

MINORITY MEDICAL MENTORY PROGRAM

HISTORY AND OVERVIEW

History and Overview

The Minority Medical Mentoring Program (MMMP) began in the fall of 2005 as an internship for under-represented minority students who had an interest in practicing medicine. This program was replicated from a similar program in Florida for African American students. The Asheville program targeted African-American students the first few years and then was expanded to Hispanic/Latino students in 2009 and is now an inclusive program for all underrepresented minorities. The program started as collaboration with the late Dr. John P. Holt, Dr. Albert Anderson, MAHEC, Mission Hospital (Bill Mance & Sharon K. West), and the Western Carolina Medical Society (then Buncombe County Medical Society) Alan McKenzie.

Today, the program pairs minority high school students with physicians, dentists and pharmacists practicing in Buncombe County. This program is designed for high school seniors who have a serious interest in becoming a physician, pharmacist or dentist. The MMMP Program is open to students who are participating in a school-sanctioned internship for course credit through Asheville City or Buncombe County High Schools. This program provides a minimum of 135 credit hours for one semester. Out of the 900 physicians actively practicing medicine in Buncombe County, only 2.6 percent are underrepresented minorities. The latest numbers are five African Americans (0.55%), two Latino (0.22%), twelve Indian (1.33%), two Korean (0.22%), and three Vietnamese (0.33%)

Buncombe County Medical Society physician database, November 8, 2010

Student interns are scheduled weekly rotations with participating physicians, pharmacists, dentists, and other health care practitioners in Buncombe County. They are exposed to a variety of healthcare disciplines, such as cardiology, internal medicine, emergency medicine, ophthalmology, palliative care, geriatrics, dentistry, public health, surgery and primary care. The rotations will take place in clinics, hospitals, private practices, education centers, resident didactics, Grand Rounds and MAHEC's Health Science Library. In addition to scheduled rotations, students may use internship hours to participate on ABIPA Action Teams, MAHEC health career programs for academic enrichment, college planning, and conferences, service learning opportunities, Hippocrates Forums, and special sessions on writing enrichment. Each student is also assigned a leadership mentor who provides guidance and coaching during the internship. Student orientation includes training on HIPPA, OSHA, and professional ethics.

The program begins with a week-long orientation that will introduce students to:

- The Health Information Portability and Accountability Act (HIPAA)
- Occupational Safety and Health Administration (OSHA)
- Professional ethics
- Workplace etiquette and protocols
- Confidentiality
- Personal attitude and presentation

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Results

We began the program in the Fall of 2005 with 2 interns. As of June 2013, we will have graduated **thirty-four (34)** interns. **Twenty-two (22)** students are still matriculating in the health sciences; **three (3)** graduated from 4-year universities but are not *currently* working in the health professions, and **five (5)** students have not responded to inquiries. Our first 3 interns graduated in 2011 from Johns Hopkins University (Derrick Beasley), NC A&T State University (Terrell Morton) and UNC Charlotte (Albert Anderson, Jr.). Terrell entered U of Miami Medical School and is completing his 2nd year, Derrick is matriculating at the U of Michigan in public health and graduates in May 2013 and Albert is at Fayetteville State in the MBA program. We have **four (4)** interns in the program for the 2012-13 academic school year that will graduate in June 2013.

Outcomes

We are very proud of all our students and our hope is that our students will have an impact on the disparity of health care between the majority and minority populations in Western North Carolina. There is an under representation of minorities in health care and we feel this is a direct correlation to the lack of health parity. Our primary goals are:

- Increase the numbers of underrepresented minorities training and practicing in WNC.
- Enhanced the quality of care (prevention & wellness) as a result of increased workforce diversity.
- Increased levels of Health Parity for communities of color in WNC.