FOR PUBLIC RELEASE

RACIAL EQUITY *in* CALIFORNIA MEDICAL SCHOOLS

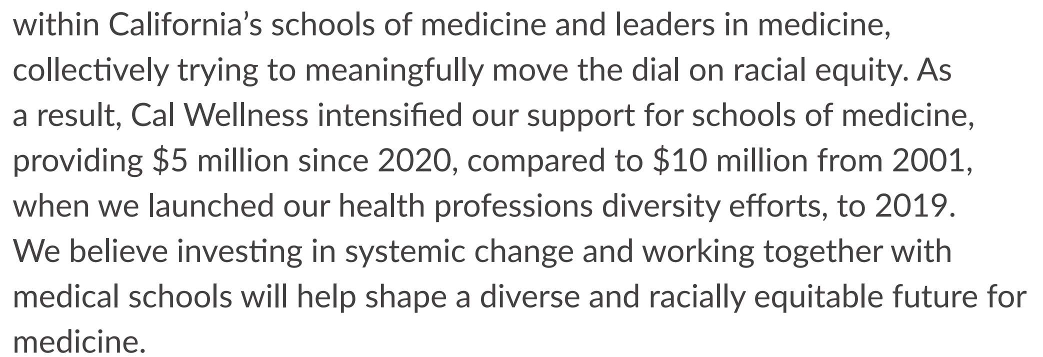
Driving Racial Equity in California Medical Schools

NOVEMBER 2024

Dear Colleagues,

The California Wellness Foundation's vision is for every resident of California to enjoy good health and experience wellness. Our mission is to protect and improve the health and wellness of the people of California by increasing access to health care, quality education, good jobs, healthy environments, and safe neighborhoods. As a funder, we want and hope that our investments will have a high impact and yield significant returns in health equity and societal well-being. And from experience and research, we know that race is a central determinant.

A physician workforce that looks like California is fundamental to creating a health care system that advances wellness for the people of California. As a health care funder, we have dedicated resources to workforce diversity and convened groups since 2001. Over these 2+ decades, we've made nearly 500 grants totaling almost $80 million. While we continue to make some of these investments, in 2020 we embarked on a new journey to explore strengthening the ecosystem



within California’s schools of medicine and leaders in medicine, collectively trying to meaningfully move the dial on racial equity. As a result, Cal Wellness intensified our support for schools of medicine, providing $5 million since 2020, compared to $10 million from 2001, when we launched our health professions diversity efforts, to 2019. We believe investing in systemic change and working together with medical schools will help shape a diverse and racially equitable future for medicine.

As major drivers of change in medicine, the leadership of California’s public and private schools of medicine are essential to realizing transformations in medicine. To this end, in 2023 we initiated The Racial Equity in California Medical Schools Project. An action research initiative co-led by Research Action Design, we set out to better understand medical school leaders' vision and current efforts toward racial equity and to capture the systemic levers for scaling change across California's public and private medical schools. In the fall of 2023 in Los Angeles, we also convened a group of leaders championing racial equity efforts in public and private SOM and funders to connect, listen, share, and imagine bold acts to move the needle in the California physician workforce. In conducting this research and convening champions, we hoped to discover a shared ambition to leverage the power of schools of medicine and a collective will to take bold action to train a racially diverse physician workforce to serve California’s current and future health care needs. The findings from our conversations give us hope.

We invite you to review what we learned through conversations with medical leaders throughout the state in the following **Research Brief, Racial Equity in California Medical Schools**, and for participating institutions, the accompanying **California Medical School Profiles**. The research shows a shared commitment to racial diversity in California’s physician workforce. We also learned that leaders want to act together to effect greater change, be strategic, and build accountability. Medical leaders want to redefine the practice of good medicine because the stakes are good health outcomes for all. Yet, the capacity to scale the momentum and progress necessary to meet California's current and future health care demands must catch up.

We believe that together, we can leverage the dynamic moment we're in. In a time rife with rapid social, political, and economic change, we see hope to change how we educate and train future physicians. This project has the potential to spark the reshaping of the landscape of medical education in California, and we are committed to addressing racial equity in medical schools. We hope you, too, will find the research informative to your work.

To learn more about this research and the project's next phase, contact Jeff Kim, Program Director, at JKim@calwellness.org.

We greatly appreciate your time and interest in our collective progress. We look forward to your continued support and engagement in this important work.

Jeffrey Kim

On behalf of the California Wellness Foundation and Research Action Design

FOR PUBLIC RELEASE

RESEARCH BRIEF
November 2024

RACIAL EQUITY *in* CALIFORNIA MEDICAL SCHOOLS

Abstract

This research, commissioned by The California Wellness Foundation, examines the ongoing problem of racism in medical education and health care in California. It outlines the ambitious goal of "moving the needle" on achieving racial equity across the state's medical schools and health systems. Based on interviews with schools of medicine and allies across California, this brief lifts up practitioners' vision, hunger, ambition, and systemic levers for scaling change. These levers stress the need for collaboration, accountability measures, sustained funding, and addressing and preparing for challenges. The brief also summarizes current racial equity efforts by schools of medicine while acknowledging the barriers that impede progress, from institutional resistance to structural racism and other inequities. All who participated agree that schools of medicine have power and that bold action is required to eliminate racial disparities in medical training, health care access, quality, and outcomes. The report aims to lift up the systemic changes and tough conversations needed to transform medical education and health care in California into national models of equity and justice.

THE CALIFORNIA Wellness FOUNDATION

RAD.CAT

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I would say to my peers that we must act, we must act now with intentionality. The way you assess whether you’re making progress is to look at where you were when you came in as dean, [and] look at whether things have changed for your medical school. Ask yourself, what impact did I make in my med school in terms of diversifying the health care workforce, and what impact did I make in the nation at large[?] And challenge yourself to look within and ask why, if you didn’t make any impact.

UC Riverside

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The California Wellness Foundation would like to understand what the toughest nuts to crack are because that is where we know we must invest. To have eyes on both the here and now and what's to come, we are looking to champions of racial equity for imagination, inspiration, and partnership.

The California Wellness Foundation

A Call to Action

Our ambition is dismantling systemic racial discrimination in health care to provide high-quality care to all. Achieving racial equity in both schools of medicine and the health care workforce are powerful acts toward this ambition.

Racial inequities in medical education and health care delivery demand urgent action; to expand efforts to increase diversity across California's medical schools and improve health equity overall. This involves matching the physician workforce to the diversity of the patient population, so all communities have access to providers who look like them and understand their needs. This, in turn, requires matching the demographics of medical students, residents, faculty, staff, and leadership to the diversity of the populations served.

It also requires fundamentally altering how medicine is practiced, taught, and valued to promote justice and inclusion. Real change means challenging profit over equity. This transformation will benefit everyone and lead to a healthier, more just society.

Now, fierce urgency compels us to accelerate our work. Racial justice in medicine remains an unfinished task—as urgent as ever. We must act decisively. Our professional imperative demands no less.

Racism in Medicine Persists

Racism in medical education perpetuates health inequities. The lack of workforce diversity directly contributes to disparities in health care access, quality, and outcomes for marginalized populations. Medical institutions have long relied on the racialized labor of minorities while limiting

HEALTH EQUITY occurs when all groups of people have access to education, health services, a safe environment, and other things that will allow them to reach their full health potential regardless of where they stand in society. (BLKHLTH)

RACIAL EQUITY is what would exist if our society no longer assigned advantages and disadvantages, through society's institutions, policies, practices, and cultural beliefs, based on a person's skin color. (APHA)

SYSTEMS CHANGE is about shifting the conditions holding a problem in place. (Social Innovation Generation)

SYSTEMIC RACISM refers to the systems (political, economic, health care, school, and criminal justice) that uphold racism. Structural racism is a part of systemic racism. (Believe My Pain)

STRUCTURAL RACISM refers to the structures, such as laws, policies, cultural values, and societal norms, that uphold racism. (Believe My Pain)

MEDICAL RACISM is prejudice and discrimination in the medical system based on race. It shows up as differential treatment by race and a lack of Black doctors. (Believe My Pain)

their representation in leadership roles. Historically excluded groups remain underrepresented in research, facing exploitation or exclusion. The orientation toward profit in medicine also exacerbates inequities in access to high-quality care and medical education. Ultimately, systemic racism is embedded in the policies, practices, and procedures of medical institutions.

This legacy of racism stems from the long history of exclusion in medical education by design. Generations of discrimination led to extreme underrepresentation of minorities among students, faculty, and practitioners. Though some progress has been made, institutional racism continues to plague medical education.

Events like the murders of George Floyd and the pandemic have spurred public reckoning with these inequities. In California, recovery from the impacts of Proposition 209, which prohibited the UC system and other state entities from using race, ethnicity, or sex as criteria in public education, has been gradual. Much of the funding for diversity initiatives has come from foundations rather than institutions themselves.

Inaction and insufficient action carry major costs. Health disparities will worsen without greater diversity among health professionals. Physician shortages will deepen, as will educational inequity. Systemic discrimination will persist, along with a lack of community trust. Research biases will continue. Delayed and inadequate care for marginalized groups will drive up costs. Physician diversity will shrink. Without exposure to a diverse patient population in training, future physicians will be ill-equipped to provide culturally competent care.

Without a change to the fundamental analysis and culture of medicine, oriented to health equity and the social determinants of health, medicine will not be relevant to transforming health outcomes. Decisive action is imperative to remedy the harms caused by racism in medical education.

If we ask better questions, if we provide authentic service to our community, and if we are clear about the goals, then we can move the needle in the right direction. Some medical schools are doing it. Yes, we have the power.

Charles R. Drew University

Schools of Medicine Have Ambition & Power

California Schools of Medicine (SOM), along with those outside, believe and see themselves as major drivers of change in medicine. They see themselves as gatekeepers of the profession with the responsibility for the training of students that represent the future of medicine, and, to do so such that those students are representative of demographics in the community, region, and CA. They believe that they have the power to shape the field of medicine itself, and galvanize centering health equity, to confront social determinants of health (SDOH) that share health disparities, and to confront racism in medicine.

Hunger for Change

There is a desire to redefine what it takes to be a good doctor, and means to practice good medicine to achieve good health outcomes.

There is explicit recognition of systemic racism and white privilege in medical education and believe there is a critical need for change. While at varying degrees and scale, SOMs are investing in diversity and anti-racism to change medical education and training, the field of medicine. Even so, there is recognition that current efforts are not enough, and to move the needle, SOMs need to figure out how to scale their efforts, individually and collectively for greater impact. Most are grateful to work in a state as dynamic as California and believe this is an opportunity to be a leader given the current national political and social landscape.

My philosophy is that the barriers are systemic. Systemic racism is what has sort of put us where we are now. The status quo is not by accident, but it's because of the policies, practices, and procedures. That's how systemic racism is embedded in our institutions. And so for us to start to unravel that, we have to go policy by policy in many cases and really start to unravel each of them to kind of eliminate those barriers to full access and inclusion.

Charles R. Drew University

There needs to be more accountability where there hasn't been, a sense of urgency for change. Though the holistic review has been trickling down slowly into the medical school admissions processes, it's not enough to push the needle forward because of so many moving parts within the admission system and so much bias with so many different people involved. There's a large human part to it, and it's difficult to take out that bias that leaks into our work as humans every day. There needs to be, at the higher leadership, a lot more accountability for pushing those numbers to equity.

Physician, Ally/Advocate

Barriers

While not exhaustive, here we capture many of the barriers to racial equity efforts that SOMs and allies identified. California's SOMs face barriers at the institutional, system, and cultural levels that impede efforts to achieve racial equity. While some progress has been made, particularly at the student level, dramatic disparities persist in representation and outcomes across graduate medical education, faculty, leadership, and beyond. Most barriers stem from structural inequalities, systemic biases, high costs, underinvestment, and overt and covert racism embedded within medical education and institutions. Direct and indirect resistance to change, whether driven by the benefits of the status quo for some, fear of change, passivity, or inertia, persist. Additional obstacles include a lack of accountability, data transparency, and competing pressures that inhibit collaboration. Though eager to do better, schools recognize these barriers continue to stymie pathway efforts, shared priorities, and overall diversity gains.

Institutional Culture & Attitudes

Biases embedded in institutional cultures pose challenges. These include overt and covert racism, stigmatization of minority students, lack of prioritization of social justice, knowledge gaps, and resistance to change from within. Overt and covert racism impacts underrepresented minority students, residents, staff, faculty, and clinicians. The geography and location of schools can also pose barriers to creating an inclusive culture and sense of belonging on and off campus.

Insufficient Financing & Resources

Inadequate funding and unequal resource allocation inhibit racial equity work. High costs, reliance on external funding, burden on minority faculty, pay inequities, unbalanced budgets, and insufficient class sizes and residencies all play a role.

There's always been this mantra in the Black community. That you have to work twice as hard to achieve the same thing as our white peers. But it's still not enough. You still have to try to assimilate or code-switch to a point that makes everyone around you comfortable, and you can't possibly do that because still at the end of the day, you're Black. There is a very different set of rules in that we are disciplined harshly when our peers are just kind of passed along for the same or worse things. So, that's where I've come into the work, wanting to figure out how we can change how this system is set up and how it works.

Physician, Ally/Advocate

Student Experiences, Mental Health, & Wellbeing

The student experience for minorities remains challenging. Racism and lack of community lead to poor mental health, isolation, excessive burden, debt challenges, and high burnout.

Advocacy

Insufficient coordination among partners inhibits advocacy to drive policy change.

Policy, Practice, Accountability, Data

Problematic policies, practices, and lack of accountability mechanisms present barriers. Insufficient faculty diversity efforts, competitiveness, poor accountability, and inconsistent data and metrics allow inequities to persist. While admissions data offers insights into racial diversity, metrics, and data transparency are lacking across schools and systems. There is insufficient accountability and a need for better measures within schools and from licensing bodies.

Insufficient Training Opportunities

Limited clinical training partnerships in community settings restrict opportunities for diverse, community-based learning.

Faculty Diversity Efforts

Recruiting racially diverse faculty is one of the biggest challenges. Location and community context impact success.

Leadership Representation

Many believe leadership representation at the top must better reflect state racial demographics.

Legal and Political Opposition

There are concerns about right-wing retaliation and uncertainty about how to respond. Anti-affirmative action groups are actively challenging diversity efforts.

The state made a significant investment in [the] health care workforce recently, which was great to see. Health care workforce development is an area that has garnered a lot of interest and attention over the last several years given the urgent needs of our state. Last year, a variety of workforce budget proposals were put forward to the Legislature. Some focused on similar areas, while others built on each other or expanded the conversation. There wasn't a coordinated approach across stakeholders, which created noise and confusion when tracking the different asks within the Capitol. A coordinated effort, both in policy or budget proposals and during implementation, can go a long way to maximizing the impact of advocacy.

California Primary Care Association

Part of what I was trying to do was to identify something for which a simple answer could not be, 'Let's expand UC PRIME,' because that wasn't going to cut it. And so we forecasted everything: should every single med school admit be Latino, which is unlawful under Prop 209, how many years would it take to close the gap? And that was just really diagnosing the problem. And this was happening at the same time that funders had supported the state work for a health workforce thinking exercise, which did not have a Latino lens, which did not really center Latinos at all, even though they're the plurality population and I would say, did not elevate their needs or the opportunities associated with the demographic cohort.

Ally/Advocate

[Moving] the needle on this requires us to be engaged in understanding the social determinants of health and inequities in health at a very broad but yet granular level. So, to do this, we're really embarking on utilizing all of our abilities in the academic mission, including data science, to begin to make predictions, not just for individuals, but for populations, and to take into account the challenge of Los Angeles County, the 10 million most diverse people in the country having the greatest inequity in health care...

UC Los Angeles

If you're not addressing some of the inequities that occur at the high school level, that occur at the community college-level, that occur at the undergrad level, you're never going to get that future medical school applicant pool that really will move us to equity. That's why we created the hub model, the medical school in partnership with four-year institutions and the community colleges to really address that this is a 10-year pathway.

UC San Diego

Current Efforts

While not exhaustive, we seek here to capture some of the most important areas of interventions in California SOMs to date. Many schools have formed partnerships with their communities and other institutions, from community colleges to community clinics to advocacy organizations and beyond to enhance diversity initiatives for their schools and students. They acknowledge the role of champions and allies in this work, leadership support and investment, and the importance of student-led peer support and drive for institutional accountability.

Pathway Efforts, Relationships with Feeder Institutions, Expansion of PRIME

Investing in pathway programs to expand the pool of diverse applicants. SOMs are building partnerships with community colleges, HBCUs, Cal States, and other feeder institutions. There is also a focus on expanding Programs in Medical Education (PRIME) and similar programs that have proven effective at boosting enrollment of underrepresented minorities.

DEI Offices, Staff, and Initiatives

Institutionalizing diversity, equity, and inclusion efforts is a priority. Schools are creating strategic plans, dedicated staff roles, and robust programming to hardwire DEI principles throughout the institution. The goal is to mainstream diversity, equity, and inclusion across all departments.

Holistic Admissions and Diverse Admissions Committees

Implementing more holistic, bias-aware admissions approaches focused on the whole applicant. There is also a concerted effort to ensure student participation and diverse membership on admissions committees.

A lot of people say, 'Oh, well, there's not enough people out there'. There are a lot of people out there, but they are viewed and held to different standards, and that contributes to losing candidates at every step of the journey.

Physician, Ally/Advocate

Here we are talking about pathways developing students, but if you don't have the faculty and the administrators and the leaders who also look like the students that we're trying to train, there's a disconnect.

UC San Diego

We were a group that were premeds together, we were a nucleus of people hanging out with the same vision of what it means to be a doctor and that enabled us to move through the challenges of becoming a doctor during those days. If you lose critical mass at a school, then you're in trouble, big trouble.

Physician, Ally/Advocate

Faculty and Leadership Diversity Efforts

Fast-track hiring programs aim to diversify faculty ranks more rapidly. Other initiatives recruit, support, and retain diverse faculty and leaders to transform the demographic makeup at the highest levels.

Building Student Supports and Community

Providing mentorship, affinity groups, targeted mental health services, and other resources to support minority students. The goal is to foster a strong sense of community and belonging.

Transforming Curriculum and Training

Curriculum reforms incorporate training on racism, bias, cultural humility, social determinants, and more. Schools are collaborating with institutions to develop inclusive, anti-racist curricula.

Community and Inter-institutional Partnerships for Training and Learning

Partnerships with local clinics provide diverse community-based clinical training opportunities. Schools also collaborate across institutions on curriculum, training programs, and recruitment approaches.

Accountability Structures to Respond to Racism in the Institution

Policies and mechanisms surface racism and enable schools to respond decisively. Accountability is critical.

Faculty Training on Health Equity, SDOH, and Racial Justice

Ongoing professional development expands faculty expertise on anti-racism, diversity, cultural competence, and health equity.

We chose structural competency because it's all-inclusive of all of those things. And to educate our future physicians to not only be able to recognize those things and incorporate [them] into their professional care of patients and their professional interactions with communities, but also to challenge those things within the health systems in which they work and within the political systems in which they live.

Touro University

We really need to start to think about how we can bring together diverse stakeholders both within the Black community and outside of it, to think through sustainable solutions.

Student Activist

It's this key group of students that we're working with where there's a lack of information about medical school and access. It's unfamiliar because they're first generation in college, English may be their second language, [and] they may be immigrants, right? And so, racial equity to me is making sure that these groups understand that there are ways to access higher education and medical education.

California Medicine Scholars Program

Establishing Metrics and Assessments to Measure Progress on Racial Justice

Collecting and monitoring diversity-related data to track outcomes over time. Metrics and assessments enable measuring progress.

Research Initiatives

Prioritizing research that documents racism in medical education and health care, promotes health equity, and aligns with community priorities. Research efforts aim to document the scope of racism in medical education and health care delivery to drive reform. Studies also assess interventions to promote health equity, informing continuous improvements. Importantly, the research seeks to align with community needs and priorities, incorporating diverse perspectives to reduce bias. The goal is research that exposes systemic racism and its impacts while also elevating community voices and co-creating solutions.

Student Efforts and Activism

Supporting and providing resources for student-led racial justice campaigns and organizations.

Advocacy to Expand PRIME and Other Underrepresented in Medicine (UIM) Funding

Lobbying to increase funding for proven programs like PRIME that boost enrollment of underrepresented minorities.

Innovating Programs to Fast-Track MD-Earning

Accelerating pathways to increase physician diversity by reducing the time and cost required to earn an MD.

Accountability is about asking questions. What's my role in advancing change? How do my decisions about policy and practices influence equity, diversity, [and] inclusion outcomes? What is it that we could do differently? So it is about individual leaders engaging in self-reflection, but also thinking about the work environment. What incentivizes people? How do you integrate DEI [into] performance evaluations? What does that look like in terms of awards and celebrations for the work that has been done?

Association of American Medical Colleges

I think for us as we're really just seeing [an] opportunity, and, especially with the work that we're doing with our workforce council, I think it's been really hopeful to have the opportunities to talk at the state level about some of these issues and challenges and how we can work together across the spectrum to potentially move the needle.

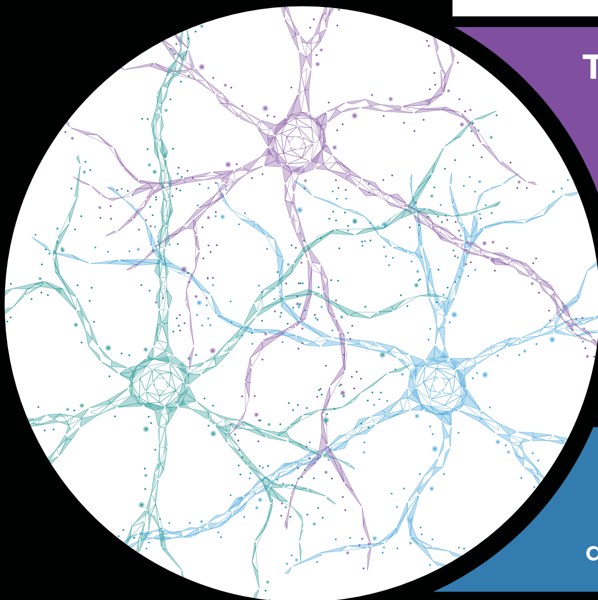
Health Care Access and Information

We need to actually be specific in California and not just say a diverse physician workforce. I think there is a diverse physician workforce. I think the problem is that it doesn't share culture, race, ethnicity, and lived experience with the population that it serves.

California Health Care Foundation

Systemic Levers for Change

A series of strategic systemic levers identified by sector leaders in medical education that can scale critical systems changes. Together, these levers can drive racial equity efforts toward large-scale transformational change. SOMs have an opportunity to lead by example, and a shared aspiration and obligation to transform medicine. SOMs, along with those outside SOMs, value the strides that have been made and recognize that what is most called for, is the need to grasp at the root. To meet the current moment, Intensifying national opposition will further challenge this work. SOMs and leaders in medicine call upon each other to come together in a meaningful way to think radically to transform medicine.



TRANSFORMATIVE CHANGE

IMPLICIT conditions or 'mental models' to change the deeply held beliefs, assumptions, and ways of operating that influence how we think, what we do, and how we talk.

RELATIONAL CHANGE

SEMI-EXPLICIT conditions to change power dynamics and transform the relationships between people who make up the system.

STRUCTURAL CHANGE

EXPLICIT conditions to change policy, practices, and the directing of human and financial resources.

In this work, it seems like always driving people of color into primary care. But we need people of color in every field, at every stage because patients will be at every stage and their outcomes [will be] impacted by the provider they see.

Physician, Ally/Advocate

SOMs agree that the last decade and also the last few years, including Floyd's murder and COVID-19, created opportunity, momentum, and demands for accountability. The current political climate (opposition backlash and regressive national policy-making) also presents challenges to confront and prepare for. In this work, California may be a beacon for other states.

Within this work, SOMs, advisory bodies, advocates, and others identified many multi-faceted levers that can be operationalized at the school level, expanded to the field of medicine, and more broadly to society to bring about social change.

But we can't implement clinical integration [clinician pay parity] once students leave us. Then they face reality when they get out and practice and they're trying to make a living, and have different influences. We teach all of our medical students about the Hippocratic Oath, about the importance of equity, and then they go out and practice and realize that's not the way the series of reimbursements work. Then they face financial realities, and then they start compromising their own integrity because their employer makes them. I think that's one of the reasons we have so much burnout, quite frankly. People are feeling compromised in terms of their ethics and moral compass in terms of what they do every day. I don't want to get on the soapbox, but that's an issue that we have to face as a society, one I'm not terribly optimistic we're going to, but we need to.

California Medicine Scholars Program

TRANSFORMATIVE CHANGE Levers

Implicit conditions, namely 'mental models,' to change the deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

SHARED AMBITION AND VALUES

Commitment to Diversifying Medicine

Proactive efforts to recruit, support, and advance UIM groups.

Addressing Health Disparities

Initiatives aimed at eliminating racial/ethnic disparities in health care access, quality, and outcomes.

Equity-Focused Culture Change

Fostering institutional cultures that confront systemic racism and bias while prioritizing diversity, equity, and inclusion.

Community Collaboration

Building partnerships with communities to understand needs and co-design solutions.

Engagement on Social Determinants and Systemic Racism

Understanding and collaborating to address social, economic, and environmental factors impacting health.

Educational Equity Efforts

Tackling inequities in access and outcomes across the educational journey.

Multi-Faceted Approach

Addressing health care shortages in California is a complex issue that requires a multifaceted approach.

> There's generally a recognition among med schools that we're all in this together and we can rise above the more specific areas where we might compete, and that we'll all be better off if we do work together.
>
> Kaiser Permanente, Tyson School of Medicine

CRITICAL CONVERSATIONS

What are the opportunities and obligations of SOMs? SOMs have a responsibility to lead by example, to aspire to change medicine and health care, and society more broadly.

What are the shortcomings of current efforts, & why is there reluctance to change? To succeed together in this work, we need to set the stage for all ("ourselves") to have meaningful dialogue that acknowledges the current state, past injustice, and strategies for a better future (without defensiveness).

How have SOMs been complicit in injustice, and how are they complicit today? Acknowledgement and reckoning with racism in medical schools and the medical establishment in the US. It was not an accident. It involves auditing current practices/policies to identify disparate impacts, or providing data on inequities and inviting open dialogues.

What harmful narratives persist, and where do we continue to witness willingness to excuse inaction in the face of racism in medicine? Preemptive efforts and confronting problematic narratives are needed to dismantle institutional racism, and passivity enables racism to persist. The equity vs. equality rhetoric ignores systemic biases. Negative stereotypes, like those about community college students, must be challenged. Reward structures that devalue frontline caregivers require rethinking. The notion that minoritized physicians should be limited to certain specialties must end. Equitable representation is needed across all disciplines.

What priorities do our schools' and health care settings' budgets reflect? Achieving equity requires funding and prioritizing it in budgets. Reliance on external funding is insufficient,institutions must allocate internal resources. Existing pressures and reward structures that conflict with equity goals must evolve. Budgets should reflect the stated priorities.

> One thing that's fabulous is this collaboration brings people with a lot of very diverse strengths to the table. I think there is an emergent property from that that's better than UC Merced, and better than UCSF; that comes together and makes something special.
>
> UC Merced/UCSF

What does it take to make good doctors in a broken system?
It is essential to develop excellent, humanistic physicians even in the context of broader systemic problems in medicine. It requires transforming medical education and premed culture to focus less on cutthroat competition and profit motives. Training must instill an ethos of service and commitment to underserved communities. It means selecting students dedicated to service. Good doctors retain their care-first focus despite systemic flaws. Education must equip physicians to provide equitable care for all and cultivate their professional responsibility for addressing health disparities.

RELATIONAL CHANGE Levers

Semi-explicit conditions to change power dynamics and transform the relationships between people who make up the system.

COLLABORATION

Sharing Effective Practices
Convening cross-institutional forums to exchange successful strategies.

Collective Advocacy
Partnering across organizations and stakeholders to influence policy-making.

Community Representation
Establishing boards with diverse community members to advise on initiatives.

Participatory Research
Collaborating equitably with communities in all phases of research.

I would say to medical schools, look to their alumni, particularly underrepresented alumni, and create a value proposition for those alumni to join their alumni association. Every school I know is struggling to have their underrepresented minority physicians join the alumni association. They can do a much better job at looking at our value proposition for membership, and what can they do to deliver that message to their graduate center. I think that that would go a long way to getting that extra help that they need because of the competing priorities a dean or a chancellor has to deal with.

Physician, Ally/Advocate

Having student voices in the room to share what they've experienced and what they think solution sets could be is important; deans have to want change and advocate for it; somebody needs to get the medical schools together with the folks struggling with recruiting, on even an every other month basis, to learn from each other.

Physician Scholar, Urban Institute

Health Clinic Partnerships

Collaborating with local clinics on care delivery, training, and education.

Feeder Institution Partnerships

Creating aligned pathways and relationships with diverse feeding schools.

ENGAGEMENT, ORGANIZING, & MOBILIZATION

Supporting Student Activism

Providing resources to student-led racial justice campaigns and organizations.

Engaging Alumni and Professional Associations

Activating UIM alumni and professional networks as advocates and partners in equity efforts.

Coalition Building

Forming diverse coalitions with community partners to drive systemic change.

Institutionalizing Student Input

Developing formal mechanisms for student stakeholder voice in decisions.

EXPANDING WHAT WORKS

Scaling Pathway Programs

Significantly expanding existing pathway programs to increase the pool of diverse applicants.

Expand Class Sizes and Residencies, Foster Diversity Matching for Residencies

Build not only the supply, but address the losses at the residency level.

I think it is critical that we start looking at diversifying our residency programs, adding more residency programs in underserved areas, having them train in those communities. That's what will move the needle, because we're getting the numbers on the student side.

UC Office of the President

Institutionalizing Successful Programs

Making effective programs like PRIME permanent to sustain progress.

SUSTAINING AND EVOLVING EFFORTS

Ongoing Investment and Partnerships

Sustaining initiatives through continued funding and community collaboration.

Persistence Despite Opposition

Maintaining focus and momentum in the face of legal and political challenges

STRUCTURAL CHANGE Levers

Explicit conditions to change policy, practices, and directing of human and financial resources.

ACTION & ACCOUNTABILITY

Policies, Procedures and Practices

Regular review and revision of policies, practices, procedures and norms that perpetuate inequities.

Data Transparency and Representation Goals

Publicly reporting on diversity metrics, goals and progress over time. Establishing and meeting specific diversity targets across students, faculty, residents, staff.

Policy Advocacy

Lobbying for local, state and federal policies that advance diversity and equity.

> Confront systems. We started the program and then met with the medical board and they were wonderful, so we made amendments to the law to allow the students to get licensed. I think you must be willing to really confront system challenges, if what you think you're trying to accomplish is the right thing.
>
> UC Davis

Readiness for Legal Challenges

Proactively preparing for potential lawsuits opposing diversity efforts.

Disparities Tracking and Equity Research

Collecting and analyzing outcome data across groups. Studying and publishing on disparities and the impacts of interventions.

COMMITMENT & LEADERSHIP

Financial Investment

Allocating significant, sustained budgetary resources for equity initiatives.

Diversifying Leadership

Setting and meeting goals to increase underrepresented groups across faculty, staff, and leadership.

Health System Collaboration

Partnering on priorities including training, incentives, and disparity reduction.

Student Financial Support

Reducing medical education costs through grants, scholarships, and advocacy.

Valuing Diversity Contributors

Adequately recognizing mentorship, leadership, and service by underrepresented groups.

ALIGNMENT OF SYSTEMS, STRUCTURES & RESOURCES

Holistic Admissions Policies

Implementing equitable, bias-aware admissions approaches focused on the whole applicant.

"We don't need to reinvent the wheel in California about programs that work at the high school and undergraduate and recent graduate level to get people into medical school. We have some of the best in the country. They have been producing results for a long time. The challenge is they've historically been underfunded and have to chase funding rather than be sustainable, systematic, on a large scale, and intentionally connected to the medical schools in a more formal way, so that they can be more intentional feeders of students, in a linked sequential fashion from middle school all the way into medical school.

Health Career Connection

Anti-Racism Education Integration
Incorporating anti-racism and cultural humility training deeply into formal and informal curricula.

Tailored Student Mental Health Services
Providing accessible, culturally competent mental health services to support minority student well-being.

Community-Based Clinical Training
Offering rotations and service opportunities in community clinics and underserved areas.

Partnered Admissions Programs
Developing guaranteed admissions initiatives in partnership with feeder institutions.

EXPANDING WHAT WORKS

Expanding Holistic Admissions
Broadening use of holistic, bias-aware, culturally competent admissions processes.

SUSTAINING & EVOLVING EFFORTS

Regular Assessment and Improvement
Continually evaluating efforts and refining approaches based on data and community feedback.

Continuing Education
Providing ongoing training for health care professionals on anti-racism and equity.

Faculty Development
Expanding faculty training.

Champion Sustained Funding
Obtaining sizable long-term public and philanthropic funding for equity initiatives.

Many of us at our institutions are trying to shape our internal culture to create a more diverse, equitable, and inclusive one, which is very important because if our graduates embrace an improved culture, they will propagate it as the next generation of students and faculty. However, I believe we need to turn our internal reflections into external actions. We need to make a greater commitment to serve our communities, to show that diversity, equity, and inclusion are more than abstract concepts. They are a call to action to effect change. That's the next phase. We need to consider creative and impactful ways to take that new consciousness and have it impact health care. I would pose that to the other California medical schools as well — are you primarily re-shaping your internal culture, or are you changing health care, to make it more diverse, equitable, and inclusive, in your communities? That's a challenge for all of us.

Stanford University School of Medicine

Different key advocates were saying the same thing and making the same request in the Capitol. That unity and alignment across stakeholders streamlined our advocacy and created one single package for the Legislature to focus on. A variety of proposals were built into one big proposal versus tracking each ask separately. Utilization of this structure, combined with the political clout of each coalition member, helped us make a stronger case. We built significant support and successfully secured our budget proposal alongside the legislature and administration.

California Primary Care Association

“

There are two critical gaps in the journey to becoming a practicing physician. The first is the pathway to medical school, which requires a nationwide commitment to create clear avenues for students (starting at least with high school students through college/university and post-baccalaureate programs) to discover, prepare and pursue a medical career. Currently, there are very few clearly defined pipelines, nor sufficient pathways for students to even consider becoming doctors. The second gap arises after medical school, where graduates must secure a residency. Despite their education, this crucial training phase is essential and necessary to becoming a practicing physician. This training can extend the total journey to possible 15 years when including fellowships and depending on the specialty area. Graduates must compile applications and navigate the competitive “matching” process to be accepted into a residency program of their chosen specialty area. Then you cross your fingers hoping you will match into a residency program. But what if you don’t match into a residency program? Now what? Residency programs are equally important as medical schools for developing a diverse and well-prepared medical workforce.

Ally/ Advocate

”

THANK YOU

Research Participants

We spoke with 38 individuals over the course of 33 interviews, prioritizing diverse stakeholders, including school of medicine deans, pathway programs, policy advocates, funders, practitioners, student advocates, and associations. With respect to Schools of Medicine (SOMs) in California, we reached out (vigorously) to all 17 SOMs in CA, both allopathic and osteopathic, public and private, for-profit and nonprofit. Twelve schools responded, including all 7 UCs, and 5 private non-profit SOMs, only one of which is a private nonprofit osteopathic college of medicine. We were unable to reach 5 (non-responsive) schools, including all 3 private for-profit SOMs.

Acknowledgements

We are grateful to all who have participated in this project to date. Your candor and brilliance shaped the research and conversations we hope for in the future.

American Association of Medical Colleges (AAMC)

Black Doc Village

California Medicine Scholars Program

California Primary Care Association (CPCA)

The California Wellness Foundation

California Health Care Foundation (CHCF)

White Memorial Hospital, Center for Hispanic Health

Charles R. Drew University of Medicine and Science (Charles R. Drew College of Medicine)

Department of Health Care Access and Information (HCAI)

THANK YOU

Health Career Connection

Kaiser Permanente Bernard J. Tyson School of Medicine

MiMentor

Physicians Medical Forum (PMF)

Stanford University School of Medicine

Touro University California College of Osteopathic Medicine

UC Davis School of Medicine

UC Irvine School of Medicine

UC Merced, Department of Medical Education

UC Riverside School of Medicine

UC San Diego School of Medicine

UC San Francisco School of Medicine

UC San Francisco Fresno Medical Education Program (UCSF (Fresno))

UCLA David Geffen School of Medicine

UCLA Latino Policy & Politics Institute

University of California Office of the President

Urban Institute

Mission

The mission of the University of California Riverside (UCR) School of Medicine is to improve the health of the people of California and, especially, to serve inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and nation.

We, the faculty, students, and staff of the UCR School of Medicine believe that a diverse student body, faculty, and staff are essential to achieving academic excellence. We are committed to recruiting students, faculty, and staff responsive to our mission whose diversity contributes to an optimal learning environment.

Strategies

Investing in infrastructure to increase capacity, with a new $84M School of Medicine Education Building II having opened in 2023.

Transforming curriculum to ensure all students are educated about health equity, social justice, and anti-racism.

Launching and coordinating pathway programs to guide disadvantaged and first-generation students into medicine.

Holistic admissions decisions that consider applicants' experience serving disadvantaged communities.

Building partnerships with UC Irvine (PRIME-ABC), Cal State San Bernardino, Riverside City College, and California Medicine Scholars Program, to name a few.

Continually examining institutional policies, practices, and procedures to identify and eliminate biases or barriers hindering diversity and equity.

Innovation Spotlight

DATA TRACKING AND ACCOUNTABILITY

UC Riverside systematically reviews data and presents it to the School of Medicine at large. They participated in the rollout of AAMC's Diversity Inclusion Culture and Equity (DICE) metric, and the School is heavily invested in dashboards to track progress over time.

"We must not forget our country's history. And based on the history of our country, there was just never that space to increase diversity in the health care workforce."

Interviewee

UC DAVIS HEALTH SCHOOL OF MEDICINE

Mission

Diversity is indispensable to fulfilling the core educational, clinical care, and research missions of the UC Davis School of Medicine. Diversity enhances the educational experiences of our community of learners, including our trainees, faculty, staff, and patients. Diversity improves the clinical care and health of the patients we serve. Diversity widens the spectrum of our research efforts and increases the relevance, validity, and applicability of our findings. The UCD SOM is wholly committed to developing and implementing programs that actively recruit and retain qualified trainees, faculty, staff, and senior administrative staff from a diversity of backgrounds.

Strategies

Partnering with Oregon Health and Science University to create dozens of new rural training sites for medical residents across Northern California and Oregon. COMPADRE is a $1.8M collaborative AMA grant, addressing physician shortages and health disparities.

Institution-wide culture change has been critical to help foster the connection to a mission statement to address underserved populations.

Developing a network of impactful pre-med and community health scholar pathways, including 3 PRIME tracks and the successful Avenue M program, a community college to medical school pathway program.

Holistic, multi-pronged admissions processes that consider socioeconomic status and invite diverse voices, moving beyond test scores and grades. Applicants get screened twice so that committee members look at more than just the MCAT and GPA.

Educating students in community settings, reimagining admissions to foreground belonging and peer support, and offering pathways designed for students to practice in diverse underserved communities.

Innovation Spotlight

CLOSING THE PRIMARY CARE GAP

In partnership with Kaiser Permanente NorCal (and with support from the American Medical Association), UCD offers a three-year MD pathway for students committed to primary care careers. Rather than the traditional seven-year pathway to primary care practice (four years of medical school followed by three years of residency training), students complete their MD in 3 years equipped with the knowledge and skills to be positioned to match into a PC residency and enter primary care practice one year earlier than traditional students.

"[Y]ou have to really upend the current structures, or at least re-engineer them, to have different 'areas of focus' — and to value candidates in a different way."

Interviewee

https://health.ucdavis.edu/medical-school

4310 X Street, Sacramento, CA 95817

UC San Diego
SCHOOL OF MEDICINE

Mission

Our mission is to provide leadership, build trust, develop and disseminate resources, and facilitate shared responsibility for creating and sustaining a just, equitable, diverse, and inclusive community in which faculty, staff, trainees, and patients can thrive. Our vision is to be a community that reflects and serves all, inclusive of people of diverse age, race, ethnicity, language, spiritual practice, sexual orientation, gender identity/expression, socioeconomic status, and mental and physical health status. Our people, our policies, and our practices will promote equity and serve as a model for inclusive excellence.

Strategies

Multiple pathway programs, such as the University Link Medical Science Program (ULMSP) and the CA Medicine Scholars Program (CMSP), with a focus on reaching out to community colleges.

Structured mentorship provided by LMSA, SNMA, and myriad affinity organizations to premedical undergraduates.

Curricular renewal established five concentration areas, including equity and advocacy, which currently has the largest enrollment. Service-learning opportunities in barbershops, free clinics, cultural festivals, and spaces for refugee/asylum-seeking and unhoused individuals.

The Center for Faculty Diversity and Inclusion (FDI) works collaboratively to cultivate an 'academic culture of inclusive excellence' at UCSD, where all can succeed and advance. This includes the Advancing Faculty Diversity Cluster Hire Initiative and the NIH Faculty Institutional Recruitment for Sustainable Transformation (FIRST) Program. Frequent JEDI and anti-racism learning opportunities are offered to staff and faculty.

PRIME Health Equity was launched in 2007, Health Equity Thread was introduced in 2020, a new Health Equity and Systems Science course was integrated into the preclinical curriculum in 2022, and the Compassionate Action and Real Engagement (CARES) course in 2023.

Innovation Spotlight

IMPLEMENTING PRIME TIDE PROGRAM

UC San Diego, along with UC Davis, initiated the PRIME TIDE (Transforming Indigenous Doctor Education) program to prepare medical students for careers focused on providing health care to Native populations. In four years, the number of indigenous medical students at UCSD SOM increased from a total of 2 to 22.

"I think the medical schools play one of the most important roles. They're the training site. They're the ones who are creating future doctors. Their voice and the power they have is immense."

Interviewee

Mission

Diversity enriches education through opportunities to experience a wide range of perspectives, values, and worldviews that arise from differing life experiences.

Inclusion creates a positive learning environment that views diversity as central to our success.

At Touro, we value you—including all of what makes up your life experience—and we do so with enthusiastic interest and support.

Strategies

Early adoption of a non-mandated structural competency component on racial equity integrated into the curriculum.

Touro's strategic plan for 2023-28 highlights diversity, equity, and inclusion (DEI) at the top of the College's agenda.

Holistic admissions program often admits students who do not 'reach the numbers' but align directly with structural and cultural competency goals.

Centers decision-making around its WE SCORE tenet: Wellness, Empathy, Social Justice, Community Health, Osteopathic Distinction, Research, and Education.

Developing a robust profile of community services, from mobile vaccination programs for underserved areas to a student-run free clinic to drug programs to reduce the impact of the opioid epidemic.

Innovation Spotlight

STUDENT RESEARCH

Touro students are involved in real-world research. Lab and clinical research means benefitting from one-on-one time with faculty mentors. Student researchers gain a deeper understanding of the publishing process and academic conferences. Touro has a broad spectrum of research partnerships locally and internationally.

"We need to tear down more silos, and we need to work more closely together — stop some of the, 'this is my backyard, you can't have it' ... traditional philosophies that have built up in medicine over [the] market."

Interviewee

Mission

UCSF has committed to advancing health worldwide. Fulfilling this commitment requires that we tackle and solve today's most challenging problems in biomedical science and health care, for everyone. Diverse teams, including people from different backgrounds and with different life experiences, are better at solving complex problems.

Our success in improving the health of our patients and our communities depends on diversifying our disciplines and professions and creating an inclusive and equitable institution. It is time that we engineer our culture for equity so that all may thrive.

Strategies

Directly investing in anti-racism initiatives, fueled by student and faculty activism. The $1.5M Differences Matter Initiative aims to make UCSF a home to all those committed to advancing equity in medicine.

Integrating diversity, equity, and inclusion across all aspects of the school: policies, hiring practices, and leadership accountability.

Integrating the social justice education provided to PRIME students into the overall curriculum. This influence extends to non-PRIME students, who also benefit from a curriculum that prepares them to serve a broad range of patients.

Diversity Data Stories initiative holds itself accountable through robust, publicly available DEI statistics on its website — including data on current leadership and faculty training efforts and UIM residencies.

Elevating faculty training on the importance of social justice education and cultural competence—and their role in further driving these changes. UCSF has experienced a broad culture shift, where most faculty understand that role and its importance.

Innovation Spotlight

PARTNERING WITH UC MERCED TO CREATE A MED SCHOOL IN THE SAN JOAQUIN VALLEY

Medical training is launching this year at UC Merced. Students in the pathway will complete their Bachelor of Science (BS) at UC Merced over four years, and then complete their Doctor of Medicine (MD) degree at UC Merced and UCSF-Fresno over four years. UC Merced is approved as a regional campus of the UCSF SoM.

"It's a privilege to practice medicine.... [I]f you are not training individuals who understand the disparities in the health of our people and communities—that they have a role in that—then you're not, in my opinion, doing your job."

Interviewee

Mission

Our school embraces diversity for its intrinsic value—not merely accepting differences among us, but cherishing them as the opportunity for greater mutualism, deepening of authentic regard, and growth of our community. Our School of Medicine values a diverse academic community—diverse concerning gender, culture, race, sexual orientation and identity, and age; as well as diverse concerning intellectual commitments, disciplines, developmental stages, and collaborations.

Strategies

Bringing social justice and health equity into the medical curriculum. Students are trained to embrace treating each patient equally, regardless of race, religion, ethnicity, gender identity, sexual orientation, or social standing.

Robust Continuing Medical Education (CME) for practicing physicians/alumni that includes courses on dismantling racism and unconscious bias, etc.

In March 2022, appointed the inaugural Chief Equity, Diversity, and Inclusion Officer to oversee enterprise-wide strategies that advance diversity, health equity, and inclusion and to support and unify existing DEI efforts across Stanford Medicine.

Establishing a group that works with faculty to brainstorm DEI ideas, and to coach faculty on inequalities. Continuing faculty education helps to highlight that the science of treatment is still biased.

Implementing a new initiative, Racial Equity to Advance a Community of Health (REACH), which includes establishing a clerkship rotation called Community Health for the Underserved, during which students work with underserved communities in a community clinic.

Conducting racial justice research about the experiences and perspectives of UIM members of the SOM.

Innovation Spotlight

DIVERSE, INCLUSIVE SPECTRUM OF AFFINITY GROUPS FOR UIM STUDENTS

UIM students are not one unified group, so a wide range of diverse affinity groups have been created to connect residents, fellows, and faculty across this spectrum.

"Why should you get cancer and be more likely to die because you're Black or Hispanic than if you're white? I'm sorry to illustrate this so graphically, but I think that brings it home when you say, 'Oh, is that really happening?' And the answer is yes, that is really happening."

Interviewee

Mission

We believe diversity brings us together. It inspires us to respect the experiences and perspectives of others. Diversity encompasses much more than culture, race, or religion.

We believe in diversity of thought, life experiences, ethnicity, age, gender, sexual orientation, language, abilities, veteran status, socioeconomic background, and much more.

Our commitment to inclusiveness helps create both clinical and classroom learning environments that are innovative and intimate, so students and educators are valued and appreciated for the different viewpoints they share each day.

Strategies

Educating students to advocate for their patients and, more broadly, for communities. Teaching skills for advocating at a broader level beyond individual patients, and doing so as an institution.

Founding the country's first Department of Health Systems Science (HSS), alongside their Departments of Biomedical and Clinical Science. Many faculty in HSS and other departments contribute to the national conversation on racial equity through their scholarly activities.

Offering extensive student support networks, including unlimited mental health support through the School's Student Psychological Services department. Offering mechanisms for students to give both formal and informal feedback—and for the school to be responsive.

Integrating curriculum within a case-based, spiral progression that lets students return to key issues and concepts over time in increasing complexity, so medical knowledge and clinical skills evolve simultaneously around real-world patients.

Innovation Spotlight

PATIENT DEMOGRAPHIC PROFILE TRACKING

KPSOM has developed an expansive demographic profile ("patient demographic tracker") for each case study to support the implementation of a patient case study-based curriculum. This comprehensive profile helps to create a more complete picture of the patient(s) and their intersectional realities and counter common biases and historical stereotypes.

"We provide for everybody and feel that they're important, but the burden is often higher for some students than others related to their background."

Interviewee

UCI School of Medicine

Mission

Diversity is a core value that invigorates the mission of UCI School of Medicine: Discover. Teach. Heal.

In promoting excellence in biomedical sciences in Orange County and beyond, our faculty, students, and staff members advance a model of health, healing, and well-being that is culturally sensitive, focused on the individual, and responsive to our community.

We affirm our commitment to the recruitment, admission, hiring, promotion, and education of talented students, faculty, and staff members whose backgrounds reflect California's rich ethnic and cultural diversity.

Strategies

Developing leadership through an equity lens—Equity Advisors educate the entire institution on the subject and create incentives for department chairs tied to increasing the diversity of residents and fellows.

Targeting pathway programs directly at local schools, K-college: Bryant Elementary, Middle College High School, Santa Ana College, etc.

Offering robust student programming to foster the next generation through building a community around racial equity itself: Latino Medical Student Association, Doctors for Diversity, etc.

Establishing and developing PRIME-LC to serve Latino and underserved communities. 80% of PRIME-LC grads stay in California and 90% enter primary care fields. 60% work in underserved communities post-graduation.

Making direct financial commitments such as the innovation spotlight above and programs like LEAD ABC, which supports students financially.

Developing a successful postbaccalaureate program that places 90% of its participants in medical or health schools.

Innovation Spotlight

PROMOTING PAY EQUITY IN HEALTH CARE

UC Irvine recognized and changed the reality that physicians caring for low-income patients are paid differently because of health coverage status and shifted physician compensation to an equitable pay model to value all services and patients.

"About four years ago, we implemented a program we call Clinical Integration. Ultimately, whether you are taking care of an undocumented patient in the ER, or you're taking care of the most well-heeled patient in the county—your compensation for your work is the same."

Interviewee

Mission

Charles R. Drew University of Medicine and Science embraces diversity as a commitment to support and celebrate the mosaic of similarities and differences among students, faculty, staff, and the community. This includes promoting social justice and equality of opportunity and maximizing the potential of all members of the CDU community.

CDU strives to foster an environment where individuals are treated with fairness and respect and have equal access to resources and opportunities to fully contribute to the University's mission and vision.

Strategies

Collaborating with Hispanic-serving health professions schools and a focus on Latinx student recruitment and Latinx health.

Concentrating research initiatives on health disparities in minority communities, related to COVID-19, cancer, diabetes, HIV/AIDS, etc.

Diversifying faculty: over 40% full-time African American faculty versus the 6% national average; CDU also outpaces the national average for Hispanic and Asian faculty.

Pathway programs, scholarships, and outreach to inspire and support UIM youth to pursue health careers.

"If the people you're serving actually become leaders of the service institution, you are going to be much more impactful and effective. That's not rocket science."

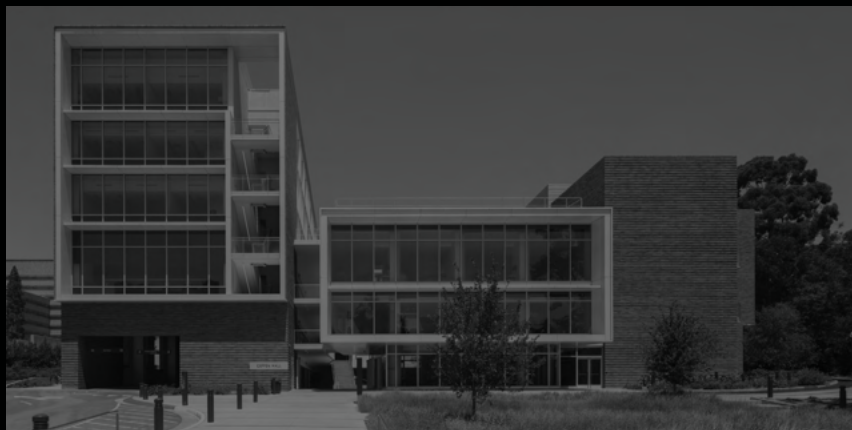
Interviewee

Innovation Spotlight

CDU MD PROGRAM

In July 2023, Charles R. Drew University opened a new medical school in South Los Angeles with an inaugural class of 60 students. At its foundation is the "CDU Advantage," learning objectives that focus on research, social justice, community engagement, global health, and health policy. The first six weeks of the curriculum are focused on South Los Angeles, its people, assets, and existing services. Along with high academic requirements, CDU selects medical students who have demonstrated services and a passion for working in under-resourced communities. CDU's commitment to diversifying the physician workforce is evident in its inaugural class. Sixty percent of the students qualified for Pell grants as undergraduates. CDU's medical school is the fulfillment of a 57-year-old dream of the University and its surrounding South Los Angeles community. With its innovative curriculum, outstanding diversity, and dedication to the health of South Los Angeles, CDU is a model for the state and the nation.

UCLA David Geffen School of Medicine



Mission

At the most fundamental level, our mission is to promote and sustain an inclusive environment within the David Geffen School of Medicine (DGSOM) community. We cherish and encourage the diversity of our students, trainees, staff, and faculty and work to ensure that all members of our community can thrive.

We believe diversity and inclusion celebrate the richness of our individual identities, such as gender, race, ethnicity, sexual orientation, age, socioeconomic status, language, religion, and abilities.

Strategies

Launching an Anti-Racism Roadmap (ARR), not only diversifies health care systems but to shows the school's commitment to eradicate structural racism. The dean pledged $5M in funding over 3 years to kickstart the ARR.

Outreaching tactically to community pillars of diversity, like community colleges and CSUs, to reach a diverse pool of students.

Doing outreach through community engagement projects—internal clinical programs and external clinic/research partnerships.

Piloting the Mentor Professor Initiative (MPI) to recruit and retain stellar mentors for their demonstrated commitment to and success in mentoring students from underrepresented groups. Others are now piloting MPI.

"We've continued to build on ... the Anti-Racism Roadmap that enables ... structural change to combat structural racism. [W]e've supported that financially and structurally from the dean's office, and established a number of programs in concert with that."

Interviewee

Innovation Spotlight

HOLISTIC PATHWAYS & WRAPAROUND STUDENT SUPPORT SERVICES

The DGSOM lists 17 official pathway programs, which span kindergarten to post-baccalaureate. The Allied Healthcare Careers Program alone has reached 100 organizations and over 100,000 K-12 students in Los Angeles County since 2014. Four pre-med pathways programs are specifically aimed at ensuring the success of UIM undergrads at the School. Additionally, the Re-Application Program (RAP) is a robust 11-month post-baccalaureate program for disadvantaged students to prepare them to re-apply and gain admission to medical school. The program is offered to qualifying students at no cost.

https://medschool.ucla.edu

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