

A Tale of Two Collegiate Issues: Student Debt and Underrepresented Minorities in Higher Education in the United States

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Increasing the Representation of Minorities in Secondary and Post- Secondary Education in the United States

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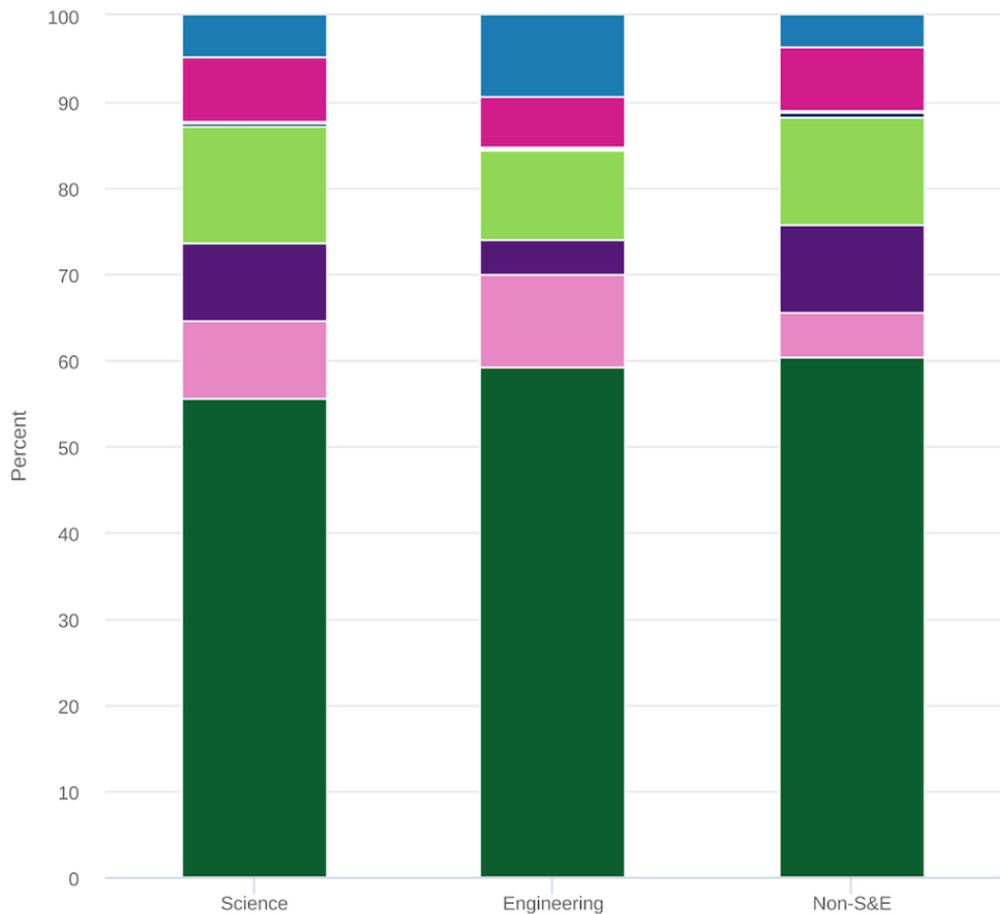
Terminology

“Global Health” - an emerging field of research and practice that prioritizes the achievement of health equity for people worldwide

“Global health workforce” - the sum of professions promoting health equity in medicine & nursing, science, public health

“Underrepresented minorities” (URM) - a designation for the racial and ethnic populations - namely, Blacks, Mexican-Americans, Native Americans (including, American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans - who are underrepresented in the medical and scientific health professions relative to their numbers in the general population."

“Health equity” - the idea that everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.



Bachelor's degrees earned, by ethnicity, race, and citizenship, 2016

- White
- Black or African American
- American Indian or Alaska Native
- More than one race, unknown, or other
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Temporary visa holder

Source(s)

National Science Foundation, National Center for Science and Engineering Statistics, special tabulations of U.S. Department of Education, National Center for Education Statistics, Integrated Postsecondary Education Data System, Completions Survey, unrevised provisional release data. Related detailed data: WMPD table 5-3.

**Underrepresented racial/ethnic minority doctoral recipients,
by race and public health knowledge areas, United States, 2013-2015^a**

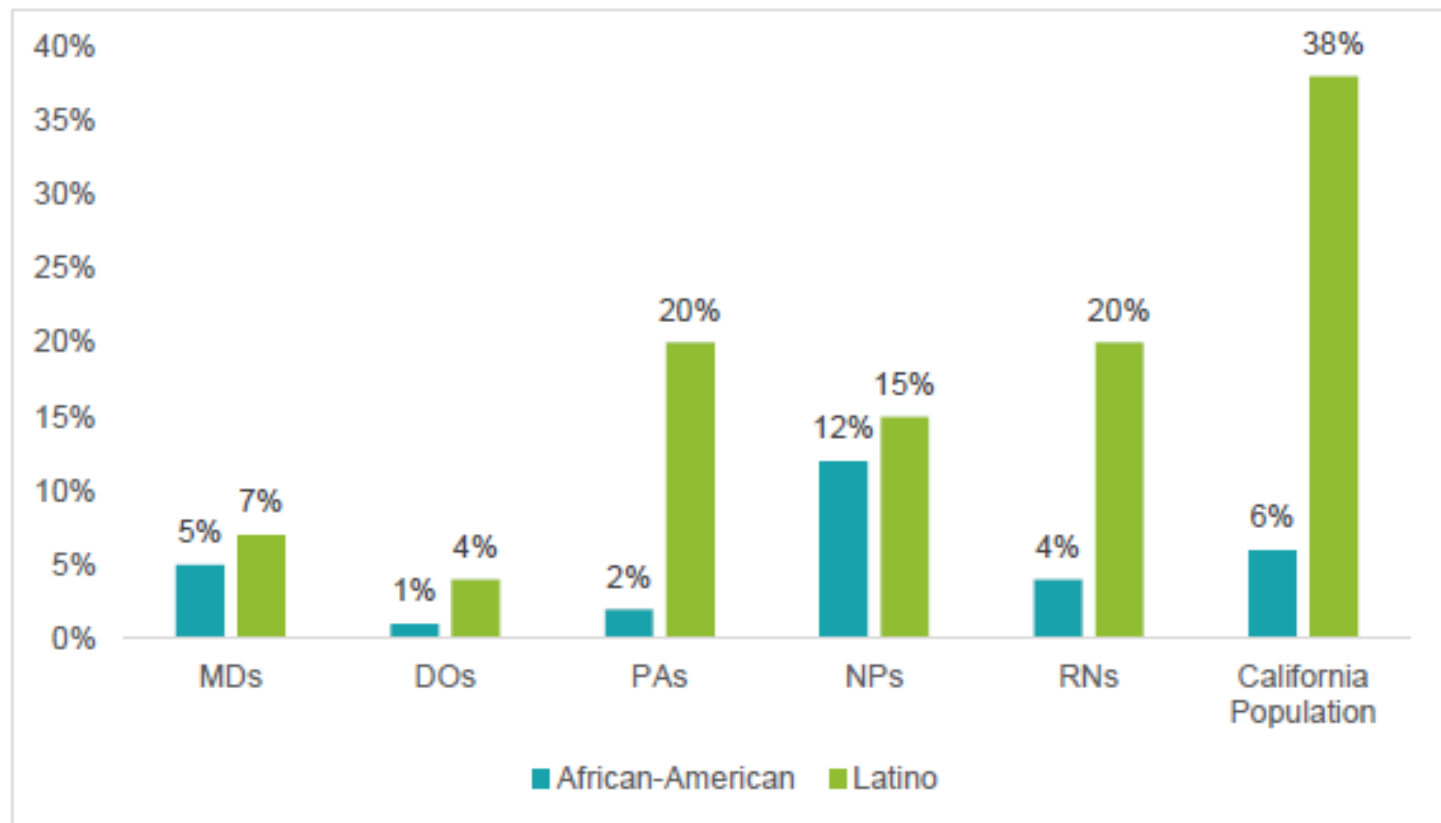
Public Health Knowledge Area	Total No. of Graduates	All Underrepresented Minority Groups	No. (%) [<i>P</i> Value ^b]		
			Black	Hispanic ^c	Other Underrepresented Minority Groups
Total	10970	2170 (19.8)	1241 (11.3)	576 (5.3)	353 (3.2)
Biostatistics	1608	118 (7.3) [<i><.001</i>]	49 (3.0) [<i><.001</i>]	38 (2.4) [<i><.001</i>]	31 (1.9) [<i>.002</i>]
Environmental health	705	108 (15.3) [<i><.001</i>]	49 (7.0) [<i><.001</i>]	37 (5.2) [<i>.99</i>]	22 (3.1) [<i>.88</i>]
Epidemiology	3562	597 (16.8) [<i><.001</i>]	272 (7.6) [<i><.001</i>]	198 (5.6) [<i>.32</i>]	127 (3.6) [<i>.16</i>]
General public health	3998	1159 (27.3) [<i><.001</i>]	743 (18.6) [<i><.001</i>]	268 (6.7) [<i><.001</i>]	148 (3.7) [<i>.03</i>]
Health services administration	1097	188 (17.1) [<i>.006</i>]	128 (11.7) [<i>.70</i>]	35 (3.2) [<i><.001</i>]	25 (2.3) [<i>.06</i>]

^aData source: National Science Foundation.¹⁵

^b*P* values were determined by using the Pearson χ^2 test. *P* < .05 was considered significant.

^cGraduates who reported that they were Hispanic were assigned to the appropriate Hispanic category, regardless of racial designation. Hispanic/Latino includes all persons who selected Mexican or Chicano, Puerto Rican, Cuban, and other Hispanic or Latino/a. Other includes American Indian/Alaska Native, Native Hawaiian or other Indigenous groups, and ≥ 2 racial backgrounds. Underrepresented minority includes black, Hispanic, American Indian/Alaska Native, Native Hawaiian, Pacific Islander, and ≥ 2 races. Of 11 171 graduates, 10970 selected a race or ethnicity category.

Graduates of MD, DO, PA, NP, and RN Training Programs by Race/Ethnicity, California, 2015



Source: Association of American Medical Colleges, American Association of Colleges of Osteopathic Medicine, Integrated Post-secondary Education Data System, American Association of Colleges of Nursing, California Board of Registered Nursing.

Why Diversity in Higher Education Matters

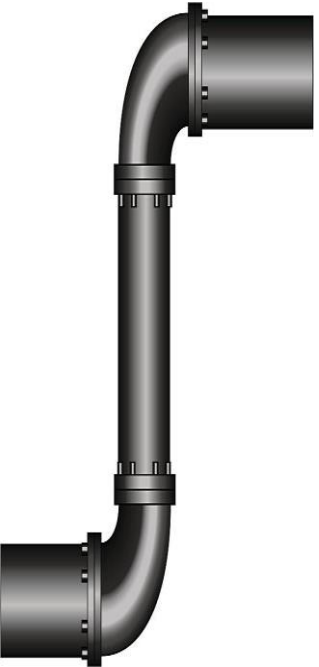
Social Justice & Equality

- Promote opportunities for social mobility
- Diverse perspectives enhance decision making
- Increase access to health care in disadvantaged communities

Global Health

- Racially concordant health care providers achieve better patient health outcomes and greater patient satisfaction
- More research in areas related to health disparities

Barriers to achieving diversity: The Educational Pipeline



Early life education: access to quality education, availability of school resources and funding, and adequate preparation for higher education

Entering higher education: biased college admission standards, access to standardized test preparation, and learning opportunities such as unpaid internships

Within and beyond higher education: exposure to the field of global health and training opportunities; lack of diversity in peers and faculty; educational support to overcome financial, emotional, and other barriers

Dismantling Barriers through the Educational Pipeline

- Enhance quality of and retention in primary and secondary education
- Prepare students for post-secondary education
- Retention in post-secondary education
- Recruitment to and retention in graduate education

Dismantling Barriers: Primary and Secondary Education

Promoting equity in the quality of K-12 education

- Federal and State Education departments:
 - Revise and expand funding to improve public education systems
 - Reduce variation in quality between schools
- Primary and secondary educational institutions:
 - Enhance diversity of staff to reflect the population
 - Implement programs to prevent URM students from falling through the educational cracks and increase their chances of graduating high school

Dismantling Barriers: Preparation for Post-Secondary Education and the Future

Improve preparation for higher education

- Encourage and support URM students' enrollment in advanced placement courses
- Coordinate with universities to establish extracurricular programming
- Encourage academic persistence and achievement with culturally appropriate messaging

Expose students to the field of global health

- Secondary education institutions:
 - Revise curriculum
 - Establish extracurricular programs and events such as public/global health career days and field trips
- Global Health professionals and professional organizations
 - Create outreach programs to interact with and educate students and the community
 - Establish training opportunities for younger students

Dismantling Barriers: Retention in Post-Secondary education

Faculty members

- Mentor URM students
 - Provide emotional support
 - Share experiences of overcoming academic hardships and personal adversity
 - Serve as a role model
- Cultivate a sense of academic belonging

Dismantling Barriers: Retention in Post-Secondary education (cont)

Higher education institutions

- Prioritize diversity at an institutional level
 - Develop a clear and persuasive statement on why diversity is important
 - Form inter-institutional collaborations to share and implement best practices
- Support URM faculty and staff
 - Prioritize faculty and staff diversity in hiring practices
 - Make space for URM faculty and staff to participate in decision-making
 - Incentivize researchers to examine health disparities and other diversity issues through funding and recognition
- Support URM students
 - Directly address financial barriers to retention
 - Reward and recognize educational excellence by URM students

Dismantling Barriers: Recruitment to Graduate Education

Global Health workforce

- Volunteer for mentorship roles
- Advocate for URM students in policy spaces

Higher education institutions

- Revise admissions process
- Support research that demonstrates the effects of diversity and work to achieve racial and ethnic equity

Conclusion & Take Home Message

- The underrepresentation of minorities in higher education is a important issue that warrants urgent attention and action

We have the power to change these issues

- Interventions developed with these barriers and solutions in mind have already demonstrated some notable successes, including:
 - Increased enrollment in graduate degree programs
 - Higher completion rates for undergraduate and undergraduate degrees
 - Improved GPAs
 - Student-reported feelings of support and belonging
 - Entrance into science research and health care fields

Acknowledgements

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Special Thanks

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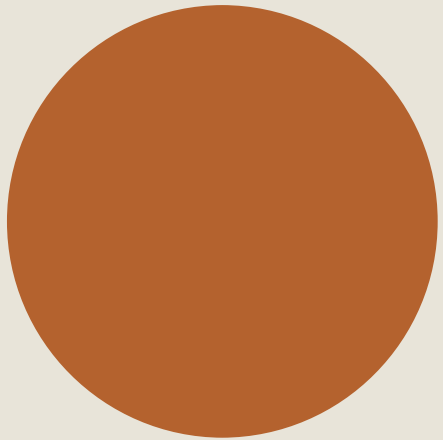
STUDENT DEBT

Implications and Multidimensional Solutions

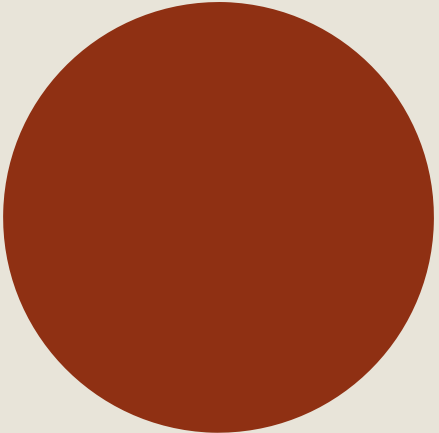


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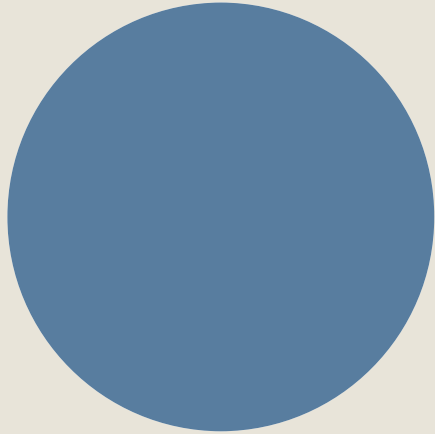
RISK FACTORS



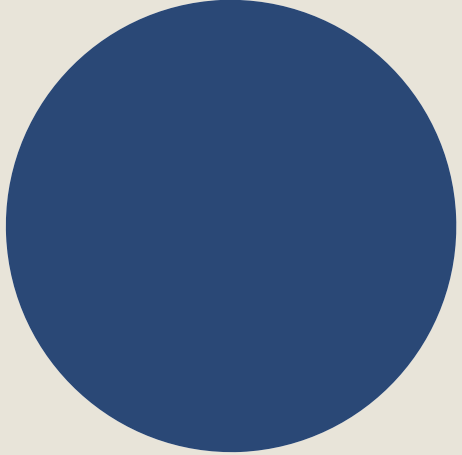
Increased tuition
costs



Federal/State
Student Loans



Socioeconomic/
Racial Disparity



Other Factors


BURDEN OF STUDENT DEBT

Tripled from 2006–2019
Over 1.6 Trillion Dollars

Between 2017–2018
Average \$16,800 per
degree

IN HEALTHCARE

5% of graduate level degrees  30% of debt

2019 Average  \$161,772

45% Medical Students in 2015  \$200,000

CONSEQUENCES

Reduced interest in healthcare field

Health outcomes

Poor academic performance

Bankruptcy/ reduced net worth

...



EXISTING SOLUTIONS

Loan Repayment/ Forgiveness Options

- Health Resources and Service Administrative (HRSA) Loan Repayment
- Public Service

- National Health Service Corp
- Indian Health Service
- Student to Service
- Nurse Corp

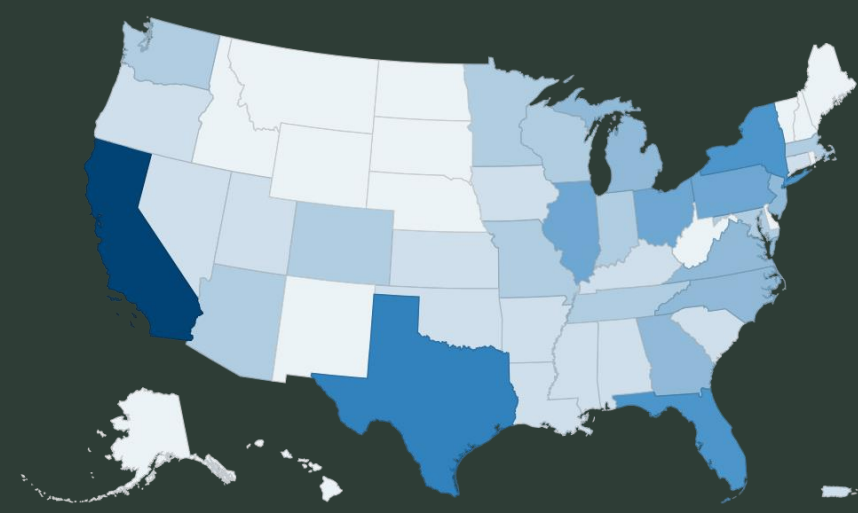
NEED TO EXPAND SOLUTIONS



Federal



State



Institutional



Individual



FEDERAL LEVEL

Provide Loan Forgiveness Public Service

- Expand current programs, increase application acceptance/approval rate

Strengthen Pell Grant

- Increase Eligibility level so more students can receive Pell Grant

Establish Federal–state partnerships

- Streamline resources and requirements so students can utilize both federal and state resources seamlessly

Consolidate income–based repayment

Reduce risky private loans

STATE LEVEL

Provide Loan Forgiveness  Public Service

Match institutional grant aid  state aid

- Provide students with direct support from the State Level

Fund public colleges

- Increase state budget allocations in effort to reduce tuition costs to students

Increase need-based grants

Institution accountability

- Funding based on student performance and affordability metrics

INSTITUTIONAL LEVEL

Financial aid loans  scholarship

- Replace loans with scholarships and grants

University-sponsored loan repayment programs

Early graduation

- Make degree programs efficient and provide opportunities for students to meet graduation requirements sooner than 4 years

Work opportunities

- Foster campus environment that empowers students to seek part time jobs
- Increase on campus part time student jobs
- Utilize Federal Work Study Programs

Regular finance courses

INDIVIDUAL LEVEL

Dispel Misconceptions about source of debt for current students

Students:

- Prioritize Total Cost of Attendance when selecting programs
- Minimize personal expenses
 - Budgeting
 - Carpooling
 - Having roommates

Parents:

- Children savings accounts
- Discuss financial responsibility with children prior to starting college

Key Takeaways

1. The Student Debt Crisis is worsening with Time
2. Expanding and creating viable solutions is a system wide effort that requires all stakeholders to collaborate
3. Efforts should be made to increase accessibility to current solutions, and priority should be placed on creation of scholarships/grants over new loan programs
4. Student empowerment and financial literacy development is crucial

Thank You!



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QUESTIONS



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Q&A



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