

WSAC Regional Challenge Grant - Letter of Interest

BIPOC Health Careers Ecosystem

Application Point of Contact: Nikki Torres, nikki.torres@health-ecosystem.org

Fiscal Agent: Players Philanthropy Fund (PPF)

Applicants must submit the [Letter of Interest Submission Form](#) and upload to the form a Letter of Interest as a PDF attachment **no later than February 16, 2024 by 11:59PM Pacific Time**. To ensure formatting aligns with the below guidelines, we encourage applicants to make use of this Letter of Interest template.

A Letter of Interest must adhere to the following guidelines:

- No more than five pages in total length, excluding the cover page
- Cover page identifies:
 - o Partnership name (If applicable)
 - o Application point of contact
 - o Name of the organization that will act as fiscal agent
- All bolded questions are numbered and answered serially (see pgs. 6-8 in the Request for Letters of Interest)
- Responses are single spaced in Times New Roman 11-point font

Note: All LOIs submitted to WSAC will be publicly available on the WSAC website in advance of the recommendations made to Council (est. May 2024).

1. Why are the partner organizations that are or will be included in this work the ones that came together to address educational attainment through place-based work in your region?

The Washington State BIPOC Health Careers Ecosystem (The Ecosystem) is a collective-impact rooted organization that connects with and cultivates value in community partners aligned with our mission and vision - to increase the number of American Indian/Alaska Native, Black, Latinx, and Pacific Islander (Black, Brown and Indigenous) healthcare providers who become leaders in the elimination of health inequities that are harming our minoritized communities. The Ecosystem, an organization that is 100% Black, Brown, and Indigenous led, convenes community partners across Washington state, large and small, to identify systemic barriers related to individuals successfully engaging in healthcare career pathways and to co-create strategies for removing them. With these funds, we intend to leverage some of our already existing community relationships to increase the depth and breadth of our Ecosystem internship program for Black, Brown and Indigenous pre-health college students in three primary regions - Western, Central, and Eastern Washington.

With planning and development in mind, we propose using the first year of funding to build a coalition of Black, Brown and Indigenous consultants, representative of each region we intend to serve, who will be compensated to lend their expertise in professional and personal development in healthcare career pathway programs to re-imagine our existing internship. They will do this in partnership with salaried pre-health interns from minoritized communities and executive leaders from healthcare organizations who are willing to work with us to co-create internships for Black, Brown and Indigenous pre-health students that are grounded in equity.

Our internship program, now in its third year, is specifically designed for Black, Brown and Indigenous pre-health college students. The internship's primary focuses include the development of leadership skills, mentorship with healthcare professionals of color, and experiential learning that aligns with each intern's healthcare area of interest. The importance of this internship is rooted in the unfortunate realization that the environments our students of color will be entering are rarely conducive for them to experience a sense of belonging secondary to their racial, ethnic, or cultural backgrounds, both within higher education, professional school and the healthcare industry itself. Consistent with this realization is our intentional focus on building the mindset and skills necessary to persist throughout the entire educational and career pathway of our interns.

With these points in mind, these funds will be used to partner with educational institutions, healthcare organizations, and most importantly, the interns themselves to co-design and improve upon our current internship. We will deliberately convene partners across sectors (post-secondary and professional education, healthcare, and community-based organizations like ours) to draw from the diverse perspectives needed to achieve a common goal – the graduation of a cadre of pre-health students who are: 1) exceptionally well prepared to successfully apply to matriculate at the professional school of their choice; 2) able to thrive throughout their professional school's curriculum; and 3) well-positioned to assume leadership positions while in school and in the next phase of their career, all contributing to the elimination of health inequities that diminish the quality of life for members of Black, Brown and Indigenous communities.

While our coalition will support current students to graduate in the short-term, through the development and strengthening of our organization and partnerships, we envision achieving long-term outcomes related to sustainable programs and practices that address the lack of culturally responsive environments our Black, Brown, and Indigenous students experience along the healthcare pathway. We believe collaboration across sectors is the only way to create these types of cohesive and consistent experiences for our students, and yet, each sector has their own unique perspectives, barriers, and needs, and thus, can often be blinded to, or worse, systematically unable to address the needs of others. The Ecosystem serves

as a facilitator to help connect these entities, recenter shared outcomes and objectives, and ultimately implement the co-designed strategy.

2. How is or will the partnership be structured?

The Ecosystem will serve as the backbone organization and lead for this partnership. We will subcontract throughout the planning year with an established group of leaders of color from health profession programs at Washington State University, University of Washington, and Pacific Northwest University. These leaders have years of experience developing and running health career pathway programs and internships with funding from entities such as HRSA, NIH and the Robert Wood Johnson Foundation for students from economically, educationally, and socially disadvantaged backgrounds who are aspiring to become healthcare providers.

In addition to having experience developing and running health career pathway programs and internships, these subcontractors will use the planning year to draw from their network of healthcare organization leaders from across Washington state to identify organizations (e.g., hospitals, community health centers) interested in lending the expertise of their people and facilities to the development of this expanded internship strategy. The Ecosystem would like to have at least three healthcare organizations join this effort as partners, with one of the healthcare organizations located primarily in Eastern Washington, one in Central Washington, and one in Western Washington. It is expected that the healthcare organizations will have the capacity to support a wide range of health career interests, wide enough that selected interns will be able to find their professional niche.

Interns will round out this partnership. The focal populations for our organization and this planning year of the internship are pre-health students who identify as American Indian/Alaska Native, Black, Latinx, and Pacific Islander. After operating an internship for the last three years, the Ecosystem has a very robust network of pre-health college students, from which we will select eight interns. Given that one of the outcomes of this award is graduation, we will be recruiting pre-health college students who are scheduled to graduate from their undergraduate studies 12-15 months after being selected as an intern. The selected interns will be distributed across three geographic areas and in close proximity to our healthcare organization partners (two in Eastern Washington, two in Central Washington, and two in Western Washington). The remaining two interns will be doing their work and learning with the Ecosystem's administrative team and Board (La Mesa).

The recruiting of interns will be regional so that each intern's efforts are being applied to a geographic location near their hometown and where they are attending college. In addition to helping co-create a meaningful internship for Black, Brown, and Indigenous pre-health students that is founded on their lived experiences and those of their families and communities, we will build on their leadership skills, provide mentorship from healthcare professionals and leaders of color, and design experiential learning that aligns with each intern's healthcare area of interest as products of their year spent during the planning phase. Collectively, these experiences are invaluable to any applicant to professional school, and by including them in this planning year internship, we hope that these interns will be more competitive than their peers, thus increasing the number of Black, Brown and Indigenous students matriculating in professional school.

The Ecosystem will hire a facilitator/project manager to help the subcontractors recruit healthcare organizations and to recruit and hire interns who will be part of the internship co-creation team. The facilitator/project manager will also help the partnership convene and host program design sessions and prepare to launch the next cohort of interns who will begin after the successful work of the planning year. Expectations for our educational and healthcare partners will include dedicating FTE to participate in our design cohort, providing consultation on how best to achieve the goals of our program. Our preliminary

plan is for the partnership to formally convene 6-8 times during the planning year (there will be additional smaller meetings too that are region-specific), and by the end of the planning year, have developed a decentralized internship model hosted by at least three healthcare organizations. Specifically for our healthcare partners, we also intend to design site visits with opportunities for the interns in different regions to “swap” locations and share their experiences.

3. How have or will the partner organizations learn from each other and the communities served, and how does or will the partnership incorporate this learning into ongoing work?

Shared learning and experiences are not only a core design element for our project, it is at the root of our organization’s purpose and function. Since the early formation of our organization in 2020, the Ecosystem has been convening with community partners across the state to share best practices, successes, and challenges with each other in an effort to learn from each other, align, and co-create strategies. We have also intentionally centered the voices and experiences of Black, Brown, and Indigenous communities from the beginning, as 100% of our entire board and staff identify as such.

Our program addresses the undergraduate portion of the healthcare career pathway, which is required for all healthcare leadership positions, with the intent to both prepare current students to graduate immediately and co-design strategies to address barriers for future students. For the purposes of this project, the Ecosystem’s facilitator will have specific learning outcomes layered into our project design, including sharing of best practices in serving Black, Brown and Indigenous students, identifying sector-specific assets and needs, as well as how success is measured within each organization/institution. We will also engage the Ecosystem’s broader community network via our regularly scheduled community convenings to help inform our project partners’ design further.

Ultimately, our learning intent is two-fold - to learn from institutions and employers about current trends, needs, and barriers in hiring and elevating Black, Brown, and Indigenous graduates, as well as allowing students to inform institutions and employers about their needs. We believe that through deliberate development of our key partnerships, we can incorporate these findings working towards systemic change in policies and practices preventing Black, Brown, and Indigenous students from educational attainment within the healthcare pathway.

4. Who are the focal population(s) in your partnership’s work, and what assets do learners and families in these populations bring to their educational journeys?

The focal population for our organization is American Indian/Alaska Native, Black, Latinx, and Pacific Islanders. For the purpose of this project, we intend to focus on three specific geographical regions in Washington State - Eastern Washington, Central Washington, and Western Washington. Because of our regional approach, we intend to identify the racial demographic most impacted by health disparities in these areas and work closest with these communities. The concept that communities of color themselves have the lived experiences to best inform solutions is core to our mission and vision and will be a primary component to our design work.

5. What is the geographic region where the focal population(s) that would be served by this investment live?

This internship will be distributed across Washington state, with there being a “hub” in Eastern Washington (Spokane), one in Central Washington (Yakima), and one in Western Washington (Seattle). The centerpiece of each hub will be a healthcare organization (e.g., hospital, community health center), with both interns and a consultant who are from that region. This is a decentralized model in which each

hub will design an internship that honors its local communities, their cultures, their strengths/assets, and their challenges.

6. What are some of the systemic barriers that learners and families in your focal population(s) encounter?

The focal population our organization works with - Black, Brown, and Indigenous communities - endures systematic marginalization through historically racist policies and practices, leading to less access to resources and basic needs, among myriad other challenges. Within the education sector, systemic barriers are well-documented, including discriminatory practices related to access and entry, lack of experiential learning opportunities, lack of leadership development and mentoring opportunities, as well as a lack of representation, save for the lowest of levels.

Black, Brown, and Indigenous students interested in entering the field experience multiple specific barriers along the way. In 2021, only 1% of medical school matriculants identified as American Indian or Alaska Native, 11% as Black, 13% as Hispanic, and 0.4% as Native Hawaiian or Pacific Islander. These percentages remain low relative to their proportions in the US population. (JAMA Health Forum, 2023). With many of our students experiencing economic and financial barriers, the cost not only to enter, but to persist through and complete their path is often prohibitive. Additionally, the environments these students find themselves in are oftentimes new and foreign, in large part due to lack of experiences for either themselves or those within their family. Relatedly, there is a lack of cultural and ethnic representation from those guiding them along the pathway, which causes a lower sense of belonging often leading to lower persistence rates and higher dropout rates. It is this specific point that inspires our organization to do the work we do in helping increase the amount of Black, Brown, and Indigenous representatives in healthcare, especially at leadership levels.

7. What work do you propose undertaking during the granting period?

Phase 1: Coalition Building and Program Restructuring (Months 1-2)

- a. Onboard coalition of consultants
- b. Draft curriculum goals to guide program development

Phase 2: Recruiting of Healthcare Organization Partners (Months 2-3)

- a. Partnership outreach to healthcare facilities; connect and convene together with educational institutions and community-based organizations
- b. Develop updated curriculum integrating aspects related to decolonization, holistic health, and professional skills

Phase 3: Statewide Intern Recruitment and Selection (Month 4-5)

- a. Procure and review applications, conduct interviews, select interns

Phase 4: Program and Internship Launch (Months 6-13)

- a. Initial orientation and onboarding
- b. Schedule ongoing mentorship meetings
- c. Intern project design and development
- c. Organize and execute educational workshops for pre-health high school and college students
- d. Organize and execute regional intern exchanges
- e. Organize and execute interprofessional experiential learning workshops
- f. Mid-term review and feedback session

- g. Intern curriculum feedback and improvement session

Phase 5: Internship Conclusion and Program Evaluation (Month 13-16)

- a. Post-internship survey and exit interviews

8. How will this proposed work contribute to increasing educational attainment for the focal population(s) in your region?

When designing the first iteration of our internship three years ago, the Ecosystem focused on four outcomes for our interns: 1) well-focused personal and professional goals at the time of undergraduate graduation; 2) exceptionally well prepared and competitive applicants to professional school of their choice; 3) personal and professional skills needed to thrive throughout their professional school's curriculum; and 4) becoming well-positioned to assume leadership positions while in professional school and in the next phase of their career that will contribute to the elimination of health disparities that diminish the quality of life for members of Black, Brown and Indigenous communities.

We acknowledge that while our internship has not yet served a large number of pre-health college students, its impact over time will lead to higher rates of professional school matriculation in the near-term. Higher rates of Black, Brown and Indigenous professional school matriculation will not only enrich the learning environment inside and outside of their classrooms (and clinics), they should motivate professional schools to examine their institutional cultures and institute changes through the lens of equity that will make them places where students from all backgrounds can thrive. Ultimately, these changes will result in greater Black, Brown and Indigenous representation in the pool of healthcare providers, and those who experienced our internship will be in positions within healthcare organizations to invoke systems changes that will improve the health of minoritized and underserved communities.

To achieve this long-term goal, we're proposing to use WASC Challenge Grant funds to establish a scalable model in which consultants of color bring together pre-health college students of color and healthcare organizations to co-create more culturally responsive environments and cultural norms that are supportive of future Black, Brown, and Indigenous healthcare interns and future providers.

We know that increasing a sense of belonging in the environments our Black, Brown, and Indigenous students are in results in higher persistence rates, and thus, higher completion rates. Similarly, increasing a sense of purpose through experiential learning, connection to community, and mentorship with experienced leaders of color can have a similar effect on degree completion. By designing our project around supporting the student intern directly while at the same time improving the systems they encounter, we intend to address both of these senses, ultimately contributing to increasing educational attainment in both the short and long-term.