



Growing and Supporting Diverse Nursing and Medical Workforces in California

Emerging Insights from a Study of Pathway Programs



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Study Background and Purpose

Background

- Although California is the most diverse state in the US, most of its nurses and physicians are white:¹
 - Black/African American people account for 5.5 percent of nurses and 3 percent of physicians in the state.
 - Hispanic/Latinx people account for 8 percent of nurses and 5 percent of physicians in the state.
- Many factors, including past and current racism, contribute to these statistics.
- The lack of diversity in health professions can influence the well-being of Black/African American and Hispanic/Latinx providers; perpetuate racial and ethnic disparities in patients' access to care, the quality of care received, and care outcomes; and prevent physicians and nurses of all races and ethnicities from receiving the training necessary to serve diverse populations.²
- Increasing diversity, equity, and inclusion in health care can provide many benefits,³ including improved access to high quality care; greater patient choice and satisfaction; improved patient-clinician trust; and more diverse leadership, policymaking, and research professionals.

¹ Joanne Spetz, Lela Chu, and Lisel Blash, "Diversity of California's Nursing Workforce Chartbook," University of California, San Francisco, accessed March 2, 2022, <https://www.rn.ca.gov/pdfs/forms/diversitycb.pdf>; "California Physicians, 2021," California Health Care Foundation, March 2021, <https://www.chcf.org/wp-content/uploads/2021/03/PhysiciansAlmanac2021QRG.pdf>; and LPOC Organization, "In a Diverse State, California's Latino Doctors Push for More of Their Own," Latinx Physicians of California, January 2, 2018, <https://latinxphysiciansofca.org/diverse-state-californias-latino-doctors-push/>.

² Kelly Serafini, Caitlin Coyer, Joedrecka Brown Speights, Dennis Donovan, Jessica Guh, Judy Washington, and Carla Ainsworth, "Racism as Experienced by Physicians of Color in the Health Care Setting," *Family Medicine* 52, no. 4 (2020): 282–87; Agency for Healthcare Research and Quality, [2021 National Healthcare Quality and Disparities Report](#) (Rockville, MD: Agency for Healthcare Research and Quality, 2021); and Joanne Lewsley, "Racism in Healthcare: What You Need to Know," *Medical News Today*, July 28, 2020, <https://www.medicalnewstoday.com/articles/effects-of-racism>.

³ HHS Advisory Committee on Minority Health, [Reflecting America's Population: Diversifying a Competent Health Care Workforce for the 21st Century](#) (Washington, DC: US Department of Health and Human Services, Office of Minority Health, 2011).

Study Purpose and Methods

- In 2021, the Urban Institute conducted a comprehensive study, with support from the California Health Care Foundation, to identify and examine promising practices for sustainably increasing the representation of Black/African American and Hispanic/Latinx people in the physician and nursing workforces.
- The **study focused on pathway programs**, also known as pipeline programs, designed to recruit and support students, early-career professionals, and established professionals in nursing and medicine.
- The study included
 - a scan of peer-reviewed literature on nursing and medical pathway programs and their efficacy;
 - 35 semistructured interviews with pathways stakeholders; and
 - 8 focus groups with a total of 41 Black/African American and Hispanic/Latinx health professionals and students.

Limitations

- The study focused on centering and lifting up voices of Black/African American and Hispanic/Latinx students and health professionals. **Some important perspectives may not be captured—and other perspectives may be overrepresented—because we interviewed and held focus groups with a relatively small number of stakeholders.** The review of the literature is not exhaustive and is limited to studies that examined impacts of diversity pathway programs.
- The COVID-19 pandemic has exposed and called attention to inequities in health care and health outcomes for many racial and ethnic groups, tribal nations, and immunocompromised and other populations. **Though this presentation focuses on increasing the number of Black/African American and Hispanic/Latinx people in California health care professions, increases in the representation of Indigenous, disabled, LGBTQ+, and other structurally and systemically excluded groups are needed** amid a growing national shortage of physicians and nurses.

Terminology

- We use the phrase “**systemically and structurally excluded**” to call attention to the ways Black/African American and Hispanic/Latinx students and professionals have been locked out of equitable educational and professional opportunities. Our goal is to prioritize the opportunities to increase the diversity of health professions by radically transforming the gatekeepers, practices, systems, and institutions that have historically excluded and marginalized students and professionals of color.
- We chose to use the terms "Black/African American" and "Hispanic/Latinx." We recognize these terms do not resonate with all people in these groups, and we remain committed to using respectful, inclusive language.
- We recognize the importance of intersectionality, or the reality that people have multiple identities that intersect in ways that affect how they are viewed, understood, and treated. In this presentation, intersectionality helps account for the whole of a person’s experiences in school, training, pathway programs, and professional contexts.

What Is a Pathway Program?

- We define this as a program or intervention designed to recruit and support students, early-career professionals, and established professionals throughout their careers.
- Programs can include one or more of the following:
 - academic support
 - mentorship
 - financial aid and scholarships
 - training and internships
 - social supports
 - institutional supports
- This study focuses on programs that intend explicitly or implicitly to increase the diversity of the health care workforce, particularly the representation of Black/African American and Hispanic/Latinx medical and nursing professionals.
- While the study focuses on postsecondary programs, we recognize that sustainable pathways to health care professions ought to begin earlier; some programs are designed to inspire, engage, and encourage K-12 youth.

Key Findings

Key Findings

- **Pathway programs are instrumental to the diversification of the health care workforce**, providing systemically and structurally excluded students with the skills, resources, and supports to mitigate academic, financial, and other barriers to success.
- Though considerable efforts and investments have been made to recruit Black/African American and Hispanic/Latinx students into medical professions, **comparable pathway programs are lacking for nursing students and professionals** from systemically and structurally excluded groups.
 - The literature that describes or evaluates nursing pathway programs is limited; most studies examine the components of or outcomes associated with programs for medical students.
 - Unlike the medical students and professionals we spoke with, none of the nursing students or professionals we spoke with reported participating in diversity pathway programs.
 - Our findings are supported by the literature, which suggests that only about 20 percent of nursing schools have targeted interventions designed to increase diversity in nursing.¹
- The following slides present our findings across four key program supports:
 1. Academic and career
 2. Financial
 3. Social
 4. Institutional

¹ J. Margo Brooks Carthon, Thai-Huy Nguyen, Jesse Chittams, Elizabeth Park, and James Guevara, "Measuring Success: Results from a National Survey of Recruitment and Retention Initiatives in the Nursing Workforce," *Nursing Outlook* 62, no. 4 (July–August 2014): 259–67, <https://dx.doi.org/10.1016%2Fj.outlook.2014.04.006>.

1. Academic and Career Supports

Academic and Career Supports

“[Pathway programs] help with providing a lot of academic resources and getting experience and exposure with different research avenues of medicine...that's actually how I found my interest in neuroscience.”

—Medical professional

- Academic enrichment is a fundamental component of premedical school pathway programs and should be considered when developing nursing pathway programs.
- These supports may include science, technology, engineering, and medicine programs; summer enrichment programs focused on preparing students for academic and social life in health professions schools; internships; research and conference opportunities; academic and career advising; study tips and exam preparation (e.g., how to take notes during class, write application essays, or prepare for exams); and assistance with residency placement or job search.
- Study participants (and evidence from available research) suggested additional coursework, clinical training, targeted guidance, and other forms of academic support before and after entering professional school are effective ways to help students develop the skills to succeed.
- Example: [UCLA Summer Health Professions Education Program](#)

Academic Advising

“There [were] so many people in my institution who would tell us, like, 'Oh, you can't get into medical school,' or, 'Oh, you can't do this especially if you're a minority.’” —Medical professional

- Both medical and nursing focus group participants noted deficiencies in the academic advising they received during high school, college, and higher education. Many interviewees noted that even when academically prepared, they were discouraged from pursuing health careers by advisers and discouraged from pursuing certain specialty residencies by their medical school advisors.
- In some cases, participants felt this was racially motivated and that they were perceived by advisers or counselors as incapable and incompetent.
- Nursing professionals reported that they had no exposure to or advising about nursing while attending their colleges and universities, and that they had to figure out on their own how to become a nurse.
- When nurse professionals were asked to recommend academic and career supports, the list included
 - mentorship and more information about possible nursing careers,
 - shadowing and career supports to feel comfortable in the kind of nursing field professionals wanted to pursue, and
 - exposure to or advice about different pathways to nursing while attending their colleges and universities.

2. Financial Supports

Financial Supports for Students

“When African Americans, and just minorities in general, are able to get that financial support, it kind of helps motivate them to pursue these goals that may seem a little unattainable or maybe they can't afford it.”

—Pathway stakeholder

- Study participants often emphasized that the **cost of higher education can be a considerable barrier** to pursuing nursing and medical careers for students, particularly students from low-income backgrounds.
- **Financial support can come in many forms**, including full scholarships, Pell grants, paid internships and practical training opportunities, research grants, fee waivers, financial assistance with applications and school expenses (e.g., room and board, textbooks, exam fees), and state and federal student loan repayment programs.
- **Wraparound financial assistance is needed** not just for tuition but for other expenses, including food and housing, transportation, child care, fees for high-quality exam preparation courses and materials, and application fees.
- Example: [Nursing Education Investment Grants Program](#)

Federal Loan Repayment Programs

- Federal and state scholarship and loan repayment programs, such as National Health Service Corps, have been found to increase the recruitment, and sometimes retention, of physicians from rural and medically underserved areas.
- However, some limitations exist:
 - Federal programs authorized in Titles VII and VIII of the Public Health Service Act are primarily designed to alleviate primary care physician shortages, and only a small share of this funding is dedicated to increasing health workforce diversity.
 - The main mechanisms for student debt reduction, scholarship and loan forgiveness programs, are conditioned on a recipient having completed several years of service in underserved communities.
 - Participants noted that scholarship and loan repayment programs offered direly needed financial support but often required people to relocate to areas where people of color are isolated.
 - Though focus group participants felt loan forgiveness was better than nothing, some felt it should include specialty care, because a diverse specialty workforce is also needed.

Funding Sources and Concerns for Pathway Programs

- Key informants noted that **funding for pathway programs was often unstable and short of the level needed.**
 - Federal and state funding, the largest source of funding for health care diversity pathway programs, can fluctuate depending on the politics and priorities of changing administrations.
 - Philanthropic funding has its own challenges and unique agendas; it can often be short term and require the demonstration of concrete results in just a few years.
 - Funding for elementary school pathway programming is limited.
 - Limited or no funding from nursing and medical schools can undermine sustainability.
- According to many pathway program administrators, **funding is seldom available for evaluating program effectiveness**; many key informants recognized that limited evidence of pathway programs' impacts on participants' achievements and progression was hurting further investments in health care workforce diversity initiatives.

3. Social Supports

Social Support

“There was also [an] organization called the Black professionals in health care, and it was multidisciplinary...They would have...quarterly meetings, but they would intentionally invite students to give them a sense of community and support.” —Medical student

- The demands of academic preparation and clinical practice can be stressful regardless of racial identity. In addition, Black/African American and Hispanic/Latinx students and professionals often face discrimination and racism in schools and the workplace, underscoring the need for targeted emotional and social support.
- The most common forms of social support that pathway programs provide include structured mentorship programs and social activities, such as affinity groups.

Mentorship

"It would have been helpful to have a formal mentor because [of] the isolation that I experienced in nursing school, being the only African American in a large group." –Nursing professional

- Evidence points to a **positive association between having a mentor or a role model and sustaining interest in and/or succeeding in health professions schools.**
 - Study participants deemed mentorship, ideally throughout one's educational development and clinical practice, as the most vital support.
 - Many nursing and medical students noted they had to find their own mentors.
 - Most interviewees preferred a mentor who understood their personal and professional aspirations and were open to help students if their professional goals shifted.
- **Participants identified a lack of faculty diversity as an overall barrier to finding mentors, feeling welcome, and having a sense of belonging at a school.**
 - Many recognized the lack of time and financial support as additional barriers for Black/African American and Hispanic/Latinx faculty to mentor students.
- Examples: [California Nursing Students' Association Mentorship Program](#); [UCLA Health Underrepresented Resident Mentorship Program](#)

Other Social and Psychological Supports

“[Becoming a doctor is] hard because the full-time job is so hard [being a student and resident], and any additional things are draining and keep you from resting, and you need to rest to be the best doc you can.” —Medical professional

- Programs often provided students with professional or informal psychological support to battle feelings of imposter syndrome, an institutional lack of support, and active discouragement.
- Study participants found it important to have time to rest and relax; rest and fun are seldom prioritized in medical or nursing school but can help students perform better in school and practice.
- Example: [UCLA Behavioral Wellness Center](#)

4. Institutional Supports

Institutional Supports

"I feel like they either didn't like me because I was a woman that was a nurse practitioner, or because I was brown...I had a doctor who threw papers at me. I had people dismiss me. People told me they didn't have time to do a consult....It was actually pretty tough not just learning how to manage these patients but dealing with the people that I worked with."

—Nursing professional

- Institutional culture plays an important role in efforts to diversify the nation's health care workforce. Both educational institutions and health care employers can **promote or hinder Black/African American and Hispanic/Latinx people's entry into and retention in health professions** by the extent to which their institutional environments do or do not welcome them.
- Broad institutional buy-in and support for diversity, equity, and inclusion in an organization's policies and practices, curricula, and operations (including recruitment practices, line items in budgets, staffing, faculty performance reviews) and accountability for adhering to these practices are critical to creating and maintaining an inclusive environment.
- Nursing and medical students noted some schools just want to meet basic minimum requirements, rather than authentically and systemically working on increasing diversity among students, faculty, and staff.
- Example: [Anti-Racist Transformation in Medical Education project](#)

Retention in Clinical Practice

"Nursing is not fun. In hospitals, nursing sucks. You can love what you do, but the way the hospital system treats you is like a task rabbit." —Nursing professional

- **Continued hostility in clinical practice settings affects retention.**
 - Participants reported facing continued hostility and prejudice after medical school graduation in their residencies and practices. One medical professional expressed frustration that even after getting a prestigious fellowship and proving she deserved and was worth the recognition, "it doesn't get easier."
 - Nursing professionals also noted toxic nursing culture as a huge challenge to overcome once they entered the health care workforce. Some professionals reported that preceptors and supervisors were burned out by the demands of a hospital setting. Other preceptors were explicitly racist, and still other participants felt patients, physicians, and hospital administrators devalue the nursing profession.
- **Students face undue pressure to practice in underserved communities.**
 - Medical and nursing students noted that they were often steered toward the fields that require high patient volume and turnover, which did not allow them to practice effectively and belied their reasons for becoming health professionals. Some felt steered toward lower-paying primary care jobs with high patient volume but little support to provide holistic care.
- **Retention data from nurses and doctors in clinical practice are seldom available.**
 - Diversity pathway programs often track short-term measures such as pre- and postintervention changes in grades and exams scores, graduation rates among program participants, and admissions to and graduations from health professions schools but cannot speak to where or how long participants stay in clinical practice.

Recommendations for California Stakeholders

Pathway Programs in California

- Though increasing the diversity of the health care workforce is challenging, there is hope. Comprehensive pathway programs that offer academic, social, and financial supports demonstrated promise both in existing research and through the evidence generated from this study.
- As California seeks to increase investments in diversity pathway programming, the following high-priority areas could be considered:
 - The effectiveness and scalability of health care workforce diversity pathway programs are hampered by legal challenges to affirmative action policies, limited and unstable funding, and a lack of institutional buy-in and support.
 - A lack of standardized metrics and means of accountability have also hampered the effectiveness and scalability of health care workforce diversity pathways programs.
 - Leadership and faculty at predominantly white nursing and medical schools must ensure people from systemically and structurally excluded backgrounds have the necessary resources and supports to be successful and to teach all of their students about and train them on how to provide culturally effective care. Historically Black colleges and universities and Hispanic-serving institutions cannot train enough health care professionals to achieve racial and ethnic concordance with a rapidly changing and diversifying US population.
- Example: [California legislation mandating that nursing schools and programs include implicit bias education in curricula](#)

Promising Strategies for Greater Diversity, Equity, and Inclusion

- **Holistic admissions practices.** These practices consider qualities such as commitment, resilience, work ethic, and interest in service in underserved communities to be as important as grades and exam scores. These practices have shown promise in increasing the number of students from structurally and systemically excluded racial and ethnic groups in health professions schools.¹
 - Example: [UC Davis School of Medicine admissions adjustment for socioeconomic disadvantage](#)
- **Recruiting locally.** Health professions schools can invest in “growing their own” pool of qualified candidates by conducting early outreach in local communities and creating pathways to nursing and medical schools for systematically and structurally excluded students.
 - Example: [UC Davis Undergraduate and Community College Outreach Programs](#)
- **Pathways to medicine and nursing for the ancillary health care workforce.** The ancillary workforce, such as nursing aides and medical assistants, is often more diverse than the rest of the medical and nursing workforces.² Targeted supports and guidance for ancillary health care workers interested in nursing or medical professions are needed, including more diverse baccalaureate and postbaccalaureate programs and increased recognition of foreign-awarded degrees from the breadth of countries represented among California residents.

¹“New Study Finds Holistic Admissions Benefit Health Professions Schools,” National Institutes of Health, National Institute on Minority Health and Health Disparities, accessed February 28, 2022, <https://www.nimhd.nih.gov/news-events/features/training-workforce-dev/holistic-admissions.html>.

²U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. Rockville, Maryland., accessed February 28, 2022, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf>.

Recommendations for Academic and Career Supports

- Work in partnership with existing and prospective pathway program participants to determine which supports are needed and how they should be structured.
- Invest in K–12 programs to increase exposure to and knowledge of nursing and other health professions and nurture students interested in pursuing these professions across the full educational continuum, including clinical practice.
- Support programs that strengthen the academic skills of prospective and enrolled nursing and medical students from systemically and structurally excluded groups who have the potential to succeed with additional support.
- Invest in linkages across programs at each educational level to ensure students progress along their desired career pathways in medicine and nursing.
 - Example: [Associate Degrees for Transfer in Health Majors at the Community Colleges and California State University System](#)

Recommendations for Academic Advising

- **Develop resources, guidance, and training** for advisers to remove implicit bias from their advising processes.
- **Transform academic advising to better support students**, including by adding accountability mechanisms for academic advisers to receive regular, anonymous feedback to help refine their advising approaches.
- **Develop culturally and linguistically appropriate student-centered resources for academic advisers** to use when advising prospective nursing and medical students from systemically and structurally excluded groups.
- **Provide access to specialized training for advisers**, including training on how to finance medical education for students and program participants who wish to pursue specialty medicine; doctors of color are needed in all specialties.
 - Example: [Drew University Health Professions Advising](#)

Recommendations for Financial Assistance to Students

- **Expand direct support to students**, including unconditional grants, scholarships, and stipends to give students a freedom of choice in specialty and geographic area of practice and funds to defray the cost of living and other nonacademic costs associated with obtaining education and training.
- **Remove financial barriers to higher education** with policies such as free college or sliding-scale tuition for students, depending on financial need.
 - Example: [Kaiser Permanente Bernard J. Tyson School of Medicine's Tuition Waiver](#)
- **Provide financial compensation and other support so students of color can shadow medical and nursing professionals** while in college to understand the breadth of clinical specializations and opportunities.

Recommendations for Financial Supports for Pathway Programming

- **Provide funding to community colleges and public four-year colleges and universities to support comprehensive pathway programs** to recruit and retain undergraduates from systemically and structurally excluded groups.
- **Fund mentoring and support programs** for practicing Black/African American and Hispanic/Latinx clinicians.
- **Use funding to incentivize** nursing and medical schools to use emerging best practices for the recruitment, retention, and graduation of Black/African American and Hispanic/Latinx students.
- **Continue to support and increase funding for programs known to increase opportunities for students from systemically and structurally excluded groups**, like the Health Resources and Services Administration's Health Careers Opportunity Program and Centers of Excellence, which have various pathway programs.

Recommendations for Social Supports

- Financially incentivize nursing and medical schools to **create formal mentoring programs** and to **diversify their faculties and student bodies**.
- **Develop and implement mentor and mentee trainings that articulate roles, responsibilities, and opportunities.** Trainings should also help mentors center mentees' needs and goals. Require regular meetings and reserve dedicated time for these meetings.
- **Diversify the universe of mentors**, which often means diversifying faculty so that students have more mentors to choose from without contributing to faculty burnout.
- **Create mentoring matches based on concordance and interests where possible.**
- **Compensate mentors and provide dedicated time for mentees and mentors to meet.**
- **Implement an evaluation metric for mentors and advisers** to assess if they are effective, need additional skills, or should be let go.
- **Adopt cohort model approaches** to provide continued mentoring and other resources from acceptance into through graduation from medical or nursing school.

Recommendations for Institutional Supports

- Improve the representation and retention of faculty and staff from systemically and structurally excluded groups by **offering opportunities for research and professional development that count toward compensation, promotion, and tenure considerations.**
- **Create anonymous channels for students, trainees, and residents to report racism and microaggressions, and institute accountability strategies for faculty and staff who are reported frequently or a certain number of times.**
- **Train recruiters, admissions staff, and clinical placement staff on implicit bias and holistic admissions policies and practices.**
- **Develop programming, career supports, and accountability measures so students who experience racism and bias while in training can succeed.**
- **Document and disseminate across institutions the best practices for creating and supporting an inclusive environment, including through case studies, websites, and protocols.**

Recommendations for Sustainability and Accountability

Institutional Pathway Program Supports

- **Structure supports to build program capacity and ensure long-term sustainability**, for example, by requiring institutional matching to sustain programs past seed funding.
- **Redefine how program success is measured**; improvements in grades or graduation rates are a success, even if pathway participants ultimately choose a different field of study.

Research and Evaluation

- **Structure funding opportunities and grant requirements to incentivize and support investments in program data and evaluation infrastructure and capacity.**
- **Collect data on nursing and medical school applicants that allow longitudinal tracking** to determine where applicants attend professional school, complete fellowships, and are placed in their careers.

Recommendations for Diversity, Equity, and Inclusion Initiatives

- Financially incentivize medical schools and residency programs to use emerging best practices for the recruitment, retention, and graduation of Black/African American and Hispanic/Latinx students.
- Create legislative mandates for diversity, equity, and inclusion (DEI) in medical and nursing education; allocate funding to support them; and develop accountability metrics to enforce these mandates.
- Develop, embed, and publicly report standardized metrics to measure progress on DEI initiatives.
- Financially reward educational institutions that meet or exceed DEI metrics.
- Example: [The Diversity Engagement Survey](#)

Recommendations for the Medical Field

- Fund and work with the Medical Board of California and experts to identify the numbers of Black/African American, Hispanic/Latinx, and other systemically and structurally excluded doctors in all medical specialties (not just primary care) to **understand where gaps in diversity exist and how these gaps do or do not change over time.**
 - Encourage and support trade associations and health care systems to create and fund pathway programs for Black/African American and Hispanic/Latinx students interested in specialties.
- **Expand the number of and funding for accelerated three-year medical programs and/or programs that guarantee a residency spot upon admission** that prioritize students from financially disadvantaged households.
 - Example: [Accelerated Competency-Based Education in Primary Care Program](#)
- **Invest in proactively diversifying specialty residencies** by funding targeted recruitment and retention activities while ensuring mentorship and other supports are in place for systemically and structurally excluded students.
- **Engage medical students and professionals** in the creation, implementation, and dissemination of workforce development policies and strategies.

Recommendations for the Nursing Field

- **Develop and support an interdisciplinary, multisector working group on pathways to nursing specifically for Black/African American and Hispanic/Latinx populations.**
- **Work with nursing schools to develop a California-specific online compendium of pathway programs, financial, and career planning supports** that can be easily accessed by Black/African American and Hispanic/Latinx students interested in nursing.
- **Support the development and maintenance of nursing mentorship programming**, including guidance, training, and compensation for mentors.
- **Partner with postsecondary graduates who want to return to school for nursing** by helping them prepare for college or get associate's degrees (e.g., LPN/LVN, pre-RN) to move into nursing.

Recommendations for the Nursing Field

- Work with the California Board of Registered Nursing and experts to map Black/African American and Hispanic/Latinx practicing nurses to **understand which geographic areas have the biggest gaps in diversity; use this information to inform workforce development strategies and to assess change over time**
- Encourage and support professional associations and health care systems to **create and fund mentoring programs for Black/African American and Hispanic/Latinx nursing students.**
- **Underwrite tuition for prelicensure nursing programs for incumbent ancillary health care professionals.**
- **Establish direct transfer agreements between local nursing associate's degree programs and bachelor of science nursing programs to facilitate admission into and completion of bachelor's degree in nursing programs among students from economically disadvantaged backgrounds.**
- **Engage nursing students and professionals** in the creation, implementation, and dissemination of workforce development policies and strategies.

Concluding Thoughts

Conclusion

- Considering how American society marginalizes, disadvantages, and punishes people of color, **pathway programs are perhaps the only reason we have some, albeit insufficient, diversity in health professions today.**
 - The deep dedication and perseverance of pathway program leaders and the uncompromising determination of the students we talked to ensure their success.
- **Students and professionals achieved success, but at a cost.**
 - Nursing and medical students and professionals have little rest, support, or recognition in the face of persistent systemic racism.
 - Creating and maintaining more pathways to health professions for people of color is not enough; to ensure the equitable representation of Black/African American and Hispanic/Latinx people in health professions, the additional burdens faced by these students and professionals relative to their white and Asian peers must be reduced.
- **Comprehensive pathway programs that offer well-designed academic, financial, social, and institutional supports are instrumental to diversifying the health care workforce.**
 - Programs should be funded fully, strengthened, and evaluated robustly.
 - At the institutional level, it is important to create **diverse, equitable, and inclusive** learning and work environments that support the sustained success of doctors and nurses of color and to compensate them for the unique skills and perspectives they bring in the service of enriching the health care system.

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