# Appendix 3-03.1b – SOM Diversity and Equity Policy Statement

## Introduction

*I have been concerned by the evidence of inequalities that exist among the states as to personnel and facilities for health services. There are equally serious inequalities of resources, medical facilities and services in different sections and among different economic groups. These inequalities create handicaps for the parts of our country and the groups of people which most sorely need the benefits of modern medical science.*

Franklin D. Roosevelt
Message to Congress on the National Health Program
January 23, 1939

## Hackensack Meridian School of Medicine at Seton Hall University Vision, Mission, and Diversity and Equity Statements

**Vision**:

Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

**Mission**:

The physicians we train, in their delivery of the highest quality care to all patients, will:
- Act on their understanding that context, community, and behavior drive wellbeing;
- Embrace and model our professional and our university's Catholic roots of reverence for the human condition, empathy toward suffering, excellence in medical care, and humility in service;
- Continue to serve and learn from the engagement of socioeconomically diverse and underrepresented minority populations among students, faculty, staff, and community;
- Integrate lifelong learning and inquiry into their practice; and
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools.

**Diversity and Equity:**

The **Hackensack Meridian School of Medicine at Seton Hall University** is committed to quality education, research, and service in an environment that prepares students for serving a diverse community. The quality of care that our students will observe and our faculty will deliver will be equitable – fair, impartial, and just. Our Mission states that our students, staff, and faculty will learn from the SOM's engagement of a socioeconomically and racially diverse workforce and student body thereby augmenting all of our abilities to deliver the highest quality care to diverse populations.

Training and working in environments and settings that are diverse and inclusive and contain persons from all backgrounds, is critical to ensuring that our graduates will have the highest level of knowledge, attitudes, skills, and behaviors. It will enhance the training, education, and practice of all clinicians, and is essential to ensuring the highest quality healthcare outcomes for *all* populations.

This will be accomplished through accelerated engagement of underrepresented minority populations among students, faculty, staff, and community members. The SOM believes exceptional educational achievements are made when all stakeholders take a globally diverse and inclusive approach to learning shaped by exploring many factors, including race, ethnicity, gender, religion, sexual orientation, socioeconomic background, veterans status, geographic region and intellectual stimulation. This will

foster a culture that embraces and understands different perspectives, which will better prepare SOM students for diversity in the communities they will serve, and in communicating and working with patients, community members, and colleagues.

## Mission-Appropriate Institutional Goals

The SOM shall strive to admit qualified students and appoint qualified residents, fellows, faculty, staff, and senior administrative leaders who represent diversity, focusing on the specific diversity categories outlined below. The SOM shall develop programs that are designed to strengthen the learning environment. Specifically, the SOM's mission-appropriate goals include efforts to: a) promote the academic advancement and success of minority students, house officers, and faculty; b) enhance cultural, bilingual, and diversity instruction throughout the curriculum; c) break down racial, gender, and ethnic stereotypes and promote cross-cultural understanding; d) strengthen outreach to underserved communities, through service and learning projects, health care outreach and community-based participatory research; and e) promote unexplored research agendas and new areas of scholarship related to cultural and racial disparities in health and health care. The SOM's diversity programs seek to enhance diversity and cultural competency in the health care workforce, improve access to health care for the poor, minority and underserved populations, and ultimately eliminate racial, ethnic, and socioeconomic disparities in health and health care services.

The SOM will work with all departments and programs within **Seton Hall University (SHU)** and **Hackensack Meridian Health (HMH)**, and with other affiliated Colleges and Universities and their leaders, to achieve the goals outlined above and to promote a culture of inclusiveness, respect, communication, and understanding. The faculty and administration of the SOM agree with the **Association of American Medical Colleges (AAMC)** that diversity and inclusion are strategic imperatives and drivers of academic excellence (1).

The SOM diversity plan is driven by an awareness that diversity, equity, and inclusion strengthen teamwork and communication in patient care settings and are directly linked to improved health outcomes (2).

## Rationale for Diversity and Equity in Academic Medicine

There is compelling evidence that achieving diversity and equity within a medical school has a strong, positive effect on the quality of medical education that is provided, helps to advance student, resident, and faculty achievement, strengthens the School's ties to communities, informs and broadens the research agenda and contributes in measurable ways to reducing health disparities and improving community health. Increasing diversity among medical students and other trainees will lead to greater representation of minorities and underrepresented populations (**underrepresented in medicine – URiM**), not only among practicing physicians, but also among medical educators, scientists, public health officials, health services researchers, health insurance executives, and health care policy makers.

There is also strong evidence that achieving diversity of the health care workforce translates directly into improved delivery of health care services to, and health outcomes among, underserved and minority populations. As summarized by the AAMC in its 2014 Diversity and Inclusion Strategic Planning Guide, "the climate enhanced by a diverse learner and teacher body ultimately increases students' awareness of health and health care disparities in nearby populations and increases students' interest in service to underserved communities and overall civic commitment" (1).

**MEDICAL STUDENT RECRUITMENT**

**Pipeline Programs and Partnerships**

*Talent is universal, and there are smart, capable people of all racial and ethnic backgrounds who could become physicians, providing greater access to care for an expanding minority population. The problem is that opportunity is not universal (3).*

*Classroom discussion is livelier, more spirited and simply more enlightened and interesting when students have the greatest possible variety of backgrounds (4).*

*The only sure pathway to more diversity in medicine, and to eliminating disparities in healthcare, is to repair gaping holes in the K-12 educational pipeline and provide every youngster with the educational foundation upon which success in college and the health professions including medical school can be built (5).*

**Background and Rationale**

Medical schools cannot be solely in the business of awarding medical degrees to honor their applicants' past achievements and credentials. It is the total class balance, not merely the virtuosity of the individuals who make up the class that defines the very objective of the admissions process (6). While high school grades and admission test scores are strong predictors of similar academic success in medical school, they do not measure the full range of abilities that are needed to succeed in medical school or residency training or to become a skillful physician (7,8). Medical schools have an educational and societal obligation to select and educate a balanced health care workforce for the future, one that is best equipped to serve all of our nation's and state's communities. Indeed, medical school admissions committees must consider the needs of patients and communities (9). Although an emphasis is placed here on creating careers in medicine, it should be noted that effective development programs will create opportunities for individuals across the healthcare landscape, including biomedical research. The key is to engage the greatest number of individuals in a manner that fosters success.

There is persuasive evidence that recruiting a diverse student body has a positive effect on the quality of medical education that is provided to learners (10-13). The positive educational outcomes include: helping students to break down stereotypes and racial biases, challenge assumptions and broaden perspectives regarding racial, ethnic and cultural differences; broadening students' understanding of the effect of language and culture on medical care – that is, achieving cultural competency, teaching students how differences in race, ethnicity and other cultural experiences might adversely affect the interactions that occur between doctors and the patients and families who seek their help; increasing students awareness of health and health care disparities in nearby populations; and increasing students' interest in service to underserved communities and overall civic commitment. It is clear that health improves in communities served by physicians of similar racial and ethnic backgrounds.

**Commitment to Pipeline Activities**

Few medical schools have succeeded in recruiting a diverse medical student body, house officer group, or faculty. According to the Sullivan Commission, the problem originates "at the very beginning of the pipeline, where primary and secondary school are failing too many students (7). On average, when compared to white students, racial and ethnic minority students receive a K-12 education of measurably lower quality, score lower on standardized tests, and are less likely to complete high school…and are far less likely to graduate from a four-year college…." (7). In New Jersey, a state with high educational attainment among the states, the Lumina Foundation (14) recently reported that 53% of white residents have at least an associate's degree, compared with 31% of African Americans and 24% of Hispanics. The

Council on Graduate Medical Education has stated that "research indicates that the greatest barrier to URiM admission to medical school is the small applicant pool of URiM college graduates resulting from high attrition rates in high school and low enrollments in college" (15).

The administration and faculty of the SOM must develop, support, and participate in "pipeline" activities that seek to identify and encourage promising URiM students to consider a career in medicine or other health professions. Pipeline programs – as outlined in a white paper that we authored this spring – describes our plans to promote just such contemplations in students. Pipeline activities include K-12, pre-collegiate, collegiate and post-baccalaureate programs, "shadow" experiences with heath care professionals, summer science programs, mentoring and outreach, and enrichment and recruitment activities aimed at increasing interest in, and preparation, for health sciences careers.

## The Importance of Developing Pipeline Programs for African American Men

The 2015 AAMC report "Altering the Course: Black Males in Medicine" highlighted the fact that in the past 35 years there have been a disappointing trend of decline in the number of black males applying to and entering the field of medicine not experienced by other minority groups (16). According to Ingehart, "nationally, black women enrolled in U.S. medical schools now outnumber their black male counterparts almost two to one, and women account for two thirds of all black medical school applicants" (17). The AAMC report is a call to action: to alter the course for minorities, and for African American males especially, academic medicine must take the lead. This report recommends: a) engaging the leadership of every medical school; b) examining and strengthening institutional policies that affect admissions policies, the learning environment, the success of minority students, residents and faculty, the research environment, and the institutional climate; and c) community engagement.

## Admissions Policies and Holistic Admissions Reviews

We anticipate that the number of academically qualified applicants will exceed the number of places available in the first year class for the SOM. Rather than use a single measure of excellence, such as the **Medical College Admissions Test (MCAT®)**, the committee will use a variety of metrics and information to matriculate diverse classes in order to enhance the educational experience for the entire student body.  We will utilize holistic admissions review, which seeks to integrate applicants' academic preparation with their other experiences, obstacles overcome, commitment to health care and service and other personal qualities, to create a more complete picture of the applicants' capabilities and potentials (18).

## MISSION-APPROPRIATE STRATEGIC GOALS

- *Each year, recruit new medical students who represent diversity, academic excellence, and promise*
- *Increase diversity in the health care workforce through pipeline programs and other multi-faceted approaches that include early identification of aspiring students, longitudinal mentorship, and exposure to health care careers, research opportunities, clinical experiences, and academic support.*

## Implementation Tasks and Recommendations

- Compile a list of current pre-medical pipeline activities that are ties to the specific medical student diversity categories recognized by the SOM (including those identified as **underrepresented in medicine (URiM)** by the AAMC; individuals who are economically disadvantaged or of low socioeconomic status, or self-identify as a member of a racial or ethnic group historically underrepresented in medicine – African American/Black, Hispanic/Latino, American Indian/Alaska

Native or Native Hawaiian, and Pacific Islander. Also included are First Generation College Students, those of Rural Upbringing, and Veterans.)

- Analyze and define successful pipeline programs and other student recruitment strategies; also identify programmatic weaknesses and limitations (e.g., attrition from or lack of engagement of African American males), and costs. Make recommendations for strengthening and supporting pre-medical pipeline activities.
- Strengthen existing pipeline programs and develop new pipeline programs to increase outreach to, and recruitment of, underrepresented students from high schools and community and four-year colleges and universities, and help prepare them for successful careers in medicine.
- Collaborate with leaders and stakeholders within and outside of SHU and HMH, to identify funding sources to support scholarships for medical school applicants who represent diversity, excellence, and promise.
- Establish, monitor, and improve programs to optimize student retention and graduate rates and students' overall academic success, through academic and student support services and other mechanisms to ensure that the SOM offers a nurturing environment and a culture of inclusion and respect for all students.
- For each strategic goal and implementation task, develop and utilize appropriate accountability metrics and establish benchmarks for "excellence." For example, for diversity recruitment and retention programs, develop accurate data bases to monitor a) SOM matriculation rates in each targeted diversity category; and b) measures of students' academic success, including on-time graduation rates, United States Medical Licensing Examination® Step 1 and Step 2 scores, scholarly productivity, participation in, and leadership of, school and community projects, residency match success, and other outcomes. For specific pipeline programs, track outcomes such as enrollment of diversity students in pre-and post-baccalaureate programs, completion of program requirements, and matriculation to medical or other health professions schools.
- Assess whether medical school applicants should be afforded the opportunity to report their sexual orientation, gender identity and gender expression on forms that are used to collect demographic data.
- Monitor orientation and training programs for Admissions Committee members, ensuring that all members are prepared to conduct holistic reviews of applicants and implement the admission goals outlined in this Diversity and Equity Policy Statement.
- Recognize and support leadership activities by students who actively promote and celebrate diversity, including members of the Student National Medical Association, National Hispanic Medical Association and other groups that promote diversity, community engagement, and health equity.
- Develop mentoring program for incoming URiM medical students with participation by minority and non-minority faculty and community physicians.
- Identify additional resources and funding to enhance academic support for all medical students (e.g., tutoring and preparation for residency applications and interviewing).
- Annually collect and distribute data about student diversity and diversity-related activities.
- Periodically conduct systematic reviews of successful medical student recruitment and pipeline activities from other United States medical schools.

**THE CURRICULUM, LEARNING ENVIRONMENT AND INSTITUTIONAL CLIMATE**

*By its very nature, diversity allows more people from different backgrounds to look at the same problem and to explore different approaches and different solutions. (7)*

*Diversity is a process that exists outside the admissions cycle and promotional photos. It's a mindset that extends into the classroom and the hospital. If the ultimate goal of diversity in medical schools…is to improve patient care, then a good first step is to create a world where trainees can feel supported while learning and working to the best of their ability (19).*

# Appendix 3-03.1b – SOM Diversity and Equity Policy Statement

## Background and Rationale

Experts agree that medical school and residency curricula must include awareness of health care disparities and instruction in "culturally effective medicine". Students need a basic understanding of health and health care disparities, which has been defined by the Agency for Healthcare Research and Quality as "populations where is there is significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population, as compared to the health status of the general population" (4). Students need to understand how ethnicity, race, language, cultural, sexual orientation, and other personal characteristics affect the distribution and impact of illness and injury. They need to know how illness is perceived, how perceptions affect treatment, and how these impact the outcome of care. Students also need to understand the structural barriers that contribute to persistent racial, ethnic, and cultural disparities in health outcomes.

Curricula will necessarily include discussion of bias and stereotyping and how to combat them in health care settings. In addition, the importance of language competency cannot be overestimated; all students will need to understand relevant translation skills, pitfalls in communication and how language skills promote culturally sensitive care and positive health outcomes. Educations have recommended that these lessons be taught inside and outside the classroom and that they be reinforced in the clinical years and during residency training.

## Mission-Appropriate Strategic Goals

- *Ensure that the undergraduate medical curriculum provides opportunities for medical students to learn: the realities of health inequity and health care disparities; the importance of finding solutions to meet the health care needs of medically underserved communities; and the basic principles of culturally effective medicine.*
- *Ensure that medical students learn to recognize and appropriately address gender, cultural and other biases in themselves, in others and in the health care delivery system.*
- *Work to create a welcoming, safe, and inclusive environment for all minority students, including the **Lesbian/Gay/Bisexual/Transgender (LGBT)** community, and provide opportunities for students working with faculty mentors to design, lead and participate in community outreach projects that target health care needs and disparities in the communities served by SHU and HMH.*

## Implementation Tasks and Recommendations

- Develop core and elective courses that will increase students' awareness of health inequities and health care disparities and increases students' interest in service to underserved communities.
- Develop core and elective courses that will increase students' understanding of the interplay of factors that promote health equity, as well as those that lead to health disparities – for example, provider bias and prejudice, patient genetic factors, health behavior choices (and the underlying environmental factors that limit health choices), systems and structural factors and others.
- Ensure that all medical students gain an understanding of how patient-focused and policy-focused advocacy can promote health equity and mitigate such disparities.
- Ensure cultural awareness and culturally-effective medicine instruction; support Spanish language instruction and opportunities for students.
- Ensure that students are aware that LGBT patients suffer disproportionately from health disparities and that they are prepared to provide comprehensive care to LGBT patients.
- Ensure that students understand that individuals with disabilities and those with mental illnesses also suffer disproportionately from health disparities and that they are prepared to provide comprehensive care to these patients.

- Ensure that attention is paid to the institutional climate – that is, how "all community members, including students, faculty, clinical and nonclinical staff and patients, experience the institution's culture" (5).
- For each strategic goal and implementation task, develop and utilize appropriate accountability metrics and establish benchmarks for "excellence."
- Evaluate students' knowledge related to vulnerable populations and health disparities, including their understanding of racial and ethnic disparities; LGBT health-related topics; those with disabilities, individuals with mental illness and other vulnerable groups. Develop and monitor elective courses and other curriculum content related to these health disparities topics.
- Conduct a systematic LGBT curriculum assessment, and consider opportunities to incorporate teaching and learning related to LGBT healthcare topics formally into the curriculum. Emphasize patient care experiences, so that students will become invested and accountable, as they see the realities through patients' eyes.
- Develop databases to track students' (and faculty members') participation in community service and outreach projects, community-based participatory research, and other activities that promote health equity and target underserved patients and populations and health disparities.
- Ensure that the curriculum includes race, unconscious bias, and racial prejudices in medical training and healthcare.
- On a regular basis conduct a Student Climate Survey (3) or other assessment of the institutional climate and culture of the institution and learning environment (19).

## FACULTY AND SENIOR ADMINSTRATIVE LEADERSHIP

*Mitigating disparities in health and eradicating disparities in health care will bring us closer to the ideals at the foundation of our profession (21).*

*Faculty recruitment and development programs [exist] as models for medical schools that are eager to join the 140-year-old quest for diversity in academic medicine (22).*

### Background and Rationale

It is widely accepted that attracting and supporting a diverse faculty and administrative leadership team is a critical objective for medical schools. As highlighted by Pololi et al., "Inclusion of URiM faculty in medical schools helps all faculty and physicians-in-training to achieve awareness and appreciation of cultural differences among racial and ethnic groups, promotes more effective healthcare delivery to an increasingly diverse patient population, improves the quality of medical education, and stimulates research that is inclusive of the needs and concerns of underserved groups. URiM faculty bring knowledge and experience of different backgrounds and world views to medical schools and can serve as important role models and mentors to students and residents" (23).

### Recruitment of a Diverse Faculty and Senior Administrative Leadership Team

Recruitment of a diverse faculty requires the commitment of institutional leaders, an investment of resources, and a clear understanding of practices that are effective. Success also depends on a school-wide and departmental environment that recognizes that diversity contributes measurably to the institution's clinical care, teaching, research and service missions. A diverse faculty and school administration enrich the student experience – offering intellectual engagement and a dynamic interplay born of a respect and appreciation for peoples' cultural and stylistic differences. Department committees must utilize accepted best practices to search actively for the best candidates, not simply sort through resumes, in order to expand the pool of highly qualified candidates for faculty and leadership positions. Departments must actively search for candidates who represent academic and clinical excellence, and their pools of

applicants must include women, racial and ethnic minorities, LGBT individuals, veterans, and those with disabilities.

The SOM cannot improve its faculty recruitment outcomes through administrative fiats alone. Coordinated activities and strong partnerships with SHU and affiliated colleges and universities and HMH will be required. Faculty recruitment, mentorship and retention activities are, for the most part, decentralized processes that are initiated and carried out by the SOM's 20 departments.

Successful implementation plans for faculty diversity must include at least the following key practices: a) communicating the diversity rationale to the faculty at-large, faculty governance bodies, department chairs, program and center directors, administrators and search committee members; b) development of department-specific diversity plans, followed by collection of outcomes data and periodic review; c) universal mandatory training of search committee members and improved monitoring of faculty search activities; d) development of programs for retention, mentoring, and advancement of URiM faculty members; and e) ensuring accountability for achieving greater diversity among faculty and administrative leadership within the SOM.

## Faculty Retention

To meet the SOM's diversity goals, attention must be paid not only to recruitment but retention. Numerous studies have demonstrated that URiM faculty, when compared with their non-URiM peers, are more likely to experience discrimination, bias and isolation, are less likely to be promoted, experience cumulative workplace disadvantages and have unfulfilled career and leadership aspirations (20). It is the SOM's responsibility to support, mentor and encourage academic advancement of minority and non-minority faculty, at all stages of their careers. Efforts must be made to guard against isolation of minority faculty within the institution. The SOM must ensure that resources are available to help URiM faculty connect with helpful minority and non-minority colleagues and with successful role models and mentors. Junior faculty, especially, need mentors. Equally important, academic support and leadership training are essential for faculty members at all stages of their careers. The SOM must guard against the "minority tax" – that is, overcommitting minority faculty to task forces and committees that need "representation" (24,25).

Retention of URiM faculty members is also predicated on strengthening the School's diversity climate. An institution's "diversity climate" has been defined by the Institute of Medicine as the "perceptions, attitudes and values that define the institution, particularly as seen from the perspectives of individual of different racial or ethnic backgrounds" (26). An institution's climate can exert a profound influence on diversity efforts. The "climate" includes numbers and proportions of minority students and faculty (structural diversity); it also includes measure of how often and how well members of diverse groups talk, listen, interact, work together and exchange ideas (the diversity of interactions) (25). It is influenced by social and cultural awareness events, the range and quality of curricula, mentoring and role models, and the psychological climate.

## Mission-Appropriate Strategic Goals

- *Adopt best practices in order to recruit, and support the academic development and career success of, faculty who represent the underrepresented and ethnic groups defined by the SOM.*
- *Adopt best practices to improve the diversity of the School's administrative leadership, including deans, department chairs, division heads, and clinical, educational, and research leaders.*
- *Recruit and recognize faculty, from any racial or ethnic group, who focus their teaching, clinical care, research or service activities on addressing health disparities and the health care needs of vulnerable populations.*

- *Increase accountability of chairs, deans, and other leaders for implementing successful programs to recruit a diverse faculty and leadership team.*
- *Take steps to bring the diversity goals of the SOM and the SOM's promotion and tenure practices into closer alignment.*

**Implementation Tasks and Recommendations**

*Searches*

- Develop a consistent approach to conducing searches for new faculty and leadership positions, incorporating strategies that promote diversity and excellence and that are applied across the SOM, HMH and their affiliated institutions.
- Strengthen search committee training and hiring processes and the use of best practices to increase the number of minorities, women, and veterans in applicant pools.
- Establish ties to the SHU Office of Diversity and Equity to strengthen recruitment and retention programs, pipeline activities and other diversity-related programs, and gain from that office's expertise and resources.
- Ensure departments are kept up to date of Liaison Committee on Medical Education expectations for diversity.

*Faculty Development, Mentorship, and Retention*

- Work with the Office of Faculty Affairs to ensure that academic promotion policies recognize and reward community service, pipeline program development, and other service activities that seek to address health care disparities.
- Compile a list of programs that focus on professional development, leadership training and support for URiM faculty; evaluate outcomes and make recommendations to improve the reach and impact of these faculty development programs.
- Develop mentoring programs for URiM and other new faculty focusing on initial orientation to academic life, teaching skills, research methods, mentored research opportunities, grant-writing, promotion and tenure information, gaining national exposure, and other career-building skills.
- Conduct SOM climate assessments, using the Diversity Engagement Survey or other tools, in order to identify areas of need with regard to the working and academic environment for faculty, particularly minorities and women. Include information about barriers to retention and academic success, mentoring needs and other challenges.
- Conduct systematic exit interviews for all departing faculty utilizing a reliable instrument and best practices to obtain data regarding the diversity and inclusiveness climate, resource and professional development needs, and other challenges to academic success, well-being, and retention. Data should be shared with departments and administrators and used to improve the climate and support systems for URiM and other faculty.
- Develop consistent strategies to periodically examine department's salary structures, promotion and tenure practices, allocation of resources and the overall climate, to promote diversity, excellence, and faculty success.

*Department and Chair Accountability*

- Develop mandatory training programs for department chairs, division heads, program directors and other hiring authorities that address the strategic importance of diversity and inclusiveness, unconscious biases, and strategies for recruiting and supporting a diverse faculty.
- Develop accountability measures for departmental and other search committee training processes including participation in unconscious bias and other relevant training.

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- Require the SOM Office of Diversity and Equity to review, on behalf of the Dean, each department chair's faculty recruitment and diversity efforts and accomplishments and report every two years to the Dean and to the SOM faculty. Assessments should include training of search committee members and activities that pro-actively seek to attract a diverse and quality poor of applicants for every faculty position (such as appropriate journal advertisements and outreach to traditionally underrepresented schools and programs).
- Require that each department submit an initial diversity plan, plus annual updates, that include faculty and leadership diversity categories as outlined in this Diversity and Equity Policy Statement.
- Ensure that each department's diversity plan and record are reviewed by the Dean and are considered in the annual evaluations of the chair and during regular departmental reviews.
- Develop diversity questions and metrics as guidelines for review and critique of departmental diversity plans and outcomes by the Office of Diversity and Equity.
- Ensure that a commitment to diversity is considered in the search processes for department chairs, diversion heads, assistant and associate deans and other leadership positions, and communicate this commitment to all prospective hires.

*Outreach and Sharing of Best Practices*

- Develop a system to share successful faculty recruitment strategies across departments.
- Develop a website and other outreach and information tools that will aid in recruitment of URiM faculty.
- Distribute a quarterly "Tips for Successful Faculty Searches" to all departments, chairs and administrators
- Conduct a systematic review of successful faculty diversity interventions and best practices from other United States medical schools.

*Data Collection and Monitoring*

- For each strategic goal and implementation task, develop appropriate accountability metrics and establish benchmarks for excellence.
- Regularly track, by department, the number of applications from prospective faculty and staff members from diverse and underrepresented areas.
- Regularly measure and report the representation of URiM faculty in key leadership posts and on major institutional committees and governing boards.
- Enhance faculty and residency search committee databases to include race, ethnicity, and gender of search committee members, as well as new faculty applicants, finalists, delinked offers, and hires.

*Improvements to Institutional Policies*

- Ensure that participating in pipeline activities, public service, and communication-engaged scholarship is recognized and rewarded (for example, in annual performance review and at the time promotion and tenure decision are made).

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## References

1. Association of American Medical Colleges. Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide. AAMC. Washington, D.C. 2015.

2. LaVeist, T. A., and Pierre, G. (2014) Integrating the 3Ds—Social Determinants, Health Disparities, and Health-Care Workforce Diversity. *Public Health Reports*; 129(Suppl 2): 9–14.

3. Marc Nivet, Former Chief Diversity Officer at the Association of American Medical Colleges. Quoted in Igelhart JK. (2014) Diversity dynamics: challenges to a representative US medical workforce. *N. Engl. J. Med*.; 371:1471-1474.

4. Grutter v. Bollinger et al. (2003) 123 S. Ct. 2325,2341.

5. Cohen JJ. Meeting the diversity challenge. AAMC Reporter. December, 2004

6. Cohen JJ. (2003) The consequences of premature abandonment of affirmative action in medical school admissions. *JAMA*; 289:1143-1149.

7. U.S. Department of Health and Human Services. Health Resources and Services Administration. Council on Graduate Medical Education. Seventeenth Report Minorities in Medicine: An ethnic and cultural change for physicians in training. April, 2005.

8. National Academy of Sciences. In the nation's compelling interest: Ensuring diversity in the health care workforce. 2003.

9. Scott JM. Medical school admission criteria. The needs of patients matter. JAMA1997; 278:1196-1197

10. DeVille K. (1999) Defending diversity: Affirmative action and medical education. *Am J Public Health*; 89:1256-1261.

11. Cohen JJ. (2003) Disparities in healthcare: An overview. *Acad Emerg Med*.; 10:1155-1160.

12. Whitcomb ME. (2003) Achieving the educational value of diversity. *Acad Med*.; 78:429-430.

13. Whitla DK, Orfield G, Silen W et al. (2003) Educational benefits of diversity in medical school: Asurvey of students. *Acad Med*.; 78:460-466.

14. "New Report Shows National Postsecondary Attainment Rate Rises to More than 45%". The Lumina Foundation. https://www.luminafoundation.org/news-and-views/a-stronger-nation-2016 Accessed August 12, 2017.

15. Department of Health and Human Services. Health Resources and Services Administration. Council on Graduate Medical Education. Seventeenth Report. Minorities in Medicine: An ethnic and cultural challenge for physician training. April, 2005.

16. Association of American Medical Colleges. Altering the course: Black males in medicine. 2015; AAMC, Washington, D.C.

17. Ingehart JK. (2014) Diversity dynamics: challenges to a representative US medical workforce. *N. Engl. J. Med.*; 371:1471-1474.

18. Attiah MA. (2014) The new diversity in medical education. *N. Engl. J. Med*.; 371:1474-1476.

19. Person SD, Jordan G, Allison JJ et al. (2015) Measuring diversity and inclusion in academic medicine: The diversity engagement survey. *Acad Med*.; 90:1675-1683.

20. Association of American Medical Colleges: Diversity in the Physician Workforce, 2014. http://aamcdiversityfactsandfigures.org/.

21. King TE, Wheeler MB. (2004) Inequality in health care: Unjust, inhumane and unattended *Ann Intern Med.*; 141:815-817.

22. Daley SP, Palermo AG, Nivet M et al. (2008) Successful programs in minority faculty development ingredients of success. *Mt. Sinai Med J.*; 75:533-551.

23. Pololi LH, Evans AT, Gibbs BK et al. (2013) The experience of minority faculty who are underrepresented in medicine at 26 representative medical schools. *Acad Med*.; 88:1308-1314.

24. Rodriguez JR, Campbell KM, Pololi LH. (2015) Addressing disparities in academic medicine: what of the minority tax? *BMC Medical education*; 15:6.

25. Nivet MA, Taylor VS, Bugtts GC. (2008) Diversity in academic medicine: The case for minority faculty development today. *Mt. Sinai J Med.*; 75:491-498.

26. National Academy of Sciences. In the nation's compelling interest: Ensuring diversity in the health care workforce. 2003.