

## **Building a National Organization for Students of Color: A Ten Year Odyssey 1993-2003 and Beyond**

By 2015, Hispanics will make up 13.6% of the US population compared to the Black population's 11.6%. Asians are projected to make up 5.8% of the population, and the share of non-Hispanic white population is projected to decline to 70%. All groups are projected to increase their educational attainment, yet disparities in educational attainment are expected to increase among groups, with Hispanics and African-Americans (AA) falling behind the other ethnic groups. Although research that seeks to understand and eliminate racial and ethnic disparities has become a priority, poorer health outcomes for people of color are extensive and still persist. Training minorities in the health professions is important because it: 1) increases the number of minorities who are willing to serve in under-served areas, 2) increases diversity in the pool of providers and applicants to the professorate, and 3) enriches the learning environment of schools by promoting the exchange of diverse ideas and perspectives ultimately improving the interpersonal skills of students and faculty/staff.<sup>1</sup>

Ten years ago I attended my first American Public Health Association (APHA; [www.apha.org](http://www.apha.org)) meeting in San Francisco, CA (Fall 1993). I was extremely excited about attending a national meeting with other public health professionals conducting important work with respect to examining health issues for communities of color. At the suggestion of someone dear to me (my mother), I joined BCHW and SAAPHI ([www.saaphi.org](http://www.saaphi.org)) as a student member. It was rewarding to belong to an organization within APHA that was geared to the overall quality and health of US citizens. But, what I gleaned from my 2-3 day attendance at the APHA conference is that being a student member in an organization that primarily caters to established public health professionals is very different than having an organization that targets junior-levels.

I later learned through opportunities to promote diversity in more mainstream settings, that again having your own organization is also different than being a diversity committee for another entity, and that one is no less needed than the other.<sup>2</sup> I was attending the conference with another one of William Carter Jenkins (affectionately called Doc) research assistants and recall saying to her "wouldn't it be nice to have our own national student organization". While serving as Doc's research assistant, I gained additional experience with developing and maintaining mechanisms that increase the number of AA in the public health sciences (<http://www.morehouse.edu/academics/cenins/publichealth/>), as well as the public health infrastructures he created like SAAPHI and the MPH program at MS. In 1993 there were no organizations within APHA that specifically met the needs of students currently matriculating at schools and programs across the county as the Public Health Student Caucus ([www.phsc.org](http://www.phsc.org)) did not exist. I began thinking if medical and dental students could have SNMA ([www.snma.org](http://www.snma.org)) and SNDA ([www.snda.org](http://www.snda.org)) respectively, then we too in public health could and should have a national organization that is specifically geared to the professional development of students or junior-level African Americans. (THINK NATIONALLY, ACT LOCALLY).

### ***Retrospective in Black***

I was so excited about the possibilities of forming this national organization that when I returned to Emory-SPH I began talking with other black students about starting an organization on our campus. Originally the organization was named the Black Student Network (minutes

from BSN meeting at EUSPH, February, 1994). Today, I'm happy to see that although the name has changed to the Assoc. of Black Public Health Students (<http://www.sph.emory.edu/student/ABPHS/index.html>) the organization is doing well. In summary, the **initial stage** primarily dealt with establishing such an entity for minorities at a majority institution in the south, which primarily caters to 2 vastly different aspects of American culture, yet neatly nestled in a place of higher learning.

The **second stage** of building required interdisciplinary teams that were primarily established with a similar purpose for health professionals across disciplines. This too would be attempted at the oldest Medical School in the South, namely the Medical University of South Carolina (MUSC). During the mid-1980s when minority students were primarily attending the College of Medicine with a few others in the remaining five colleges at MUSC, two minority student organizations were formed the Student National Medical Association (SNMA) and the Multicultural Student Union (MSU). During the early-mid 1990s there was renewed interest in seeing that these minority organizations flourish. During this same period the Student National Pharmaceutical Association (SNPhA) and the Student National Dental Association (SNDA) established local chapters on this campus. By the Fall of 1996, there were minority student organizations in half of the colleges at MUSC. By the Fall of 1999, the Association of Black Health Professionals (ABHP), the Multi-Cultural Graduation Student Association (MGSA) (<http://www.musc.edu/mgsa/page3.htm>) and the Multicultural Student Nursing Association (MSNA) were formed in the remaining three colleges, namely the Colleges of Health Professions, Graduate Studies and Nursing. At that same time, I initiated dialogue between the presidents of these organizations and representatives from the Office of Diversity continued in an effort to foster better communication and collaboration between organizations. The International Association (IA) also was included in these discussions. As a result of a series of discussions that took place over the next year and a half, the Multi-Cultural Student Advisory Board (MSAB) (<http://www.musc.edu/msab/history.html>), formerly known as MSU was established Spring of 2000.

The **third stage** of building sought to address establishing a national entity within a well-established or recognized entity that as defined by its mission statement was inclusive, but for a variety of reasons remained less welcoming to those health care providers of a different hue. Several interested health professionals attending the APHA conference in Boston, 2000, began discussing ways to improve networking opportunities at these meetings from our respective vantage points. These discussions occurred over the next year and served as the planning committee of the "NETWORK's 2001 efforts in Atlanta, GA. Given how well received these events were by conference attendees, we began regular meetings throughout the year to begin planning for the annual presence of this organization at APHA. June 27, 2003, I along with three African American males incorporate this organization in the State of Georgia as a domestic non-profit corporation. The organization has not yet filed for non-profit or tax exempt status from the Internal Revenue Service, but hope to do so in the near future. Ten years later with the APHA annual meeting returning to San Francisco, it was an appropriate time to recognize the journey. All the trails and triumphs, volunteer hours in planning needed of this much needed endeavor and the future of the BYPPHN, Inc. looks bright not because of me but because of YOU!!!

The **fourth stage** reaches back to college campuses across the US to raise awareness around public health issues that broadly impact everyone, but more specifically address important health issues for communities of color. The second prong of stage four is to establish linkages between underrepresented minority student organizations on these college campuses that have public health programs for both undergraduate and graduate students. We are now reaching electronically with the listserv over 1,000 members across the country with 17 representatives from minority student organizations from established and newly formed public health schools and programs (<http://www.bypphn.org/organizations.htm>). For the past four years, we have successfully planned and executed several activities during the APHA annual conference that specifically address the professional development of this special segment of the public health workforce. Last year, as a pilot program, a service project component was added to provide highschool/elementary school students from the Bay area an opportunity to meet and exchange ideas about pursuing a career in the health professions.

While the remaining stages of the master plan have yet to be fulfilled, the future is certainly brighter because of the investments and sacrifices made not only by those currently working in the field but because of whose shoulders we stand on.

Respectfully submitted,

ZES

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<sup>1</sup>Excerpts from: AAMC Symposium on Diversity in the Health Professions in Honor of Herbert W. Nickens, M.D., National Academy of Sciences, Washington, DC, March 16, 2001

<sup>2</sup>Michelle L. McClelland. The Need Still Exists for Black Student Unions. *Black Issues in Higher Education*. February 1, 2001; 45.