

KSOM Anti-Racism Task Force: Admissions & Pipeline Programs Working Group Report

Mission: To dismantle racial inequality and foster racial justice in KSOM administration, student affairs, curriculum and medical education, wellness, and the community we serve.

Faculty Lead: Dr. Kairos Llobrera

Student Members: Joshua Perez, Raul Soto Jr., Chelsea Baker, Edward Valle, Jennifer Ogah, Jessica Vazquez, Madeleine Ing, Ani Misirian, Priya Kohli, Simone Montgomery, Henry Steyer, Adam Tempchin, Danielle Wishart, Michael Eppler, Tiffany Calero

Committee Charges:

- a. Work with Keck and the Office of Diversity and Inclusion (ODI) to make existing pipeline programs supporting Black and Latinx students from East and South Central LA more robust and known throughout campus.
- b. Determine how to strengthen the connection between the existing pipeline programs at KSOM and at USC to support admission of URM students to medical school.
- c. Set a target admission rate of students from URM groups and students from East and South Central LA to KSOM and develop recommendations to reach those goals.

Guidelines and Recommendations

Charge A: Work with Keck and the Office of Diversity and Inclusion (ODI) to make existing pipeline programs supporting Black and Latinx students from East and South Central LA more robust and known throughout campus.

I. The Office of Diversity and Inclusion (ODI) sponsors numerous pipeline programs whose goal is to recruit, retain, and increase the number of underrepresented students enrolled at the Keck School of Medicine. Ranging from elementary school to college, key programs include the Tom Bradley Mini Medical School, Educacion Primero, Hippocrates Circle, Health Career Academy, Med-COR, Bridging the Gaps, SPIDOR, and Keck PREP Scholars. Whereas elementary and middle school programs focus on cultivating interest in medicine and science through early exposure and exploration, high school and college programs emphasize academic preparation, co-curricular enhancement, and pre-professional development for careers in health, medicine, and biomedical research.

A. Rationale

1. Based on our evaluation, many medical students lack awareness and knowledge about the existing pipeline programs at Keck, which impacts their participation in these efforts. (Currently, students who are affiliated with certain Student Interest Groups have a heightened awareness of these programs. This is because particular SIGs are directly

connected with a particular program, as is the case for the Latino Medical Student Association and Educacion Primero, and the Student National Medical Association and Tom Bradley Mini Medical School. Similarly, students might respond to calls to volunteer as a mentor for Keck PREP and Med-COR only if they receive notification through email.) To address these issues, we propose putting in place specific plans and initiatives that increase both awareness about and engagement in Keck pipeline programs among medical students.

B. Recommendations for Implementation

1. Increase Awareness

- ❖ As they have done every year, the Office of Diversity and Inclusion should continue to introduce and inform students about Keck pipeline programs during first-year student Orientation
 - Orientation is full of important and useful information that can lead to feeling overwhelmed at the moment of receiving this information. We recommend that the ODI hold an additional “refresher” session sometime within the first month of the beginning of classes so that those who express interest in the pipeline program opportunities at Keck can become more intimately familiar with requirements, time commitment, and responsibilities. This session could also serve to address any questions that students have generated in the interim period from Orientation to the point of the session.
- ❖ We also recommend that the ODI send a message to all medical students at the beginning of each academic year to remind them about the pipeline programs and ways they can get involved.
- ❖ We recommend making improvements to the “pipeline programs” section of the ODI website; the site should provide more information about each program and instructions for how to get involved.

2. Increase Engagement

- ❖ We recommend that the ODI have a presence at Keck student involvement fairs to highlight the pipeline programs and provide specific information with regard to how students can participate in program activities.
- ❖ We suggest broad dissemination of information regarding volunteer opportunities to the entire medical student population, working with the Office of Student Affairs to determine the most effective means of communication.
- ❖ Currently, ODI-affiliated SIGs are the organizations that are most informed and involved in Keck’s pipeline programs. To expand student engagement among the medical students, we suggest increasing outreach to other Keck SIGs to develop new partnerships, whereby SIGs commit to supporting certain pipeline program activities and initiatives.
- ❖ Finally, we recommend that the ODI develop a student interest/volunteer form, to be published on the ODI website, where students can sign-up to become regular volunteers for various ODI-sponsored outreach and pipeline activities.

Charge B: Determine how to strengthen the connection between the existing pipeline programs at KSOM and at USC to support admission of URM students to medical school.

I. Based on our review of Keck pipeline programs, we believe that the existing programs encompass all the demographic age groups - from elementary to college. Existing pipeline programs at KSOM include Tom Bradley Mini Medical School, Hippocrates Circle, Educación Primero, Health Career Academy, Med-COR, Bridging the Gaps, SPIDOR, and Keck PREP Scholars. After evaluation of these programs, our committee determined that these exist largely for K-12 students, revealing a need for additional support at the undergraduate level. That being said, we have identified the community college sector as a potential area for increased outreach. Thus, we recommend exploring the possibility of developing a new pipeline/outreach program among community college students in the greater Los Angeles area, especially those that predominantly serve Black and Latinx students. We believe this is a worthwhile endeavor because many students from socio-economically disadvantaged backgrounds (including UIMs) start their post-secondary education at community college. By providing community college students with solid, helpful information and advice regarding the pre-med path early in their college career, KSOM can make a significant impact on their educational trajectory and potentially contribute to their successful transition to and completion of a 4-year degree. Moreover, meaningful and intentional outreach to community college students interested in a career in medicine will decrease the stigma that is unfairly associated with transfer students. This program can help create a supportive culture and normalize community college as a legitimate pathway to medical school -- a pathway that is often the only route available to talented but socio-economically disadvantaged students.

A. Rationale

1. We believe this endeavor is imperative because all URM students should have ample resources to make the application process equitable. One of KSOM's hallmark values is diversity and assisting URM students during the medical school application will allow KSOM to continue strengthening this value.
2. The medical school application process will be made more equitable by this focus on students from pipeline programs who are starting their undergraduate studies. It will reduce the barrier of entry to medical school for URM students and ease any uncertainties regarding the overall process.
3. It will diversify the incoming class and allow an even more robust group of students to collaborate and learn from each other.

B. Recommendations for Implementation

1. Community College Focus

- ❖ We recommend focusing on community colleges that fall within the geographical boundaries we outline in Charge C of this proposal. The area surrounding Keck is home to several community colleges, including East Los Angeles College, Los Angeles City Community College, and Pasadena City College. Under the leadership of the ODI staff and with the help of medical student volunteers, we

recommend establishing connections with academic advisors and other administrators at local community colleges, as well as any pre-health clubs at these campuses. (The ODI already has connections, for example, with LA Harbor College that was facilitated by a member of the ARTF.)

- ❖ As we envision it, the community college outreach program would consist of a series of workshops and information sessions that are geared towards the specific experiences and needs of community college students. For the entire academic year, we believe that 5-7 workshops would be sufficient and would make a big impact. (Possible workshops include: Planning your pre-med coursework as a transfer student; Ideal majors for transfer students; Setting goals and timelines for transferring to a 4-year university; financial aid workshops.)
- ❖ We suggest the creation of a community college student committee who can serve in leadership positions. The committee would work closely with the ODI to develop and establish the program. Ideally, the committee would consist of current medical students who were former community college students themselves. These students would be able to relate better to the needs of current community college students who participate in the program.
- ❖ In addition to the community college student committee, the program would seek volunteers and engage the broader Keck medical student population, particularly those who are interested in this area of outreach.

2. Promote ongoing/long-term mentorship of URM students in Keck pipeline programs throughout their undergraduate studies.

- ❖ We believe that long-term mentorship plays a crucial part in helping students remain on the pre-med path.
- ❖ To strengthen the connection between Keck's pipeline programs and Keck admissions, we suggest establishing robust mentorship programs within the existing pipeline programs, whereby students in the pipelines can continue to be mentored by KSOM students throughout their undergraduate studies. Currently, mentorship programs exist for the Med-COR and Keck PREP Scholars programs. We recommend that these programs emphasize long-term commitment when recruiting medical students to serve as mentors.
- ❖ With one on one mentorship, URM students can establish ongoing four year plans with their respective mentors.

Charge C: Set a target admission rate of students from URM groups and students from East and South Central LA to KSOM and develop recommendations to reach those goals.

I. University of Southern California (USC) is located in the heart of East and South Central Los Angeles. We believe that it is important for USC and KSOM to invest in the education of students from its neighboring communities and broaden opportunities for them to attend their local University. Historically, the overwhelming majority of students who matriculate to Keck School of Medicine are neither minorities of color nor originally from USC's surrounding communities. For this reason, we recommend the following

strategies to help increase the number of matriculating Black and Latinx students who are from and reside within East and South Los Angeles.

A. Rationale

1. We believe that by improving our efforts to recruit and retain applicants from the cities surrounding USC, the Keck School of Medicine will gain future medical leaders who identify with and know how to best serve the local community. Currently, the surrounding areas require support and advocates from medical members that understand the needs of their neighborhoods. By identifying students that are from local cities, we hope to improve our recruitment and selection process at the KSOM.
2. Importantly, we believe that there needs to be efforts in place to observe previous application cycles for rising diversity trends and implement improvements for the current admissions committee. This can include opportunities for additional community input that embraces perspectives from individuals and groups throughout our institution.

B. Recommendations for Implementation

1. Geographical Focus

- ❖ We recommend focusing on zip codes that fall within the geographical boundaries as outlined in table 1. By focusing our outreach and pipeline efforts to individuals within these zip codes, we hope to increase the diversity of the Keck School of Medicine matriculants with highly qualified individuals that are from, understand the needs, and are more likely to want to serve the surrounding community in the capacity of a physician.
 - In order to measure and increase the number of students from East and South Central Los Angeles who matriculate to Keck School of Medicine, we started by looking at the Statistical Atlases from the 2010 Census Data to better understand the community we serve. This database gave us information on demographics and median household income from the chosen zip codes. We focused on zip codes that are generally in the East and South Central LA area, have a median household income less than \$55,000 per year, or are home to predominantly Black and Latinx individuals.
 - We identified 55 zip codes that met these criteria which can be referenced in table 1. As seen in table 2, the average median household income for these 55 cities is \$42,100, the average percentage of Black residents is 17.7%, and the average percentage of Hispanic residents is 63.7%.
- ❖ We suggest reviewing old metrics and setting realistic goals moving forward. It will be important to identify how many students from the past applied, interviewed, have been accepted, and matriculated to USC over the past 5 years. By observing the trends from the previous years we can further strategize on how to retain students from our local community and improve the recruitment efforts. In order to make meaningful change, we need a measurable approach to advance our next steps during each application season to ultimately achieve a more inclusive and fair community.
 - Presently, students from East and South Los Angeles makeup less than 5% of each cohort. For the entering class of 2020, 17 students from our

local community were admitted to Keck, only 8 of which matriculated at Keck. Using data from the entering class of 2020 as a benchmark, we recommend working towards a 50% increase in matriculants within the next 3 years. This would mean a goal of matriculating 12 students from the community for the entering class by Fall 2023 (representing 6.45% of a class of 186 students). Thus, we recommend focusing on neighboring zip codes that encompass Black and Latinx students residing in East and South Central Los Angeles.

2. Financial Focus

- ❖ We recommend that ODI work with the Office of Admissions and Financial Aid to find ways to offer more robust need-based aid to URM students who apply and are accepted to KSOM to not lose these students to other schools. With the aim of strengthening the pipeline programs that currently exist, there must be a meaningful and achievable strategy to garner additional funding for financial aid for these students.
- ❖ To assist with retaining accepted students from our surrounding community, we also recommend that at least four recruitment scholarships be reserved exclusively for accepted students that are from the 55 zip codes outlined in Table 1. After meeting with KSOM's Admissions faculty, it was brought to our attention that many of these accepted students matriculate to other medical schools due to competitive financial aid offers.
- ❖ In addition, we recommend that ODI works with Financial Aid and a community college student representative to host discussions with prospective URM students and have more financial aid workshops to ease students' concerns about cost. These community colleges should be in the areas outlined in Charge C.

3. Admissions Committee Focus

- ❖ Our next suggestion is to incorporate USC affiliated community leaders as official members of the Keck School of Medicine Admissions Committee. By inviting our local leaders to participate, they will be able to assist with choosing applicants that embody the values and align with the missions of our institution.
 - These community leaders can range from Keck faculty whose work is predominantly in the realm of social justice, social determinants of health, health equity, or underserved communities to leaders of non-profit organizations that Keck already has a relationship with.
- ❖ We recommend for the Office of Admissions to assess and review the current make-up of the admissions committee and work to diversify both its pool of volunteer interviewers and the official members of the admissions committee.
- ❖ We recommend yearly implicit bias training for interviewers and admissions committee members to better understand how issues such as structural racism, implicit bias and social determinants impact KSOM's community of faculty, students, staff – and the health of the patients and communities we serve – as we work together to achieve a more inclusive and impactful university and community.

ZIP Code	City	Median Household Income (\$)	% Black*	% Hispanic*
90001	Florence/South Central (City of LA)	34.3k	8.9	89.7
90002	Watts (City of LA)	32.5k	21.6	75.9
90003	South Central (City of LA)	31.9k	23.1	75.5
90007	South Central (City of LA)	22.5k	10.4	49.4
90008	Baldwin Hills/Crenshaw (City of LA)/Leimert Park (City of LA)	36.1k	65.7	23.5
90011	South Central (City of LA)	31.7k	8.6	89.8
90012	Civic Center (City of LA)/Chinatown (City of LA)	32.7k	12.5	27.8
90013	Downtown Los Angeles (City of LA)	22.1k	30.2	15.2
90014	Los Angeles	23.6k	18.0	17.0
90015	Downtown Los Angeles (City of LA)	30.5k	7.4	63.4
90016	West Adams (City of LA)	41.1k	34.4	52.3
90017	Downtown Los Angeles (City of LA)	25.1k	5.3	66.3
90018	Jefferson Park (City of LA)	35.7k	33.7	55.5
90021	Downtown Los Angeles (City of LA)	12.4k	23.8	49.9
90022	East Los Angeles	40.7k	0.4	96.1
90023	East Los Angeles (City of LA)	37.5k	0.9	96.3
90031	Montecito Heights (City of LA)	36.8k	0.8	67.5
90032	El Sereno (City of LA)/Monterey Hills (City of LA)	45.2k	1.7	80.4
90033	Boyle Heights (City of LA)	29.5k	1.6	90.5
90037	South Central (City of LA)	27.1k	19.5	76.4
90040	Commerce, City of	41.9k	0.9	95.5
90043	Hyde Park (City of LA)/View Park/Windsor Hills	41.4k	30.6	60.9
90044	Athens	30.3k	35.3	61.6
90058	Vernon	15.2k	7.9	85.1
90059	Watts (City of LA)/Willowbrook	36.1k	31.3	66.1
90061	South Central (City of LA)	36.1k	35.4	62.4
90062	South Central (City of LA)	37.3k	33.1	62.0
90063	City Terrace	41.3k	0.5	96.1
90071	ARCO Towers (City of LA)	51.5k	9.0	48.2
90201	Bell/Bell Gardens/Cudahy	38.2k	1.0	94.4
90220	Compton/Rancho Dominguez	50.9k	37.5	56.8
90221	East Rancho Dominguez	43.3k	21.0	76.2
90240	Downey	76.7k	2.2	72.5
90241	Downey	61.2k	2.6	75.3
90242	Downey	60.7k	6.0	71.2
90247	Gardena	44.8k	19.3	46.6
90248	Gardena	55.4k	16.7	39.4
90249	Gardena	53.8k	28.5	36.3
90250	Hawthorne (Holly Park)	47.1k	21.5	55.1
90255	Huntington Park/Walnut Park	37.1k	0.5	96.6
90260	Lawndale	55.7k	8.5	57.4
90262	Lynwood	44.0k	8.9	87.6
90270	Maywood	36.7k	0.4	97.9
90280	South Gate	45.5k	1.0	95.0
90301	Inglewood	40.8k	31.3	61.5
90302	Inglewood	43.5k	48.5	41.6
90303	Inglewood	40.6k	35.4	58.5
90304	Lennox	38.4k	4.8	89.7
90305	Inglewood	66.1k	77.6	15.0
90504	Torrance	75.0k	3.1	23.8
90650	Norwalk	61.1k	4.3	69.1
90706	Bellflower	50.7k	13.6	54.7
90723	Paramount	46.4k	9.6	81.2
90746	Carson	80.2k	57.5	21.1
91754	Monterey Park	58.8k	0.4	32.2

Table 1. List of 55 zip codes we believe are within the geographical boundaries of East and South Central Los Angeles. Each with their respective median household income, population percentage of Blacks, and population percentage of Hispanic individuals. All data was obtained from Statistical Atlas which uses 2010 United States census data.

*Percentage of the total population excluding White, Asian, Mixed, and Other.

Table 2. Average median household income, average population percentage of Blacks, and average population percentage of Hispanics calculated from the 55 zip codes listed in table 1.

Avg. Median Household Income (\$)	Avg. % Black*	Avg. % Hispanic*
42.1k	17.7	63.7

*Percentage of the total population excluding White, Asian, Mixed, and Other.

The Demographic Statistical Atlas of the United States—Statistical Atlas.