

LETTERS

FUNDING CRISIS IN TITLE VII DIVERSITY PROGRAMS

Although we largely agree with Mitchell and Lassiter in their December 2006 commentary, "Addressing Health Care Disparities and Increasing Workforce Diversity,"¹ they failed to highlight the crisis of the impending elimination of major federal programs for enhancing diversity and assuring adequate numbers of minority health professionals in the future as authorized by Title VII of the Public Health Service Act—Health Careers Opportunity Programs (HCOPs) and minority Centers of Excellence (COEs).

For 30 years, HCOPs have succeeded at recruiting minority and disadvantaged students, enhancing their academic skills, and supporting their preparation, entry, and graduation from schools of dentistry, medicine, pharmacy, public health, and allied health at the kindergarten through 12th grade, community and 4-year college, postbaccalaureate, and health professional school levels. Since 1987, COEs, based at schools of dentistry, medicine, and pharmacy, have conducted similar enrichment activities and assisted schools in developing competitive applicant pools. COEs recruit and retain minority faculty, design and implement cultural competency and

health disparities curricula, conduct research in minority health, and provide community-based clinical training for students, among other programs.

Since the inception of these 2 programs, 459 036 minority and disadvantaged students have participated in them, 38% at K–12 levels, 37% in colleges, 22% in health professional schools, and 3% at other levels.² Recent reviews of the literature have demonstrated their effectiveness.^{3–5} A controlled study on postbaccalaureate premedical programs in California showed impressive results.⁶

Despite the programs' history and demonstrated effectiveness, the budget proposed by President Bush for the past several years, including his February 2007 proposal for fiscal year 2008, eliminated all federal funding for COEs and HCOPs. Until 2005, Congress supported 34 COEs that received about \$33.6 million in total funding annually and 74 HCOPs that received \$35.6 million in total funding annually, but funding for both programs was cut dramatically for fiscal year 2006, by 65% and 89%, respectively. In February 2007, Congress passed and the president signed a joint funding resolution that funded both programs at their fiscal year 2006 levels, i.e., \$11.9 million for 4 COEs and \$4 million for 4 HCOPs. A 2006 survey of all COEs and HCOPs found that 83% would close without federal funding.² For dental COEs, this means losing those at the University of Puerto Rico and University of Texas Dental Branch at Houston and San Antonio; only Meharry Medical College's COE would survive.

Federal funding has been effective in making the institutional changes advocated by Mitchell and Lassiter at academic health centers. Unless the funding for COEs and HCOPs is restored, our workforce will become less diverse as our population becomes more so. ■

Paula N. O'Neill, EdD
Alvin H. Strelnick, MD

About the Authors

Paula N. O'Neill is with Educational Research and Professional Development and the Hispanic Center of Excellence, University of Texas Dental Branch, Houston. Alvin H. Strelnick is with the Hispanic Center of Excellence Albert Einstein College of Medicine, Bronx, NY, and the Department of Family and Social Medicine, Albert Einstein College of Medicine, Bronx.

Requests for reprints should be sent to Alvin H. Strelnick, MD, Hispanic Center of Excellence, Albert Einstein College of Medicine, 1300 Morris Park Ave, Bronx, NY 10467 (e-mail: hstrelni@montefiore.org or cwhittak@montefiore.org).

This letter was accepted on March 12, 2007.
doi:10.2105/AJPH.2007.113985

Acknowledgments

Both authors received partial funding from federal Title VII grants for their respective Centers of Excellence that are currently on no-cost extensions after all their federal funds were cut for fiscal years 2006 and 2007.

References

- Mitchell DA, Lassiter SL. Addressing health care disparities and increasing workforce diversity: the next step for the dental, medical, and public health professions. *Am J Public Health*. 2006;96:2093–2097.
- Association of American Medical Colleges. Cuts to Title VII jeopardize progress in addressing health disparities among minority, underserved, and rural populations. Available at: <http://www.aamc.org/advocacy/library/laborhhs/hcopcoesurvey.pdf>. Accessed March 7, 2007.
- Genshan S. Policy issues in dental work force diversity and community-based dental education. Available at: http://www.calendow.org/reference/publications/pdf/workforce/TCE0101-2005_Policy_Issues_.pdf. Accessed March 7, 2007.
- Grumbach K, Munoz C, Coffman J, Rosenoff E, Gandara P, Sepulveda E. *Strategies for Improving Diversity in the Health Professions*. San Francisco: Center for California Health Workforce Studies, University of California; 2005. Available at: http://www.calendow.org/reference/publications/pdf/workforce/TCE0802-2003_Strategies_For.pdf. Accessed March 7, 2007.
- Saha S, Shipman SA. The rationale for diversity in the health professions: a review of the evidence. Available at: <http://bhpr.hrsa.gov/healthworkforce/reports/diversity/default.htm>. Accessed March 7, 2007.
- Grumbach K, Chen E. Effectiveness of University of California post-baccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students. *JAMA*. 2006;296:1079–1085.

Letters to the editor referring to a recent Journal article are encouraged up to 3 months after the article's appearance. By submitting a letter to the editor, the author gives permission for its publication in the Journal. Letters should not duplicate material being published or submitted elsewhere. The editors reserve the right to edit and abridge letters and to publish responses.

Text is limited to 400 words and 10 references. Submit online at www.ajph.org for immediate Web posting, or at submit.ajph.org for later print publication. Online responses are automatically considered for print publication. Queries should be addressed to the Editor-in-Chief, Mary E. Northridge, PhD, MPH, at men11@columbia.edu.