What does Diversity Mean? Collecting participant data to reflect valuable differences across the New England States and increase confidence to work with diverse communities

PHTC NETWORK PUBLIC HEALTH TRAINING CENTER NETWORK

NEW ENGLAND PUBLIC HEALTH TRAINING CENTER

Context

Public Health Training Center (PHTC)
Goal: increase the supply and diversity of public health professionals

New England states have widely varying racial/ethnic diversity (Table 1)

Table 1: New England Demographics	Poverty	Rurality	Under-Represented Minority
Connecticut	9%	12%	29%
Maine	11%	61%	6%
Massachusetts	9%	8%	22%
New Hampshire	7%	40%	7%
Rhode Island	11%	9%	26%
Vermont	10%	61%	6%

NEW ENGLAND

Working towards the PHTC goal required a redesign of 4 student stipend processes and data collection in order to improve and measure diversity.

Student Stipend Process QI

Marketing
- Who are we marketing to?
- What messaging do we use?

Application
- What questions are asked?
- How accessible is the application?
- Does application include language encouraging applicants from diverse backgrounds?

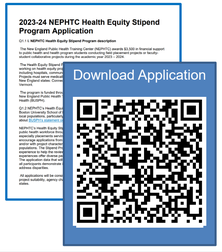
Selection

- How are application factors weighed?
- Who is on the committee making decisions?

Support
- What forms of support are available throughout the process (application, selection, and completion of project)?

Data Collection Methods

The NEPHTC revamped the student application form to capture a range of student, agency and project characteristics, as well as lived experience



Results: Demographic Data & Lived Experience

62% of our cohort were from an under-represented racial/ethnic minority, a disadvantaged background, and/or a sexual and gender minority.

Table 2: Student Characteristics		Year 1
Gender and Sexual Orientation	Male	7
	Female	18
	Non- Binary	2
	Sexual and Gender Minority (SOGIM)	4*
Underrepresented Racial/Ethnic Minorities (URM)		7
Rural Hometown		4
Economically, Environmentally, or Educationally Disadvantaged		12
From Medically Underserved Community		4
Disability	Living with a Disability	0*
Composite Measures	Disadvantaged/ URM	15
	Disadvantaged/ URM/ SOGIM	17*
	Cohort total	27

**Due to the nature of the questions asked, this may be an undercount*

My lived experiences as a first generation [immigrant], whose project will work in the same district I attended years ago, grounds my desire to work with and support adolescent populations…"

My family does not place a priority on their health as they often struggled with affordability. To witness my family struggling and being afraid to visit the doctor really spoke to me.

We would see people with an obvious mental health crisis, but no one could do anything.

Project Examples

Download Projects

Table 3: Geographic Distribution	
State	Total Projects
CT	6
ME	3
MA	8
NH	4
RI	5
VT	1
Total	27

Results: Learning Outcomes

Table 4: Health Equity Proficiency Levels	Proficiency		
n=15 (of 27)	Before	After	Change
I'm able to recognize the cultural, racial, linguistic, and geographic diversity of populations and communities and their special health needs.	2.3	3.0	0.7
I understand how to identify community resources for the disadvantaged population in my placement region.	1.7	2.9	1.3
I understand local epidemiological factors affecting the population in my placement region.	2.2	3.0	0.8
I understand how local and social community services work in my placement region.	1.6	2.9	1.3
I'm able to listen to and communicate with patients/population who are from other cultures or speak other languages.	2.1	2.4	0.3
I'm able to guide patients/populations to navigate the health/social services in my placement region.	1.7	2.5	0.8

Proficiency was measured as "Not Proficient" = 1, "Somewhat Proficient" = 2, "Proficient" = 3 and averaged across respondents.

I have found [this project] to be beneficial in my future career as a physician. People in the healthcare field have a tendency to view communities in need as deficient in resources rather than rich in assets.

Coming into this project, I knew very little about [the service area]. Most of what I knew was based on what media news outlets would say and therefore my view was biased.

The Way Forward (FY24)

Marketing
- Continue prioritizing marketing to URM student groups
- Locate/build relationships with harder to find groups

Application
- Continue QI on application accessibility
- Improve data collection on disability, sexual orientation & gender

Selection
- Enlist selection committee members that are representative of regions served
- Clarify geographic distribution role in selection

Support
- "Information Sessions" for students to assure accessibility in application process
- Build readiness to support accessibility

Implications for Practice and Academia

Differences in types of diversity/disparity across a region requires:
- Significant investment in QI to improve multiple processes
- Working with partners/community to improve diversity data collection and language use
- Allow students to share data that reflects the health disparities in their communities

Holistic diversity data focus provides richer information set to improve program for building student/workforce capacity to work with diverse populations and address disparities.

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