have to check on the other one. But I know for sure I got the county one. Me and Shayla are supposed to room together. We have to wait for our information to come back, our room information. What I'm saying about July is definitely going to orientation. We go down there and visit the campus and make our schedules.

SP: Aren't you excited?

Tiffany: Very. I can't wait.

SP: Do you have any responsibilities taking care of your brothers and sisters?

Tiffany: Yeah. A lot of time, when I get off work early. My mom has six kids altogether. I have three sisters and two brothers.

SP: And you all live in the same house?

Tiffany: Yeah. My mom's divorced, though. She isn't with my dad anymore. That is, I'm the oldest...

SP: They'll miss you. I'm sure they all will. What advice could you give me to make the King-Huxley program better?

Tiffany: I thought it was a very good idea, except for, you know, like we were the first ones to do it. It was kind of a little like, you guys were real, I like how you, you were organized considering how this was the first time doing it. So maybe, like, I really don't have anything negative to say about it. Except for maybe you should like get started earlier, a little bit earlier or something.

SP: OK. Anything else then?

Tiffany: Nope. I had fun. That was a nice year. I'm glad that you did this because that was a nice experience. I really appreciate that.

SP: A good what? What do you...

Tiffany: As far as like setting up all the things you did for us and then we got mentors and everything. It was a nice experience. I think it helped a lot of people.

Alea

I took Alea with me to job shadow as a nurse in a physician's office. She had good patient care skills and was attentive to patient needs. Alea was one of the many students who said they wanted to become a pediatrician when first asked about professional aspirations. At the time of the interview, Alea had not yet been able to pass her high school proficiency exams and her grades were below average, so realistically, her chances of becoming a pediatrician are much less than someone who enters college with a strong academic background. She is planning on entering a local community college after high school. She lives with her father and stepmother.

March 28, 2007

Alea: I'm going to start out at community college...then I'm going to transfer to a 4-year college.
One day, I want to go away but I realize that I would rather start off at like a community college just to get a hang of things and transfer to, you know, a bigger college, cause I heard of people that started off in like a 4-year college. They wasn't too ready and you know, things got

hard. I know I'm going to be exposed to it one way or another but I would rather be, you know, like in a 2-year. One step.

SP: Did you take, have you passed your proficiency tests yet?

Alea: Yeah, I'm still...

SP: Waiting?

Alea: Yeah, I'm still waiting for the results. The only one I really like tackle with is math. That's like one of my worst subjects. That's the one I'm lingering on.

SP: Have you retaken that one yet?

Alea: Um-humm.

SP: OK. So you're just waiting. OK. So what happens if, you've already taken it. If you pass it, then you can graduate in June. Is that the case?

Alea: Um-humm.

SP: What if you didn't, what do you have to do?

Alea: Then I don't get to graduate. I went to King because I heard that it's a great opportunity, like a head start for careers that you would like to be in, and like my first choice in coming to this school is the medical field. So, yeah, I couldn't get in hardly over there because they was quite crowded and it was like the middle of the year almost, so it was like 3 weeks from the beginning of the year they started. I came a little late but they got me in anyway. It was a great opportunity for me or whatever and I like it a lot while I've been here. I like medical and basically that's a good start for a career. I actually think it's a good opportunity for a career.

Alea likes her teachers at King. She says that she feels cared for at King

as opposed to other public high schools in the Mayville district.

Alea: Yeah, they were. And the teachers wasn't so good. I mean, they had some good teachers there at Madison but some of them were pretty crappy. I didn't get too much from them.

Staci

Staci was one of two students who had responsibility for caring for children because of an imprisoned relative. Staci and her father, who is disabled from diabetes, were caring for her brother's two elementary school age children while he completes a prison term. I asked where the children's mother was. "She's not good for anything" was Staci's reply. I interviewed Staci twice during winter semester. At the time of the first interview, Staci was living with her mother, but when we met a few weeks later, she said that she had moved back with her father.

According to Ms. Roth, Staci always scores well on the proficiency tests, but she has a problem with truancy. When we spoke at the first interview, she discussed her hopes for college and of a career as a nurse practitioner or fashion designer. Because her father is a disabled veteran, Staci qualifies for complete college benefits. During our second interview Staci revealed to me that she is expecting a baby in October. Her plans are to stay at home with her father and the new baby. She will also continue to care for her niece and nephew until her brother is released from prison. She said that she was putting her college plans on hold for this year, but hopes to start at a local college in 2008 on a part-time basis.

Ms. Roth and Ms. Valeri told me of a meeting they had with Staci and her mother during her first year of the allied health program. Staci's mother literally left her at the hospital when she was born. Her father who is a "brittle bone diabetic" has raised her since she was an infant. Staci had lived with her mother for nearly a year when she was "7 or 8" but the rest of her childhood had been spent with her father.

At the time of the interview, Staci had recently moved back in with her mother for her senior year of high school. Her mother attended the meeting that was mandatory for a parent or guardian to attend before students were admitted to programs at King. Parents were to be informed of the additional school fees required for students in the allied health program to offset additional funding needed to maintain the program.

During the meeting, Ms. Roth said that Staci became very agitated and started to argue with her mother. She asked her mother where she had been all of these years and said that she had to pay for what her mother had done to her father. "He calls me a whore and a slut and says that I am just like my mother... He has been calling me names since I was a little girl and blaming me for the choices you made."

March 29, 2007

SP: When was his last sugar attack?

Staci: He just had one. He was in the car. We couldn't find out where he was and he didn't even know where he was at. Luckily, some people were around that called the ambulance but I had to go find the car. When I found the car, he was way over on the east side somewhere but he kept saying he seen 1s, so that automatically made me think of the 111 Building downtown. But, I looked in the parking lot downtown but he wasn't down there. We called all the hospitals, and he ended up at Woodside.

SP: Did he wreck, or did he just..?

Staci: No. He pulled over.

SP: Yeah.

Staci: And the people were trying to talk to him but, you know, he was just talking in riddles and he like, was like, get away from me, like...

- SP: Did you give him orange juice or something?
- Staci: Uh-hmm. I bought him a little necklace that says he's diabetic, so he wears that now, so that doesn't have to happen again. I'm pretty sure somebody would see it.
- SP: Could you describe a typical day for you? For instance, who do you live with, how do you get to school, are you responsible for caring for any brothers or sisters, or other family members when you are home? Just a typical day, when you get up in the morning. Who are you living with?
- Staci: Right now, I'm back with my dad and taking care of my dad. So, a typical day for me would be with this change, would be I wake up about 6:00. I got to get my niece and nephew dressed, make sure my dad took his medicine at 8:00, and then my dad will drop the kids off and drop me off at school.
- SP: Your niece and nephew live with your dad?
- Staci: Um-hmm.
- SP: Who all lives in your house?
- Staci: Me, my older brother, my father, and now my niece and nephew.
- SP: And how old are they?
- Staci: Um, 9 and 5.
- SP: Where's their mom and dad?
- Staci: Their dad, my oldest brother, is in jail.
- Staci: I'm going to try and start (college) winter because I'm due right in the beginning of fall, around October 1, so it will be kind of hard to take care of the baby for the first 6 weeks and go to school. So, I'm going to wait til the winter classes start and start then. I just recently got hired at Denny's. It's nothing spectacular but it's a start. My very first job was at Wendy's. I learned every last position, including manager duties, in the first 2 weeks that I was there. After that, I hated it. I don't like it, I don't like cooking. I don't like smelling like food.

It was evident that someone had spoken to Staci, at length, about college and the choices she had. She knew about grants that were available to her because of her father's health and military career. Our financial aid officer gave me the packet of papers for her to complete as a military dependent on full disability. It became evident that her father was the one who had talked to her about college:

Staci: I lived with my mom for maybe a year. I think from my seventh year to my eighth year, I lived with my mom. Or most of that year, I was with my mom, but I stayed with my dad after that.

SP: OK. And then, I know your dad's talked to you about going to college and stuff. He wants you to go.

Staci had her son prematurely in August. She brought him in for Ms. Roth and Ms. Valeri to see at the end of September. Ms. Roth said that students in the current class commented to Staci that she takes the baby out too much and at a too early age since he was not due until October, but Ms. Roth and Ms. Valeri, both registered nurses, said the baby appeared fine. Staci was still working at Denny's and was living with her father. Staci said that her life is the same now except she is in charge of two babies, her father and her newborn son. When I think of Staci I think of the poem by Langston Hughes written in 1951 entitled, "Montage of a Dream Deferred:"

What happens to a dream deferred? Does it dry up like a raisin
in the sun? Or fester like a sore and then run? Does it stink like
rotten meat or crust over like a syrupy sweet? Maybe it just
sags like a heavy load, or does it explode?

Staci and I spoke in February 2008 at King High School. Ms. Roth said that she had been there in the morning and would come back when I got there in the

afternoon. Her baby was fine and she was living with her father again. She was working for the cable company, installing lines, a cold job in winter months here. I gave her the name of a person, Ms. Young, who has been designated as my contact person at a local Huxley Hospital located near King High School. Ms. Young is going to teach a class for the pipeline program seniors this year, including interviewing tips, skits on the do's and don'ts of interviewing, and students will be shown how to apply for an STNA job at Huxley Hospitals. The following email I received from Ms. Young is a further update on Staci. The email also shows the commitment that people in the community are beginning to have for the pipeline program and also Staci's continued struggle.

Staci came in to talk to me and do a mock interview on January 22. She did a very good job interviewing, and I gave her some tips as to what she should do in the interview with other managers in our organization. I told her that Nutrition Services was very interested in her since she has had previous experience in food services and she said that she was not picky with what she wanted to do. I introduced her to the Nursing Recruiter and my manager. They both thought she was very sweet and professional. She was to expect a call from her assistant, Sarah, on Thursday of that week for an official interview.

Sarah and I both tried multiple times to contact her. I finally reached her about Wednesday of last week and she said that she tried to call both myself and Sarah, but our phones would just ring and ring with no answer. I told her that I would call her the next day between 9:00-9:30am so that I could just transfer her straight to Sarah to get her scheduled for an interview (January 31). When I called her, there was no answer. I left her two messages that day. On Friday, I called her from my cell phone and she answered. She said that she would give Sarah a phone call that day. I did receive a message from her that was left over the weekend where she said that there was a problem with her son and she was unable to contact Sarah. I left her another message today to call me, so I am

waiting to hear from her! I thought that there might be a problem with her baby and that is why she had not contacted us, so I hope everything is ok. We really think that she is a nice young lady-very professional and sweet!

I am going to call her again today, so I will give you another update soon.

Give me a call if you need anything else. I really want to see these young ladies succeed!

Sincerely, Ms. Young

Human Resources, Huxley Health Network

Nekeyla

Nekeyla's aunt is a registered nurse and she wants to follow her career path.

Nekeyla is the only one of the 11 students I interviewed who lives with both her mother and father. Her parents both finished high school. Her mother works three part-time jobs and her father has a full-time job and also works part-time. Nekeyla has two brothers and works part time at a restaurant. She has a plan. Her goal is to go to the University of Shelby like her aunt, but she states that she may start taking classes this summer at a community college and then transfer her credits to Shelby.

May 23, 2007

Nekeyla: Umm, I want to be a registered nurse.

SP: And why do you want to be a registered nurse?

Nekeyla: Cause my auntie is a registered nurse and I be watching her.

SP: Then your plans for college..... are you planning on starting college for the fall semester? Are you going away to college?

Nekeyla: I want to go to Shelby, but I want to start at community college and finally go to Shelby.

SP: Where did your aunt go to school?

Nekeyla: She went to Shelby, but she came back and went to State.

SP: OK...OK. So you want to experience a going-away school, probably?

Nekeyla: Yes.

Nekeyla had a good mentoring experience and suggests that we start the mentor program earlier than the senior year.

SP: So what advice would you give me to make the pipeline program better? As far as, what works? Did you have a good experience?

Nekeyla: Oh, I love the mentor program. I was at Children's for part of my program.

SP: What did you do at Children's?

Nekeyla: I walked around like she showed me. Like, I was with the kids who had a lot of breathing problems. I did that twice a week for 3 weeks.

SP: Oh, you did? You got to know your mentor pretty well then?

Nekeyla: Um-hmm.

SP: So then, have you kept in contact with her since then?

Nekeyla: Um-hmm.

Another pipeline student told me in November that Nekeyla was working two jobs at different grocery stores and is saving money to move into her own apartment. She promises that she is going to start at community college during Winter 2008 semester. She still wants to become a nurse someday, but does not want to attend college full-time right now.

Janea

Close family members being imprisoned have affected the lives of more than one of the young women I have gotten to know over the past year at King. Janea and her grandmother have split the care of her newborn half-brother and 8-year-old sister

while Janea's mother began a prison term last fall. Janea's mentor, a nurse and fellow faculty member at Huxley, talked to me about a conversation she had with Janea on the night of the King/Huxley mentorship dinner held in March of 2007.

"I'm taking the rest of my food home and I'll eat it tonight," Janea said as she carefully placed half of her uneaten meal in a take home box. Her mentor said to her, "But Janea, it's already 9:30 on a Sunday evening, aren't you going to bed soon after you get home?" Janea explained, "My mom had a baby a few weeks ago and my grandma and I take shifts caring for him because my mom relocated."

The next day Janea spoke with her mentor on the phone. "Did you finish your dinner last night?" asked her mentor. "Yea, I ate it when I was up with the baby. My grandma gets up with him during the week when I have school and I have Friday, Saturday, and Sunday."

Janea never mentioned to me or to her mentor that her mother was in prison, but I did meet her mother at graduation. Janea's mother and grandmother were taking pictures on the steps. Janea's mentor was there also. Janea hopes to attend Huxley to become a nurse, but her ACT score was too low for admission into the Huxley nursing program for fall 2007 semester.

May 15, 2007

SP: How old's your little brother?

Janea: Three months.

SP: Three months?

Janea: Um-humm.

- SP: Is it you and your grandma who take care of your little brother?
- Janea: I have a little 8-year-old sister.
- SP: Who all lives at your house?
- Janea: My grandma, my sister, and my brother..... I'm going to use this for practice for the healthcare field. I can get a little feel for what it is going to be like.
- SP: Um-humm. Where's your mom?
- Janea: She's in Manchester. She's getting situated in Manchester. She's planning on moving there so that's why she's there now.
- SP: OK. So then who takes care of your brother and your sister during the day, your grandma?
- Janea: Well my sister, she's always outside. If I'm watching my brother at night, I might go to bed early at 11:00 p.m. He probably wakes up around 12:00 and again at 3:00. Then I check him in the morning. If I don't, I don't want to go too early cause I go into a deep sleep and wake up late. I really don't have a set bedtime.
- SP: Um-humm. So, you get up with him in the morning when you get up for school?
- Janea: I give him to her; I give my brother to my grandma when I wake up. Sometimes. (Laughs). I can't do it every day.

When I asked Janea about caring for her brother she was very positive and responded that caring for her brother had given her skills that would make her a good pediatric nurse. She worked as a student aid for Ms. Roth during her senior year and Ms. Roth said she was an excellent employee and very dependable. (I repeated these words in a recent job recommendation for Janea.) Janea enrolled for fall 2007 as a part-time student at community college.

Gabby

Gabby has been employed with at least one job since she was 15. She lives with her mother and stepfather and says she has a work ethic that was instilled in her by her mother, a medical coder who has worked at a local hospital for many years and has continued her education as a working adult. Gabby has not taken the STNA credentialing exam, but currently works as a nursing assistant and hopes to get a job at a hospital that would provide tuition assistance toward a degree in nursing. She has a car and is the only child living at home. She states that she feels safe where she lives and that her mom has been a big influence in her life.

I have some concerns about Gabby that are not easy to formulate into words. She works very hard and passed her high school proficiency tests, but she seems less mature to me in many ways than her contemporaries, mostly because she still sucks her thumb in the classroom. I did not know how to approach this subject with her in the short amount of time that we had together over the past year. I did not get to know Gabby as well as some of the other students who I had as mentees or transported to Huxley job shadowing opportunities.

May 16, 2007

SP: Do you have any relatives who work in healthcare?

Gabby: My mother, she is a certified medical coder. She is, I think, getting her bachelor's and does that. That's probably why I decided to go to King. I needed a new option about what to do after high school.

SP: So your mom's in healthcare. OK. And, where does she work?

Gabby: She works at the VA Medical Center for like 25 or 20-some years. She has been there since she was in high school.

SP: So, on the weekends, you work Saturday and Sunday? How many people are you responsible for then?

Gabby: Let's see, Floor 1 has about 12 people. A couple up there are very slow, so I'm usually in their room for about half an hour. I get them washed up, dressed, make sure they have their pants on. Everything's right, beds made, trash taken out. You're in there at least half an hour. For two people, that's an hour. You just lost time getting them to breakfast. So, I try to be at work at like 6:15.

SP: When you do have to be at work?

Gabby: 7:00 So at least I can get some people in there, get my work done and that. Then we have showers. So, you get them up and in the showers. After another half an hour, you take them after the showers. (Mimics patients) "Honey, I'm not dry. Dry me over here." And then you have to tell them "Honey, you are dry." "No I'm not." Then I tell them I'm not going to argue, "Here, dry yourself. You can do it." Yeah. Every Saturday and Sunday. Then I get off work and go home and take a nap for 2 hours.

SP: And start school the next day.

Gabby: Right.

SP: And you're going to graduate in June?

Gabby: Right.

SP: And you passed your GT? (proficiency tests)

Gabby: In my junior year.

Gabby enrolled part-time at Community College for fall 2007 semester and works part-time in a nursing home. She did not take the STNA exam, but is working toward acceptance into the community college nursing program.

Champagne

Champagne is a single mother of twins. She is 18 and lives with her twins in public housing. Her sister stays with her occasionally. Her mother has "mental problems" and was institutionalized or imprisoned through much of her childhood, according to Champagne. She has four brothers and a sister. Their aunt Mary raised Champagne and her sister until she died. The sisters were then put back into foster care. She sees her father occasionally.

Champagne does not live with the father of her twins, but he helps to care for them and picks her up for school and takes the twins to daycare on his way to work every day. Champagne did not pass the state high school proficiency exams, so she was unable to graduate in June. She had failed the test before and attended classes sponsored by the Urban League, but did not pass on the next try, either. She has the opportunity to take the exams again for her diploma. If she does not pass, she will attempt the GED. She hopes to become a nurse someday.

May 7, 2007

SP: Could you describe a typical day for you? When do you get up? Who all lives in your house? Are you responsible for caring for any brothers or sisters or other family members?

Champagne: I get up at different times. Like, sometimes I get up at 6:00 or 6:30. I get up. Wake one of them up and get them dressed cause I give them a bath at night. I wash their face and change them. I give them a bottle. I'm on assistance right now, so I get \$366 and I pay my bills with that. My rent is only \$8.

SP: OK. So do you feel safe where you live?

Champagne: It's alright for the time being but once the kids get older, I don't want them to be around there. Low income housing....Sometimes, there's

shooting and stuff. It depends. Like when the twins get older and they being teenagers, I don't want to be in that kind of environment. My kids, they to do what other kids do. I'll probably move. I really want to move now, but will probably move when they are 2 or 3.

SP: Are there any playgrounds in the area?

Champagne: None of that's around.

SP: But, do you feel safe in the neighborhood?

Champagne: I kind of feel safe. Then again, because of the people that are around here.

SP: Did you pass your proficiency test, then?

Champagne: The results come back on the 16th. I think I did though.

SP: Does your mom live around here?

Champagne: (Sigh) I don't know what's going on with my mom. She never really been in our lives. I mean, she has come around to see us but she never took care of us. My sister and brothers, I have three brothers, they are all younger than me and my sister. They're probably like 10, 5 and 3, or something like that. My aunt raised me and my sisters. She told my mom not to have any more. Up until the day my aunt died...

SP: How's she related to you, your mom's sister?

Champagne: Half-sister. They are all grown. Now, it's just down to my sister.

SP: She took you in because your mom had problems?

Champagne: Yeah. She had problems. I don't know about now, but back then, she always had like mental problems. She was in the crazy house when they took her away. Took us away. When I was younger, we weren't in a stable home. We'd go from place to place. She's doing that now. Now, she goes from home to home.

SP: Does she see the boys that she had?

Champagne: She never did see them. They was taken away as soon as they was born. She got to raise me. They took my sister away, too, as soon as

she had her. At first, we were in foster care. My sister and me were together.

SP: What about your dad?

Champagne: My dad? Um, he's sent some money before. He wanted me to come up there. I spent the night over there, too. Me and my brothers and sisters used to go over there. We go over to his house sometimes, me and my brothers and sisters, like on holidays like Christmas and stuff. But, he don't want to be raising us.

I spoke with Champagne on the phone in September 2007. She had not retaken her GED test. The twins had their first birthday. She is currently not employed, but still hopes to become a nurse someday.

Renea

May 24, 2007

Renea was my last interview. She lived with her mom, two sisters, and her older sister's newborn baby. I have not met her mother, but I spoke with her on the phone in January before taking Renea with me for a day of job shadowing. According to Renea, her mother is a college graduate with a master's degree from a local HBCU. Her mother works as a substitute teacher and also as a tax consultant.

Renea is the only student out of the 9 who graduated from the 2007 allied health program at King who completed the STNA test. She graduated in the top 10 of the 100 students who graduated from King in 2007. Other students said they planned to take the test over the summer, but as of this writing, she is the only one. Renea has worked in a physician's office and is currently employed at an area nursing home. She hopes to work in a hospital soon, but has been told that she needs some

experience first. Her plan is to work full-time at Huxley Hospital and qualify for tuition assistance so that she can work while attending Huxley College.

May 24, 2007

Renea: I want to be a PA. When I'm done here at King, I want to go to Huxley. I'm going to community college during the summer in June to start my academic classes, then I'm going to Huxley and be a PA. I already registered for my classes.

SP: And, you just passed your STNA? Right?

Renea: At King, being in medical, you get a tech prep scholarship. You don't get that at my home high school. We take community college classes, too, while we're in high school, so we get a head start on college. You don't get that at my home school either.

SP: So you'll go right into tech prep at community college?

Renea: Um-hmm. I already got the papers.

King Allied Health Program Director

Ms. Roth has been a willing partner and has served as a means of triangulation for this study. As an insider at King, she has validated many of the perceptions I have formed and written about the 2007 class of King graduates. Without willingness on her part and the devotion she has to her students and community, it would be impossible to put the King/Huxley Pipeline Program into practice. When I asked what, in her opinion, was the biggest obstacle for her students her reply was, "My students parent themselves." The following interview with Ms. Roth occurred while we were sitting in the library one day last winter working on class schedules for next year, and she started telling me about a meeting she attended. After the first few sentences, I interrupted her and asked if I could turn on my ever-present tape

recorder. Her dedication to the program and students at King High School are evident in the following paragraphs:

Ms. Roth:

I was in on a meeting with two representatives from our consultant group out of the state capitol.... Well, what happened in this meeting, they wanted to find out amongst the eight largest inner-city school districts, what are the similarities and what are some differences.

In order for them to compile a composite of what, why students aren't moving from secondary, why aren't they transitioning from secondary to post-secondary education and staying. They just kind of want to get a feel of what can they do better. One of the things that I have seen, a lot of the problems that I'm seeing, is that a lot of these kids are parenting themselves. Take for instance our Quick Start. Parents will call me up because the contract states that if they fail, the parents will be responsible for \$130.00. When a student doesn't pay, they say "Well, it doesn't matter anyway. I got to get my prom dress, I got to do this, I got to do that." Because they don't get support from home. Parents don't know what's going on. So, I find that to be a big problem. Something else that, some of the other comments regarding that, is that they see that the students are not prodded enough. And that's where I came in. I said, I constantly remind them that to move from entry level to becoming a nurse or PA, they have to go on to college. Ninety-five percent of our students, when I do a one-year follow-up on them, are still either in school pursuing a career in allied health or are working jobs in allied health. I suggested that, in fact I told them about you, how one of the things that you want to do for us, is we're going to have a career-planning counselor that's going to come in about 6 hours a week. They will work primarily with our students because we deal with it constantly here.

He said "What are you doing this for?" I said we have become surrogate parents for these kids. Because if they aren't getting it at home, we make sure that we are telling them. We do ACT prep. When a student graduates from our program, we make sure they have completed an ACT. For instance, we take them on tours of different colleges and things like that, like community college. So, we constantly have to tell them because they are not getting it at home. So, especially if they are first-generation students, who may be the first to go off to college. The parents may go into survival mode. They have to work two jobs to keep food in their mouths and a roof over their heads. These kids are having to just deal with a lot of these tough issues like that. I had a student come up to me. He got accepted at State University and was real excited about it. He said, "I'm not getting no money. Do you know I got no money to go to school?" I said, "What are you going to do?" He said, "Well, I can't go." I said, "Yes, you can go. We

are going to get you linked up with financial aid.” He asked what to do. He couldn’t even go to his parents to find out what to do. He did all the work to get accepted. The fact that they can’t offer him scholarship money or anything of that nature, he feels like he can’t go. He’s not aware of financial aid or where to go or how to go about getting it.

Answers to Research Question One

Research question one asks *what barriers exist for students in the 2007 graduating class in Allied Health from King High School that may prevent them from becoming healthcare professionals?*

This study in critical theory acknowledges that barriers exist for students from King High School. Friere (1970) would categorize Huxley Health Network (mostly White) as representing the “oppressors” and students from King High School (mostly Black) and other urban high schools around the country as the “oppressed.” This case study consists of 11 African American students, but the reader could extrapolate insight from this study for his or her own local community. The population living within the geographical location of this study is primarily White and African American, with Asian, Latino, and Native Americans consisting of less than 5% of the regional population. The study is not about middle class African American students. I do not deny that barriers exist because of race in our society, but this study is about 11 students who live below the poverty line and represent life from a perspective that is quite different from that of African American high school students living in American middle class neighborhoods.

As a result of this study, five barriers have been identified for students from King High School in their pursuit of becoming health professionals. The barriers were

determined after studying and coding transcripts, reading journal notes, conversations with teachers from King, and immersion in the allied health classroom at King from August 2006 to June 2007 as a participant/observer for this study.

The barriers determined from this study are listed as follows. They are not arranged in any order of importance.

- The high school environment at King does not support the vocational model. A vocational model supports a block schedule that allows time for students to leave school for hospital internships. The academic model schedules classes around the availability of arts and sciences teachers.
- Many students from King High School “parent themselves” living in “survival mode.”
- Most students have no professional role models or mentoring from a lack of relationships with current health professionals.
- Students with responsibility for children or family members resulted in college plans being delayed.
- Huxley Health Network and individual health professionals must assume a more active role in diversifying future healthcare professionals by acting as mentors, professional role models, and by setting diversity standards to meet the needs of multicultural communities.

Explanation of Barriers

The high school environment at King does not support the vocational model resulting in a decrease in clinical healthcare experience. Recent cutbacks in

funding have forced curriculum changes at King. In a vocational model, academic classes such as English and math are scheduled on alternate days, to provide students time for off campus learning experiences and job shadowing. A shortage in funding led to a decrease in teachers, which ultimately meant that students in the allied health program shared their academic teachers with other programs. The programs then must schedule around academic classes instead of the other way around. This form of scheduling impedes the vocational model by not providing time for clinical experience and job shadowing. Some students revealed in their interviews that there is a lack of empathy from arts and sciences teachers (non allied health) toward students missing days from their classes for clinical experiences while others appear almost too accommodating for learning to occur.

Champagne: I take government, my medical class. I take journalism but I haven't been going to journalism. We don't be doing nothing in there. We do something every now and then but we don't really do stuff in there, so...

SP: Does she, you don't get counted absent or anything if you're not there?

Champagne: No. She tell us, well if we doing something, she will let me know and I'll do it. I was going to write a page about teen mothers....I was going to tell my life story, about being a teen mother. I'll probably do something on the computer. I'll go and do something tomorrow, like in Power Point or something.

In another student interview...

SP: So what happens if you are late? Do you just go in late?

Unique: They just give you a tardy slip and you go ahead and go to class. It is easy to slack off when you aren't going -my attention is horrible because when you are in class you are doing the work. But when you are not here that is what gets you—you will go straight down and you will plummet.

Ms. Roth states that students in the allied health program are “penalized” for being in a healthcare program because programs must schedule around shared academic classes that penalize students if they miss a class for job shadowing and clinical experience.

Many students at King “*parent themselves*” living in “*survival mode*.” When I asked Ms. Roth what she felt the biggest barrier for her students was, she replied, “My students parent themselves.” I asked her to explain further and she replied, “We have become surrogate parents for these kids. We constantly have to tell them because they are not getting it at home.”

One student lived with both parents. Three students did not live with either parent. One of the 3 students not living with her parents lived in government housing with an infant set of twins, one was raised by her cousin, and one was living with her grandmother and was partially responsible for the care of her two siblings. Three lived with their father and 4 lived with their mother. Ms. Roth stated that self-parenting was especially true of the 11 students interviewed for this study as compared to previous classes, and students from this year’s graduating class (2008) at King High School. She talked about parenting from her own perspective and then compared it to the parenting she sees her students receive and draws the correlation that successful students often have parents who are involved in their lives and help them set goals for the future.

Ms. Roth shares her thoughts as she talks about her hopes for her own daughter:

With me and my daughter, I make sure I walk that process with her. If I don't know, I'm going to these meetings, I'm getting online, and I'm calling these different agencies to find out what I need to do next. These kids don't get that. You know, so the opportunities are there but they feel like they are falling through the cracks. One of the things that I find with us (teachers) is that we are so busy dealing with constant materials, that really and truly, you want them to go to college but we don't have a whole lot of time.

Students live in survival mode according to Ms Roth. She explained that students are so busy just trying to survive that thinking about goals for the future is not a reality:

'So, especially if they are first-generation students, who may be the first to go off to college. The parents may go into survival mode. They have to work two jobs to keep food in our mouths and a roof over our heads. These kids are having to just deal with a lot of these tough issues like that.' Ms. Valeri also described the survival mode theme when she chastised students for not completing their homework and a student responded, 'Ms. Valeri, you

don't even know if all of us had a place to sleep last night.'

Most students have no professional role models and mentoring from a lack of relationships with current health professionals. I found that students without role models in healthcare were less likely to have a plan about their futures as health professionals. Family members working in the health professions helped students to see themselves as future health providers. For example, in the case of Renea, her mother is not a health professional, but she is a college graduate and has helped Renea to see herself as a college graduate. Shayla and Tiffany, as best friends, both had Tiffany's mother, an RN, as their role model and they are both off to college in a nursing program in Tennessee. Nekeyla has plans to be a nurse like her aunt and plans to attend community college with hopes of transferring to the University of Shelby where her aunt graduated as a nurse. Gabby, another student, currently works as a nursing assistant and her mother is a hospital coder. She hopes to become a nurse and is enrolled at community college.

Students without role models in the health professions or parents with some college experience were less likely to have clear plans for their futures. Students who want to become health professionals benefit from a successful mentoring relationship. When students in this study were asked about their mentoring experiences and how they could be improved, the most common reply was that mentoring should start sooner than senior year.

Students with increased responsibility for children or family members resulted in college plans being delayed. The literature review of this study referred to the writings of Tinto (1993), who discusses multiple stressors incurred by college freshmen. He suggests that the more stressors a beginning college student has, the more likely that student will not be successful. Different stressors include finances, being a first generation college student, living away from home environment, lack of family support, and the need to work or care for family members. Tinto suggests that students with multiple stressors may have a higher chance for success if they begin at community or local colleges, as in the case of Champagne:

Champagne: Well, I was thinking about going to Huxley for the RN program but have changed my mind. You really have to study. It takes time to accomplish all that, so I, my second choice was to go to a technical college for 11 months and take the LPN program. I'll just start working as an LPN in a hospital or something, in a home care facility, or something like that. So, that's my choice to be an LPN for right now.

SP: Mm-hmm.

Champagne: So I'm going to school for an RN.

SP: But not right now?

Champagne: Not right now. When the twins get a little older.

SP: How old are the twins now?

Champagne: They 8 months and a day. They was 8 months yesterday.

Huxley Health Network must assume a more active role. Huxley Health Network and all health professions colleges, hospitals, as well as individual health professionals must assume a more active role in diversifying future healthcare

professionals by acting as mentors, professional role models, and by setting diversity standards to meet the needs of multicultural communities. Over the past year and a half while completing this study, I have learned of many “missing links of pipeline” for students from King High School. The King/Huxley Pipeline Program needs to start sooner and cannot end once students graduate from high school. Local students need to be hired as Huxley Hospital employees not only for a means of employment, but so first-year college students can be actively engaged in a healthcare setting to increase their clinical skills and chances for success as health professionals.

Answers to Research Question Two

Research question two asks: *From the perspective of King students and teachers, what relationships can be established between King High School and Huxley College to increase the number of students admitted to college health professions programs?* The answer that resonated throughout each student interview and pipeline meeting with King teachers was to start the pipeline program sooner than the senior year in high school. “As soon as students enter King High School as sophomores, as soon as possible, and at the ninth grade level when students decide to attend King High School” were the most common answers. Students asked for career counseling, mentoring, and financial aid information, to include grants and scholarships.

Students also reported the need for a job when they graduated from high school as nursing assistants. Students asked that Huxley Health Network assist them in finding “hospital jobs” instead of “nursing home jobs” as the local graduates

worked through community college or Huxley College. Ms. Roth wants the pipeline program to become part of the King graduates' portfolio and a requirement for students as a means to "raise the bar" for students who are competing for jobs at graduation. Some students said that it was not money but relationships within the pipeline programs through teachers, mentors, and job shadowing that would increase their chances the most.

Comments in response to question two from students and teachers influenced the diagram represented as Figure 1. It represents what a successful pipeline would mean from the perspective of King students and teachers. The most common responses from students and teachers were derived from the interview questions and are reflected in the diagram. The figure has been used in strategic planning meetings to describe the future King/Huxley Pipeline Program to representatives from both King and Huxley. The following statements reflect the information gathered from King students and teachers in response to research question number two and are illustrated in the King/Huxley Pipeline (see Figure 1).

King Students' Suggestions:

1. Start the pipeline program sooner than 12th grade
2. Provide career counseling and ACT preparation
3. Provide job shadowing and mentoring
4. Guarantee jobs to successful King graduates as STNA or college students

King Teacher suggestions:

1. Start mentoring at 10th grade in new facility in 2009

2. Job shadowing for 11th grade students in April 2008
3. Huxley hires successful graduates from pipeline program

Whenever this plan is introduced at Huxley meetings, someone invariably says, “Why aren’t you counseling King graduates to begin college directly at Huxley instead of going to community college?” The answer is: The pipeline project is designed to best serve the needs of the students, and Huxley does not provide full scholarships. It is a private college with less than 800 students, and the tuition at Huxley is approximately nine times the amount of community college per credit hour.

Final Student Thoughts from King High School

Overall, the 2007 class at King High School were glad they had chosen to go to King. One of the students felt a little cheated by not attending her home school, because it won the state basketball championship last year. The students all felt they received more personal teaching at King than at their bigger home high schools. They felt as if they had a head start on careers in healthcare. When asked about the mentoring program, some students had great experiences and some relationships did not work for multiple reasons, mostly having to do with scheduling and transportation.

Students wanted more job shadowing opportunities and asked for more assistance with ACT preparation. Students were unhappy about the current curriculum at King because they take most of their classes for the STNA test

during their junior year and then do not test until their senior year. I have shared all the information with Ms. Roth and we are suggesting changes for the future at the 2008/2009 curriculum planning committee meeting.

Conclusion

What can be done to assist King High School graduates in their pursuit to be successful college students in healthcare? Remedying the present effects of past racial discrimination must occur before students from underrepresented portions of our society can be successful at college or as health professionals. Our society must come to the realization that everyone loses when people live and work and receive their education amidst oppressive practices. In the simplest of terms, Huxley College must value the concept of diversity enough to make it a reality. In a speech to the 1965 graduating class at Howard University, President Lyndon Johnson said these words and I believe they still resonate today.

You do not wipe away the scars of centuries by saying: "now, you are free to go where you want, do as you desire, and choose the leaders you please." You do not take a man who for years has been hobbled by chains, liberate him, bring him to the starting line of a race, saying, "you are free to compete with all the others," and still justly believe you have been completely fair...." This is the next and more profound stage of the battle for civil rights. We seek not just freedom but opportunity—not

just legal equity but human ability—not just equality as a right
and a theory, but equality as a fact and as a result.

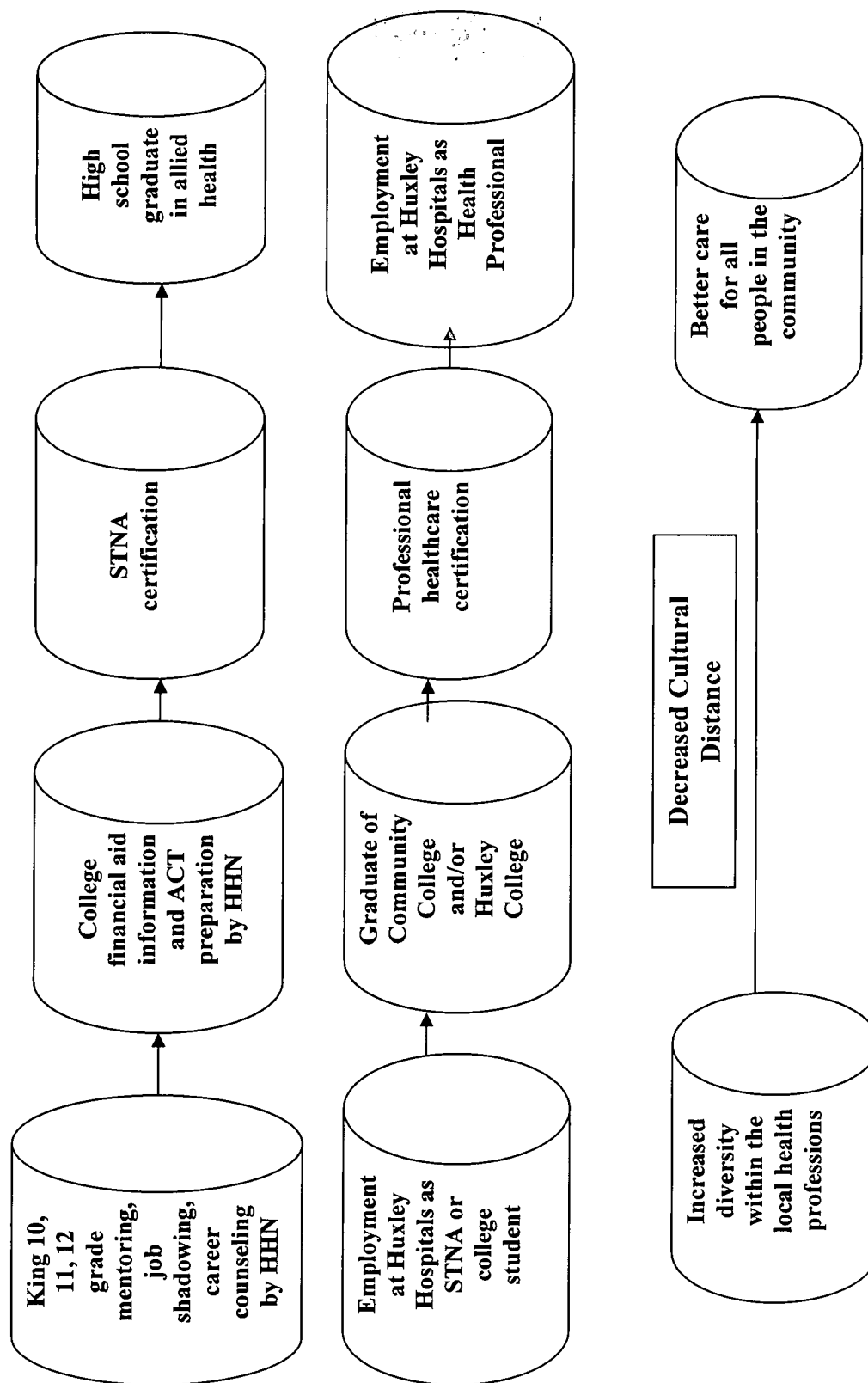


Figure 1. The King Huxley Pipeline Program Progression

Chapter 5: Reflections and Conclusions from the Participant/Observer

This chapter is about what I learned as a researcher and participant/observer during this project. I also discuss answers to the questions from my perspective as a faculty member of a health professions college. I now better understand why Friere (1970) wrote the only way to overcome oppression is to build relationships within the community. It is not something that can be given from across the river without getting involved in local community. If society continues to look at people in terms of “them and us” instead of “we,” then oppression will continue to happen and the oppressors will forever see it as something that happens to other people without taking responsibility or realizing that oppression hurts everyone.

In this chapter, I discuss the “burned out” teachers that I thought I would encounter, but did not. I also share my thoughts as a White individual as I describe in the upcoming journal entry. Finally, from my observations, I give the reader suggestions for future pipeline programs, and an update of the current King/Huxley Pipeline Program. During the intervening 12 months since completing this research, the lives of the young women in this study have gone on and, in that sense, a case study never ends. The following journal entry was written on the last day that I saw many of the students who were participants in this study, the day of their high school graduation.

Journal Entry-June 6, 2007-King High School Graduation

My interviews are all complete and the King High School graduation ceremony was last Saturday. Only 9 of the 11 students I have come to know over the past year marched at graduation. Champagne, the new mother of twins did not pass the high school state proficiency exams. Unique passed all her exams, but had difficulty with truancy after the death of the great-grandmother she had lived with since childhood.

The graduation ceremony was in a beautiful auditorium and I sat in the balcony as students and King High School administrators filed on to the stage. Some people in the audience were sporadically clapping as the graduates waved at family members as they marched past in caps and gowns. There were no whistles or horns blowing, as has become the custom at Huxley College graduations. The excitement was tangible though. People were shaking hands, hugging, calling out student names and clapping as their graduate walked by. There was music playing in the background while the graduates filed on to the stage, glancing at themselves on the big screen video as they climbed the steps to their seats.

It was at this time that a Mayville City School Administrator stepped to the microphone and announced to a mostly African American audience that she wanted to give a warning about people being too loud during the ceremony and that everyone wanted to be able to hear every senior's name being called. She was one of approximately five White people on the stage that included 99 graduates, two graduation marshals and five school administrators. Her warning voice sounded as if there had been a previous incident or complaint, and I later learned that, in the past, audience members from district high schools had complained because they were unable to hear their graduate's name being announced during the roll call of graduates.

An African American woman in the seat next to me turned and smiled. I felt like I had a big sign on the front of me that said, "White person." As the 2007 class of 99 students made their way to the stage amidst cheers and clapping, once again, the administrator stood and warned the audience about being too loud and then leaned into the microphone and stated that she gave her permission to the security guards to escort anyone out of the building who became too loud. The woman next to me turned and smiled again. After this second warning, the administrator received a few boos, but then a smiling student stood among the group of graduates and presented her with a bouquet of flowers because she was retiring after today. Mostly everyone clapped.

Next the Mayville City Schools ROTC Honor Guard entered the auditorium and eight meticulously uniformed students approached the stage to present the flag. Everyone stood and the room was immediately quiet. Looking around, I observed the mostly White security guards who were recently put on alert in case anyone in the audience became too overjoyed. They didn't look very menacing. It was unusually warm and they all looked very hot in their polyester uniforms. I felt sorry for them, watching from the balcony, as they directed latecomers toward increasingly fewer

open seats. They did not look like they were poised and eager to eject anyone. To me, they looked like they were working class White guys just trying to make some weekend money, but I felt our Whiteness.

I was sitting in the balcony. I turned around and waved to Tiffany's mother sitting behind me. The woman beside me was in hospital scrubs. She turned and smiled at me again and said, "That's all they had to do was bring the Honor Guard to set the mood and quiet people down." She was very friendly and chatty and stated that she was a graduate of King High School. Sitting in the open single seat next to her, she could tell that I was there alone and I think the extrovert in her felt obliged to make me feel welcome. Maybe she just wondered why I was there. She asked who I was there to see graduate and I shared that I was there to see students from the allied health program; that I had been in a mentoring program for students wanting to go into healthcare. I think she wondered what I thought about the perceived rowdiness of the crowd when families cheered as they announced their son or daughter's name. She turned to me again and said, "People are just happy."

Ms. Roth, the allied health instructor, was a graduation marshal. Chastity, a student in the study, sang a solo (just a little off key) as the other 2007 grads, donned in their caps and gowns, sang backup. I was happy for them and frightened for them at the same time. One of the speakers at the graduation ceremony addressed the graduates and discussed the futures that lay ahead for them as graduates from a vocational high school. She mentioned three scenarios; a job, college, or the military and I wondered how many of these graduates would be in Iraq by this time next year.

I watched and clapped as nine allied health students stepped forward and received their diplomas. The ceremony was short, the speakers were brief, and it was a bright and sunny spring day as people gathered outside for hugging and picture taking afterward. I saw a few of the seniors on my way out, but we had officially said our good byes the week before when I visited them in class for the last time.

As I walked to my car, I saw Shayla who said she wanted to email me from college in Tennessee in the fall. I also saw Nekeyla getting her picture taken with family members. As I made my way through the crowd I saw one of my fellow mentors and faculty member at Huxley College. She was taking a picture of Janea, her mentee, and her family. Janea's mother was there. She had begun a prison sentence in August 2006 directly after having Janea's little brother. Janea and her grandmother had been caring for an 8-year-old sister and the newborn brother in shifts since the beginning of the school year. I thought about the positive impact Janea's mentor had on her life and how the mentor program could grow and become more successful. As I got in my car and drove away from the graduation ceremonies, all I could think was: I wish we had started sooner.

A Successful Pipeline Program

Samson (2004) has observed that many minority students from less affluent areas have no professional role models to expose them to careers in healthcare. For example, Chastity, a student interviewed for this case study, revealed to me during her interview that she wanted to become a pharmacist. She said that she had no healthcare professionals in her family. When I asked her the reason she wanted to become a pharmacist, she said it was because she job shadowed at a local pharmacy for a 2-hour period during her sophomore year. Samson (2004) has suggested the following strategies for increasing the number of African Americans in the health professions:

1. Promoting science achievement by using supplemental science curricula created by the National Institutes of Health.
2. Partnering with local healthcare institutions to create opportunities for job shadowing, mentoring, and internships.
3. Providing opportunities for students to attend local health career fairs.
4. Financial aid options and scholarship availability.

A Case Study in Critical Theory

Kincheloe and McLaren (2000) state that critical theory connects the everyday troubles individuals face to public issues of power, justice, and democracy. I believe that Huxley Health Network, a Christian based institution, must work to overcome oppression in our local community and commit at all levels to making the city of Mayville a place where adequate healthcare is provided for all of its citizens. Huxley must extend its reach

to those who may not otherwise have the opportunity, not by just accepting students and setting them up for failure, but by working to establish a pipeline program that is committed to increasing the college readiness level for students from Mayville Public Schools.

Friere (1970) expressed the sentiment that many times the oppressors do not even know they are oppressing. At times, this is how I see Huxley College and Hospital, as a historically White institution caring for the White middle class. We are a successful enterprise, so why change anything? We are apathetic to the oppression that surrounds us. We must look at ourselves honestly and realize that *not* reaching into the community and providing opportunities to urban students perpetuates the downward spiral of oppression. Otherwise, we never see ourselves as a part of the problem, only a part of the solution.

Preconceived Assumptions

There were some preconceived assumptions that I thought would materialize during this study, but did not. One theme that I thought would emerge was an issue of safety, but only two students mentioned safety as a concern they had on a typical day. I think of Chastity when asked if she felt safe at home and school. She casually talked about her morning walk to the bus and always tried to walk with her neighborhood friend because she wanted to be “careful of the crack heads.” Champagne, the new mother of twins, was the only student who said that she was concerned about safety because she did not want her kids growing up in the projects. She felt safe while they were babies, but did not want to remain there once her twins started school.

Another theme that I thought might emerge from the study, but did not, was descriptions of the “burned out” teacher from urban schools. All students interviewed had positive comments about their allied health teachers at King, especially when they compared Ms. Valeri and Ms. Roth to their “home schools” (nonvocational) within the Mayville Public School system. In her interview, Chastity had this to say about Ms. Roth when she compared her to teachers from other school districts, “You can teach in a garage if you are good at it” and Unique said she “felt the love” at King High School. These factors, and matriculating through high school as a cohort group, are why, as previously discussed, I believe students in the allied health program at King are passing their high school proficiency tests at a higher rate than other students in the Mayville Public Schools.

Mentoring

In my mind, the first task to get the pipeline program started was to initiate what I perceived as the most easily accomplishable task, but turned out to be the hardest; the mentor program. I consider the mentor program that I coordinated last year between King students and local health professionals to be a failure, but we also have learned from our failures and will implement our lessons learned with our next attempt.

The best way that I can help the reader to understand my failures in the mentoring program is to describe our process. My lesson learned was that many health professionals want to be mentors and many students need mentors, but willingness is not enough for a successful mentoring program. I also saw examples of

what a good mentoring relationship can mean for a student. The following paragraphs describe my attempts at coordinating a mentor program and possibly provide a few shortcuts for other healthcare colleges wanting to implement a mentor program.

In October 2006, each student from the study group was given the opportunity to choose the health profession of her mentor depending on her own career aspirations. The students had been exposed to the career choices offered at Huxley when they attended the career fair hosted by the college on their behalf in April of 2006. The students in the study had also been given the opportunity to speak with Huxley alumni from each health professions program at an alumni event intended to introduce incoming students to careers in healthcare.

Five of the 11 students chose nursing as their mentor career, 2 chose ultrasound, 2 chose physician assistant, one wanted respiratory therapy, and one chose radiology. Every student had a mentor, everyone was going to have the opportunity to job shadow, the students would all pass, and those who were motivated could get jobs after graduation at Huxley hospitals while working their way through a healthcare program. This was "a piece of cake," I remember thinking to myself. Looking back over the last 2 semesters, I realize now that goals I thought would be the easiest (like a mentoring program) became the most difficult and the agenda items that I imagined as giant obstacles (like passing a diversity budget) became simple games of connecting the dots.

As I worked toward the goals of the Sullivan Commission as the diversity officer of HCHS, I had predicted that putting together a budget, getting it approved,

and support from administration to be my biggest obstacles. I thought the mentorship program would be easily accomplished and did not even create an amount for a budget line in my first proposal to administration. Retrospectively, the mentorship program was a failure when I compare it to my high hopes and the ease with which I thought it would happen. All of the students wanted a mentor and all of my mentors were eager volunteers. I had all the contacts, bought "how to" books for all of my mentors, and Ms. Roth was diligent about getting all of the paperwork completed, but I discovered that everyone's good intentions were not enough for a successful mentor program.

My thought process when developing the mentoring program was that I was asking a lot from people who are already busy professionals, so I wanted to keep busy work and committee meetings to a minimum. I personally knew each of the mentors from a network of professionals through the Huxley Medical Center and I knew the program probably would not be received well if it was going to require multiple meeting times for the mentors, so I tried to introduce them to mentoring through various articles presented online, as well as a booklet and forms that were sent through the mail to each mentor.

I chose to let the mentors and mentees meet via phone or email. I gave the students a list of talking points to help them with their initial conversations and Ms. Roth prompted students to make initial contact with their mentors. The conversation points were from the mentoring book by Shea (2002) entitled, *Mentoring: How to Develop Successful Mentor Behaviors*. I sent the book to all mentors. The suggestions

from the book were very straightforward and good tools for anyone wanting to start a conversation. Students were instructed to introduce themselves and state why they had chosen their mentors' profession as their own and mention any hobbies or favorite subjects in school. I thought it would be easier for the mentors to read about mentoring on their own and through email discussions with me and then make individual arrangements with their mentees. The problem with this plan was that some of the mentoring relationships never really materialized until we had our first dinner meeting in March as a group. In retrospect, expecting the students to contact their mentors initially was unrealistic. I think the best way to start the mentor program would be to have an initial information meeting as a group, including mentors and mentees.

The mentors had each agreed to read the literature and to meet with their assigned mentees at least twice in person during fall semester and to keep in contact with them on a weekly basis via phone or email. It sounded so simple and easy, but the reality was that many of the students had no email access at home and only sporadic home or mobile phone service. There were computers at their school, but students were not permitted to have email access. Many would have to walk to the nearest library to read their email. Ms. Roth and I put together a request to Mayville Public Schools asking for email access for next year. School administration passed the request and designated mentoring computers will be placed in the allied health lab before winter semester 2008.

When I asked students during the interviews about any suggestions they could give me about the mentoring program, the most frequent answer was that it should start sooner than their senior year. Those who had built relationships with their mentors wished they had had the opportunity to benefit from their mentor's knowledge and guidance sooner in their high school experience. Another frequent answer was that students wanted scheduled meeting times for mentors and mentees as a group. Students also suggested that it would be beneficial to them if they knew more about what to expect when they first talked with their mentors.

One of the favorite experiences the students mentioned when asked about being with their mentors was when we met as a group for dinner at a local restaurant. We met for a celebration dinner in March of 2007. My plans had been that mentors and mentees would have gotten to know each other since their (supposed) initial, individual meetings the previous semester, but meetings and job shadowing had not gone as planned. For 2 of the students, the dinner was the first time meeting their mentors.

For me, the mentor dinner was the best memory that I have when reflecting on spending time with the class of 2007 as a group. The dinner participants demonstrated the willingness on both sides of the mentoring relationship and represented what could be accomplished in future mentoring programs if we learned how to do them successfully. Even making arrangements for the dinner was a valuable experience. I asked the students to help me with the planning. We planned the dinner during one of our times that we met together as a group during the 9:45 time slot. Staci took notes

and we decided to have the dinner on a Sunday evening in March. We wanted everyone to be able to attend, so we gave plenty of lead-time for mentors and mentees alike. The students decided on Italian food and I suggested a restaurant near a mall on the south side of town that I had patronized frequently. I was surprised when none of the students or Ms. Roth had ever been there. "How will everyone get there?" I wondered out loud. "You meet us there and we'll take care of getting there," Ms. Roth assured me.

Janea raised her hand when I asked if anyone did not like Italian food. The other students looked at her and made comments about her rudeness. I asked her if she liked steak or seafood because the restaurant had those items too. She looked down and nodded. They asked if they could order food off the menu or if it would be a buffet. They looked at each other in approval when I said we would order off the menu.

Champagne asked if she could bring her babies if she could not get a sitter. She said that she wanted to try and get a babysitter, but the service at Children's Hospital, where they stayed during the week, closed at 6 p.m. on Sundays. Thinking back on being the mother of a single 5-month-old, let alone a set of 5-month-old twins, I offered to pay for a babysitter for Champagne if she knew of anyone, a college student maybe, who would be willing to stay with them for the evening. The whole class looked at me as if I were strange, some even frowned. Staci announced that the twins should only be left with family members and not a paid babysitter that Champagne did not even know. The other students nodded. "Alright, already!" I

answered back. "Just a thought, but I wouldn't want her not to come if she had to bring the babies. We could all help to take care of them." They agreed and Champagne said that she would come either way. Staci asked if she could bring her mom, who she recently moved in with after living with her father since birth, and the other students all groaned a loud, "No."

The mentor dinner was a success. All 11 students were there, a set of twins, Ms. Roth, me, and all but 2 of the mentors. (Ms. Roth and I met for dinner at a later date with the 2 mentors who were not able to attend, along with their respective mentees.) We had asked for a separate room and we all sat around a huge table with each student sitting with her mentor. During the meal we all went around the table with introductions and tales about mentoring. We passed around a set of twins and desserts and the students surprised me with a gift for each of their mentors; a framed, personal note telling their individual mentors what the mentoring experience had meant for them. When dinner and dessert were over, I asked the students and mentors to schedule their next meeting that night. Everyone agreed that they would meet again within 2 weeks. Next year with the next group of students, I am going to arrange an initial group meeting between mentors and mentees and not rely on them to make arrangements for the first meeting. There were good intentions on both sides, but the expectations turned out to be unrealistic.

Accessibility to email through the designated mentoring computers will solve a couple of problems for the fledgling program. First, it will provide students with a free communication line to their mentors. Email also provides a timeline and written

communication of mentoring dates and meeting times. One of the most common complaints from mentors was students not showing up for designated meeting times. One mentor spoke to me about her experiences.

She was a no show for job shadowing four different times. One of those times, I drove the 20 plus miles to her home after confirming appointment times with her 2 days before on the phone. I tried to call while on my way to pick her up for job shadowing that day, she never answered and she did not answer her phone once I got there. I didn't know what else to do but leave. It was 7:15 in the morning and no one came to the door when I knocked. I had to get to work.

A mentoring program produces many challenges, but the results are worth it. As a first time mentor myself, I realized the experience made me grow in many ways, including increasing my awareness of my own community and realizing that I could make a positive difference in a young person's life. Students in this study who got beyond the introductions phase with their mentors learned valuable tools and gained insight into the professions they were considering. Students also were exposed to their chosen professions while job shadowing with their mentors.

Future Curricula at King

Students and Ms. Roth both shared the problems with the rigidity of their current scheduling in the allied health program at King. Students in the allied health program must also attend academic classes throughout the day. This scheduling

makes it difficult for students to schedule any time away from school for job shadowing without missing their academic classes. Students currently have to ask permission to miss an academic class and then make up any missed assignments. Ms. Roth has stated that she is going to suggest a block-scheduling format to the King curriculum committee for students in allied health, so students could at least have the morning or afternoon to job shadow and increase students' clinical time in a hospital setting without their academic classes suffering.

During fall semester 2007, with funds from the approved HCHS diversity budget, I hired a part-time person to speak individually with the junior and senior classes about their career goals and college aspirations. We have scheduled 5 hours a week to be devoted to meeting with students. For now, students will be pulled from their allied health class to meet with the counselor, but this would be another reason for supporting a block schedule format. It would allow for time to be carved out of the allied health schedule to support allied health activities. Eventually, we will extend the counseling into the 10th grade for students at King who are interested in healthcare as a profession but are undecided. We will also provide students and parents with information concerning college financial aid as we did last year. Last year (March, 2007), volunteers from the registrar's office at Huxley went to King to meet with students and parents to discuss financial aid options and to help with completing FAFSA forms. To increase graduate employability at local hospitals, Ms. Roth and I have set the following goals for the 2008/2009 academic year.

1. Students will fulfill clinical objectives that take into consideration the commitment level of the graduate.
2. Grades and attendance will become objectives and goals.
3. Students will practice reflective writing that will serve as part of our outcomes and a means of understanding the needs of the individual students. The reflective writing assignment also allows students to think critically about their experiences and practice their writing skills for college.
4. Teaching modules created by The National Institutional of Health will be taught at King. Samson (2004) suggests using the modules as an approach toward increasing urban students' interest in math and science. The series of modules is available free of charge through the NIH at two different age groups, sixth to eighth grade and ninth to 12th grade. Topics include contemporary science issues like the science of genetics and drug addiction. The NIH supplies textbooks, a teaching CD, and an instructor's manual for each subject. My plan is to hire an adjunct teacher, using the diversity budget, who is specifically trained in urban education.

Scheduling

Ms. Roth and I are going to rely on email for verifying job shadow and mentoring times, as well as providing each student and mentor with a pocket calendar for keeping track of mentor appointments. We have also seen the value of connecting mentoring accomplishments and job shadowing to student grades.

I was unsure of this at the beginning because I thought the mentoring program should be voluntary, so therefore not a consideration for an official grade. I now agree with Ms. Roth, who felt it necessary to tie the mentoring and job shadowing to part of the students' official grade in the allied health program. Students need to be responsible for logging their mentor times and also for getting the approval of Ms. Roth for time off from their class schedules to job shadow. We thought about making a certain day of the month a specific "job shadow day" but this was not possible with the varying mentor schedules and transportation issues. We also are going to require students to reflect on their mentoring experiences in written form. Also, a new partnership between King and the local community college includes a new King High School that is currently being built on the community college campus. Students will literally be able to walk from high school to college classes. King High School, the community college, and the city of Mayville have pledged support toward the partnership and have promised to make the new King High School a state-of-the-art facility.

King High School and Community College

The affiliation between King High School and the local community college provides many opportunities for King graduates. Successful graduates from each of the King programs (allied health, dental assisting, radio and TV, cosmetology, graphic design, and auto mechanics) are provided a "seamless curriculum" at community college that ends with an associate degree.

It is the intention that this partnership will successfully propel King High School graduates into college. Each program at King will be linked to an associate degree. For example, King graduates from the radio and TV program will go on to receive an associate degree in communications from community college.

Starting in 2009, King High School will begin at the ninth grade level (currently begins at sophomore level) and King graduates (with a 2.0 GPA or above) will automatically matriculate to community college. Advanced students will have the opportunity to graduate from high school with an associate degree by completing associate degree classes that demonstrate high school competency. Essentially, the program will be offered as Grades 9 through 14, a 6-year program, with the possibility of completion in 4 years for advanced students.

The current program at King requires juniors to complete six college credits and seniors must take 11. The problem is that many King students struggle with these classes, although they are only required to maintain a 2.0 GPA. Reflecting on the time I spent with the King graduates of 2007 and from current King students, the classes at community college are a “wake up call” for students when they begin taking college courses as juniors in high school. Shayla referred to her struggles with community college classes during her interview:

Shayla: We have good teachers but some of the kids can't stay focused or whatever. So, when we go to college, half of us just end up dropping out or not even going to college because we didn't even make it through high school. So, I don't feel like there are barriers but... There's a lot of people here complain of what we do. I'm saying like “That's easy.” The homework is simple. If I'm going to college with that, I'm not going to do so good. I got a wake-up call when I

went to community college. A lot of people got wake-up calls at community college and that's not even a major university. She gave us our syllabus and I followed it.

SP: So, how did you do?

Shayla: I passed, but I was one of the few. I got 74 and you had to pass with a 70. So, I passed but barely.

In effect, Shayla's 74% works to keep her out of many competitive college healthcare programs. Those in favor of students at King starting college courses stress that all is needed of them is to maintain a C average to pass, but those courses are foundational for any healthcare program. For example, courses like nutrition, medical terminology, and biology are all college courses in the King allied health program curriculum, but they are also prerequisite classes for many college healthcare programs. Yes, a "C" in those classes will transfer to other colleges, but the question is: Will a "C" average get them into competitive college programs? The answer is no. Shayla's 74% in Biology will only allow her to matriculate at the local community college. The problem cannot be bandaged by herding students into college at 16. If we say that many of our urban students are not prepared for college as 18-year-old high school graduates, why would it make sense to say they are prepared to enter college at 16 and be successful? I considered stating this issue as a barrier in the study, but the local community college is actively working to make a successful partnership with King High School. Both schools will be on the same campus in 2010 and plans are being made to address the implications of low scores in healthcare prerequisite classes taken while in high school. I discuss it here to make other institutions aware of the problem, as it may exist elsewhere.

Thoughts as a Participant Observer

Chang et al. (2005) accuse American colleges of “magical thinking” if we believe that just opening college doors to students from poor, urban schools is all that is needed to transform them into successful college students. Samson (2004) writes about urban students entering the healthcare work force. She states that many students of color from urban schools meet the basic requirements for competitive healthcare college programs, but that students of color are many times overlooked because they only meet minimum requirements for GPA and ACT scores. Why would we expect students who already have deficits in their primary and secondary education to be realistically competitive as high school juniors with other students at community college who have already graduated from high school?

The answer for students from King is not to push them into college knowing they will only receive mediocre grades. The answer for success for King allied health students is to provide early intervention programming that will make them college ready and competitive with other students who are vying for admission to healthcare programs. Putting a junior in high school into college does not make that person college ready. Students from inner city schools with aspirations of becoming health professionals must be given the time in high school to do well in high school classes that will enable them to be successful college students. The answer for inner city high school students is not to push them into college classes while they are still in high school.

Integration of the Sullivan Commission Guidelines

The purpose of this study was to put suggestions from the Sullivan Commission into action and identify barriers that may exist for urban students with aspirations of becoming health professionals. To review, the three overarching recommendations of the Sullivan Commission as a means of increasing diversity in the health professions are:

Recommendation #1: To increase diversity in the health professions, the culture of health professions schools must change. The Commission suggests that colleges and health systems examine their own practices and determine if they are prepared to provide competent healthcare to the changing culture of our nation.

Recommendation #2: New and nontraditional paths to health professions should be explored. The Commission calls for major improvements in the K-12 educational system, with the realization that the degree of diversity in health professions schools cannot remain stagnant while these improvements take shape.

Recommendation #3: Commitments must be at the highest levels. Administration and educational leaders must support change and be committed to advancing objectives that promote diversity.

Huxley College is undergoing a purposeful change (#1) as a means to better serve all populations within the local community. The College Board has charged the enrollment management committee with increasing the diversity of its student body. The faculty and enrollment management committee responded by supporting the implementation of a pipeline program as a means to increase college readiness levels

for local urban high school students. Unless these structural obstacles are realized and rectified, change will never happen. Huxley and other health professions colleges will continue to blame high school students because they are not adequately prepared or blame a society that does not support the public school system, or a government that is spending our national resources on war instead of education and then sit back and shake our heads. Unless healthcare institutions look at themselves realistically and fix problems that lie within their own hospitals and colleges that knowingly or unknowingly support a "good old boy system" that admits only people who look like them into healthcare professions, change will not happen.

I am a member of a diversity initiatives committee that consists of local college diversity officers. Our goal is to support diversity initiatives throughout our local college communities. Our charge is to examine diversity issues within our colleges using the philosophy that unless institutionalized practices and policies are put in place to promote an anti-diversity agenda, then the culture of colleges cannot change

The second guideline (#2) states, "new and nontraditional paths should be explored" as a means to increase diversity in the health professions. By developing the pipeline program as suggested by the Sullivan Commission and by listening to what students and teachers from King have to say about what can be done to make the pipeline program successful, I believe that Huxley College has devised a new pathway for students from King High School that will help them to succeed as healthcare college students, thus increasing the diversity of health professionals.

The third guideline (#3) states that in order for a healthcare college diversity plan to be successful there must be “commitments at the highest levels.” By the request of the Huxley Health Network CEO, the diversity officer of Huxley College is to meet with him biannually to discuss the implementation of the Sullivan Commission guidelines. Mr. Marti, CEO is the senior person in charge of all Huxley Health Network that includes over 8,600 employees. His support from the top has been made known to people in finance and budgeting and that approval demonstrates the willingness he expects from people who are in the hierarchical structure. Huxley also demonstrated commitment from the highest levels by approving a 2008 budget to meet the needs of the growing pipeline program.

Keeping Huxley Faculty and Administration Informed

As previously stated, one of the suggestions for success from the Huxley side of the equation was to keep the college informed about the pipeline program. I presented the Sullivan Commission guidelines, Mayville demographics, and an outline of the pipeline program in March 2007. The presentation included the healthcare curriculum for King students and the interventions that Huxley had committed to providing for students from King’s allied health program. I discussed the goals of career counseling, ACT preparation classes, job shadowing and mentoring opportunities, and graduates’ ability to become credentialed as STNA’s. Questions were asked about the mentoring program and a few emailed me later asking about becoming mentors for the upcoming class.

I discussed the ultimate goal of providing quality healthcare for everyone in the community and the importance of cultural competence for healthcare providers. I also provided a scenario to demonstrate how a King student could matriculate through a successful pipeline program and be competitive with other high school graduates wanting admission into Huxley programs.

The King/Huxley Pipeline Program has been written into the 2008 Huxley College budget with plans to ask for increased funds from the Huxley Health Network as the pipeline program also serves the diversity needs of the network. These factors combined demonstrate the willingness of Huxley to commit to a diversity agenda and also show adherence to the three overlying Sullivan Commission guidelines needed for a successful health professions college diversity program.

The following table represents a portion of the Huxley College 2007/2008 strategic plan and was the result of the College Board of Directors charging the enrollment management committee at HCHS to increase diversity at Huxley College. All issues in Category C have been addressed and resolved or partially resolved. Issues in Category D have not yet been addressed. Categories affecting this study are italicized.

Table 1. Huxley College 2007/2008 Strategic Plan

<i>C. How do we live out our new diversity statement?</i>	The religious diversity of our campus brings both opportunity and peril. The cultural diversity has gradually increased over	Diversity awareness will be added to college core curricula by 2009. Diversity programs, such as the	1. Implement addition of Cultural Diversity in Healthcare course as core to all HCSC BS and Master's	Susan Price
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	the past 10 years, and we have potential for increased diversity with XXCTC, XXAFB, and the pipeline program with King High School. We must be ready to use these changes profitably.	pipeline program with King High School, will be implemented in 2007.	degree. 2. Add cultural diversity component to the core religion course. 3. Hire adjunct counselors and instructors with specific skills in urban education. 4. Develop volunteer mentors for King High School students.	
<i>D. What changes would need to be made to increase the number of minority students, specifically African-American who graduate from HCSC?</i>	<p>Black/African-American enrollment has increased from 28 in 1999 to 50 in 2005, the percentage of total enrollment has increased slightly from 5.35% to 6.15%.</p> <p>Hispanic enrollment has been around 2% between 2000 -2005.</p> <p>Issues of "critical mass" are important for minority enrollment.</p> <p>Pipeline programs at</p>	<p>Increase enrollment of black/African-American students to 80 students, or 10% of college enrollment by 2010.</p> <p>Increase Hispanic enrollment to 3% by 2010.</p>	<p>1. Prioritize recruitment efforts at black academies and colleges, focusing on articulation.</p> <p>2. Explore admission practices affecting minority applicants.</p> <p>3. Obtain scholarship resources and obtain appropriate award policies.</p> <p>4. Establish a minority retention team.</p> <p>a. collect data to</p>	<p>John Smith</p> <p>Susan Price</p>

	local minority high schools are already in place.		provide insight b. establish an advisor specifically assigned to life skills advising c. develop a mentoring program using HCSC alumni when possible. d. solicit ideas from African-American students in best ways to achieve success	
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Summary of the King Study

This qualitative case study was conducted during the 2006/2007 academic year and asks what barriers exist for urban African American students with hopes of becoming healthcare professionals. As a participant observer, I was the Huxley representative for the pipeline program and spent time over 2 semesters immersed in the classroom, discussing the program with teachers and mentors, meeting with parents, and interviewing students. The Sullivan Commission guidelines were used as a model for creating the King/Huxley Pipeline Program. The goal was to listen to what students had to say about their lives and ideas they had to make the pipeline program successful.

I have also become more aware of the community responsibility that Huxley College and Huxley Health Network play in the future of health professionals. Hospitals and the colleges that educate health professionals must play a more active role in the community and take some responsibility for the education of local underserved students. Is that not what we say we do in the mission statement when we say we care about the quality of health for all people and talk about community outreach and Christian caring, keeping in practice with the Master Healer? As a college concerned with matters of diversity and social justice, we must continue to truthfully look at our programs and policies for an assuredness that they serve the best interest of all students. When all the rules and policies are made by a mostly White faculty and administration, common practices may be overlooked that result in barriers for African American urban students.

Suggestions for Other Healthcare Colleges

One of the goals of this study was to provide guidelines for other healthcare colleges in their attempts to diversify. The following suggestions are only guidelines. Each college must look at itself truthfully to determine where it is in terms of diversity as a first step. Each health professions college must individualize the guidelines to fit its needs and make adjustments for its particular college culture.

1. Involve college faculty and administration from the beginning to increase awareness and promote volunteerism
2. Provide career counseling early—ninth grade

3. Provide training and meeting opportunities for mentors and mentees
4. Develop job shadowing opportunities
5. Develop a budget
6. Meet with administrators and college board members for support
7. Provide interventional instruction in math and sciences
8. Meet with high school students and parents about financial aid information, grants, and the FAFSA form
9. Hold a health career fair
10. Propose a chronological pathway for pipeline students to include a college plan and job opportunities at affiliated hospitals.

Administrators change at any college, but goals and objectives must be in place that would keep pipeline programs afloat during a change in leadership. I was happy that when my academic dean left in the summer of 2007, he had urged me to make diversity issues and the pipeline program part of the college strategic plan. The following journal note expressed my thoughts after a meeting with the person who now holds our newly created position of chief financial officer:

Journal Entry: January 15, 2008

The sky is falling on diversity at Huxley College. The academic dean left in 2007 and a chief financial officer has taken a place in executive council. My biggest supporter is gone and the new CFO has asked me if and when the pipeline

program will begin to make money for Huxley. He described it in the "simplest terms" saying everything is divided by whether it is "revenue side or expense." In other words, I make money for the college teaching classes and the pipeline program does not make money. I am thankful the program, as suggested by my previous academic dean, was presented at the Huxley Health Network Board of Directors and also that the pipeline program had been written into the Huxley College strategic plan. Without these structures in place, I fear that a pipeline program, at any college, could evaporate if not endorsed at the highest levels.

Will King students go to Huxley College? Eventually, but I am not going to advise students to attend Huxley for the first 2 years of college because successful students from the allied health program receive a \$3,000 scholarship from community college that is equivalent to the cost of attending the community college full-time for 2 years. Each student, except Staci, said that if she were to attend Huxley, she would need to apply for grants or loans to attend Huxley for the same arts and sciences classes offered at both schools, the only exception being that Huxley costs \$310 per credit hour which would be an approximate student debt for a full-time student at 12 credit hours for 3 semesters at \$7,440. Students who choose to remain local are advised to take advantage of the community college scholarship for the first 2 years of their education. Students would then be qualified to apply for associate degrees, Bachelor of Science degrees, and a masters degree program for physician assistants at Huxley College. The goal of the pipeline program is to increase educational opportunities for King students and then hire them as high school graduates and State Tested Nursing Assistants as either full-time nursing assistants or part-time college students. It must be a joint effort on many levels for the program to be successful. At least if we are what our mission and vision statements say we are.

P.S. I asked the interim academic dean about the CFO comment. Her comment to me was the pipeline program supports the mission of Huxley and "if jobs at Huxley College only depended on the personal amount of revenue each individual made, administrators would not have a job."

The sky did not actually fall at Huxley and after reviewing the 2007/2008 strategic plan with our new CFO, he has given me some suggestions, and will take

part in an advisory breakfast this summer (2008) between Huxley Health Network and King High School. He has also expressed interest in going to King High School with me in the future, to meet with students and teachers.

Pipeline Update: March 2008

Renea has been hired as a phlebotomist/transporter at a Huxley Hospital while she attends college. Her schedule will be configured so as not to interfere with college classes. She is still attending community college with hopes of attending Huxley after she completes her associate degree. She wants to ultimately enter the master's degree program at Huxley College to become a physician assistant.

Chastity is in the associate degree radiology program at community college. She was offered a part-time job at a Huxley radiology department on the weekends, but was unable to take the job because she did not want it to interfere with her studies. She did accept part-time work at another Huxley Hospital in food services and has been approached about becoming a full-time employee as a radiologic technologist once she completes college.

Shayla and Tiffany were roommates at college for the fall 2007 semester at a college in Tennessee. Tiffany moved back home after the first semester, but Shayla called me from a phone booth in Tennessee in January 2008 to ask a question about financial aid. She had wanted to return home after the first semester too, but reported, "My grandmother made me stay." I spoke with her again in March and she was glad that she had stayed.

Students from the 2008 King High School class (13 total) were unable to participate in the planned mentoring/job shadow program because of the scheduling and curriculum changes that were made because Ms. Valeri had an emergency medical leave and was unable to complete the 2007 school year. She was absent for much of spring session and all of the summer session. A substitute was hired through the school system, but she was not in healthcare, so students missed classes to get credentialed that had to be made up when Ms. Valeri returned. To compensate, each student in the new class was paired with a Huxley College student with similar career aspirations. Mayville Public Schools created email addresses for King allied health students so they could contact their "mentor pen pals." Bachelor of Science students from Huxley were mentoring pen pals through a service learning assignment in their core cultural diversity class. Students from King submitted the pen pal assignment as part of their pipeline assignments while Huxley students received class credit. Students from both schools were required to respond to their pen pal at least five times. Students from Huxley and King both created guidelines for pen pal mentoring under the supervision of Ms. Roth at King and under my supervision at Huxley. Lastly, in April 2008, students (18 total) from the junior class at King will come to Huxley for afternoon job shadowing opportunities for 2 weeks in areas such as nursing, ultrasound, pharmacy, radiology and the medical laboratory.

I was informed in May 2008 by Ms. Valeri that budget cuts due to the failure of the most recent Mayville school levy have resulted in the loss of her position at King High School. Beginning in August 2008, Ms. Roth will be responsible for

teaching all allied health classes offered at King High School for 10th, 11th, and 12th grades.

Conclusion

This research advanced knowledge by implementing the Sullivan Commission guidelines for a pipeline program to increase diversity in the health professions. It is my hope that successes, failures, and strategies for the future of the King/Huxley Pipeline Program may encourage other hospitals and healthcare colleges to initiate their own pipeline programs.

Future implications for research would include reassessing the King/Huxley Pipeline Program in 5 years to evaluate student progress over time. Graduates from the class of 2007 could be compared with graduates from 2012 to see if the pipeline program had succeeded by increasing the rate of King graduates becoming healthcare professionals.

Healthcare colleges around the nation could begin their own pipeline programs adjusting their pipeline “links” to their particular region in terms of diversifying healthcare professionals to better meet community needs. Other healthcare colleges could use this document as an extension of the Sullivan Commission guidelines and create programs for students from urban schools with aspirations of becoming a health professional.

This study filled me with hope for the future of healthcare. I witnessed many people from all health professions from my local community who were willing to act as mentors, supply job shadowing opportunities, donate time for financial aid

meetings, and provide counseling for King High School students. Without pipeline programs to bring health professionals together, willing volunteers will appear only as separate silos at any hospital and will be absent in the lives of students from urban schools.

Friere (1990) wrote that oppression would only end when people from both sides came together, forming relationships that will enable them to make better decisions for future societies. Friere also believed in hope. He hoped for “a world that is more round, less ugly, and more just” (1970, p. 26). Until that time comes, healthcare professionals must be aware of the injustices people face and view this study and the Sullivan Commission guidelines as a call to action. As a Pipeline Program student said to me the other day, “It’s not the money Ms. Price, it’s the relationships.” Committing to partnerships between urban schools and healthcare colleges will increase educational access for people from diverse cultures, resulting in better healthcare for all people.

Appendix A

Consent Form

King High School agrees to give Susan McLaughlin Price, a doctoral student at the University of Dayton, permission to interview students and teachers from the 2007 graduating class in Allied Health Prep Tech.

- The interviews will be conducted at King High School at a time that is convenient for students and teachers and does not conflict with classes.
- Interviews are completely voluntary and anyone may discontinue their interview at any time.
- Pseudonyms will be used for all students, teachers, schools, and cities used in the study.

Administrator Signature:

Signature of King High School Administrator

Date

- Enclosed are a copy of the research proposal including the research questions, interviewing techniques, and the informed consent that will be given to students/parents to sign.

Appendix B

Informed Consent to Participate as a Research Subject

Project Title: Putting the Sullivan Commission Recommendations into Practice: A Qualitative Case Study Examining Possible Barriers Encountered by Urban Minority Students Entering the Health Professions

Investigator: Susan McLaughlin Price

Purpose of Research: Increase minority representation in the local healthcare workforce by identifying barriers that may exist for minority students and suggesting solutions in response to findings

Expected Duration of Study: January 2007 – June 2007

Procedure: You will be interviewed concerning your perspective on possible barriers that currently exist for African American high school students who desire to become healthcare professionals. You will be asked your opinions concerning the high school experience at King and the information you (or your child) have received in preparation for college admission. I may use an audiotape recorder and interview you more than once during the time of this study. The interviews will last between 30 minutes and an hour. The transcript of each interview will be available for you to review.

Alternative Procedures: No alternative procedures exist in this research project

Anticipated Risks and/or Discomfort: No anticipated risks or discomfort exist in this research project. Pseudonyms will be used for schools, teachers, students, and their parents. The interviews will take place at a time and place that are convenient for you. You may discontinue the interview at any time without penalty from me or from anyone at King High School. In fact, your participation is entirely voluntary and you may withdraw consent and end your participation at any time without consequences to you.

Benefit to the Participant: By participating in this research you will provide Huxley College of Health Sciences with valuable information concerning your perspective on barriers that may exist for local African American students who want to become health professionals. Your insight will also provide the researcher with advice for possible solutions in an effort to overcome any barriers that may currently exist. You will also gain insight into the available healthcare programs offered at Huxley,

mentoring and job shadowing experiences, as well as college financial aid information.

Confidentiality: No records of your participation in this research will be disclosed to others. Your data will be pooled with data from other research participants and only summary results will be made public. Your name will not be revealed in any document resulting from this research. Your data will be recovered anonymously. Only an assigned pseudonym will be recorded with your data; your name or other identification will not be recorded with the data. I'll ask you to select a pseudonym to be used to mask your identity. A pseudonym will be assigned to your school and any other students or teachers in any written report of this research. All noncritical features of you and your school will be omitted from public reports of this study. Your name will not be used in any reports or presentations based on this research. All field notes, observation records, and audiotapes and their transcriptions will be kept in a locked cabinet in my office, available only to me. Any discussion with my dissertation chair will be conducted in confidence.

Contact Person for Questions or Problems: If you have questions about the research, contact Susan Price at Huxley College of Health Sciences. Questions about the rights of the subject should be addressed to Jon Nieberding, The University of Dayton, Chair of the Committee for the Protection of Human Subjects, Kettering Labs Room 542, +0104, 229-4053.

Consent to Participate: I have voluntarily decided to participate in this research project. The investigator named above has adequately answered all questions that I have about this research, the procedures involved, and my participation. I understand that the investigator named above will be available to answer any questions about procedures throughout this research. I also understand that I may refuse to participate or voluntarily terminate my participation in the research at any time without penalty or loss of benefits to which I am entitled. The investigator may also terminate my participation in this research if she feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older and, if not, have submitted the signature of my parent or guardian.

Signature of Subject or Guardian

Date

Signature of Investigator

Date

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