School of Medicine

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Diversity Plan

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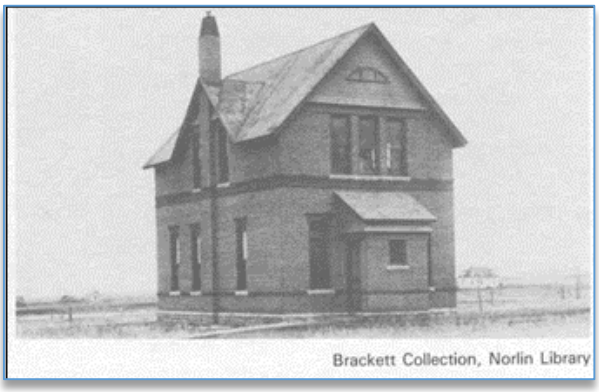
For the Council on Diversity and the Office of the Dean
University of Colorado School of Medicine



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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

Diversity Mission Statement

The students, residents, faculty and administration of the University of Colorado School of Medicine (SOM) believe that diversity is a value that is central to the School's educational, research, community service and health care missions. Therefore, the SOM is committed to recruiting and supporting a diverse student body, house staff, faculty and senior administration. The SOM adopts a definition of diversity that embraces race, ethnicity, sexual orientation, gender identity, disability, religion, political beliefs and socioeconomic status. The definition of diversity also includes life experiences, record of service and employment and other talents and personal attributes that can enhance the scholarly, clinical care and learning environment.

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 also 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 poor, minority and under-served 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 the SOM, and with other University of Colorado campuses and their leaders, to achieve the goals outlined

above and to promote a culture of inclusiveness, respect, communication and understanding. The students, residents, faculty and administration of the SOM agree with Dr. Marc Nivet, AAMC Chief Diversity Officer, that diversity and inclusion are strategic imperatives and drivers of academic excellence.[1]

This document builds upon the principles articulated in the SOM's 2007 Diversity Plan, which was listed in the AAMC Diversity Strategic Planning Guide as a resource for other medical schools. New mission-appropriate objectives and outcome measures have been developed, based on accepted best practices, the school's experiences over the past 8 years, recent publications, the accreditation elements and standards of the LCME, ACGME and JCAHO, and the needs of our learners, our patients and the communities we serve.

The SOM's updated Diversity Plan is also driven by a heightened awareness that diversity and inclusion strengthen teamwork and communication in patient care settings and are directly linked to improved treatment outcomes. [2]

Rationale for Diversity in Academic Medicine

What has not changed is the rationale for our diversity programs. As summarized in the 2007 Diversity Plan, there is a national consensus 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 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, 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. 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]

Diversity Categories for Students, Residents, Faculty and Senior Administrative Leaders

The School's broad definition of "diversity," first articulated in the 2007 Diversity Plan, includes race, ethnicity, sexual orientation, gender identity, religion and socioeconomic status. The School's diversity definition was expanded in 2013 to include political beliefs and values, based on the results of the 2013 Student Climate Survey.[3]

The SOM has defined the following diversity categories for medical students, residents, faculty and senior administrators. These categories reflect populations that are under-represented in the health care professions in Colorado and across the nation. In addition, these are historically under-served and disadvantaged populations, where health and health care disparities persist. Our definitions of "under-represented in medicine" (URM) are also consistent with those designated by the Agency for Healthcare Research and Quality (AHRQ) and the National Institute on Minority Health and Health Disparities (NIMHD) as "health disparities populations:" Blacks/African Americans; Hispanics/Latinos; American Indians/Alaska Natives; Asian Americans; native Hawaiians and other Pacific Islanders; socioeconomically disadvantaged populations; and rural populations.[4]

- Medical students: African American/Black; Hispanic/Latino; Native American/Alaskan Native; Hawaiian/Pacific Islander; Vietnamese; and individuals raised in rural areas. In its holistic admissions reviews, the School of Medicine also seeks to enroll students who are first-generation college graduates and who represent socio-economic diversity.

- Residents and fellows: African American/Black; Hispanic/Latino or of Spanish Origin; American Indian/Alaskan Native; Hawaiian or Other Pacific Islander.

- Medical school faculty: African American/Black; Hispanic Americans; Native American/American Indian; and Asian. These categories are based primarily on the race and ethnicity data collected by the University of Colorado Human Resources Office and the categories reported annually to the AAMC. The broad category "Asian" is also included, because this group remains under-represented among medical school faculty, especially in senior ranks. The School of Medicine also includes female faculty as under-represented, especially in higher academic ranks and leadership positions.

- Senior administrators (defined as deans, department chairs, division and section heads, block directors and other education and curriculum leaders): African American/Black; Hispanic Americans; Native American/American Indian; Asian; and females.

Sexual Orientation and Gender Identity and Expression

The categories targeted above refer primarily to racial, ethnic and other demographic attributes. At all levels, the School of Medicine also seeks diversity with respect to sexual orientation and gender identity, although data are not always available to measure these other personal characteristics.[5]

The Learning Environment, Community Engagement and Institutional Climate

We recognize that medical student, resident and faculty diversity are cornerstones in our approach to diversity and health equity. Pipeline programs and scholarships for aspiring URM medical school applicants, and diversity recruitment programs for residents and faculty, have unequivocal and enduring value. But as we emphasize throughout this Diversity Plan, our strategic goals, as well as our measures of excellence, are not limited to tracking the racial and ethnic characteristics of our students, faculty and staff. We also focus on the learning environment, curriculum, community service activities of our learners and faculty and the institutional climate. We consider institutional policies that need to be changed to support the academic recognition of community-engaged scholarship, pipeline activities and service to vulnerable communities. As summarized in the 2014 AAMC Diversity and Inclusion Strategic Planning Guide, "Without an inclusive culture, a diversity strategy may be in danger of becoming a taskforce to count people. Research indicates that inclusive environments boost the capacity of medical schools to excel and ensure health equity for all." [1]

Buy-In and Commitment from Stakeholders

The AAMC's 2015 Diversity and Inclusion Strategic Planning Guide notes that "the process of preparing a diversity and inclusion strategic plan … [begins with] soliciting buy-in and commitment from key stakeholders." [1] To a large extent, this task has already been achieved at the School of Medicine. Alliances and partnerships have been created, and investments have increased, since publication of our original Diversity Plan in 2007. As outlined in the sections below, there is strong support for diversity and inclusions at all levels of the organization, including students, the Faculty Senate, Dean and assistant and associate deans, premedical and pre- and post-baccalaureate pipeline program leaders and advisors at the downtown campus, the Anschutz Medical Campus Chancellor and other institutional leaders. Each medical school class has elected diversity representatives. The Dean continues to support minority faculty recruitment packages and has just completed the search for a new Associate Dean for Diversity and Inclusion, with a salary commitment that will increase from a 0.3 to 0.75 fulltime equivalent (FTE) position. The President of the University of Colorado contributed $10 million to medical student scholarships, beginning in 2010.

There is, nonetheless, a sense of urgency regarding strengthening our diversity and inclusion programs, especially with respect to increasing the diversity of our faculty and administrative leaders. And this urgency is shared across the institution. On November 16, 2015 University of Colorado President Bruce Benson sent an important

message to the entire university community. Benson affirmed his commitment to diversity and inclusion, stating (in part):

Diversity is one of our university's core values and guiding principles. It is at the heart of what makes our community strong and vibrant. As we have seen from recent events at the University of Missouri and elsewhere, the fabric of a community can easily fray if we do not continually work to elevate culture and climate. Improving culture and enhancing diversity at CU are … top priorities. This goal is embraced and stressed by the entire leadership of the university, beginning with the Board of Regents and continuing through me and my administrative team, the campus chancellors and their cabinets. It is also important to our students, faculty and staff, and we need to ensure we understand their concerns and honor their experiences so they can help guide our efforts.

Recent events around the country bring issues of diversity and inclusion, particularly race and justice, to the fore. But they have been a focus at CU for some time. We engage in a variety of activities aimed at making our campuses places that welcome, value and support people of all backgrounds. Universities are uniquely positioned to advance discussions on diversity. Indeed, it is our obligation.

In pursuit of the diversity goals outlined above and reinforced throughout the institution, the School of Medicine has developed --- and will regularly monitor and revise --- the mission-appropriate, strategic goals described in this plan. These goals are presented in 6 separate sections: Medical student recruitment (pipeline programs and partnerships); the curriculum, learning environment and institutional climate; residents and fellows; faculty and senior administration; community engagement and health disparities research; and funding and resource development. In each area, emphasis is placed on concrete objectives, collection of quantitative and qualitative tracking data, accountability and defined and measurable outcomes. These mission-specific objectives and implementation strategies align with the mission, vision and values of the School of Medicine and the University of Colorado Denver. [6]

<u>The School of Medicine's Continuing Commitment to Diversity and Inclusion</u>

As articulated in the School of Medicine's 2007 Diversity Plan, we believe that, no matter how high we rank nationally in research funding or clinical care, as a public institution we cannot be considered successful until such time as we are able to recruit and train a diverse health care workforce, able to meet the health care needs of the communities that surround us. Diversity and inclusion are central to the School's education, research, community service and health care missions. And training a health care workforce that is optimally prepared to care for diverse populations is a core mission and fundamental obligation of the University of Colorado School of Medicine.

More than a decade ago, the 2004 Sullivan Commission report, *Missing Persons: Minorities in the Health Professions,* emphasized the importance of an unambiguous, written institutional commitment to diversity. The Commission declared,

Diversity should be a core value in the health professions. Health professions schools should ensure that their mission statements reflect a social contract with the community and a commitment to diversity among their students, faculty, staff and administration. [7]

We agree. And with this 2015 Diversity Plan, we commit to working even harder to achieve our diversity goals and to ensuring that our institutional practices are aligned with our stated goals. We commit to reviewing and revising this Diversity Plan at least every two years. We also commit to enhancing the data culture within the School of Medicine in order to better track our progress.

On December 15, 2015 University of Colorado President Bruce Benson issued a second call to action, reminding the entire community that the individual campuses, schools and colleges must develop flexible, multi-faceted plans to promote diversity. Schools and colleges must be deliberate and active in implementing their plans. And the plans must deliver results. Benson reminded the entire university community, "Diversity makes our university stronger. It reflects society. It is one of our values. It is the right thing to do."

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." [8]

Classroom discussion is livelier, more spirited and simply more enlightened and interesting when students have the greatest possible variety of backgrounds. [9]

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 medical school can be built.[10]

Background and Rationale

As pointed out by former AAMC president Dr. Jordon Cohen and others, and as highlighted in the School's 2007 Diversity Plan, 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 admission process." [11] 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.[12] [13] 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 our state's communities. Indeed, it would be unfortunate if medical school admissions committees could not consider the needs of patients and communities.[14]

As summarized in the 2007 SOM Diversity Plan, there is persuasive evidence that recruiting a diverse student body has a strong, positive effect on the quality of medical education that is provided to learners. [10] [12] [15] [16] [17] [18] 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 effects 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. As highlighted in the 2007 Diversity Plan, and by the

U.S. Supreme Court in *Grutter v. Bollinger et al,* surveys and other investigations have confirmed that concrete benefits accrue from a diverse student body. [17] [19]

The School of Medicine's Commitment to Pipeline Activities

The University of Colorado School of Medicine has long stressed the importance of participation in community-based "pipeline" programs. Few medical schools across the country have succeeded in recruiting a diverse medical student body, house officer corps or faculty. According to the Sullivan Commission, the problem originates "at the very beginning of the pipeline, where primary and secondary schools are failing too many students." [7] On average, when compared with white students, "racial and ethnic minority students receive a K-12 education of measurably lower quality, score lower on standardized tests, are less likely to complete high school … and are far less likely to graduate from a four-year college…" [7] According to the Council on Graduate Medical Education, "research indicates that the greatest barrier to URM admission to medical school is the small applicant pool of URM college graduates, resulting from high attrition rates in high school and low enrollments in college.[20] Recently, in a study of the "leaky pipeline," Freeman *et al* documented a variety of barriers to "staying in the health professions pipeline;" these included inadequate institutional support and mentoring, perceived institutional biases, limited personal resources, and lack of access to information, mentoring and advising. [21]

There is reason for optimism. Once graduation from a four-year college is assured, URM youth are as likely to apply to medical school, be admitted to medical school and succeed in medical school, as their non-URM counterparts.[22] Therefore, according to COGME, the AAMC and others, "To increase the pool of URM medical school applicants, the retention of URM students must be addressed, at both the high school and undergraduate levels." [23]

Still, it is clear that, even if an URM candidate graduates successfully from a 4-year college, there are other barriers, sometimes insurmountable, in the admission process. A major one is money. As pointed out by the Sullivan Commission , "The burden of financing an education in the health professions has put the dream of becoming a [doctor] beyond the reach of far too many qualified underrepresented minority students." [7]

The faculty and administration of the SOM must develop, support and participate in "pipeline activities" that seek to identify and encourage promising URM students to consider a career in medicine or other health professions. Pipeline activities include K-12, pre-collegiate, collegiate and post-baccalaureate programs, "shadow" days, summer science programs, mentoring and outreach, and enrichment and recruitment activities aimed at increasing interest in, and preparation for, health sciences careers. As Dr. Jordan Cohen observed, "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 medical school can be built." [10] [15]

Active and Successful Pipeline Programs

The School of Medicine supports, leads and participates in an array of important high school, pre-baccalaureate and post-baccalaureate programs that seek to identify promising students who are interested in medical or research careers and help prepare them to be successful applicants. These programs include: the Post-Baccalaureate Program (in existence since 1995); the BA/BS-MD Program (in existence since 2010); Colorado Rural Health Scholars Program; career fairs organized by the School of Medicine and Anschutz Medical Campus Offices of Diversity; the Health Professions Opportunity Days; and other outreach and mentorship programs organized by SNMA/Physicians of Color; the Undergraduate Pre-Health Program; the Pre-Collegiate Health Careers Program; and others.

The School of Medicine's Medical Scientist Training Program (MSTP) has been a national leader in recruiting students who represent diversity. For more than 15 years, the MSTP program has successfully recruited and nurtured URM students who are candidates for both MD and PhD degrees. Graduates of the MSTP program have received local and national awards for diversity and science, and the program itself has received awards for its success in mentoring these exceptionally students.

In 2012 the School of Medicine implemented the Colorado University Summer Research Program (CUSP), to attract, encourage and support undergraduates who are passionate about developing careers in medicine and science. Since its inception, 31 talented undergraduates have participated in the program, coming from several colleges and universities (especially Yale, Notre Dame and Princeton). The program, funded by the National Institutes of Health, has already demonstrated that it can provide the research opportunities, mentorship and role models that help students in their quest to be physicians or scientists.

The Colorado Undergraduate Research in Environmental Sciences Training Program (CUrehs) provides research and mentorship for junior and senior undergraduate science students. Each year, the program recruits 6 diversity students from underrepresented populations from the University of Colorado downtown Denver campus. Students are exposed to research experiences and mentorship in environmental health sciences for a full year. CUrehs includes an intensive summer program that exposes them to laboratory research, social and community development, research ethics and the scientific method, and provides them with skills that will enable them to pursue graduate education. Since the start of the program in 2015, students have presented their work at numerous regional and national research meetings.

Current Scholarship Programs

For many years, the SOM has worked collaboratively with academic, community and business leaders to identify funding for scholarship programs that support students of academic excellence and financial need, and with a background or set of life experiences that fulfill the requirements of the scholarship donors. These scholarships

include: the Dean's Diversity Scholarship; scholarship support from University Physicians, Inc. (UPI); Justina Ford Scholarship for Commitment to the Underserved; Colorado Physician Insurance Company (COPIC) Scholarship for Diversity; Florence Sabin Scholarship for Commitment to Community Health; National Western Stock Show Scholarship for Rural Health; Hermosa Creek Scholarship for Rural Medicine; and the University President's Scholarship Program.

The Importance of Developing Pipelines for African-American Men

As highlighted in the 2015 AAMC report, "Altering the Course: Black Males in Medicine," the number of black males applying to and entering the field of medicine has declined in the past 35 years, a disappointing trend not experienced in any other minority group.[24] According to Iglehart, "nationally, black women enrolled in U.S. medical schools now outnumber their male counterparts almost two to one, and women account for two thirds of all black medical school applicants." [25] According to the AAMC report, "the inability to find, engage and develop candidates for careers in medicine from all members of our society limits our ability to improve health care for all." 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, the institutional climate; and c) community engagement.

Medical School Admission Policies

The number of academically qualified applicants to the University of Colorado School of Medicine far exceeds the number of places in the first-year class. Faced with the ongoing dilemma of choosing among a large number of qualified candidates, the Admissions Committee of the University of Colorado School of Medicine could use a single criterion, such as MCAT scores, to select an incoming class. However, the Admissions Committee, working on behalf of the School, has never used such an approach. The belief is that if scholarly excellence as measured by grades and test scores were the only criterion, the school of medicine would lose a great deal of its vitality and intellectual stimulation, and that the quality of the educational experience offered to all students would suffer. Consequently, while selecting those applicants whose intellectual potential and health care background seem excellent to the committee, the Admissions Committee seeks to matriculate a diverse incoming class to the school of medicine, in order to enhance the educational experience for the entire student body.

Holistic admissions reviews

In August 2006, the school's Admissions Committee adopted a formal policy to guide the evaluation of medical school applicants and the selection of each incoming class. The admissions policy was revised in 2014 to focus even more strongly on holistic admissions. Holistic admissions review seeks to integrate applicants' academic preparation with their experiences, obstacles overcome, commitment to health care and service and other personal qualities, to create a more complete picture of the applicant's

capabilities and potential.[26] The faculty and administration of the SOM agree with the call to action issued more than a decade ago by Dr. Jordan Cohen: "[Admissions committees] must consider more than MCAT scores; committees must work to identify other qualities of mind and spirit that predict success as medical students and, more important, as caring physicians." [10 15]

Admissions policies

As outlined in the current Admissions Policy, the School of Medicine will seek to enroll a highly able and qualified student body, richly diverse across racial, ethnic, socio-demographic and geographic lines and reflecting a wide variety of experiences, personal interests and academic goals. In addition:

- Admission to medical school will remain highly competitive.
- Students will continue to be evaluated on the basis of academic and personal achievement, intellectual promise, industriousness, obstacles overcome, commitment to service, compassion, communication skills, potential for leadership and other personal characteristics.
- The school will consider all of these factors along with the Medical College Admissions Test scores and grades, in an individualized and holistic evaluation of each applicant for admission. The school will evaluate each applicant in a flexible manner, "paying attention to who the applicant is, and what he or she may become."
- Admission will be offered to those judged to have the most promise for success as medical professionals and leaders who can contribute most to the learning environment of the school.

The Admissions Committee has not set, nor does it intend to establish, quotas for any regional or ethnic group of students. These numbers will of their own nature vary annually. However, it is the consensus of the Admissions Committee that a single rural or Hispanic matriculant in a class of 184 students would hardly be able to represent the full range of rural or Hispanic experiences for his orher class. In the final analysis, each academically qualified applicant is judged based on his or her unique characteristics.

Diversity with respect to rural background

As pointed out in the 2007 Diversity Plan, it would be simple to matriculate a class at the School of Medicine which is made up entirely of students who grew up in the front range of Colorado. However, this type of class would not be able to represent to each other the wide diversity of our population. Senior administrative leaders and the Admissions Committee have reaffirmed their commitment to recruiting highly qualified medical school applicants from rural backgrounds, in order to serve the multiple needs of the state for outstanding clinicians, researchers and medical school faculty.

Mission-Appropriate Strategic Goals

- *Each year, recruit new medical students who represent diversity, academic excellence and promise. Diversity categories will include: African American/Black; Hispanic/Latino; Native American/Alaskan Native; Hawaiian/Pacific Islander; Vietnamese; LGBT individuals; and individuals raised in rural areas. In its holistic admissions reviews, the School of Medicine will also seek to enroll students who are first-generation college graduates and who represent socio-economic diversity.*
- *Increase diversity in the healthcare workforce through pipeline programs and other multi-faceted approaches that include early identification of aspiring students, longitudinal mentorship, 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 tied to the specific medical student diversity categories outlined above. Analyze and define successful pipeline programs and other student recruitment strategies; also identify programmatic weaknesses and limitations (for example, attrition from the pipelines or gaps in enrolling 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, under-represented students from high schools and community and four-year colleges and universities, and help prepare them for successful careers in medicine.
- Collaborate with the CU Foundation and with local business, sports teams, philanthropic organizations, medical societies and other leaders and stakeholders, to identify new funding sources to support scholarships for medical school applicants who represent diversity, excellence and promise.
- Monitor and improve programs to optimize student retention and graduation 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; b) measures of students' academic success, including on-time graduation rates, USMLE 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.
- Continue to strengthen the comprehensive orientation and training programs for Student Admissions Committee members, ensuring that all members are prepared

to conduct holistic reviews of applicants and implement the admissions goals outlined in the Diversity Plan.

- Recognize and support leadership activities by students who actively promote and celebrate diversity, including members of the Student National Medical Association (SNMA), National Hispanic Medical Association and Association of American Indian Physicians, the medical school class diversity representatives, Prospective Student Representatives (ProReps), and students who lead CSTAHR, the DAWN clinic, Stout Street and other outreach programs that promote diversity, community engagement and health equity.
- Develop mentoring programs for incoming URM 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 (for example, tutoring and preparation for residency applications and interviewing).
- Annually, collect and distribute data about student diversity and diversity-related activities.
- Conduct a systematic review successful medical student recruitment and pipeline activities from other U.S. medical schools.

2. 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 all trainees can feel supported while learning and working to the best of their ability.[27]

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 heath and health care disparities, which have been defined by the Agency for Healthcare Research and Quality (AHRQ) 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] As noted earlier, AHRQ and the National Institute on Minority Health and Health Disparities (NIMHD) have designated the following as health disparities populations: Blacks/African Americans; Hispanics/Latinos; American Indians/Alaska Natives; Asian Americans; native Hawaiians and other Pacific Islanders; socioeconomically disadvantaged populations; and rural populations. [4]

Students need to understand how ethnicity, race, language, culture, 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. As defined by the Urban Institute, structural barriers include inadequate access to employment, education and other opportunities, as well as various "policies, practices and other norms that favor an advantaged group while systematically disadvantaging a marginalized group." [28] Curricula will necessarily include discussions 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. Educators have recommended that these lessons be taught inside and outside of the lecture hall and that they be reinforced in the clinical years and during residency training.

The School of Medicine understands the importance of teaching medical students and residents about diversity, cultural competency (more appropriately, cultural "humility" [29] or simply, culturally effective medicine) and health disparities throughout the medical school curriculum. Currently, these principles are included in the undergraduate medical curriculum in the core basic sciences courses, in first-, second- and fourth-year electives, in the 4-year longitudinal "threads," in several of the medical student "tracks" and in a large number of outreach, community service and service learning programs. In some areas, improvement may be needed.

Diversity and Health Disparities Instruction in the Core Curriculum

When the SOM revised its curriculum in 2005, one objective was to ensure that, throughout the 4-year curriculum, students would acquire the knowledge, skills and attitudes needed to practice culturally competent medicine, understand health disparities and advocate for health equity. Currently, the core curriculum includes several key longitudinal threads, educational tracks, elective courses and community service learning opportunities that seek to meet the strategic goals outlined above. For example:

- In the longitudinal "Medicine and Society Thread," students study inter-dependent components of the US healthcare system, including economics, politics, social structures and the law, while relating these to topics to health disparities.
- In the longitudinal "Culturally Effective Medicine Thread," medical students develop knowledge, skills and behaviors with respect to the great diversity of the human condition. This curriculum focuses on healthcare and disease differences based upon culture, ethnicity, gender, language and literacy, socioeconomic class, spirituality and religion, age, sexual orientation and disability
- The Denver Health Longitudinal Integrated Clerkship (LIC) is an alternative clerkship experience for third-year medical students. The LIC provides a special focus on health care for underserved and vulnerable populations and the broad principles of community health.
- The LEADS Track is a longitudinal inter-professional program that seeks to develop transformational leaders who have the knowledge and skills to address health disparities, to promote health equity and improve healthcare systems, and to improve the well-being of communities. .
- CU-UNITE is a longitudinal inter-professional program that helps students prepare to provide care and advocate for patients in urban, under-served communities. Clinical and didactic lessons and experiences help prepare students to address the needs of the homeless, refugees, those with mental illness, the prison population and patients who speak Spanish or other languages.
- The medical curriculum also includes several elective courses that focus on acquiring or strengthening students' Spanish language skills, helping them to use Spanish to provide culturally effective care to their Latino patients.

Coverage of LGBT Health-Related Topics

Although the curriculum does not yet provide sufficient instruction in providing comprehensive care to LGBT patients, or recognizing this group as a vulnerable population, the Foundations of Doctoring course houses a curriculum on sexual history

taking that includes a required online module on LGBT health disparities and the importance of creating a culturally responsive, inclusive environment for LGBT individuals. In addition, the Problem-based Learning (PBL) curriculum has incorporated a case on transgender health, which provides an opportunity to discuss and reflect on specific health disparities, cultural competence issues and biases.

Community Outreach and Service Learning

The School supports a large number of service learning opportunities throughout the four years of medical school. Most of the projects and programs are led by medical students, working in close collaboration with faculty mentors and community stakeholders. Many also were developed and evaluated by students as part of their Mentored Scholarly Activities. Some projects have been funded by internal or external sources, including the Medical Student Council (MSC), Adler Scholarship Foundation, and the MSC innovations program. Among the most impactful community outreach programs are:

- C-STAHR (*Community-Students Together Against Healthcare Racism (C-STAHR),* created in 2010 by students who were passionate about addressing racial disparities in health. Today, it is a powerful alliance of community members, health profession students, SOM faculty members and the local non-profit 2040 Partners for Health;
- *DAWN (Dedicated to Aurora's Wellness and Needs)* is an interdisciplinary student-run free clinic that serves uninsured patients from the Aurora community. The goals are two-fold: to provide the best healthcare possible to neighbors in need; and to provide an opportunity for Anschutz Medical Campus nursing, pharmacy, physical therapy and medical students to collaborate with and learn from each other, while serving the community surrounding the Anschutz Medical Campus. The clinic was created as a joint venture between the Fields Foundation and Primary Care Progress.
- *HANDDS* focuses on identifying High-Arrest Neighborhoods to Decrease Disparities in Survival. This is a student organization that includes representatives from all the AMC schools. HANDS activities include a number of outreach activities (hands-only CPR education days, demonstration booths, AED (automated external defibrillator) scavenger hunts and other projects that seek to improve the survival after cardiac arrest in high-risk neighborhoods in Aurora. HANDDS works closely with several important Aurora neighborhood organizations, such as Servicios de la Raza, in organizing health fairs, canned food and winter coat drives, and health career programs for Aurora high schoolers.
- *MCAT Cooperative* is an accessible and affordable MCAT preparation course dedicated to students who are unable to afford other programs. The program is designed to focus on a comprehensive review of content with a consistent focus on doing well on the entrance exam, combined with career mentorship provided by current medical students.
- *BRANCH*, Bridging Research and Aurora Communities for Health, is a University of Colorado, Anschutz Medical Campus multidisciplinary student organization dedicated to establishing and sustaining partnerships with Aurora communities by promoting, supporting, and implementing programs that encourage Aurora

community members to take an active role in their own health and the health of their community.

- Other important electives and community service learning programs include: Warren Village; Camp Wapiyapi; Stout Street; the Emergency Medicine Hot Spotters and Bridges to Care programs; and Breakthrough Mentors.

Effectiveness of the Current Curriculum: Data from the AAMC Graduation Questionnaire

Each year, medical school graduates across the U.S. respond to a "Graduation Questionnaire" (GQ). This questionnaire is aimed at collecting data from students regarding their perceptions of the effectiveness of their medical school education in a wide variety of domains. In the area of diversity, there were some positives (See Table below);. For example, 30% of the 2015 CU medical school graduates and 33% of the 2014 graduates had "learned another language in order to improve communication with patients (Nationally, in 2015, 24% replied "yes" to this question). In 2015, forty percent of graduating students reported they had participated in a community-based research project, 48% had participated in a structured service learning project, and 49% had educated elementary, high school or college students about health professions careers. High proportions of students reported experiences related to health disparities (56%), working in a free clinic for underserved populations (59%) and experiences related to cultural awareness and competency (60%). At the same, less than half (48%) of graduating students "agreed" or "strongly agreed" that diversity within the medical school class had "enhanced my training and skills to work with individuals from different backgrounds (compared with 62% nationally).

GRADUATION QUESTIONNAIRE DATA – DIVERSITY

Percent satisfied or experienced the activity

	CU - 2014	CU-2015	All Schools - 2015	Difference
Participated in structured service learning	39	48	54	
Educated elementary, high school or college students about health professions careers	50	49	45	
Field experience providing health education in community	36	30	36	
Learned another language in order to improve communication with patients	33	30	24	
Learned proper use of interpreter	84	79	73	
Experience related to health disparities	80	56	62	
Experience related to cultural awareness and cultural competence	77	60	64	
Community-based research project	42	40	26	

Experience in free clinic for underserved population	74	59	74	
I plan to work primarily in an underserved area	43	22	22	
I plan to care primarily for an underserved population (regardless of location)	43	31	28	
Percent who "agree" or "strongly agree"				
Knowledge influenced or changed by becoming more aware of perspectives of individuals from different backgrounds	80	79	85	
Diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds	39	48	62	
I believe I am adequately prepared to care for patients from different backgrounds	100	97	95	

Student Perspectives on the Diversity Climate

In 2008 the SOM conducted a survey of medical, physician assistant and physical therapy students; 261 students participated. The objective was to assess, from the student body's perspective, the climate at our school with respect to diversity, inclusiveness and cross-cultural understanding. The survey results were published in 2013.[3] Among the findings:

- Ninety percent of students found educational value in a diverse faculty and student body; however, only 37 percent believed the University of Colorado School of Medicine is diverse.
- Many students reported they have witnessed other students, residents or faculty make disparaging remarks toward or about minority groups, most often targeting persons with strong religious or spiritual beliefs, conservative political values, low socioeconomic status, non-English speakers, women, racial or ethnic minorities or LGBT individuals.

As a result of this climate study, the SOM took several actions. First, the results were shared with students, residents, faculty, department chairs and the school's administrative leadership. Second, the SOM's Diversity Mission Statement and the Teacher-Learner Agreement, a document that outlines the expectations and shared responsibilities of students and teachers, were modified. For example, the following statement was added to both documents: *In all educational, research and clinical care settings, the school will welcome and respect all religious, spiritual and political beliefs and will welcome and respect patients and others who are poor, disadvantaged, uninsured and non-English speaking.* A statement was added to the SOM's Teacher-

Learner Agreement and the SOM's Diversity and Professionalism mission statements , broadening the definitions of "diversity and inclusiveness" to include all minorities, including racial and ethnic minorities and the LGBT community. More recently, similar language was added to the Faculty Promise, the final step in annual faculty performance reviews. Finally, as a result of this survey, the SOM developed its first online reporting system, to encourage students to report incidents of exemplary or poor professional behavior by residents or faculty. All of these changes signified a renewed commitment to improving the campus diversity climate and ensuring a safe, respectful and vibrant learning environment for all students.

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 more welcoming, safe and inclusive environment for all minority students, including the 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 surrounding community.*

Implementation Tasks and Recommendations

- Develop additional 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 additional 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 healthy 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.
- Strengthen cultural awareness and culturally-effective medicine instruction, and expand and 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." For example, consider monitoring: the Student Climate Survey (to be repeated in 2016); the AAMC Graduation Questionnaire (specifically, elements that address experiences working with diverse populations, opportunities to participate in service learning activities, perceptions of the diversity climate, and mistreatment data that pertain specifically to mistreatment based on race, gender and sexual orientation).
- Improve the ability of the SOM Curriculum Map to document students' exposure to topics related to health and health care inequities and vulnerable populations.
- Evaluate students' knowledge related to vulnerable populations and health disparities, including their understanding not only of racial and ethnic disparities, but also their understanding of LGBT health-related topics, those with disabilities, individuals with mental illness and other vulnerable groups. Strengthen and expand 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 into the regular, formal blocks in the pre-clinical and clinical years. Emphasize patient care experiences, so that students will become invested and accountable, as they learn to see 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
- Develop a medical student elective on health disparities, covering the provider-specific and systemic causes of disparities as well as the epidemiology of health and healthcare disparities and the social and economic determinates of health. *[30]*
- Assess strengths and gaps in the CAPE instructional programs and elsewhere in the curriculum with respect to clinical care of minority patients, including racial and ethnic minorities, non-English speakers, LGBT patients and others who are vulnerable and at risk.
- Strengthen the curriculum in such areas as race, unconscious bias and racial prejudices in medical training and health care.
- Repeat the Student Climate Survey [3] or conduct other assessments of the institutional climate as seen through students' eyes, to assess the climate and culture of the institution and the learning envrionment. [31]

3. RESIDENTS AND FELLOWS

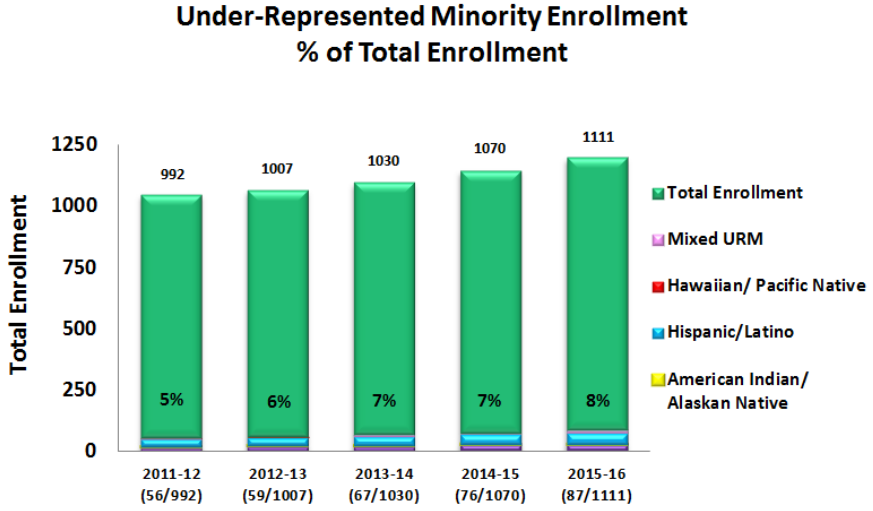
Background and Rationale

The School of Medicine Graduate Medical Education (GME) programs are responsible for training interns, residents and fellows in primary care and surgical specialties and subspecialties. Currently, GME oversees 93 Accreditation Council for Graduate Medical Education (ACGME) - accredited residency and fellowship training programs.

Diversity among residents & fellows contributes positively to the learning environment and quality of patient care. Diversity among residents and fellows can broaden the socioeconomic and cross-cultural perspectives of faculty, students and the residents themselves and, ultimately, help mitigate healthcare disparities. The SOM's GME training programs also serve as pipeline programs for recruitment of new physician faculty.

Recruiting for excellence in residency programs requires that department chairs and residency and program directors understand the value that diversity brings. There must be an institution-wide and department-wide commitment to diversity. According to the AMMC's Diversity and Inclusion Strategic Planning Guide, the essential elements of successful GME diversity recruitment programs include: active recruitment of residency applicants outside of standard networks; thoughtful composition and training of residency selection committees (including training in unconscious bias); defined metrics for candidate assessment; and having a supportive, inclusive campus climate.[1] Financial investments are almost always required to fund second-look days, visiting student clerkships, mentored research opportunities, diversity programs, travel and other costs of recruitment.

The numbers and proportions of residency trainees who are under-represented minorities have remained fairly constant over the last 5 years.



There are important new opportunities to improve diversity across the School's GME training programs, deriving primarily from a steady increase in URM medical students who are now applying for residency positions. For example, according to according to the *AAMC FACTS: AAMC ERAS* data for 2015-2016 academic year, URM individuals now represent almost 23% of all residency applicants. [32]

American Indian/Alaskan Native	.16%
Black or African American	13.9%
Hispanic, Latino, or of Spanish Origin	6%
Native Hawaiian or Other Pacific Islander	.03%
Other	2.19%
Total % URM	22.9%

Recent GME Recruitment Efforts

In 2004 the Dean's Office provided funding to develop and implement a focused resident recruitment plan that included travel by minority faculty to national minority medical student meetings, targeted advertising in *The Journal for Minority Medical Students,* brochures, funding for selected minority resident candidates to travel to Denver, and efforts by minority faculty to make personal contacts with prospective minority candidates. Initially, some positive results were realized. For example, the Department of Medicine successfully recruited seven minority residents in the 2005 match. However, not all departments involved in this pilot program had the same success. Several of the recommendations in this Diversity Plan focus directly on steps to increase recruitment of URM house officers from national and University of Colorado School of Medicine applicant pools. A strong partnership with the Office of Diversity and Inclusion, residency program directors, department chairs and administrators and a well-developed plan will be required in this effort.

The Department of Emergency Medicine

The specialty of emergency medicine is on the forefront of health care, and its patients represent the diversity of the health-seeking population. But emergency medicine has been lagging behind internal medicine, family medicine, obstetrics-gynecology and other specialties with respect to workforce diversity. Beginning in 2012, the University of Colorado Department of Emergency Medicine and the Denver Health Residency in Emergency Medicine (DHREM) took action. They invested time and resources in a comprehensive diversity recruitment program. The diversity recruitment program included 3 principal strategies: a) increased involvement of URM faculty and

residents in recruitment and interview activities; b) implementation of a scholarship-based externship program for applicants who were committed to providing care to diverse and underserved patient populations; and c) a funded second-look day event. During second-look days, program applicants were introduced to diverse faculty, residents and community leaders, and the DHREM research and teaching strengths were also highlighted. Additionally, a diversity committee was formed, and faculty and residents connected with national organizations such as the Student National Medical Association (SNMA). Mentorship programs for URM residents in emergency medicine were also developed. Here are the outcomes:

- One year after program implementation, the percentage of URMs among all applicants invited to interview doubled (7.1% in 2011-2013, 6.8% in 2012-2013, 14.7% in 2013-2014)
- Of all applicants invited to interview in 2014, 17.6% of interviewees were URMs, nearly a three-fold increase from 2012-2013 (6.2%).
- In 2013-2014, 23.5% of all new residents were URMs, compared with only 5.9% in 2011-2012 and 5.6% in 2012-2013.

Thus, implementation of this program led to a four-fold increase in the proportion of URM applicants who joined the residency program. As a result of these efforts and investments, the DHREM was able to more than double the number of under-represented minority residents entering the intern class in just two years. All of these results are included in a peer-reviewed 2015 publication in *Academic Emergency Medicine*.[33] It is hoped that these interventions can be sustained within emergency medicine and shared with other residency programs at the University of Colorado.

Mission-Appropriate Strategic Goals

- *Each year, recruit new interns, residents and fellows who represent diversity, academic excellence and promise. In addition to racial and ethnic diversity categories, include LGBT individuals and residents who represent socio-economic diversity.*
- *Encourage and support GME training programs that engage in active diversity outreach and recruitment programs; also encourage GME programs to contribute to the SOM's broad diversity goals, by participating in pipeline programs and other multi-faceted approaches that include early identification of aspiring students, longitudinal mentorship, exposure to health care careers, research opportunities, clinical experiences and academic support.*
- *Ensure that GME orientation and GME training programs provide opportunities for residents 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. Also ensure that residents learn to recognize and appropriately address gender, cultural and other biases in themselves, in others and in the health care delivery system.*

- *Provide opportunities for residents to work with both students and faculty mentors to design, lead and participate in community outreach projects that target health care needs and disparities in the surrounding community.*
- *Increase accountability of chairs, program directors and other senior GME leaders for implementing successful programs to recruit a diverse resident class.*

Implementation Tasks and Recommendations

- Establish a Graduate Medical Education task force to develop policies and practices to promote diversity and inclusiveness across the SOM's residency and fellowship programs.
- Ensure that each GME training program has a diversity plan that is appropriate to the discipline and that supports the program's educational, clinical service and workforce training needs.
- Develop consistent orientation and training programs to ensure that residency selection committee members are prepared to implement the goals outlined in their respective diversity plans.
- Expand programs that seek to recruit new URM house officers (interns, residents and fellows) from national pools of applicants, through attendance at meetings, brochures, enhanced websites, welcoming communications and other outreach efforts.
- Develop programs to increase recruitment of URM interns and fellows from existing University of Colorado pools of medical students.
- Annually, collect and distribute data about resident and fellow diversity and diversity efforts.
- Share successful strategies and best practices (for example, diversity programs from Emergency Medicine, Pediatrics and Medicine).
- Develop accountability metrics for chairs, program directors, SOM diversity officers and others regarding efforts and accomplishments in recruiting a diverse resident class.
- For each strategic goal and implementation task, develop appropriate accountability metrics and establish benchmarks for "excellence." For example, monitor: racial and ethnic diversity of residency programs; numbers of URM residents and fellows who eventually join the SOM faculty; and numbers of trainees who participate in community service, outreach, community-based participatory research or other activities that address health disparities and the needs of vulnerable populations.
- Conduct a systematic review successful GME diversity interventions and best practices from other U.S. medical schools.

4. FACULTY AND ADMINISTRATIVE LEADERSHIP

Mitigating disparities in health and eradicating disparities in health care will bring us closer to the ideals at the foundation of our profession. [34]

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. [35]

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 URM 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. [Further], URM 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." [36]

Recruitment of a Diverse Faculty and Administrative Leadership Team

Recruiting 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 (or the department's) clinical care, teaching, research and service missions. Put simply, department chairs, senior faculty and search committee members must understand the value that diversity brings. According to the AMMC's Diversity and Inclusion Strategic Planning Guide, and as highlighted earlier for resident diversity, the essential elements for achieving a more diverse faculty and leadership team are: a) active recruitment of new faculty and academic leaders outside of standard networks; b) thoughtful composition and training of residency selection committees (including training in unconscious bias); c) defined standards for candidate assessment; and d) having a supportive, inclusive campus climate.[1] 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 faculty and those with disabilities.

The SOM cannot materially improve its faculty recruitment outcomes through administrative fiats alone. Coordinated activities and strong partnerships with the UCD Vice Chancellor of Diversity and with the School's departments will be required. Indeed,

faculty recruitment, mentorship and retention activities are, for the most part, decentralized processes that are initiated and carried out by the SOM's 23 departments.

At the same time, considerable support and guidance from the SOM and campus administration will be required. Most of the recommendations and implementation steps necessary to achieve a diverse faculty and administrative leadership team will require collaboration among deans and other administrative officers, department chairs, faculty leaders, staff, students and residents. Leadership and coordination will also be required by the campus Office of Diversity, the SOM Diversity Council and the UCD Vice Chancellor for Diversity and Inclusion.

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 URM faculty members; e) strengthening institutional accountability for achieving greater diversity among faculty and administrative leadership within the SOM; and f) strengthening partnerships with the UCD Vice Chancellor for Diversity and Inclusion to address any areas of concern.

Faculty Retention

To meet the SOM's diversity goals, attention must be paid not only to recruitment, but also to retention. Numerous studies have demonstrated that URM faculty, when compared with their non-URM 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. [32] 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 URM faculty connect with helpful minority and non-minority colleagues and with successful role models and mentors. Junior faculty, especially, need experienced mentors. Equally important, academic support and leadership training are essential for faculty members at all stages of their careers.

The institution must also value and reward community-engaged scholarship, pipeline activities, clinical care provided to vulnerable patients and populations, at the time that promotion decisions are made. Programs must be developed to ensure that URM faculty connect with their school, university and community. The SOM must also guard against the "minority tax" --- that is, overcommitting minority faculty to task forces and committees that need "representation." [37] [38] [39]

Retention of URM 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 individuals of different racial or ethnic backgrounds." [40] An institution's climate can exert a profound influence on diversity efforts. The “climate” includes more than just numbers and proportions of minority students and faculty (structural diversity); it also includes measures of how often and how well members of diverse groups talk, listen, interact, work together and exchange ideas (the diversity of interactions). [38] It is influenced by social and cultural awareness events, the range and quality of curricula, mentoring and role models, and the psychological climate (for example, legacies of discrimination or bias and perceptions of racial tension).

As summarized by Rodriguez and Campbell, there are ways to “guarantee that minority faculty will leave academic medicine.” [41] Minority faculty who leave their academic appointments often site unfair treatment (including promotion practices), bias and racism, isolation, and lack of mentorship, faculty development and leadership opportunities as the reasons. [42] [43] [44] Summarizing a large body of work, Pololi pointed out that minority faculty often experience a “lack of relationships, a low sense of belonging and trust and non-alignment of personal and institutional values, [and all these experiences] directly predict leaving one’s institution [or] abandoning academic medicine entirely.” [45] As pointed out by Rodriguez et al and Pololi et al, minority faculty often observe that an institution’s stated diversity goals are often in direct conflict with its diversity climate and institutional practices.” In 2008, the AAMC’s chief diversity officer, Mark Nivet, wrote: The development of URM faculty is deterred by barriers resulting from years of systematic segregation, discrimination, tradition, culture and elitism in academic medicine. These barriers deter both the recruitment of new faculty members, who perceive them in advance, and the retention of current faculty members, who experience them as debilitating and discouraging, often prompting an early departure from academic medicine.” [39]

In 2008, Daley and her colleagues published a compendium of successful minority faculty recruitment and retention programs, based on the experiences of 12 U.S. medical schools.[35] The key ingredients included clear program goals, mentoring and coaching, a conducive environment, technical and research skills training, leadership training, reducing faculty burdens and many others. As the authors concluded, “[These] faculty development programs now stand as models for medical schools that are eager to join the 140 year-old quest for diversity in academic medicine.”

<u>The Importance of Faculty Engagement in Pipeline Work and Community Service</u>

Over the past decade, several national organizations have recommended that medical and other health professions schools emphasize "community engagement" as an essential strategy to improve health professional education, achieve a more diverse workforce, increase access to health care and eliminate racial and ethnic disparities in health. In 2005 the W.K. Kellogg Foundation and the Community-Campus Partnerships for Health released a new report, "Linking Scholarship and Communities." [46] The report called for medical schools to expand community-based teaching, research and service and develop more "authentic partnerships between health professional schools and communities." Medical schools, according to the report, should invest in the recruitment and retention of community-engaged faculty, advocate for increased extramural support

for community-engaged scholarship and revise faculty review, promotion and tenure criteria to recognize community-based service and scholarship."

Faculty Diversity: Current Demographic Data

In recent years the SOM has made investments in faculty diversity. But still, faculty from under-represented minority groups are few in number and even more rare in administrative and leadership positions. The same is true in U.S. medical schools across the country, where URM individuals are under-represented in all ranks of medical faculty, but especially so among full professors and tenured faculty.[36] Obviously, the lack of faculty diversity makes it more difficult to achieve desired levels of resident and student diversity.

As of July 1, 2015 305 of 2,317 SOM faculty members (13%) were under-represented minorities. The chart below shows the proportions of URM faculty according to demographic category and academic rank.

Race and Ethnicity Information for Full-Time Faculty (≥50% FTE) by Rank in the University of Colorado School of Medicine (N = 2,317) July 1, 2015

	Caucasian	African-American	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic	Total URM
Instructor/Sr. Instructor	659	7	68	1	28	104
Assistant Professor	574	7	67	2	30	106
Associate Professor	421	4	27	4	17	52
Professor	358	7	25	0	11	43
Subtotals	2012	25	187	7	86	305 (13 %)

Note: The faculty total (2,317) represents full-time faculty members who self-identified their race or ethnicity. Among all SOM faculty (N=3,430), 9% self-identified as underrepresented minority groups; however, among all SOM faculty members, 32% did not provide race or ethnicity information.
Source: School of Medicine Faculty Information Management System (FIMS).

Interventions to Strengthen Chair and Division Head Accountability

In 2014, in order to strengthen accountability of chairs for their diversity recruitment efforts, the following question was added to PRiSM, the online faculty and chair performance review platform: *Describe your department's programs that support diversity of faculty, staff, residents, fellows and graduate students.* A separate question asks for information about faculty recruitment and turnover. The Dean is able to review the chair's responses to these questions during the annual performance reviews of each chair. However, it is not clear how or whether these "chair accountability" questions are being used to improve departmental diversity policies and recruitment practices.

Academic Promotion Policies that Support Diversity and Community Outreach

The 2007 SOM Diversity plan included the following recommendation: *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).* Since that time, changes have been made throughout the promotion and tenure criteria, including additions to the Faculty Promotion Matrix, to increase recognition of community service, outreach and advocacy. For example:

- "Clinical excellence" now includes: *Significant involvement in health care advocacy, community service or other activities that shape public policy on health care or that address health disparities.*
- "Service excellence" now includes: *Significant involvement in health care advocacy, community service or outreach, community-based participatory research programs, or other activities that shape public policy on health care or that address health disparities;* also includes *leadership of activities or programs that address challenges in education, such as workforce diversity.*
- "Meritorious Scholarship" includes active service to the student admissions committee, such as *contributions to pipeline activities and premedical student advising … [and] activities that address applicant recruitment, class diversity or other relevant challenges*.

The SOM Faculty Senate and the Executive Committee, as well as the Executive Faculty, approved new diversity and professionalism mission statements and a new professionalism code of conduct and Faculty Promise. Each of these statements reinforces the faculty's commitment to creating a respectful and inclusive environment for learning and patient care.

Weaknesses and Gaps in Hiring Practices for Faculty and Administrative Leaders

The Diversity Council and other SOM leaders have identified a number of weaknesses in search committee training and the use of best practices, along with a lack of accountability in these areas. For example, the SOM suffers from:

- There are no formal search policies to ensure inclusion of URM faculty candidates for senior leadership positions, including deans, department chairs, program and center directors and others.
- There is no formal policy to monitor the diversity composition of senior administrative leaders.
- There is insufficient awareness and application of the institution's formal search policies to ensure inclusion of diverse pools of applicants for faculty positions.
- There are gaps in our ability to track outcomes of faculty diversity recruitment efforts (For example, it is difficult to track and monitor advertisements and other recruitment efforts, offers made and other measures of effort and accomplishment in recruitment).
- Lack of sharing of effective practices across departments.

- Accountability by department chairs and division heads is sub-optimal. Current SOM Rules only require that, "In the case of a new appointment, the chairperson shall certify that an appropriate effort was made to identify and consider qualified women and minority candidates."
- There is little training or professional development to help faculty recognize and appropriately address gender, racial and cultural biases in themselves, in others and in the health care delivery process.
- Little is known about the experiences of minority faculty at the SOM, especially with respect to isolation, discrimination, the burden of extra responsibilities placed on minority faculty, mentorship gaps, lack of opportunities for academic advancement, racism and other elements of the "minority tax."
- Exit interviews for departing faculty are conducted only sporadically and have not provided useful data regarding the diversity and inclusiveness climate, resource and professional development needs or URM faculty or staff, or other challenges.

Mission-Appropriate Strategic Goals

- *Adopt best practices in order to recruit, and support the academic development and career success of, faculty who represent the under-represented racial 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 conducting searches for new faculty and leadership positions, incorporating strategies that promote diversity and excellence and that are applicable across the SOM and its affiliated institutions.
- Strengthen search committee training and hiring processes and the use of best practices.
- Strengthen ties to the University of Colorado Denver Office of Diversity and Inclusion and the Vice Chancellor for Diversity and Inclusion, in order to improve faculty recruitment and retention programs, pipeline activities and other diversity-related programs and gain from that office's expertise and resources.

- Increase numbers of departments and programs that have invited the Vice Chancellor for Diversity and Inclusion to conduct professional development training (including grand rounds) on topics such as communicating respect in the workplace, micro-inequities, building an inclusive climate, and hiring URM faculty.
- Ensure that all search committee members receive training and assistance in conducting searches that include efforts to increase the number of minorities and women in applicant pools.
- Ensure that departmental search committees adopt standardized procedures, and comply with all SOM and University policies, to facilitate effective faculty searches.
- Ensure departments are aware of LCME expectations for diversity and are kept up to date.
- Ensure widespread dissemination and understanding of institutional policies related to diversity and non-discrimination in hiring.
- Collaborate actively with the University of Colorado Denver Vice Chancellor for Diversity and Inclusion, to provide a philosophy of hiring practices that includes effective and consistent search committee training, focusing on topics such as language in job descriptions, recruitment processes and unconscious bias throughout hiring processes.

Faculty development, mentorship and retention

- Continue to develop academic promotion policies that recognize and reward community service, pipeline program development and other service activities that seek to address health care disparities.
- Compile a list of current programs that focus on professional development, leadership training and support for URM faculty (for example, UCOLORES); evaluate outcomes and make recommendations to improve the reach and impact of these faculty development programs.
- Develop mentoring programs 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.
- Also develop new mentoring programs that optimize and value the contributions, and address the experiences, of minority faculty at the SOM, especially with respect to isolation, discrimination, the burden of extra responsibilities placed on minority faculty, mentorship gaps, racism and other elements of the “minority tax.” Utilize these data to make recommendations for programmatic improvements.
- 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 for 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 using a reliable instrument and best practices to obtain useful data regarding the diversity and inclusiveness climate, resource and professional development needs or other challenges to academic success, faculty well-being and retention. Data should be

shared with departments and administrators and used to improve the climate and support systems for URM and other faculty.
- Develop consistent strategies that would permit trained experts to examine a department's salary structure, promotion and tenure practices, allocation of resources and overall climate, to promote diversity, excellence and faculty success;

Departmental 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 stronger accountability measures for departmental and other search committee training practices, including participation in unconscious bias and other relevant training;
- Develop stronger policies and processes to strengthen chair and search committee accountability for applying best practices in searches;
- Require the SOM Office of Diversity and Inclusion 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 qualified pool of applicants for every faculty position (such as appropriate journal advertisements and outreach to traditionally under-represented schools and programs).
- Require that each department submit an initial diversity plan, plus annual updates, that include faculty and leadership diversity categories outlined in this diversity plan.
- Ensure that each department's diversity plan and record are reviewed by the Dean and are considered in 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 Inclusion.
- 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, 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 brochures, an enhanced web site and other outreach and information tools that will aid in recruitment of URM faculty.
- Distribute a quarterly "Tips for Successful Faculty Searches" to all departments, chairs and administrators (including, for example, advertising strategies, preparation of effective job descriptions and interviewing strategies).
- Conduct a systematic review successful faculty diversity interventions and best practices from other U.S. medical schools. [35]

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 under-represented areas.
- Improve the system for collecting faculty diversity statistics, and distribute these statistics to faculty, department chairs, Dean, Chancellor and Faculty Senate. Utilize LCME-required monitoring parameters (for example, LCME Standard 3.3) to monitor diversity outcomes for faculty hiring , including offers, declined offers, and hires by diversity group, as well as changes in overall faculty diversity.
- Regularly measure and report the representation of URM faculty in key leadership posts and on major institutional committees and governing boards.
- Enhance the faculty and residency search committee databases to include race, ethnicity and gender of search committee members as well as new faculty applicants, finalists, declined offers and hires.

Improvements to Institutional Policies

- 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).

5. COMMUNITY ENGAGEMENT AND HEALTH DISPARITIES RESEARCH

Of all the forms of inequality, injustice in health care is the most shocking and inhumane. [47]

Background and Rationale

Over the past two decades, several national organizations have recommended that medical and other health professions schools emphasize “community engagement" as an essential strategy to improve health professional education, achieve a more diverse workforce, increase access to health care and eliminate racial and ethnic disparities in health. In February, 2005 the W.K. Kellogg Foundation and the Community-Campus Partnerships for Health released a new report, "Linking Scholarship and Communities." The report calls for medical schools to expand community-based teaching, research and service and develop more "authentic partnerships between health professional schools and communities." Medical schools, according to the report, should invest in the recruitment and retention of community-engaged faculty, advocate for increased extramural support for community-engaged scholarship and revise faculty review, promotion and tenure criteria to recognize community-based service and scholarship. [46]

Establishing a Center for Health Disparities Research

As outlined in the SOM’s 2007 Diversity Plan, there are at least five compelling reasons to establish a Center for Health Disparities Research at the School of Medicine: a) to respond to the growing disparities in health status and health care in Colorado and across the nation; b) to broaden and strengthen the research programs of the SOM; c) to help recruit and train a diverse investigator faculty; d) to strengthen the connections between the academic programs of the SOM and community and public health stakeholders; and e) to advance our understanding of health disparities and develop new knowledge to reduce and ultimately eliminate such disparities. Effective health disparities research will bridge theory and application, will emphasize collaborative and inter-disciplinary programs and will include investigations in basic sciences, educational methods, behavioral sciences, epidemiology, health services and health outcomes. The most successful research initiatives are likely to be "action-oriented" with a focus on collaborations with community organizations and local and state governments.

The National Institute on Minority Health and Health Disparities (NIMHD) recently developed a 10-year scientific vision for the science of health disparities research. The AAMC applauded NIMHD for its commitment, especially in several research priority areas: a) the causes of health and health care inequities; b) common definitions of health disparities and inequities; c) methods and metrics to strengthen our science; and d) the identification and dissemination of interventions successful at minimizing inequities. According to NIMHD, health disparities research includes “basic, clinical, social or behavioral research on health disparity populations … including research to prevent, diagnose and treat … diseases, disorders and other conditions (including mental health and substance abuse) that are unique to, more serious or more prevalent in members of minority groups.” The AAMC stressed the importance of community engagement as an essential component of health disparities research and “encouraged

NIMHD to actively engage all communities who suffer from disproportionate morbidity and mortality in the development of the 10-year plan." [48]

As outlined in the new Science Vision for Health Disparities Research by the National Institute on Minority Health and Health Disparities (NIMHD), research programs and projects should focus on the causes of health and health care inequities (including developing precise definitions of "disparities" and "inequities"), methods and metrics to strengthen the underlying science and identification and dissemination of successful interventions.

The expected advantages of such a research initiative extend beyond grant acquisition and scholarly output. Other benefits are likely to accrue, including strengthening student and faculty recruitment, encouraging URM students and trainees to enter research careers, strengthening faculty mentoring programs and enriching the medical curriculum.

Mission-Appropriate Strategic Goals

- *Strengthen ties to under-served communities, through service learning, clinical outreach and community-based participatory research.*
- *Develop and expand research and community-engaged scholarship programs that promote health workforce diversity and address the causes of, and solutions to, health disparities.*

Implementation Tasks and Recommendations

- Establish and maintain strong partnerships with state and local organizations that focus on addressing health and health care disparities (For example, organizations focusing on LGBT patients, ethnic and racial minorities, Latino and refugee populations and other vulnerable groups).
- Appoint a committee to examine the feasibility of, and funding opportunities for, creation of a Center for Health Disparities Research. The focus should be on collaborative,, multidisciplinary and multicultural research programs, including basic sciences, clinical and translational research, which build on existing SOM programmatic strengths.
- Develop a Center for Health Equity that can use the data from the research programs and translate them into education programs as well as action at the community, state, regional, and national level.
- Provide start-up packages and salary support for basic and clinician-scientists who will advance our understanding of health disparities and develop new knowledge to reduce and ultimately eliminate such disparities.
- Develop, support and publicize successful community-based participatory research programs, such as those pioneered by the CPC (Colorado Prevention Center) and other SOM organizations.

6. FUNDING AND RESOURCE DEVELOPMENT

Background and 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.

This 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, seek to identify and encourage promising URM high school and college students to pursue careers in medicine. In addition, summarized in earlier sections of this Diversity Plan, the Kellogg Foundation, the Institute of Medicine, the National Academy of Sciences, the AAMC 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, increases access to health care and eliminate racial and ethnic disparities in health. The SOM Diversity plan 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.

The Establishment of the SOM's Office of Diversity and Inclusion

In 2004 the Sullivan Commission recommended that all medical schools "should have senior program managers who: a) oversee diversity policies and practices; b) assist in the design, implementation and evaluation of recruitment, admissions, retention and professional development programs and initiatives; c) assess the institutional environment for diversity; and d) assist in developing curricula for students, faculty and staff on key principles of diversity and cultural competence." [6]

Establishing a lead Office of Diversity and Inclusion was highlighted in the 2007 Diversity Plan as the Plan's *most important recommendation.* Without such an office, according to the Diversity Plan, "it is unlikely that the SOM can achieve meaningful progress in achieving the diversity goals outlined in this document." In 2007 the School of Medicine Council on Diversity concluded that "creation of this lead office is the most important step the SOM can take to give life to the School's Diversity Mission Statement and bring about the changes and improvements called for in this report."

The Office was established in 2008, led by an Associate Dean and a Program Director. The Office was designed to oversee implementation of the School's Diversity Plan and to serve as the central point of responsibility for coordinating, developing and evaluating the School's diversity initiatives and programs.

Mission-Appropriate Strategic Goals

- *Externally, seek public and private support for the SOM's diversity and community outreach programs, by emphasizing the importance of developing a diverse health care workforce that is optimally prepared to care for the people of the state;*
- *Internally, review and revise, as necessary, this Diversity Plan, establish timelines, accountability measures and benchmarks, and monitor progress toward achieving the School of Medicine's diversity goals.*

Implementation Tasks and Recommendations

Community partnerships and fundraising

- Continue to develop sources of internal and external funding for student scholarships, from the Academic Enrichment Fund, University Physicians, Inc., University of Colorado Health, the Colorado Medical Society and other partners and stakeholders; publically acknowledge these generous donations; increase communication with donors , providing information on the impact of their giving; strengthen partnership with the Advancement Office to assist with these efforts.
- Strengthen partnerships and build coalitions with community leaders and policy-makers, university and SOM alumni, sports leaders, philanthropists, business leaders and others, to develop awareness of health disparities, increase funding and create advocacy for change.
- Work with community partners, pre-baccalaureate education leaders, public health officials, political leaders and others to identify grants, gifts, scholarships and other funds to support diversity programs and strengthen connections between the SOM and the greater community.
- Develop a comprehensive diversity and community service public relations strategy, to support community partnerships, fundraising and state support for our diversity programs; 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.
- Compile a roster of faculty members, students and others who are willing to share their personal stories of medical education and service, as seen through a diversity lens.
- 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.

- For each strategic goal and implementation task, develop appropriate metrics to monitor progress toward achieving the School's diversity goals.

Responsibilities of the Office of Diversity and Inclusion

- Assess and re-define the mission and responsibilities of the School of Medicine Office of Diversity and Inclusion. Core missions and responsibilities should include: a) implementing, coordinating, evaluating and, as necessary, revising the SOM Diversity Plan; b) establishing timelines, accountability measures and benchmarks for implementation of the SOM Diversity Plan; c) monitoring progress toward achieving the SOM diversity goals, and d) providing regular reports to the SOM, campus, university and external community.
- Conduct a school-wide climate assessment (for example, using the AAMC Diversity Engagement Survey) with respect to diversity, inclusiveness, respect, and cross-cultural understanding; develop strategies, activities and programs to address areas of concern.
- Develop mechanisms to ensure that SOM diversity efforts are integrated with other key SOM programs and committees, including strategic research development, recruitment, fundraising, professionalism and curriculum reform.
- Assist curriculum leaders to identify new experiential rotations in underserved communities for medical students.
- Assist education leaders to identify URM community physicians who are willing to serve as preceptors or small-group discussion facilitators for medical students.
- Identify grants and other funds to support the Office of Diversity and Inclusion and specific SOM diversity programs.
- Develop website information and other communication vehicles to highlight topics related to diversity, cultural competence and health disparities.
- Conduct ongoing reviews of existing diversity programs at the University of Colorado and at other universities; identify current needs and suggest new policies, programs and goals to enhance the School's diversity programs.
- Communicate and collaborate with other campus and University diversity committees and task forces.
- 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.
- Invite speakers on diversity, cultural competency and health disparities to participate in the Dean's Distinguished Seminar series, grand rounds and other visiting professor programs.
- Sponsor an annual Diversity Research Exchange, which should include invited speakers, abstracts and plenary presentations.
- 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).
- Review and revise the SOM web site to highlight diversity 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.

The SOM Diversity Council

- Re-structure the School of Medicine Diversity Council, adding community, education, political, philanthropic, government, business and health agency leaders and other stakeholders.
- Develop a separate School of Medicine Internal Diversity Advisory Committee, composed of people who represent a cross-section of the organization, to keep the School's diversity efforts focused, evidence-based, moving forward and accountable.
- Regularly, conduct other meetings with community leaders, policy-makers, alumni, local and state medical society officials, sports leaders, philanthropists and other community stakeholders. The purpose of such meetings should be 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.

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