

Chapter 19

How an Anti–Racist Organizational Change Model Can Build Capacity to Support Historically Excluded Students: A Guide for Advisors and Administrators of Pathway Programs

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ABSTRACT

Increasing diversity among the health workforce is not enough to address healthcare disparities. Advisors and administrators need to understand the role of justice, equity, diversity, and inclusion in the development of anti-racist organizations. This chapter considers the history and impact that the systemic exclusion of Black, Indigenous, People of Color (BIPOC) has on the healthcare system, provides an overview of modern efforts to attempt to resolve this problem through pipeline programs, considers one institution's efforts to make anti-racist change, and discusses how administrators and advisors in pre-health programs and pipeline programs can apply an antiracist organizational change model to build their capacity to support historically excluded students.

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INTRODUCTION

The United States (U.S.) has been investing in efforts to increase diversity in health professions through the use of pathway programs since the 1980s (Bouye et al., 2016). Historically, pathway programs were designed to address racial disparities in science, technology, engineering, and mathematics (STEM) fields. Through these programs, there has been a focus on developing pathways for medicine and the health sciences. Pathway programs are also designed to remediate the historic exclusion of people of color in the United States healthcare system and the poor access to affordable educational opportunities for young people interested in pursuing careers in health professions (Goode & Landefeld, 2020; Riley, 2012; Schultz et al., 2011). Despite these efforts, people of color remain significantly underrepresented in health sciences and medical professions.

By the end of this chapter, the reader will be able to explain the role of pathway programs in bridging the opportunity gaps in health professions for historically excluded communities, discuss effective models of pathway programs, and identify where their home institution is in the process of becoming anti-racist. Importantly, this chapter posits that pre-health advisors are critical in addressing systemic inequities and barriers for historically excluded students, but that meaningful change requires support from the entire institution. For this reason, this chapter primarily discusses the role of advisors within the context of institutional change. We argue that pre-health advisors can serve an integral role in the process of shifting culture and reshaping systems, but that no single person can change culture alone.

BACKGROUND

Throughout this chapter, we frame our discussion around pathway programs and anti-racist organization change through the lens of justice, equity, diversity, and inclusion (JEDI) over diversity alone (Ward, 2021). We argue that diversity alone is insufficient to make meaningful and long-term change within a program or institution because the sole focus of diversity is increasing the number of people without providing attention to the structural issues that impact their success. We also discuss various programs designed to invest in historically excluded communities using the broad term “pathway program.” We use the term pathway, as opposed to pathway program, to suggest that effective programs provide more flexibility to students in terms of where they enter these programs and when they choose to exit (e.g., entering the workforce after high school, completing a two- or four-year degree program, or pursuing graduate training) or return (e.g., enter the workforce after high school, get direct experience in a health profession, and pursue additional education after the “traditional” age of college enrollment). In other words, the term pathway suggests a single entry and exit point for all students, which may not be appropriate given each student’s unique goals. Investing in pathway programs that address all elements of JEDI is one way by which our institutions can become anti-racist.

Clinician Demographics

The U.S. has a persistent problem in educating and retaining clinicians. Despite the increased number of citizens with access to care, the United States has only 2.6 practicing doctors per 1,000 citizens. This number is significantly smaller than the average of 3.3 physicians per 1,000 people in peer countries

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