Building Better Pathways to
Health Professions Workforce Diversity

A Framework for Academic Health Centers

Executive Summary

Pipeline and pathway programs developed at academic health centers provide critical support for aspiring learners from traditionally underserved populations to enter the health professions and careers in the biomedical sciences. The *AAHC Pipelines to Pathways Initiative* seeks to identify and share success factors for such programs. The *Initiative* is led by the Association of Academic Health Centers (AAHC) Chief Academic Officers (CAOs) executive leadership group in partnership with the AAHC Sullivan Alliance.

This report, *Building Better Pathways to Health Professions Workforce Diversity: A Framework for Academic Health Centers*, was undertaken by AAHC as part of the AAHC Pipelines to Pathways Initiative.

A core goal of the *AAHC Pipelines to Pathways Initiative* is to provide a framework to expand access to the breadth of health professions careers for learners from diverse backgrounds. While individual health professions colleges can offer pre-applicants various avenues to learn about health professions career opportunities, these discipline-focused colleges that are within an academic health center have the potential for more significant engagement and results. Academic health centers can devise seamless opportunities to engage aspiring learners in ways that accomplish two critical aims.

First, academic health centers can develop strategies that coordinate their colleges to function collaboratively and engage aspiring learners in productive, interactive exposure to foundational knowledge-building experiences that are shared across the health professions. These strategies can include mentoring opportunities and informative conversations and resources for the learner, learner family members, and academic advisors along the K-12 or K-14 continua. For learners, the benefit of such experiences is visualization and exploration of multiple *pathways* that variously converge into a specific health sciences career opportunity.

Second, early outreach in the K-12 curriculum can be crucial for mentoring aspiring learners who are underrepresented in the health professions and who may be socioeconomically less able to risk either the cost or delayed time to degree completion. The college sponsor has invested faculty and staff time in aspiring learners and their supporters and has expended resources to develop what has gone into the aspirant's toolkit and preparation for entry. For an individual college, the success or failure of a *pipeline* program may be the resultant identification of the aspiring learner as a subsequent applicant admitted to the entering class of that discipline. It is difficult for college-based project or program leaders to justify the expense without identified measures of success and quantifiable outcomes that support the college mission. For colleges based within academic health centers, a pathways approach to engaging aspiring learners can create a seamless yet multi-faceted curriculum for aspiring learners, enabling more variety of offerings or more frequency of offerings at times and locations (or through modalities) that are easier to deliver and easier for learners to access as individuals or within a planned cohort.

With the belief that academic health centers are well positioned to leverage a pathways approach to underrepresented minority (URM) recruitment into STEM health careers, a workgroup of the AAHC CAO executive leadership group commissioned a series of in-depth interviews with AAHC and AAHCI member practitioners who lead and manage pipeline and pathway programs in academic health centers. The goal was to produce a viable framework for creating and sustaining successful pathways into STEM health professions. A more immediate aim of the interviews was to produce experiential data and evidence to inform a pathways model. This report identifies and shares insights from the interviewees about success factors for such programs.

The report presents findings, conclusions, and Key Takeaways based on program details and insights that came out of specific interview questions. Insights the practitioners shared— viewed individually—may inform and improve the practices, procedures, and policies that sustain URM STEM recruitment of aspiring learners and prepare them to succeed as applicants and thrive in the education program of their chosen health profession field. In addition, the value added by these insights—viewed collectively—may offer academic health centers, their K-16 school partners, and other community-engaged partners and stakeholders a more cohesive way to invest in STEM recruitment and the success of URM aspiring learners.

The report lays out findings, themes, and suggested actions. The detailed findings are discussed in specific sections:

1. **Pathway Programs: A Significant Component in an Institutional Strategy to Advance Diversity, Equity, and Inclusion**

   Strategically, in the support of diversity, equity, and inclusion (DEI) goals, there is potential value in integrating pathway programs into overall institutional programming, rather than treating them as discretionary programming by a project or college (not a component of the academic health center's core work).

2. **Many Types of Partnerships can Strengthen Pathway Programs**

   Commitment by institutional leaders to activities that facilitate aspiring URM student entry to STEM health professions can facilitate the development and sustainability of productive partnerships with other public, private, government, or community organizations in pathway programs. These partnered relationships, in turn, can strengthen the institution's capacity to further its mission, especially as it relates to DEI goals.

3. **Evolving Administrative Structures for Pathway Programs**

   As institutions devote more attention and resources to DEI work, there may be value in consolidating the management of separate STEM/URM programs in one office, or under one umbrella function, that includes strong ties to the institution-wide DEI office (if that office is not the host administrative structure).

4. **Faculty Members Are Strongly Motivated to Engage in Pathway Programs**

   It is in an institution's best interest to publicize faculty and college collaboration to provide STEM opportunities generally and STEM/URM opportunities specifically. Such collaborations may contribute to faculty retention and allow them to engage further other internal colleagues and external audiences.

5. **Funding: Sources and Institutional Strategy**

   Identifying a baseline operating budget and an array of funding sources to defragment grant-funded or college-funded pathways/pipeline programs requires budget planning for the efficient deployment of operating monies, discretionary dollars, or donor-generated funding that can address any unique needs of URM aspiring learners interested in STEM/health careers.

6. **Engage Parents and Community Leaders in Pathway Programs**

   Making education more accessible to underrepresented populations requires investment with greater intentionality to ensure that faculty, staff, or leader time is deployed to accomplish systemic outreach that engages parents, K-12/14 student advisors, and community leaders in ways that demonstrate that pathway programs are intentional and durable and not incidental or opportunistic or short-term projects. Intentional projects can still evolve as priorities change, but the communication pathways within the academic health center and the K-12 school systems, and with parents/guardians of aspiring learners, should be structured for participatory on-going engagement.

7. **Keeping Learners Engaged in Pathway Programs can Disrupt The "Leaky Pipeline" Challenge**

   Academic health center leaders can consult with pipeline/pathway program practitioners who have faced the challenge of a "leaky pipeline" and engage their assistance to fully assess the package of supports they provide. Pipeline programs frequently offer aspiring learners enrichment activities, experiences, mentoring, and other support that help mitigate disparities in the resources available (through home, school, or community opportunities) to students from underrepresented backgrounds.

8. **Defining and Developing Metrics and Data Collection to Measure the Efficacy of Pathway Programs**

   Academic health center leaders can assist with the development of a better framework for metrics that includes quantitative and qualitative data. Consistent metrics, relevant to the institutional mission and strategic aims, could make pipeline and pathway program analytics more robust and, ultimately, could inform productive program improvements.

9. **Early K-12 Participants**

   Engaging with aspiring learners at earlier points along the K-12 continuum can help young learners envision a pathway into a health profession (or biomedical sciences). Simultaneously, pipeline/pathway programs may bring health education resources to communities for K-12 learners that also provide accessible and easy to understand information for parents and classroom teachers that can increase health literacy more broadly. Many communities are in need of such information but have no mechanism to acquire it other than through personal healthcare. Increasing health-related knowledge dissemination would enable academic health centers to offer an invaluable public service.

10. **Pathway Programs: Catalysts for Curricular and System Structural Reform to Advance DEI**

    Academic health centers may be able to draw broad lessons from intentional review of pipeline/pathways work to help identify and inculcate principles of diversity, equity, and inclusion. Taking a community practice approach can complement other sectors, e.g., admissions practices; curriculum development; or faculty, staff, and student awards.

Findings from the interviews offer compelling examples and Key Takeaways from the experiences of these practitioners that may further inform how academic health centers can invest in and incorporate a pipeline to pathways transition and gain additional value from lessons-learned that can be applied to desired outcomes within their mission. Insights from the interviews are offered as seeds that may help academic health center leaders to grow and cultivate a cohesive and collaborative framework that supports the entry and success of aspiring URM learners interested in STEM/health careers.

The AAHC Chief Academic Officers and AAHC Sullivan Alliance pipelines to pathways working group believes that academic health centers are uniquely positioned to leverage the advantage of a STEM/health careers pathways framework. We propose that such a framework, driven by academic health center collaborative leadership, offers benefits to aspiring learners and their advocates. It also offers tangible benefits to the academic health center faculty, staff, students, and pipeline program leaders at the same or lower institutional financial cost and lower psychological cost than current discretionary or single discipline pipeline initiatives, which can struggle to achieve sustainability and meaningful quantitative outcomes tied to institutional mission-specific metrics.

If you find these ideas worthy of further exploration, we encourage you to share your discoveries or questions. For more information, contact AAHC at: **programs@aahcdc.org**.