

New study identifies 13 strategies for advancing racial and ethnic equity in the academic health sciences

February 23 2024



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Amid continued debate over how to advance diversity and equity in higher education following the Supreme Court's decision striking down affirmative action, researchers from Massachusetts General Hospital and

Northeastern University have issued a "roadmap" of strategies to help academic health institutions maintain their commitments to racial and ethnic diversity among their students, staff, and faculty in academic health sciences.

Their recommendations, [published](#) in *JAMA Health Forum*, outline 13 evidence-based strategies for increasing racial and ethnic [equity](#) in graduate-level health programs.

"This roadmap of strategies reminds us all that there's much that can be done to make the academic health sciences as equitable as possible," said study co-author Margarita Alegría, Ph.D., Chief of the Disparities Research Unit at Massachusetts General Hospital, and a professor in the departments of Medicine and Psychiatry at Harvard Medical School.

"If academic health institutions invest in these strategies, they can help reduce the effects of institutional racism and ensure that the programs that educate, train, and employ our nation's health professionals are welcoming and inclusive spaces for generations to come."

"It will take strong commitment and a multi-pronged approach by institutions and funders to realize true racial and ethnic equity," said study co-author Idia Binitie Thurston, Ph.D., Associate Director of the Institute for Health Equity and Social Justice Research and Professor of Health Sciences and Applied Psychology at Northeastern University.

"That can start with strengthening initiatives aimed at recruiting, retaining, and promoting diverse groups of students, faculty, and staff."

Examples of the strategies that the paper's authors elevated from their comprehensive research include:

- Policies to address lack of diversity: Several institutions

implemented and evaluated [affirmative action](#)-like policies or holistic frameworks that resulted in a higher percentage of student admissions from under-represented racially and ethnically minoritized (URM) groups.

- Strong scholar networks: Institutions retained scholars when they encouraged collaboration and social connectivity to share opportunities and build relationships.
- Financial support: Institutions had better retention when they committed [financial resources](#), including tuition, housing support, and compensation for engaging in DEI initiatives.

Both Thurston and Alegría noted that the research base for advancing racial and ethnic equity within [higher education](#) needs to be strengthened. Institutions involved in this work should collect and publish data on their experiences with equity and diversity strategies so that others may learn from their successes and failures. At the same time, funders need to make long-term and meaningful investments to support this work, if they are truly committed to increasing the racial and [ethnic diversity](#) of academic health sciences.

The authors note that interventions appear to be more effective when combined with other actions, like [social support](#), promotion, and retention of diverse faculty and students—as opposed to these strategies being applied singly.

What's most important, they say, is for institutions and funders to join forces and put these strategies to work, collect good data, and then document and share their results.

More information: A Learning Assessment to Increase Diversity in Academic Health Sciences, *JAMA Health Forum* (2024). [DOI: 10.1001/jamahealthforum.2023.5412](#) [jamanetwork.com/journals/jama-...ealthforum.2023.5412](#)

Provided by Burness

Citation: New study identifies 13 strategies for advancing racial and ethnic equity in the academic health sciences (2024, February 23) retrieved 29 April 2024 from <https://phys.org/news/2024-02-strategies-advancing-racial-ethnic-equity.html>

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