Preparing A New Generation of Leaders in the Health Professions
Trends in Health Care: Student Debt
February 11, 2009

ISSUE FORUM SUMMARY

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BACKGROUND:
A. What is the challenge? There is a K-16 achievement gap; student fees have increased significantly; Financial aid has not kept pace; student debt levels are higher than ever before; competition for most talented and diverse students has intensified.

B. Why is this issue important? A diverse health care workforce improves access to care among medically underserved populations, increases cultural competency, strengthens legitimacy of research agenda, and ensures appropriate management of health system. It is also the right thing to do.

C. UCSF Strategic Plan
• Mission: Advancing Health Worldwide.
• Priorities for Investment include: Educating Leaders and Nurturing Diversity

D. Changing Landscape for Professional Students
• UCSF medical students graduate with more loan debt than Stanford medical students. The Average loan debit level (2007-2008): Dentistry - $139,000, Medicine - $91,000, Nursing (Masters Program) - $26,000, Pharmacy - $87,000, with a continuous trend upwards.
• Decrease in some sources of graduate student support (e.g., NIH); declining value of UCSF fellowship because of high cost to live in Bay Area; modest starting salaries for those who pursue postdoctoral scholar and faculty positions.

E. Options for Increased Professional Student Support
• Recruit the best and the brightest (80 scholarships across the four schools (5 each per year)
• Promote service in committees with need – repay loans for 80 students (5 each per year)
• Recruit the next generation of diverse leaders: 272 scholarships for students with highest financial need.
• UC Promise: Place loan cap for students with highest financial need.

F. What is UCSF Doing to Address this Challenge?
• Strengthening campus outreach programs
• Planning to invest more in student aid
• Focusing attention on ensuring academic success of first generation students
• Positioning student aid as a priority for private development campaign
• Examining federal stimulus for opportunities

G. What More Should be Done?
• What other strategies should be employed?
• What other best practices should be examined?
• What are the opportunities for collaboration?
• What are our next steps?

DISCUSSION SUMMARY: What more should be done?

A. What strategies should be employed?
  1. Strategies to support students in graduate/professional school
     o Financial:
       • Fund scholarships/fellowships rather than loan repayment/caps.
       • Develop a comprehensive education campaign around financial management, debt load, etc. for students in the early stages of their training. Also include salary information for primary care clinicians.
       • Consider framing financial management discussion as another professional skill.
     o Exposure:
       • Work with registered student groups (for example, the Underrepresented in Medicine program) to connect early stage students with clinicians and careers in underserved communities.
     o Career:
       • Foster an environment that promotes pursuing primary care as a top choice, not a default choice.
2. Strategies to reach and expose students at K-16 level to health science careers.
   ○ Consider the language used to connect with students and parents (noting that often universities speak the language of financial aid, while students and parents speak the language of affordability.)
   ○ Ensure that interested students and parents are aware of the financial resources to fund graduate/professional school, and are able to find appropriate resources.
   ○ Use mediums that students and parents access. Put comprehensive information in one place, make it understandable, ensure that it reaches both parents and students, and is culturally competent.
   ○ Educate students, parents, administrators about the average combined amount both undergraduate and graduate debt that could be incurred from pursing a degree in the health sciences.
   ○ Advocate for financial protections at the federal level for students who incur debt.

3. Strategies around career directions
   ○ Examine which specialties medical students are choosing to pursue and what factors influenced their decision.

4. Strategies at the federal level
   ○ Determine how to leverage our resources to ensure that diversity/cultural competency is valued and invested in at the national level. (It was mentioned that there is only one line in the federal stimulus package that acknowledged the importance of importance of diversity/cultural competency). Without this buy-in, some participants believed these issues will be addressed piecemeal (and less effectively). Because of California’s budget deficit, there is a sense that any new funding would have to come from the federal government.
   ○ In many cases, federal funds are limited to undergraduate populations (e.g. Pell grants). These funds should be extended to graduate/professional school students with significant financial need.
   ○ Encourage the federal government to expand its definition of primary care. Currently the government has a narrow definition that does not include emergency medicine or OBGYN specialties. This limited definition has made it harder for UCSF and other universities to meet federal requirements for receiving loan repayment funds.

5. Funding Partnerships
   ○ One participant thought it would be helpful to conduct a review of programs supported by the Robert Wood Johnson Foundation and California Endowment to determine whether they have been successful in expanding opportunities for students to go into primary care and to work in underserved communities.

6. Suggested General Strategies

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7. Suggested UCSF Strategies
   - Prioritize an inter-professional school-wide initiative to encourage and support students in pursuing primary care careers in underserved communities.
   - Ensure financial support for students who pursue primary care and specialty care in underserved communities.
   - Continue a two-pronged strategy aimed at both increasing the number of diverse students interested in pursuing health science careers, and enhancing support for those students already in health career pathways.

B. What other best practices should be examined?
   - Review the outcomes and lessons learned from the Robert Wood Johnson Foundation, California Endowment and other collaborative initiatives to increase the number of underrepresented students pursuing careers in health care, particularly dentistry and primary care.

C. Where are collaboration opportunities?
   Determine which participants are interested in focusing on the following initiatives:
   - **Policy:** Coordinate efforts to monitor changes at the federal level:
     - 1) a broader definition of primary care to gain access to federal funding for students.
     - 2) expand programs now focused on undergraduates to serve graduate and professional students (e.g. Pell Grants).
     - 3) raise awareness and insure that diversity/cultural competency is supported at the federal level.
   - **Education:**
     - Promote current and design new comprehensive and culturally competent resources that educate K-16 students and parents about strategies to finance their health science education.
     - Design resources and coordinate efforts to educate graduate and professional students during their first year about managing financial debt.

D. What are our next steps?
   - Share copies of UCSF’s Academic Campus Outreach Report,
   - Share UCSF undergraduate and graduate student debt numbers with participants.
   - Continue to find ways to work together with partners