



University of Colorado School of Medicine Diversity Plan



UNIVERSITY OF COLORADO SCHOOL OF MEDICINE

DIVERSITY PLAN

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May 1, 2006

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

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EXECUTIVE SUMMARY

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

This document outlines a new diversity plan for the University of Colorado School of Medicine (SOM). The primary goal of this plan is to achieve a diverse and representative student body, house staff, faculty and administrative staff. The plan also seeks to: (1) promote the academic advancement and success of minority students, house staff and faculty; (2) enhance cultural, bilingual and diversity instruction throughout the curriculum; (3) promote an institutional climate of inclusiveness, respect and understanding; (4) promote unexplored research agendas and new areas of scholarship related to cultural and racial disparities in health and health care; and (5) improve access to quality health care for poor, minority and underserved populations. The students, faculty and administration of the SOM believe that diversity is a core value that is central to the educational, research, community service and health care missions of the School.

The Diversity Plan begins with an introduction and a review of the 2002 LCME accreditation visit to the School of Medicine, which prompted the writing and approval of a Diversity Mission Statement (Sections I and II). In July, 2004 the Executive Faculty of the School of Medicine added a formal Diversity Mission Statement to its Rules; this Statement articulates the School's commitment to diversity among its students, residents, faculty, staff and administration.

Section III of the Plan outlines the SOM's definitions of "diversity" and "under-represented in medicine" (URM). As outlined in the Diversity Mission Statement, the School of Medicine has adopted a definition of diversity that embraces race, ethnicity, gender, religion, socioeconomic status, sexual orientation and disability. The definition of diversity also includes life experiences, record of service and employment and other talents that enhance the scholarly and learning environment.

Section IV presents the rationale for a diversity plan, addressing the question, "Why do we want diversity in the School of Medicine?" Citing recent peer review publications and national consensus documents, this section summarizes the evidence that a diverse student body, faculty and administration will enhance the scholarly and learning environment of the School of Medicine. There is compelling evidence that achieving diversity 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

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

School's ties to nearby communities, informs and broadens the research agenda and contributes in measurable ways to improving the community's health. Increasing diversity among medical students and other trainees will lead to greater representation of minorities, 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 underserved and minority populations.

Sections V, VI and VII present additional background information pertaining to medical student, house staff and faculty diversity, respectively. These sections include information from national sources, as well as data from the School of Medicine student, graduate medical education and faculty data bases. Section VIII provides information about cultural competency training in medical education. There is a discussion of the SOM's recently revised curriculum, which includes a cultural competency "thread" throughout all four years of the MD training program.

The final section (IX) of the Diversity Plan focuses on specific recommendations to achieve the goals outlined in the School's Diversity Mission Statement. There are five broad recommendations, and each is accompanied by one or more specific implementation tasks. These recommendations were selected by members of the SOM Diversity Council from among more than sixty recommendations and actions steps originally considered. Council members selected these five key recommendations because they are important and feasible, even during a time of limited resources. The recommendations focus on action steps that can be taken over the next 12 - 18 months. They also suggest defined and measurable outcomes. Taken as a whole, Council members believe these recommendations and the accompanying implementation tasks, summarized below, will help the SOM demonstrate its commitment to diversity and successfully implement its new Diversity Mission Statement.

RECOMMENDATION #1

Enhance the visibility of the School of Medicine's diversity programs and strengthen ties to the community and community leaders.

Rationale

The Institute of Medicine has recommended that medical schools seek public and private support for their diversity efforts. The University of Colorado School of Medicine must be proactive in seeking such support. Efforts should be made to strengthen dialogues with legislators, business leaders, philanthropists, alumni and other community stakeholders. Communication efforts should stress

the importance of developing a diverse health care workforce that is optimally prepared to care for the people of the state. Building coalitions with community stakeholders can help develop awareness of health disparities and create advocacy for change. The Diversity Plan also emphasizes the importance of participation in community-based “pipeline” activities; these activities, which include K-12, pre-collegiate, collegiate and post-baccalaureate programs, mentoring and outreach, seek to identify and encourage promising URM high school and college students to pursue careers in medicine. In addition, over the past decade, the Kellogg Foundation and other organizations have recommended that medical schools emphasize “community engagement” and community-based scholarship as an essential strategy to improve health professional education, achieve a more diverse health care workforce, increase access to health care and eliminate racial and ethnic disparities in health. The SOM Diversity plan also calls for efforts to expand and strengthen partnerships with state, community and religious organizations, invest in recruitment of community-engaged faculty, advocate for extramural support of community-based research and revise faculty review, promotion and tenure criteria to recognize community-based service and scholarship.

Implementation Tasks

- Reorganize the School of Medicine Diversity Council to include community, education, political, business and health agency leaders and other stakeholders.
- Distribute and publicize the SOM Diversity Plan and related activities.
- Compile a roster of faculty members who are willing to participate in “pipeline” activities or serve as contacts for high school, college or post-baccalaureate students.
- Assist SOM education leaders to identify URM community physicians who are willing to serve as preceptors or small-group discussion facilitators for medical students.
- Take steps to educate community stakeholders regarding the importance of diversity at the SOM; emphasize the importance of a diverse physician workforce (and the large gaps that remain in achieving the School’s diversity objectives); and publicize the SOM’s ongoing diversity initiatives.
- Develop formal working relationships with the new Office of Health Disparities at the Colorado Department of Public Health and Environment, the Colorado Medical Society and Colorado Physicians of Color; also identify other inter-institutional and community partnerships.
- Invite speakers on diversity, cultural competency and health disparities to participate in the Dean’s Distinguished Seminar series.
- Sponsor an annual Diversity Research Exchange, which should include invited speakers, abstracts and plenary presentations.
- Add language to faculty letters-of-offer that highlights the importance of diversity and professionalism in the SOM.

- Develop strategies to recognize and reward departments, centers and individual faculty for noteworthy diversity achievements (for example, recruitment activities, successful mentoring programs, cross-cultural initiatives, education innovations, research or service to diverse populations).
- Create annual diversity awards.
- Review and revise the SOM web site to highlight diversity and diversity efforts, partnerships, collaborations and opportunities (especially for minority and women faculty). The web site should include information and links designed to enhance minority recruitment and retention activities.

RECOMMENDATION # 2

Strengthen key recruitment and retention programs for minority students, house staff, faculty and administrative leadership, while monitoring the outcomes of these programs.

Rationale

There is strong evidence that recruiting a diverse student body, house staff and faculty has a strong, positive effect on the learning environment and quality of medical education that is provided to learners. A diverse community of teachers and learners leads to a more enlightened curriculum and educational environment, vital role models and better-trained physicians. According to the 2004 Sullivan Commission Report, *Missing Persons: Minorities in the Health Professions*, increasing the diversity of medical students, residents and faculty is also “an indispensable tool in efforts to improve access to health care for underserved populations.” There is a similar, compelling rationale to increase the production of qualified minority physicians who will become future leaders of medical schools, hospitals, public health agencies, health care organizations and health-related businesses. Finally, increasing the diversity of the academic medical faculty will inform and promote unexplored research agendas and accelerate the pace of scientific discoveries that bear directly on health disparities and other health concerns of under-served populations.

Implementation Tasks

General

- Conduct a SOM climate assessment in order to identify areas of need with regard to the working and learning environment, particularly for minorities and women.
- Create email list-serves for minority and women medical and graduate students, house staff and faculty.

Medical Students

- Develop an orientation and training program to ensure that Student Admissions Committee members are prepared to implement the admission goals outlined in the Diversity Plan.
- Continue to support and strengthen, with appropriate outcome monitoring, key URM medical student recruitment, “pipeline” and preparation programs, including the current post-baccalaureate and pre-matriculation programs.
- Support the current Student Ambassador Program and develop other activities to encourage the matriculation of URM students who are offered admission to the School of Medicine.
- Develop a mentoring program for incoming URM medical students, with participation by minority and non-minority faculty and community physicians.
- Identify resources and funding to enhance academic support for URM students (for example, tutoring and preparation for residency applications and interviewing).
- Encourage and support leadership activities by minority students in local, regional and national minority health and medical organizations, such as the National Hispanic Medical Association, National Medical Association, Association of American Indian Physicians and others.
- Identify scholarship funds, especially from private grants and donations, to recruit and retain students who are members of under-represented minority groups.
- Annually, collect and distribute data about student diversity and diversity-related activities.
- Develop and fund programs to support URM medical students who demonstrate an interest in an academic medical career.

Graduate Medical Education

- Develop an orientation and training program to ensure that Residency Selection Committee members are prepared to implement the goals outlined in the Diversity Plan.
- Expand programs that seek to recruit new URM house officers (interns, residents and fellows) from national pools of applicants, through attendance at meetings, brochures, an enhanced web site, welcoming communications and other outreach efforts.
- Develop programs to increase recruitment of URM house staff from existing University of Colorado pools of URM medical students.
- Annually, collect and distribute data about resident and fellow diversity and diversity efforts.

Faculty and Administration

- Ensure that participation in pipeline activities, public service and community-engaged scholarship are recognized and rewarded (for example, during annual performance reviews and at the time that promotion and tenure decisions are made).

- Distribute a quarterly “Tips for Successful Faculty Searches” to all departments, chairs and administrators (for example, advertising strategies, preparation of effective job descriptions, interviewing strategies, etc.).
- Ensure that a commitment to diversity is considered in the search processes for department chairs, division heads, assistant and associate deans and other leadership positions.
- Develop brochures, an enhanced web site and other outreach and information tools that will aid in recruitment of URM faculty.
- Conduct a needs assessment survey to assess the current academic climate for URM minority faculty, barriers to retention and academic success and mentoring needs;
- Conduct systematic exit interviews of departing faculty to identify barriers to academic and social success and retention of URM faculty; data should be shared with departments and administrators and used to improve the climate and support systems for URM and other faculty.
- Develop a collaborative mentoring system for URM 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.

RECOMMENDATION # 3

Establish systems of monitoring and accountability for school-wide and departmental diversity efforts.

Rationale

As discussed in the *Sullivan Commission Report*, the mandate to increase diversity and cultural competency will not be achieved unless institutions hold themselves accountable and are held accountable by others. The Commission also noted that diversity and cultural competence are measurable; data collection is a prerequisite for measurement and accountability. The Commission specifically recommended gathering data to assess institutional progress in achieving racial and ethnic diversity among students, faculty, administration and health services providers, as well as monitoring career patterns of graduates. Further, the Commission suggested that the “Department of Labor and the Department of Health and Human Services should ensure that the appropriate accrediting bodies hold medical residency and health professional training programs accountable for promulgating and implementing standards for diversity and cultural competence.”

