Introduction
- DAWN is a student run free clinic (SRFC) reliant on pre-health volunteers to help provide care to Aurora’s underserved and uninsured community.
- Anecdotally, DAWN pre-Health volunteers have faced challenges in gaining access to health professional programs.
- There is a significant gap in published data that focuses on characterizing barriers faced specifically by pre-health volunteers at SRFCs.
- In order to honor these volunteers’ commitment to the health of their community, we set out to better characterize their barriers in hopes of supporting their future career aspirations.

Study Goals
- Collect and analyze demographic data depicting DAWN’s pre-health volunteer cohort
- Identify and characterize barriers faced by DAWN pre-health volunteers
- Compare DAWN pre-health volunteers to national applicant pools

Methods
- 40 question voluntary survey distributed through Qualtrics to all DAWN work groups with known pre-health volunteers.
- Collection period: 3 months (10/21/2020-1/11/2021).
- Incomplete responses were not included in the study.
- Qualitative data was analyzed using an immersion crystallization approach, conducted by four DAWN staff, to identify emergent themes.

Needs Assessment Data

Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>All DAWN Applicants % of total (N)</th>
<th>DO Applicants % of total (N)</th>
<th>MD Applicants % of total (N)</th>
<th>DO Matriculants % of total (N)</th>
<th>MD Matriculants % of total (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Indian</td>
<td>0 (0)</td>
<td>0.2 (43)</td>
<td>1.1 (248)</td>
<td>0.1 (7)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>7.9 (3)</td>
<td>24.5 (13018)</td>
<td>23.1 (4998)</td>
<td>24.9 (5543)</td>
<td>24.0 (1869)</td>
</tr>
<tr>
<td>Black</td>
<td>5.0 (2)</td>
<td>9.8 (1517)</td>
<td>7.1 (1543)</td>
<td>9.6 (2177)</td>
<td>3.2 (244)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>32.5 (15)</td>
<td>11.0 (5620)</td>
<td>9.6 (2088)</td>
<td>12.0 (2678)</td>
<td>7.8 (587)</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0 (0)</td>
<td>0.5 (214)</td>
<td>0.1 (26)</td>
<td>0.4 (80)</td>
<td>0.1 (5)</td>
</tr>
<tr>
<td>White</td>
<td>55.0 (22)</td>
<td>51.3 (2735)</td>
<td>51.4 (11314)</td>
<td>53.4 (11874)</td>
<td>57.4 (4446)</td>
</tr>
<tr>
<td>Other</td>
<td>7.5 (3)</td>
<td>4.4 (2311)</td>
<td>3.8 (850)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Would you consider yourself to be a disadvantaged applicant?

- 67%
- 27%
- 6%

Themes

Lack of access to shadowing experiences is a significant barrier.

"Other challenges include being unable to get significant shadowing experience without getting paid for it. As a result I have to take the extra step like becoming a CNA instead of just becoming a scribe in order to make enough money while also getting shadowing experience in a hospital."

Lack of knowledgeable, personalized advising and mentoring with a desire for more effective mentoring.

"I would also love more mentoring and shadowing opportunities because I struggle most in feeling that I am adequate enough to be a physician, especially with a lack of diversity in the health care field."

Lack of access to financial resources is a barrier.

"My main constraint has been that I’m financially independent. This has exposed a large time and financial constraint on how I’ve had to move through the pre-med process. My application timeline largely revolves around when I anticipate having the money to study for the MCAT, and to apply to medical school."

Time & Financial Barriers in Preparing for Entrance Exam

- Not having enough time to study - 65%
- Trouble accessing prep resources due to financial reasons - 35%

Challenges In Preparing For Entrance Exam

- Time constraints that have contributed to your ability to study/utilize prep resources: 53 (27)
- Working to Support Self: 18 (9)
- Working to Support family/loved ones: 16 (8)
- Supporting siblings and loved ones requiring a significant amount of time: 49 (25)
- Volunteering: 49 (25)
- Extracurricular activities to supplement application: 6 (3)

Discussion

- DAWN demonstrates high prevalence of URM and disadvantaged students compared to applicants nationally. Allocating resources to SRFCs may broadly improve representation in health care.
- Desire for personalized advising likely related to underlying first-generation status and lack of accessible mentors with similar backgrounds.
- Financial barriers are often intersectional including access to exam prep resources, allocation of time to for building a competitive application, and ability to apply. Clear opportunity for an actionable intervention that would likely have significant impact.

Next Steps

- Utilize identified barriers and themes to design and implement initiatives geared towards supporting pre-health volunteers at DAWN including shadowing opportunities, personalized mentoring, and scholarship funding.
- Data collected from this study can be used as a guide for other SRFC’s with similar volunteer cohorts.

References