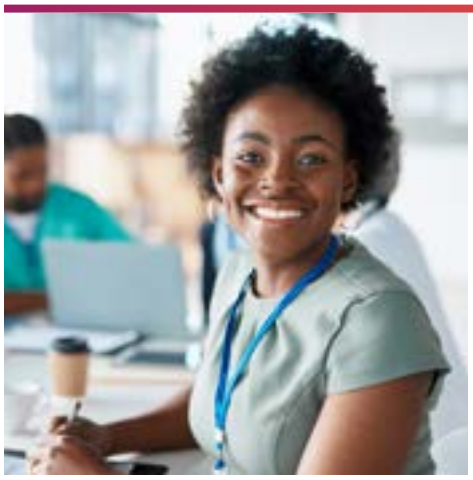
Pathway Programs to Strengthen the Health Care Workforce



Description of the policy and how it works in practice

A set of policies to improve the recruitment and retention of health care workers that represent populations at the highest risk of poor health outcomes (e.g., rural communities and low income). Examples of these policies include pathway programs, which offer financial aid, educational resources, and mentorship (e.g., internships and training opportunities), as well as academic support, scholarships, holistic review and admission policies, loan forgiveness, partnerships with academic institutions, improved STEM education in K–12, and increased hiring and pay transparency.

These efforts are particularly important given that the proportion of Black physicians has increased by just four percentage points over the past 120 years, with the share of Black male physicians barely changing since 1940. Most of the increase in Black physicians has come from more Black women entering the field.[16] Research suggests that retention along the physician pipeline is an issue. A 2023 study in JAMA Surgery examined program-reported censuses covering 112,205 individual surgical residents from 2001 to 2018 and found that residents underrepresented in medicine carried a 40% higher relative risk of attrition than their peers.[17] An unpublished Accreditation Council for Graduate Medical Education analysis, reported by STAT in 2022, found that Black physicians were about 5% of all medical residents but nearly 20% of those dismissed in 2015.[18]

Health care worker pipeline programs and financial incentives can be implemented through multiple sources: federal, state, and local governments; public institutions, such as colleges and universities; as well as by private and professional organizations. A few examples include UCLA Medical School Pipeline Program, Rush University Pipeline Program, and organizations such as the Minority Association of Pre-Medical Students. Government Loan Forgiveness Programs designed to support health care professionals include the Health Resources and Services Administration Faculty Loan Repayment Program, the National Health Service Corps Loan Repayment Program, and initiatives from the National Institute of Minority Health Disparities. Some states, such as Illinois and Michigan, offer loan forgiveness for high need professions like behavioral health workers and mental health providers.

Pipeline programs and financial incentives are more efficacious in achieving health care worker diversification when utilized together.

Health Impact

Health care worker diversity pipeline programs increase not only the overall number of available health care professionals, but the increased diversity of providers improves the care and outcomes of patients from diverse backgrounds. These programs also increase the availability of health care professionals in underserved communities such as rural areas.

Feasibility

Beginning in January 2025, the Trump administration has issued executive orders and taken other actions attacking diversity, equity, and inclusion (DEI) initiatives throughout the federal government and, in some cases, seeking to undermine DEI initiatives undertaken by nonfederal actors. In general, these attacks on DEI are overly broad, many of the federal government's actions are likely unconstitutional/ illegal and they're being challenged in court, and preemptive compliance could make federal agencies, states and local governments, and private sector organizations vulnerable to legal challenges.[19]

Overview of the policy's impact on Black health and racial equity

Medical students of color are more likely to be financially burdened by the cost of higher education than their white counterparts.[20] Because of this, participation in pipeline programs becomes especially important. These programs not only help improve attendance and graduation rate of medical students from structurally excluded backgrounds,[21] but also offer support to those who are most financially burdened. Health care workers who received financial support, such as scholarships and loan forgiveness, were more likely to practice in rural areas, high shortage areas, and with medically underserved populations.[22]

Practicing in a diverse community appears to be especially meaningful for underrepresented physicians, who benefit more from the protective effects of diversity than their non-underrepresented peers.[23] This connection is reflected in patient care as well. Black patients experience better health outcomes, lower mortality, and increased life expectancy when cared for by Black doctors, highlighting the broader impact of diversity in medicine for both providers and patients.[22, 24]

Summary information from policy assessment

- **Policy status**[25]
  Similar policy efforts have been implemented across multiple jurisdictions, including several states and federal public health agencies.

- **Jurisdiction authority (federal, state, county, municipality, other)**
  These policies and programs have been implemented at the state and federal levels in addition to various professional health care and social justice organizations, such as the American Association of Colleges of Nursing and the United Negro College Fund.

- **Resource requirements (high, moderate, low)**
  While pipeline programs may require a moderate level of financial investment to implement mentoring, tutoring and increased stem education, there is a high-level financial investment that is required for the implementation of scholarships and loan forgiveness.

- **Return on investment (no, yes — social, yes — environmental, yes — economic)**
  There are both social and economic returns from this policy investment. On the social benefit side, health care workers who received financial scholarships and loan forgiveness were more likely to practice in rural areas and high shortage areas with medically underserved populations.[20] There are also potential economic benefits from improved workforce health in those rural and underserved areas.

- **Legal considerations**[25]
  Before January 2025, many of these programs were race conscious. Since then, the administration has issued several executive orders targeting DEI efforts at all levels of education.

- **Strength of evidence (strong, moderate, weak)**
  There is moderate evidence that shows that pipeline efforts improve the recruitment and retention of Black physicians. The evidence is even stronger when multipronged pipeline efforts that include financial incentives are utilized together.

- **Equity (yes, unclear/sometimes, no)**
  YES

- **Operational approach to equity (distributional, procedural, structural)**
  DISTRIBUTIONAL EQUITY — These policies ensure that financial resources and other efforts are dedicated to underserved populations to ensure that they are adequately prepared to have rewarding medical careers and serve the most vulnerable patients.

Examples of the successful implementation of the policy in Black communities

The United Negro College Fund's Health Care Worker Diversity Program

The United Negro College Fund (UNCF) partnered with the global pharmaceutical company AbbVie and several Historically Black Colleges and Universities (HBCUs) to launch a health care worker diversity program. The program provides Black people interested in health care careers with $5,000 scholarships, mentorship and other academic and career development support. AbbVie donated $10 million for scholarships and the AbbVie employees volunteer to provide students with mentorship and career coaching. Across

all fields of study, UNCF reports raising more than $5 billion and supporting more than 500,000 students on their college journeys since its founding in 1944.[26]

The Health Resources and Services Administration (HRSA) Health Careers Opportunity Program (HCOP) Academies and Health Careers Opportunity Program Skills Training and Health Workforce Development of Paraprofessionals (HCOP Skills)

HCOP Academies assist and prepare students from disadvantaged backgrounds in meeting the admissions requirements and completing their health profession degrees and certificates. The program improves the recruitment and retention of these students by utilizing tailored enrichment programs designed to meet the academic and social needs of the students. They also provide opportunities for community-based experiential health professions training in underserved communities. Between 2008 and 2024, the program distributed just over $147 million to these efforts.

HRSA assessed the impact of these programs for the 2017–2018 academic year and found that the HCOP and HCOP Skills programs enrolled 5,017 and 683 trainees respectively, with 71% and 76% being from an underrepresented minority group.[27] A large share of trainees served in medically underserved communities and rural areas.

Illinois Behavioral Health Workforce Education Center

The Illinois Behavioral Health Workforce Education Center (The Center) is a joint initiative between the Department of Human Services and the Illinois Board of Education designed to address the shortage of behavior and mental health providers, particularly from diverse backgrounds and with lived experience. The Center developed the Certified Recovery Support Specialist (CRSS) Success Program.

The CRSS program provides scholarships to eligible students from diverse backgrounds and lived experience with mental health and substance use recovery. The funding can be used for a comprehensive list of support and include but are not limited to things such as[28]:

- Tuition
- Books
- Fees
- Illinois Certification Board (ICB) credentialing fees
- Stipends for internships
- Clothing for internships
- Childcare
- Transportation
- Housing support
- Laptops

Students can apply for scholarships at a variety of public colleges, community colleges, and universities throughout the state.

While the program did increase the diversity of mental health providers, the diversity of providers varied greatly by region.[29] For example, providers in Central and Southern Illinois remained majority white. The Chicago region on the other hand had an overrepresentation of Black and Latino providers. Despite these variations in provider diversity, the distribution is strongly correlated with the overall demographic makeup of those regions.