



THE UNIVERSITY OF ARIZONA

College of Medicine

Phoenix

Office of Diversity and Inclusion Strategic Plan 2018–2023



INCLUSIVE EXCELLENCE IN HEALTH CARE



TABLE OF CONTENTS

TABLE OF CONTENTS

OFFICE OF DIVERSITY & INCLUSION – WHO WE ARE	5
MESSAGE FROM THE DEAN	7
MESSAGE FROM THE ASSOCIATE DEAN	9
PROLOGUE	11
OUTREACH & RECRUITMENT GOALS	17
COMMUNITY BUILDING GOALS	33
RETENTION & CAREER DEVELOPMENT GOALS	35
EDUCATION, TRAINING & RESEARCH GOALS	37
OFFICE OF DIVERSITY & INCLUSION OFFICE STRUCTURE	39
REFERENCES	41
APPENDIX	43



OFFICE OF DIVERSITY & INCLUSION

WHO WE ARE

COLLEGE OF MEDICINE – PHOENIX CORE VALUES:

Collaboration, Community, Diversity, Excellence, Innovation, Integrity and Servant Leadership

OFFICE OF DIVERSITY AND INCLUSION VISION STATEMENT:

Inclusive Excellence in Health Care

OFFICE OF DIVERSITY AND INCLUSION MISSION STATEMENT:

We believe in fostering a culture of Inclusive Excellence where all identities and differences including, but not limited to race, ethnicity, gender identity/expression, sex, sexual orientation, age, religion, language, abilities/disabilities, socioeconomic status, educational backgrounds and geographic region are embraced and valued. A culture of Inclusive Excellence creates role models, broadens perspectives, combats negative stereotyping and optimizes our ability to provide world-class health care for all.

INCLUSIVE EXCELLENCE STATEMENT:

Through Inclusive Excellence, the University of Arizona College of Medicine – Phoenix is committed and champions diversity and inclusion as core values central to its mission. Inclusive Excellence is the intentional driver of diversity and inclusion, which harnesses the differences, talents and unique qualities of all individuals at the College of Medicine – Phoenix. Inclusive Excellence engages the individual and system in practices that advance diversity in all that we do. Inclusive Excellence is inextricably linked to our pursuit of excellence in our research, clinical and educational missions to meet the needs of the students, faculty, residents, fellows, staff and the communities we serve.

Moreover, through Inclusive Excellence, the College of Medicine – Phoenix is committed to mitigating health disparities, especially for marginalized groups and vulnerable populations, through its tripartite missions, in order to improve community health outcomes particularly in rural, inner-city and medically-underserved areas.



MESSAGE FROM THE DEAN

 THE UNIVERSITY OF ARIZONA

MESSAGE FROM THE DEAN

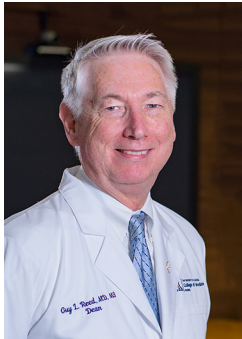
Dear Colleagues:

At the College of Medicine – Phoenix, we endeavor to improve the health of Arizonans through education, research and clinical care. One of the many great things about Arizona, is the diversity of our history and our citizens. To best accomplish our goals to improve health for this diverse citizenry, we will need the synergy and creativity that comes from a diverse faculty, residents, staff and students.

The goal of this report is to assess our various dimensions of diversity at the College of Medicine – Phoenix and to develop steps to enhance it where gaps exist. By comparison to other Medical Schools in the country, we have made significant progress in many areas. Still, we are not yet where we seek to be. It is clear that there are many opportunities to improve diversity, particularly by promoting and developing the pool of diverse students who consider and pursue careers in medicine.

As we work together to improve the health of our community, we welcome thoughts and suggestions and we remain grateful for your support.

Best,



Guy L. Reed, MD, MS
Dean, University of Arizona College of Medicine – Phoenix



MESSAGE FROM THE ASSOCIATE DEAN

MESSAGE FROM THE ASSOCIATE DEAN

Greetings,

The Diversity and Inclusion strategic plan, “Inclusive Excellence in Health Care,” was started in 2016 as many individuals worked tirelessly to put together data chronicling the diversity efforts of the then provisionally accredited UA College of Medicine – Phoenix. This wealth of data proved invaluable as we started the process in February of 2017 to gather even more data to put together the strategic plan you see today. Here you will find input from a diverse cross-section of individuals, including students and student group leaders, department chairs, staff, faculty, college departments and offices – Academic Affairs, Student Affairs, Admissions, Graduate Medical Education, Research, Faculty Affairs and Development, Marketing and Communications, Human Resources and senior leadership. As most strategic plans are an iterative process, the Diversity Committee members were instrumental in gathering information, providing their insights and amazing ideas to bring to life the goals and actions steps articulated in the plan. The Diversity Leadership Council members, led by Dean Reed, added their wisdom and put the finishing touches on the plan.

“Inclusive Excellence in Health Care” represents the next step in evolution for the UA College of Medicine – Phoenix as we have matured and earned full-accreditation. The past 10 years have served as a foundation for the amazing years ahead. With this plan, our hope is to capitalize on the many talents and contributions from all of our community members, including our very important hospital affiliate partners and other community partners to create an institution driven by Inclusive Excellence in all that we do. We envision that the work outlined will help create healthier communities, especially those that are marginalized and vulnerable, by harnessing the excellence inherent in diversity to advance our education, research and clinical care missions.

The changing landscape of health care, the evolving population of Arizona and the needs of our communities challenge us to view the work of diversity and inclusion through refreshed lenses that meet the needs of our students, faculty, staff, residents and fellows such that each thrive to provide the best health outcomes for all. The “Inclusive Excellence in Health Care” plan will help us meet these challenges.

Thank you,



Francisco Lucio, JD
Associate Dean, Diversity and Inclusion



PROLOGUE

PROLOGUE

The forthcoming strategic plan, “Inclusive Excellence in Health Care,” is grounded in the framework that harnesses the benefits of diversity through Inclusive Excellence. The University of Arizona has adopted Inclusive Excellence as its philosophical approach to advancing diversity and inclusion.

Inclusive excellence (IE) is the engine that drives the value and practice of diversity and inclusiveness at the University of Arizona. At the center of IE is the recognition and acceptance of the talents, worldviews, perceptions, cultures and skills that diverse communities bring to the educational enterprise that can be harnessed to prepare students for leading, living and working in a diverse world.

More than a short-term project or the effort of a single office, this comprehensive approach engages everyone in complete cultural institutional transformation by embedding and practicing IE in every endeavor, aspect and level of the university. The goal is to make diversity and inclusiveness a habit that is implemented and practiced by everyone consistently throughout the university. To practice diversity and inclusiveness is to achieve excellence. UA, Office of Diversity and Inclusion

The University of Arizona College of Medicine – Phoenix similarly adopts this philosophy as we look to advance diversity through Inclusive Excellence with a particular focus on our four pillars: 1) medical education, 2) research, 3) clinical care and 4) community.

BENEFITS OF DIVERSITY

The benefits of diversity are widely researched. Scott E. Page in his book, “The Difference,” studied simulated group models and the efficacy of groups in solving complex problems. He found that diverse group with individuals exhibiting “cognitive diversity” had different problem-solving tool boxes and were better at solving complex problems compared to homogeneous groups with individuals with cognitive homogeneity and the same problem-solving tool boxes. Page concluded that group diversity trumped individual ability in the context of complex problem solving. When considering identity (e.g. race/ethnicity, gender, etc) he went on to note that, “we can expect...that identity differences lead to experiential differences that in turn create tool differences.” In short, identity diversity is also a benefit in complex problem solving. Given the complexities of health care, it is paramount to leverage these differences for excellence in health care. Other studies, too, particularly in the corporate sector, have demonstrated that diverse identity groups are more productive, creative and innovative when compared to homogeneous groups.^{1,2,3,4,5} An additional benefit of diversity has been demonstrated for learners. In the medical school educational setting, a more diverse student body experience has been shown to improve the learning environment and enhance the educational experience of students.⁶

WHY DIVERSITY IN HEALTHCARE MATTERS

All dimensions of diversity are valuable and important, however, there is a particular need to improve racial and ethnic minorities/groups underrepresented in medicine – Native American or Alaska Native, Black/African American, Hispanic/Latino, Native Hawaiian or other Pacific Islander (URM), rural populations, women, and LGBTQ+ individuals as the representation of these groups is lacking at various levels in the educational and care continuum in the nation and at the University of Arizona College of Medicine – Phoenix. This lack of representation compounds access to care issues and health care disparities.

RACIAL/ETHNIC DIVERSITY

The population of the country and Arizona is changing. The US Census Bureau projects that by 2044 racial minorities will become the majority in the country.⁷ Even sooner, by 2020, the US Census Bureau projects that more than half of all children in the US will be racial minorities.⁸ In Arizona, racial minorities already make up approximately 45% of the population.⁹ Given these shifts, the medical community and academic medical centers must meet the challenges of caring for a more diverse patient base that responds to differences in patient culture, language and other factors.

It is well documented that racial and ethnic minorities face disparate health care and health outcomes.^{10,11,12} The seminal report published by the Institute of Medicine, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” shed light on the unequal treatment patients’ receive based on race and ethnicity. The Center for Disease Control’s 2013 Disparities and Inequities Report further showcased the higher mortality and morbidity rates faced by racial/ethnic minorities. In Arizona these health disparities persist as well. For example, the 2014 Arizona State Health Assessment, published by the Arizona Department of Health Services, noted that Black men in Arizona are more likely to die from heart disease than men of other races; Blacks and Hispanics are more likely to report poorer health; and while the Black population only makes up 4% of the Arizona population, the prevalence of diabetes is almost two times that of the White population (55% of the Arizona population).¹³

Having a diverse physician workforce to match the diverse patient base has been shown to improve patient health care access, patient satisfaction and adherence to physician treatment.¹⁴ Moreover, research indicates that racial ethnic minority physicians are more likely to provide care to racial ethnic minority populations and the underserved.¹⁵

Hispanic/Latino physicians in Arizona make up only 4.9% of total physicians in Arizona, while Hispanic/Latinos account for more than 30% of the State’s population.¹⁶ Similarly, American Indians or Alaska Natives account for only 0.8% of physicians in Arizona, but make up 5% of Arizona’s population.¹⁷ Black/African American physicians are only 2.7% of the Arizona physician workforce, while making up nearly 5% of the Arizona population.¹⁸ These URM physician workforce gaps and disparities in Arizona must be addressed. The Association of American Medical Colleges further supports improving the diversity of the physician workforce to help mitigate health disparities and improve the country’s health.¹⁹ Thus, a strategic imperative to provide the best care for our changing population is to recruit, train and retain a diverse medical student body, resident and fellow cohort, and faculty physician workforce that is culturally and structurally competent.

RURAL POPULATIONS

In Arizona, approximately 10% of the population resides in rural areas.²⁰ Rural populations face considerable challenges to health care access given the often large geographic spans patients must travel to the closest physician, physician primary care and specialty workforce shortages, limited rural health infrastructure and other variables.²¹ Moreover, rural populations face health disparity issue as well. When compared to urban populations, rural populations face higher suicide rates and prevalence of type 2 diabetes amongst other health disparities.²² Increased efforts to train, recruit and retain individuals from rural backgrounds or individuals with desires to practice in rural backgrounds is key to mitigating these rural health challenges. Research shows that students with rural origins are more likely to train in primary care and return to rural areas, residents trained in rural areas are more likely to choose to practice in rural areas, family medicine is the key discipline of rural health care and residents practice close to where they train.²³

WOMEN

Although women make up more than half of the US population,²⁴ women only make up 40% of medical school faculty at US medical schools.²⁵ Moreover, only 23% of full professors are women²⁶, and only 16% are deans.²⁷ The AAMC's State of Women in Academic Medicine, 2013-14, highlights these and many other disparities for women in academic medicine. At UA College of Medicine – Phoenix, only 23% of senior leadership (deans and department chairs) are women. Special efforts must be made to address the career progression and retention of women in academic medicine.

LGBTQ+ INDIVIDUALS

Approximately 4% or 13,000,000 of the US adult population identifies as being part of the LGBTQ+ community.²⁸ The College's 2015 Diversity Engagement Survey, however, revealed no faculty respondents who identified from the LGBTQ+ population. Beyond issues of representation amongst the faculty (and/or possible lack of faculty comfort level of openly identifying from the LGBTQ+ population), the LGBTQ+ population face challenges accessing care and also experience health disparities. Studies indicate that fear and lack of knowledge by both patients and providers can lead to suboptimal or no provision of health care to LGBTQ+ individuals.²⁹ The 2017 AAMC Consumer Survey of Health Care Access found that LGB survey respondents were less likely to receive needed medical care than heterosexual or straight respondents.³⁰ Other studies have found that the LGB populations have higher rates of disability and cardiovascular disease compared to heterosexuals to name a few of the existing disparities.³¹ Similar to the aforementioned groups, attracting individuals from the LGBTQ+ community at all educational levels is a strategic initiative to better serve the patients of Arizona and the country.

ACCREDITATION

LIAISON COMMITTEE ON MEDICAL EDUCATION (LCME)

The Liaison Committee on Medical Education, the US Department of Education's recognized accrediting body for programs leading to the MD degree in the US, mandates, in Standard 3.3

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes."

The College has defined its dimensions of diversity for students as follows: 1) Educationally (parents education and occupation are classified Eo1 or Eo2 status); 2) Socio-Economically (disadvantaged, medically underserved, assistance programs (e.g. welfare), contributed to family income under 18, Pell Grant recipient); 3) Geographically (rural based on student's address); 4) Underrepresented (racial/ethnic demographics: African American, American Indian, or Alaska Native, Mexican/ Chicano/Hispanic/Latino, Native Hawaiian/Pacific Islander). For faculty and senior staff, the College has defined its dimensions of diversity as follows: Black/African American, Hispanic Latino, Native American (Alaska Native and Hawaiian Native) and women.

CHALLENGES

STUDENT DIVERSITY

The percentage of students from racially/ethnically diverse populations matriculating to UA College of Medicine – Phoenix are largely representative of similar percentages of URM students matriculating in medical schools across the country. There are opportunities, however, to increase the number of students from URM populations who apply to the College. The low numbers of students applying to and matriculating to medical schools from racially/ethnically diverse populations compared to the overall representation of racial/ethnic populations in the country suggests strategic efforts to work with the pre-K to 16+ racially/ethnically diverse populations pipeline as has been recommended by numerous studies.^{32,33,34}

FACULTY DIVERSITY

The faculty distributive model at the College is comprised of “full-time/employed” (UA salaried .50 FTE or higher and affiliate faculty) and “volunteer faculty” (not UA salaried, but hold faculty title) distributed at 9 independent hospital affiliate sites or involved in community practices. The distributive model of our training program provides many benefits. Students learn from an array of faculty and students are exposed to a diverse cross-section of patients. In the distributive model, however, our affiliate hospital sites hire the majority of full-time/employed and volunteer faculty with their own distinct hiring processes and practices outside the direct governance structure of the UA College of Medicine – Phoenix. Additionally, the projected number of additional faculty hires in the next 5 years will not be sizable. Continued collaboration with our hospital affiliate partners will be key.

GME DIVERSITY

Holistic admissions,³⁵ a more comprehensive view of a candidate's fit in a program beyond traditional metrics and inclusive of diversity, has taken hold in undergraduate medical education. Graduate Medical Education, however, has yet to, in large part, adopt the holistic admissions process. The large number of distinct resident programs with multiple residency selection processes poses additional challenges to the adoption of holistic admissions as an approach to improve diversity amongst our GME programs.

IMPLEMENTATION

The successful implementation of this strategic plan will require the resources, time, energy, talents, buy-in and collaboration of all individuals at the UA College of Medicine – Phoenix. The Office of Diversity and Inclusion will act as the activators, facilitators and resources of the plan, but it is critical that the executive, department, division, center, program and unit leaders, along with all the community members take ownership in advancing our “Inclusive Excellence in Health Care” plan in order for the UA College of Medicine – Phoenix to be successful.



STRATEGIC PLAN ORGANIZATION

This strategic plan provides a comprehensive approach to transform the UA College of Medicine – Phoenix to an institution that practices Inclusive Excellence. Inclusive Excellence will help us meet the health care needs of Arizona and beyond by focusing on improving the diversity of individuals at the UA College of Medicine – Phoenix, creating a culture and climate that embodies Inclusive Excellence, ensuring successful career growth of all individuals, focusing on the content of our education to be as inclusive as possible and facilitating Inclusive Excellence in research. The plan is divided in the following areas:

- 1) Outreach and Recruitment
- 2) Community Building
- 3) Retention and Career Development
- 4) Education, Training and Research

“Background” and “Discussion” provide more information for the formulation of the specific Outreach and Recruitment goals and action steps. All other area goals and action steps are the result of input generated by the UA College of Medicine – Phoenix community members.





OUTREACH & RECRUITMENT GOALS

OUTREACH & RECRUITMENT GOALS

STUDENT DIVERSITY

BACKGROUND

In pursuit of Inclusive Excellence, admissions data from the last several years indicates the highest priority need areas for improvement, with respect to our defined dimensions of diversity, are the “Underrepresented in Medicine Groups” (African American; American Indian or Alaska Native; Mexican/Chicano/Hispanic/Latino; Native Hawaiian/Pacific Islander) and “Geographically Diverse” groups (i.e. students from rural backgrounds). Table 1 illustrates our dimensions of diversity and the percentage of our incoming class with respect to each dimension of diversity.

DISCUSSION

When comparing the matriculants of UA College of Medicine – Phoenix with all medical school matriculants by race/ethnicity (as shown in Chart 1), the representation of UA College of Medicine – Phoenix is a close representation except for Black/African American matriculants. When comparing UA College of Medicine – Phoenix URM matriculants with the URM population of Arizona, there is a gap which is most notable with Hispanic/Latino and American Indian or Alaska Native populations (see Chart 2).

A review of the pool of applicants reveals that when comparing UA College of Medicine – Phoenix pool of applicants by race/ethnicity to all medical school applicants (as shown in Chart 3), there is opportunity to capture a larger number of applicants especially for Black/African American and Latino applicants within the UA College of Medicine – Phoenix applicant pool. Moreover, UA College of Medicine – Phoenix’s pool of applicants for Black/African American and Hispanic/Latino group has not kept pace with an increase of Black/African American and Hispanic/Latino applicants over the three year period. American Indian/Alaska Native and Native Hawaiian/Pacific Islander applicant pool representation, although much stronger, could also be improved (see Chart 3). Making the UA College of Medicine – Phoenix more attractive and better recognized to students underrepresented in medicine on a national level should be a strategic priority to help achieve goal 1. Focused efforts on developing pipeline programs for pre-K to 16+ students to “Grow Our Own” students should help offset challenges with capturing a larger percentage of the total national URM applicant pool.

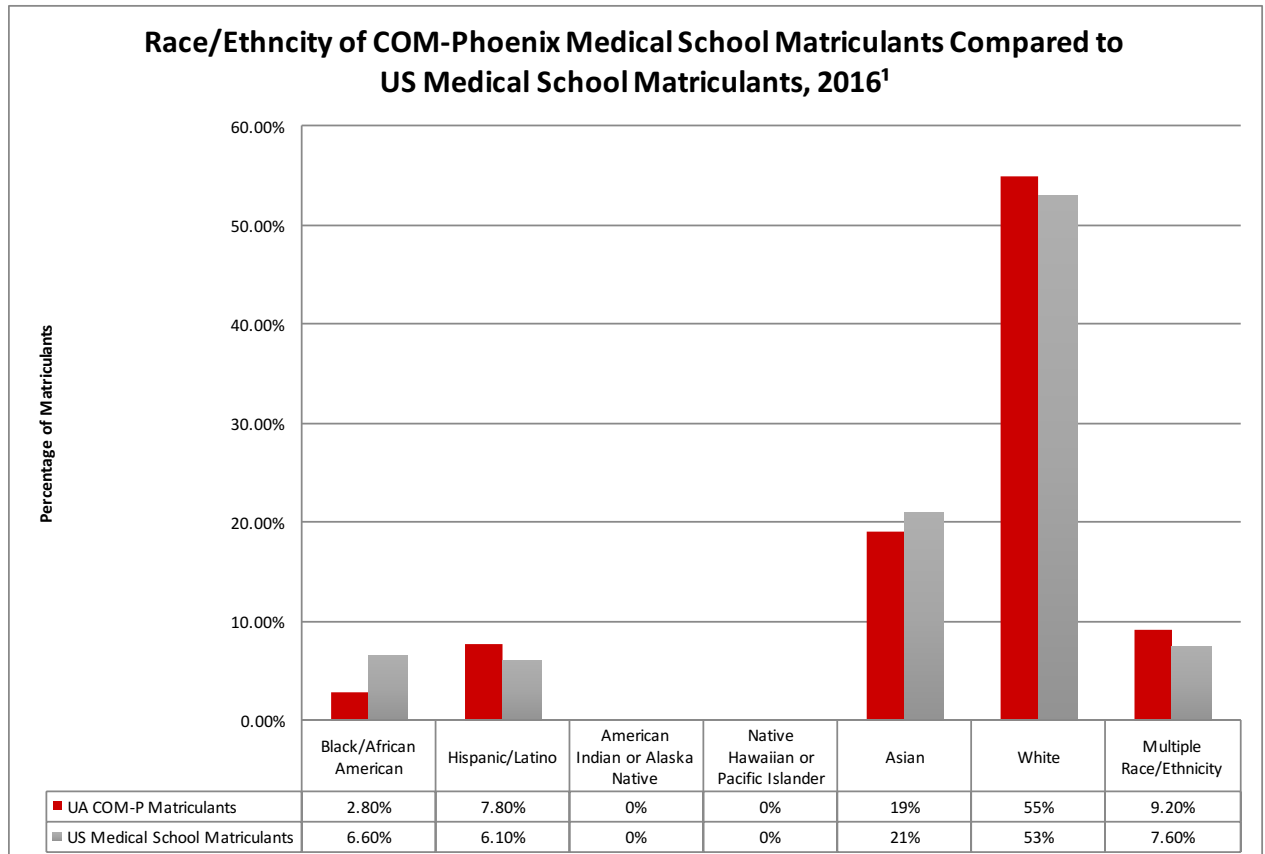
Table 1 shows the distribution of students at the UA College of Medicine – Phoenix according to dimensions of diversity. Dimensions of diversity are defined in the key (below).

ALL STUDENTS										
	CLASS OF 2021 (80 Students)		CLASS OF 2020 (83 Students)		CLASS OF 2019 (80 Students)		CLASS OF 2018 (80 Students)		CLASS OF 2017 (80 Students)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Educationally	22	28%	30	36%	25	31%	27	34%	Not Tracked	Not Tracked
Socio-Economically	39	49%	38	46%	37	46%	40	50%	32	40%
Geographically	9	11%	2	2%	1	1%	5	6%	4	5%
Underrepresented	12	15%	16	19%	11	14%	16	20%	7	9%
Total Dimensions of Diversity*	47	50%	45	54%	45	56%	53	66%	36	45%
Demographically^	38	48%	35	42%	34	43%	33	41%	32	40%

KEY

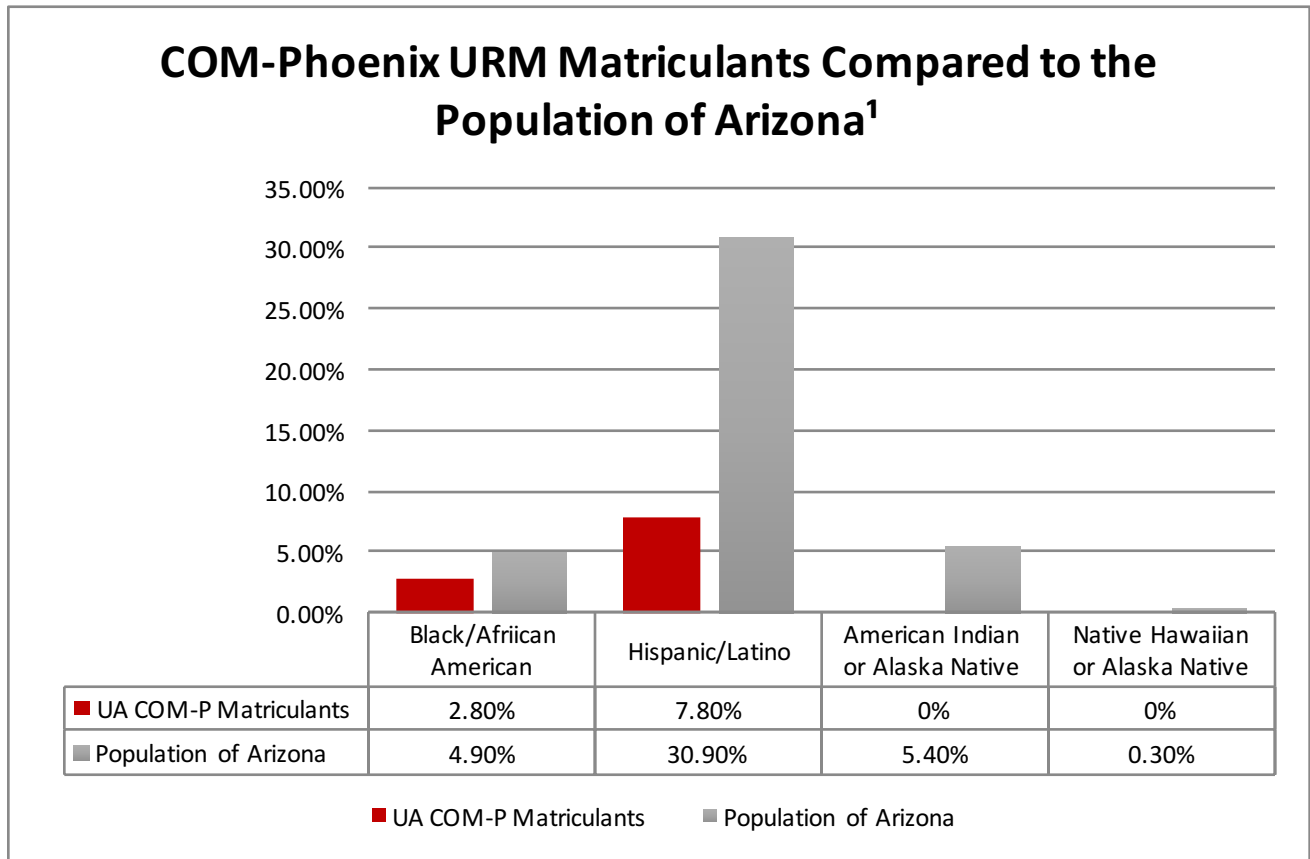
Educationally Parents education and occupation: EO1 or EO2 status
 Socio-Economically Disadvantaged, medically underserved, assistance programs (e.g. welfare), contributed to family income under 18, Pell Grant
 Geographically Rural based on applicant’s address
 Underrepresented Race/ethnic demographics: African American, American Indian or Alaskan Native, Mexican/Chicano/Hispanic/Latino, Native Hawaiian/Pacific Islander
 Total* Dimensions only counted once
 Demographically^ Defined as race and ethnicity (all races minus white), but not part of the calculations for Dimensions of Diversity

Chart 1 shows percentage of all UA College of Medicine – Phoenix matriculants, 2016-2017, by Race/Ethnicity compared to AAMC National Race/Ethnicity percentages of all matriculants at medical schools in 2016.



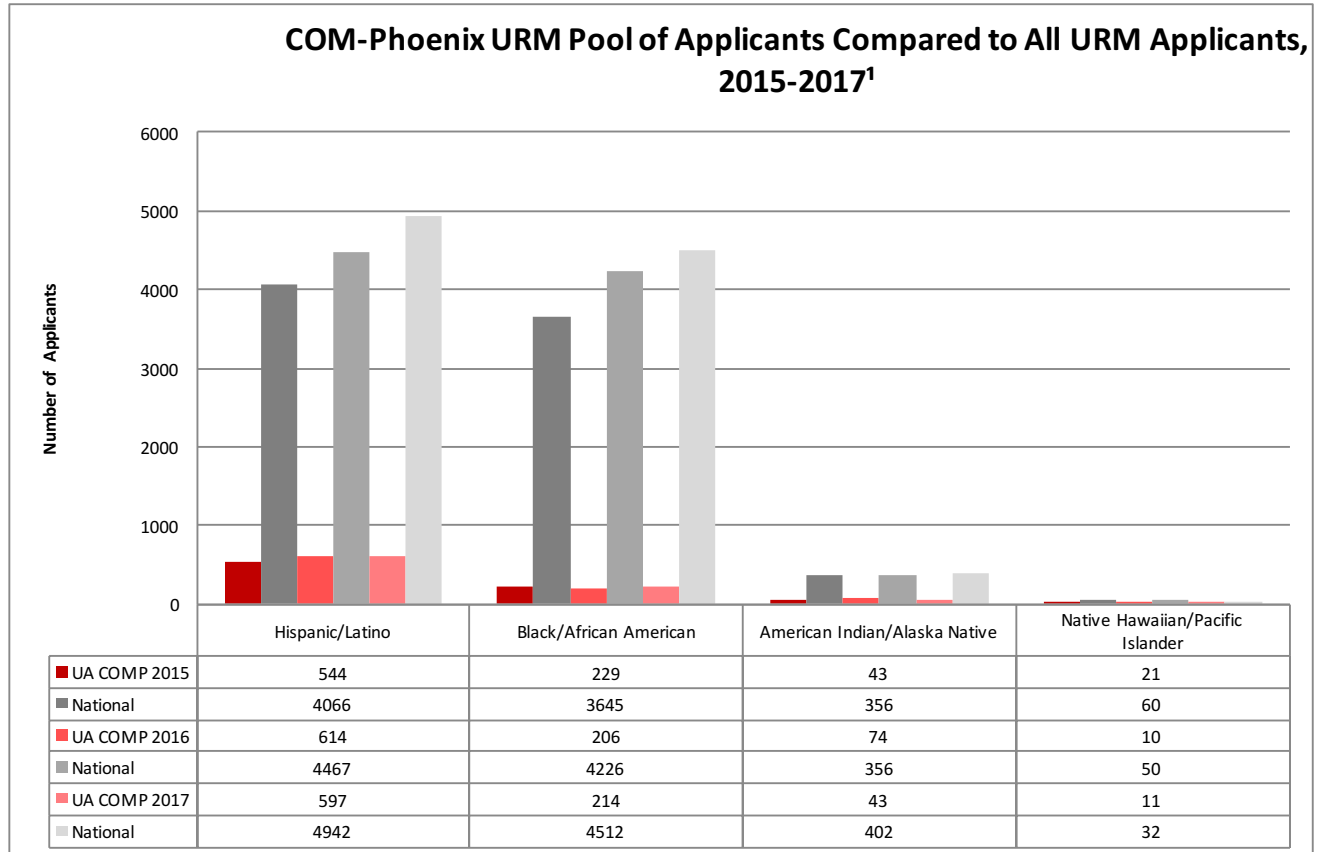
¹2016-20017 Enrollment Data AAMC <https://www.aamc.org/download/321540/data/factstableb5.pdf>

Chart 2 illustrates the percentage of all URM UA College of Medicine – Phoenix matriculants, 2016-2017, compared to the population of Arizona.



¹2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Chart 3 demonstrates the number of URM UA College of Medicine – Phoenix applicants compared to all URM applicants to all medical schools for the years 2015 to 2017.



¹Race/Ethnicity applications to US Medical School, 2013-2014 AAMC <https://www.aamc.org/download/321484/data/factstable13.pdf>

Goal 1:

Increase the number of underrepresented in medicine students to more closely achieve parity with the population of Arizona

Action Steps to Achieve Goal 1

- Continue to support and develop pipeline programs (e.g. Pathway Scholars Program, Summer Scrubs, BMS Summer Internship Program) to increase diversity amongst undergraduate medical students and graduate students
 - Search for and secure grant funding for robust pipeline program/s to complement existing pipeline programs
- Increase scholarship funds to attract more highly competitive underrepresented in medicine applicants in order retain acceptance offers within this group
- Expand the recruitment strategy to: historically black colleges and universities, Hispanic serving institutions, Tribal colleges, Minority association of pre-medical Students and other underrepresented in medicine serving organizations

- Utilize online recruiting tools such as Medical Minority Applicant Registry (MedMar) and PreMed StAR to target underrepresented in medicine applicants
- Train all admissions committee members on bias and unconscious bias
- Collaborate with the Office of Admissions and Recruitment to integrate the Office of Diversity and Inclusion throughout the recruitment pipeline including: active outreach and recruitment, student advising, screening of applications, meeting applicants during interview day, Second Look participation, etc.

RURAL DIVERSITY

BACKGROUND

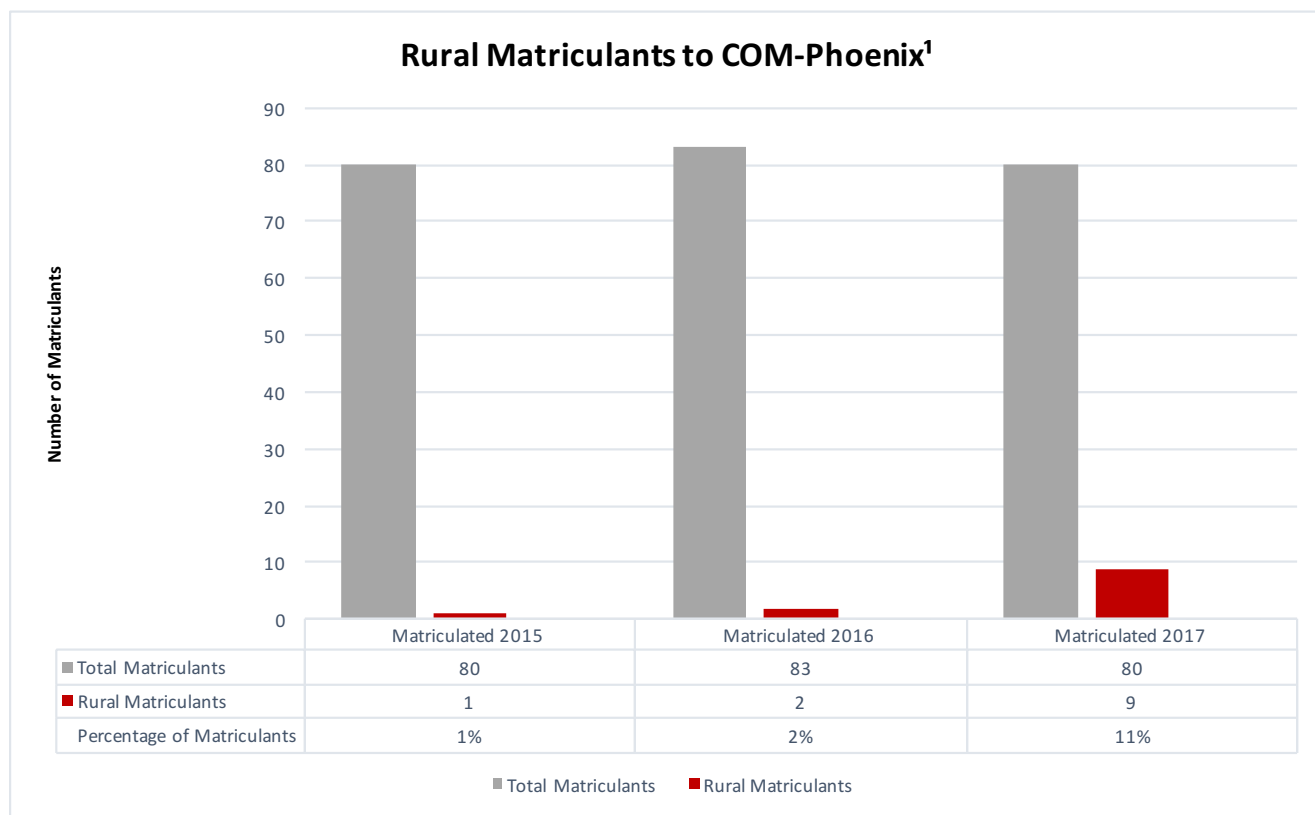
Meeting the health care needs of rural Arizona will, in part, be accomplished by ensuring the appropriate physician workforce to care for the rural population. Concerted efforts to attract medical students from rural backgrounds is important to strengthen the pipeline to the rural physician workforce.

DISCUSSION

The three-year analysis of matriculants to UA College of Medicine – Phoenix reveals that we are falling short of matriculating a student body that reflects the 10% rural population of Arizona (see Chart 1), but we do see an upward trend in our rural matriculants. It should be noted, however, that a 2013 study found that medical students from rural areas accounted for only 4.1% of all medical students between 2009-2011.³⁶

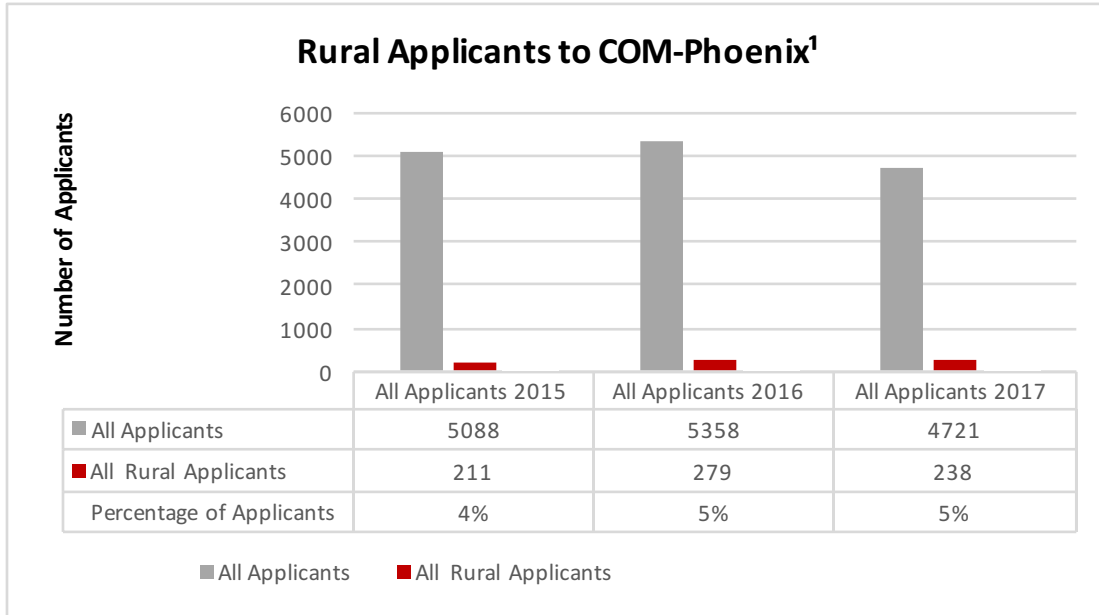
The applicant pool for the 2015-2017 shows that the total number of students from rural backgrounds was between 4-5% for those years (see Chart 2). An opportunity exists to increase this proportion of the total applicant pool.

Chart 1 shows the number of medical school matriculants from rural backgrounds to UA College of Medicine – Phoenix compared to all medical school matriculants for years 2015 to 2017.



¹ Rural based on applicant's address

Chart 2 shows the number of medical school applicants from rural backgrounds to UA College of Medicine – Phoenix compared to all medical school applicants to UA College of Medicine – Phoenix for years 2015 to 2017.



¹ Rural based on applicant's address

Goal 2:

Increase the number of medical students from rural backgrounds to more closely achieve parity with the population of Arizona

Action Steps to Achieve Goal 2

- Partner with Area Health Education Centers to increase interest in medical school from students from rural backgrounds
- Increase scholarship funds to attract more highly competitive students from rural backgrounds or students with intention on practicing in rural backgrounds
- Partner with the Rural Health Distinction Program to bolster rural health experiences for medical students to increase attractiveness of program

FACULTY DIVERSITY

BACKGROUND

Achieving improved faculty diversity will require close collaborations with our affiliate hospital partners, since the majority of the faculty are hired through the affiliate partner's respective hiring practices and processes outside the direct governance of UA College of Medicine – Phoenix. There is, however, a shared governance structure with Banner – University Medical Group where the UA College of Medicine – Phoenix has more direct influence on physician faculty recruitment and strategies. A comprehensive analysis to discern the particular challenges for recruiting and hiring a more diverse faculty is needed.

DISCUSSION

A snapshot of our faculty illustrated in Table 1 reveals a need for more diversity amongst faculty race and ethnicity and gender within the faculty and amongst senior administrative staff.

When comparing race and ethnicity of UA College of Medicine – Phoenix faculty to all US medical school faculty (see chart 1) we are closely aligned to the national percentages. Greater diversity, however, is necessary for Hispanic/Latino and American Indian or Alaska Native populations to achieve parity with the population of Arizona (chart 2). Similarly, when assessing the representation of women at UA College of Medicine – Phoenix compared to all medical school faculty, we are above the 40% national pool of women faculty; however, we are still below the 50.3% population of Arizona (see table 2). Focused efforts on our pipeline to matriculate diverse medical students and residents and women will be critical to mobilizing our “Growing our Own” faculty initiative and supplements our overall strategy to “Enhance the Diversity of the Faculty Workforce” (see appendix 1).

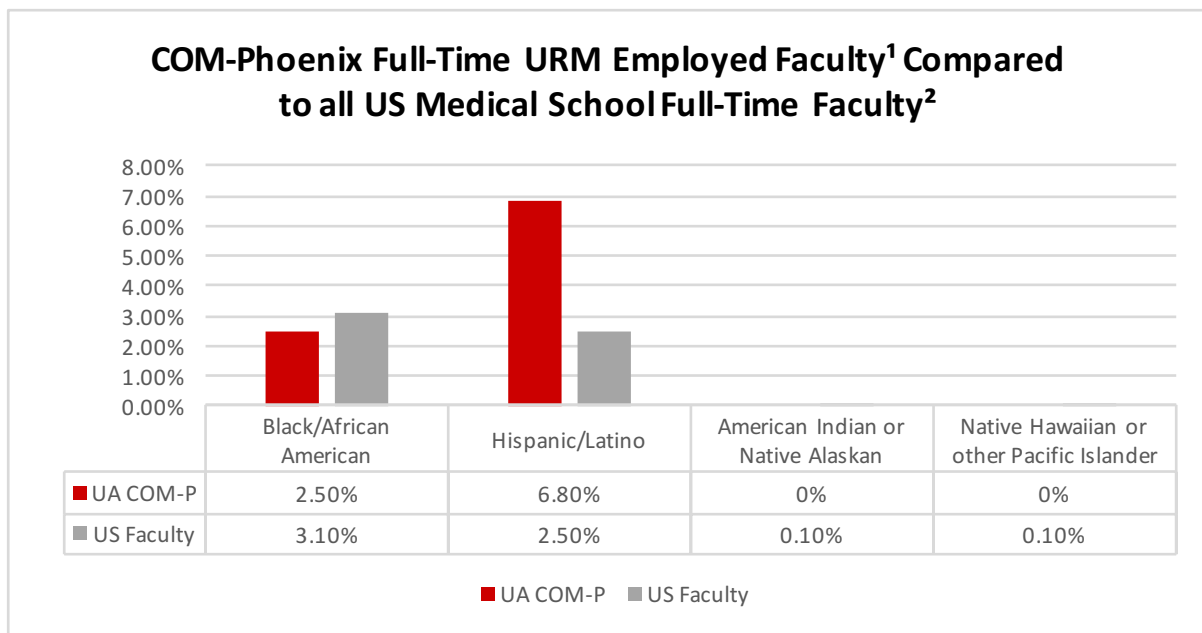
Table 1 shows UA College of Medicine – Phoenix identified diversity categories for Faculty and Senior Administrative Staff.

School-identified Diversity Category	Employed/Full-time Faculty (n=915) ¹	Volunteer Faculty (n=818)	Senior Administrative Staff ² (n=26)
Black/African American	23 (2.5%)	14 (1.7%)	0
Hispanic/Latino	63 (6.8%)	41 (5%)	3 (11.5%)
Native American	0	7 (.8%)	0
Hawaiian or other Pacific Islander	0	0	0
Sex (Female)	384 (42%)	229 (29%)	6 (23%)

¹ Faculty Management System as of July 17, 2017. Employed Full-time Faculty - UA Salaried .50 FTE and higher and Affiliate Faculty (n=915)

² Deans and department chairs

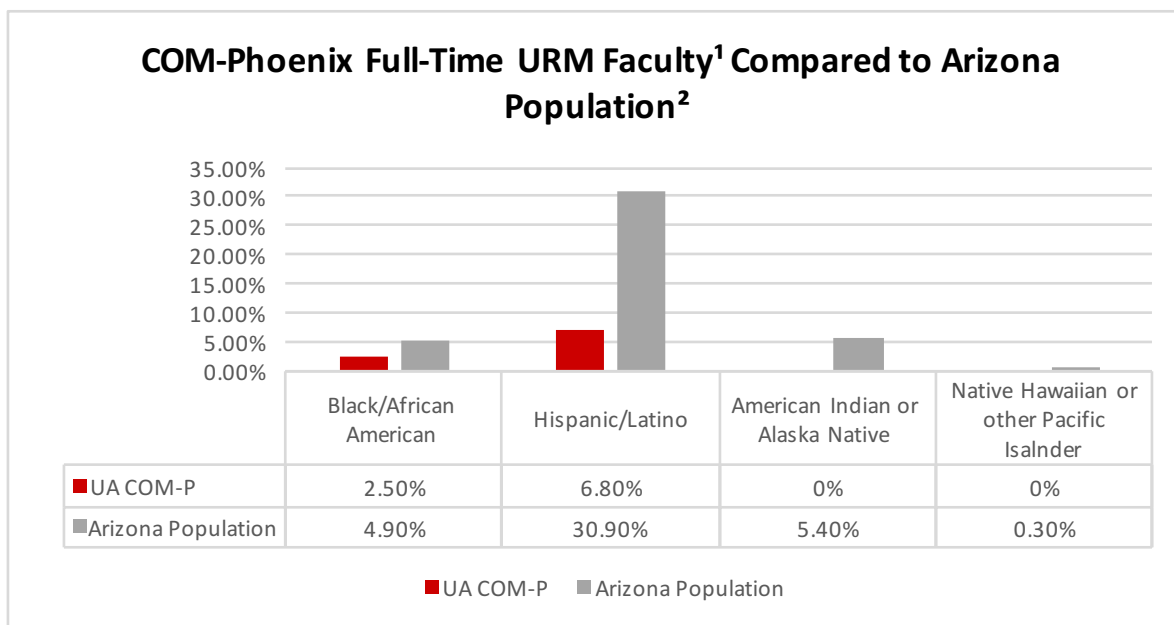
Chart 1 shows UA College of Medicine – Phoenix Full-time Employed Faculty by race/ethnicity compared to all US Medical School full-time faculty by race/ethnicity.



¹ Faculty Management System as of July 17, 2017. Employed Full-time Faculty - UA Salaried .50 FTE and higher and Affiliate Faculty (n=915)

² 2016 AAMC Data: <https://www.aamc.org/download/475526/data/16table11.pdf>

Chart 2 illustrates the UA College of Medicine – Phoenix full-time employed faculty compared to the population of Arizona.



¹ Faculty Management System as of July 17, 2017. Employed Full-time Faculty - UA Salaried .50 FTE and higher and Affiliate Faculty (n=915)

² 2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Table 2 shows gender for all UA College of Medicine – Phoenix faculty compared to the gender of faculty at all US medical schools and the population of Arizona.

Gender	UA College of Medicine – Phoenix Employed Full-Time Faculty	UA College of Medicine – Phoenix Volunteer Faculty	US Med School Faculty ¹	Arizona Population ²
Male	58%	71%	60%	49.7%
Female	42%	29%	40%	50.3%

¹2016 AAMC Faculty Roster <https://www.aamc.org/download/475558/data/r16table9.pdf>

²2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Goal 3:

Increase faculty and senior administrative diversity to more closely achieve parity with the population of Arizona

Action Steps to Achieve Goal 3

- Conduct a comprehensive faculty diversity analysis
- Partner with Faculty Affairs and Development and hospital affiliates to assist in increasing faculty diversity by sharing best practices and developing:
 - Faculty search and screening guidelines
 - Diversity Dashboard
 - Ensure UA rep in key searches
- Operationalize the “Grow our Own Campaign,” in collaboration with Faculty Affairs and Development, to optimize pipeline and outreach programs across the educational continuum to increase faculty diversity
- Train all faculty search committee members on unconscious bias
- Increase staff resources to collaborate with Human Resources, Faculty Affairs and Development and hospital affiliate sites to increase diversity of candidate pool for faculty hires
- Invite potential faculty hires from diverse backgrounds to participate in grand rounds, visiting professorships and speaking engagements (college wide programs, Buffmire Lecture, Narrative Medicine events), etc.

RESIDENT DIVERSITY

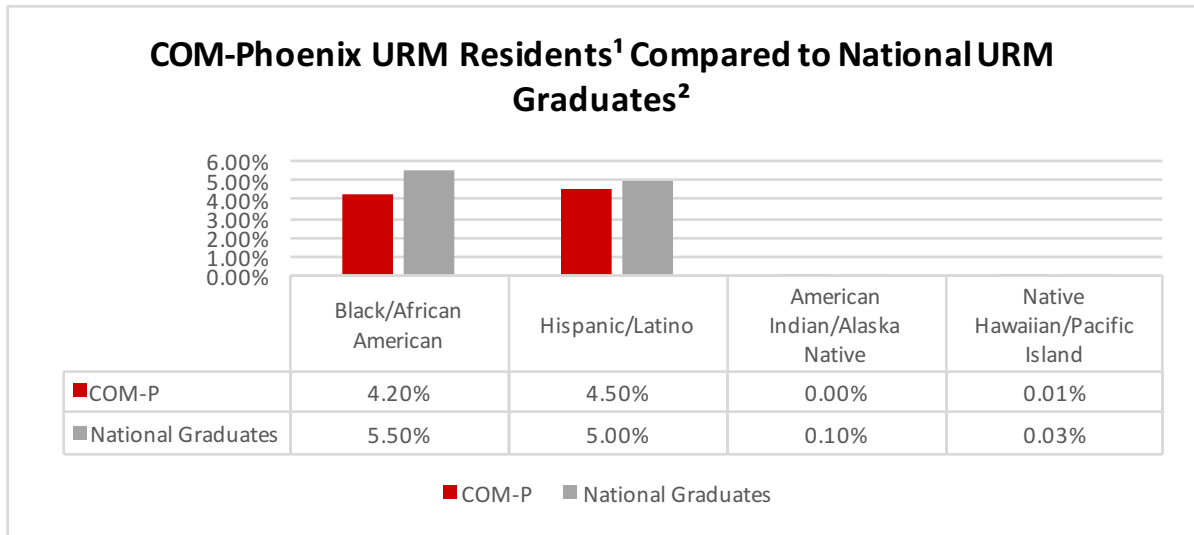
BACKGROUND

The implementation of Holistic Review in residency applications is essential to help give a broader review of prospective residents as has been done in undergraduate admissions. Close collaboration with the various residency programs and GME will be critical.

DISCUSSION

Similar to student and faculty data, residency URM diversity largely represents the available pool of graduating students as shown in Chart 1. There is, too, an opportunity to improve the residency URM diversity to more closely represent the population of Arizona (see chart 2). Most notably improvement opportunities exist with regard to Hispanic/Latino and American Indian or Alaska Native residents (see chart 2). With regard to gender diversity, there is an opportunity to improve female composition of residents as compared to both national AAMC totals of all female residents and the population of Arizona (see table 1).

Chart 1 shows the percentage of College of Medicine – Phoenix URM residents compared to national URM medical school graduates.

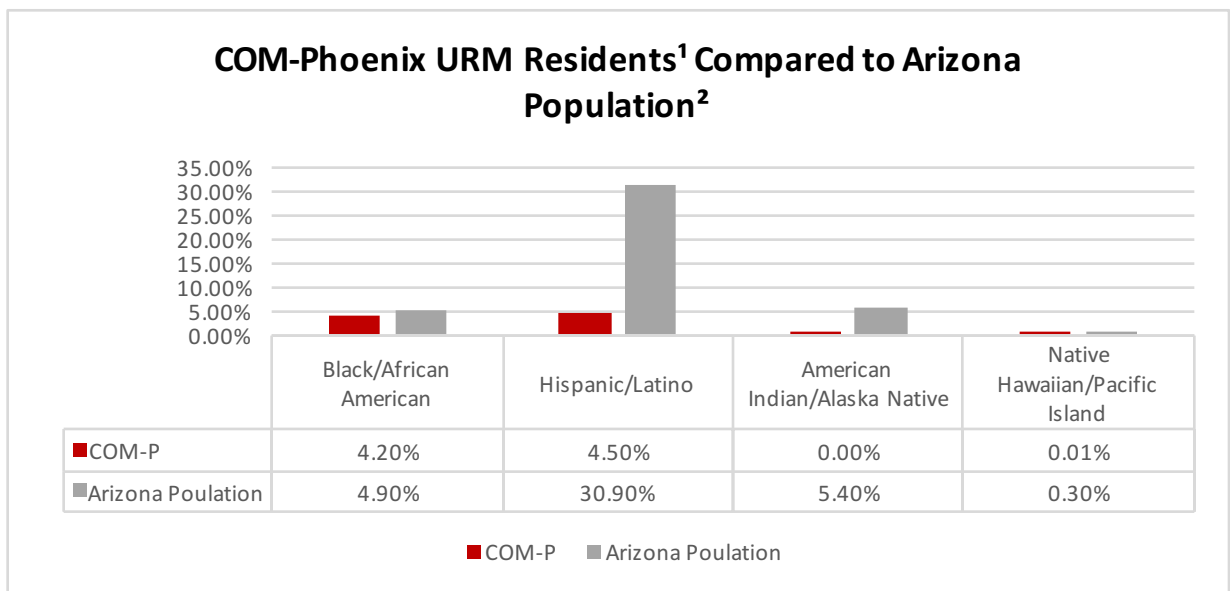


¹ Percentage of all College of Medicine – Phoenix residents as of August 2017 (n=312)

² 2015-2016 total U.S. Medical School Graduates, AAMC: <https://www.aamc.org/download/321538/data/factstable6.pdf>

>1% Unknown Race Ethnicity, 1.4% Other

Chart 2 illustrates the percentage of College of Medicine – Phoenix URM residents compared to the population of Arizona.



¹ Percentage of all College of Medicine – Phoenix residents as of August 2017 (n=312)

² 2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Table 1 illustrates gender composition for residents at the College of Medicine – Phoenix, nationally and the gender of the population of Arizona.

Gender	College of Medicine – Phoenix ¹	AAMC National Residency Data ²	Arizona Population ³
Female	41.7%	46%	50.3%
Male	58.3%	54%	50.7%

¹ College of Medicine – Phoenix roster of all residents as of August 2017 (n=312)

² 2015-2016 Active Residents AAMC: <https://www.aamc.org/data/448482/b3table.html>

³ 2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Goal 4:
Increase resident diversity to more closely achieve parity with the population of Arizona

Actions Steps to Achieve Goal 4

- Increase resources in GME to assist in Inclusive Excellence initiatives in GME, including a comprehensive diversity analysis
- Work with the Office of Graduate Medical Education and residency program directors to incorporate holistic review of resident applications
- Train all residency selection committee members on unconscious bias
- Develop a pathway program to high need residency areas for diverse residency applicants
- Develop visiting clerkship program for students from diverse backgrounds

STAFF DIVERSITY

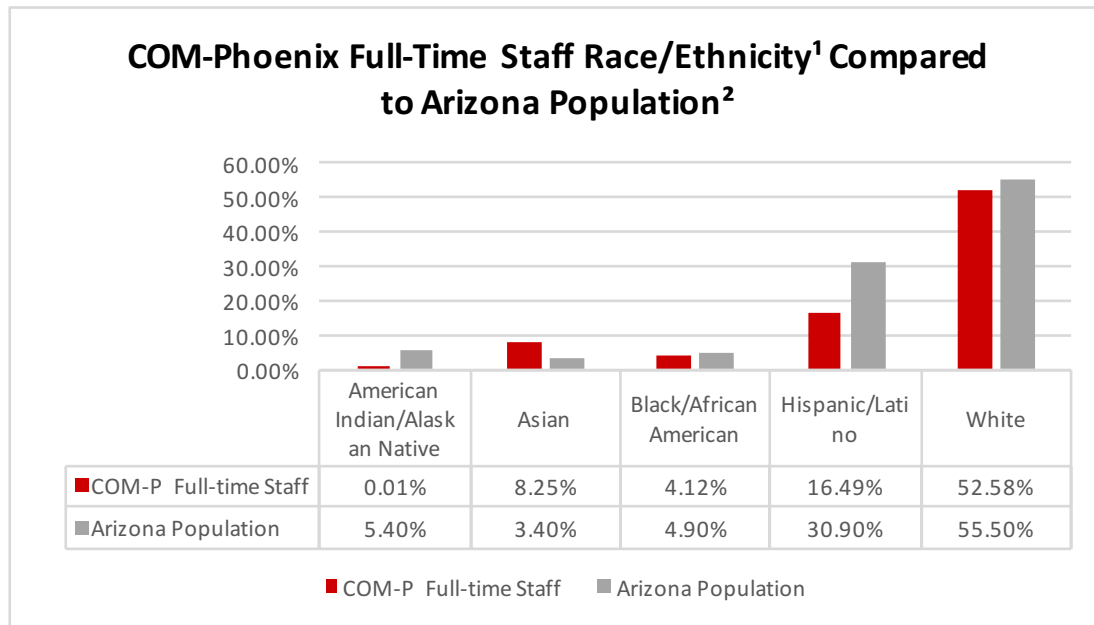
BACKGROUND

Staff workforce diversity adds to the richness of the College of Medicine – Phoenix and all institutions of higher education. Staff are integral to the UA College of Medicine – Phoenix’s mission to “inspire and train exemplary physicians, scientists and leaders to optimize health and health care in Arizona and beyond.”

DISCUSSION

The opportunity that we see to increase the percentage of individuals from the Hispanic/Latino and American Indian or Alaska Native amongst the student body, faculty and residents also exists when we assess the diversity of full-time (see chart 1) and part-time staff (see chart 2) compared to the population of Arizona. An examination of the distribution of types of jobs occupied by individuals from the various groups (see table 1), reveals an opportunity for greater racial/ethnic representation, especially amongst the manager/director job type and technical science positions.

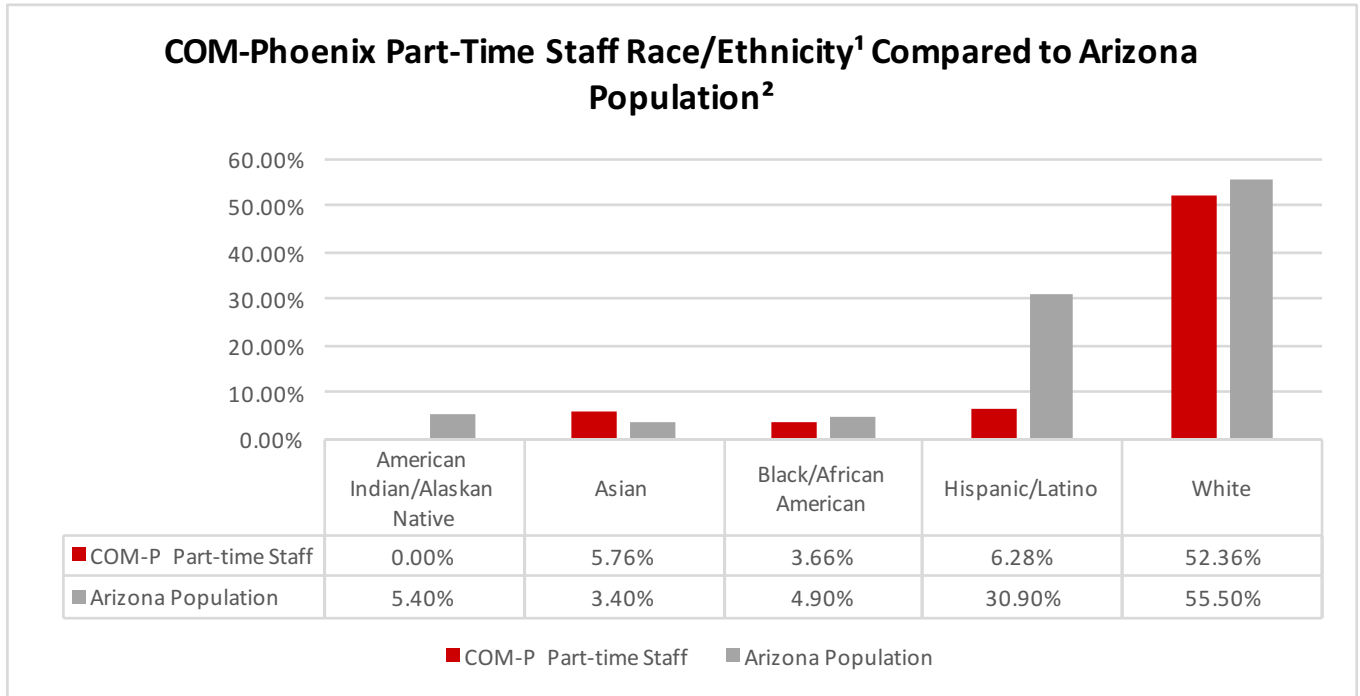
Chart 1 illustrates the percentage of full-time College of Medicine – Phoenix staff compared to the population of Arizona.



¹COM-Phoenix full time staff as of August 2017 (n=194)

²2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Chart 2 illustrates the percentage of part-time College of Medicine – Phoenix staff compared to the population of Arizona.



¹ College of Medicine – Phoenix Part-time staff as of August 2017 (n=192)

² 2016 US Census Data estimates <https://www.census.gov/quickfacts/AZ>

Table 1- Race/Ethnicity by Job Type

Staff Race/Ethnicity	Administrative Staff (n=53)	Manager/ Director (n=46)	Professional Staff (n=65)	Technical/ Science (n=58)	Trades (n=6)	Other (n=157)*
American Indian/Alaskan Native	1 (1.89%)	-	-	-	-	-
Asian	1 (1.89%)	2 (4.35%)	9 (13.85%)	10 (17.24%)	-	5 (3.18%)
Black/African American	4 (7.55%)	3 (6.52%)	2 (3.08%)	1 (1.72%)	-	5 (3.18%)
Hispanic Latino	8 (15.09%)	7 (15.22%)	12 (18.46%)	3 (5.17%)	5 (83.33%)	9 (5.73%)
White	26 (49.06%)	28 (60.87%)	33 (50.77%)	28 (48.28%)	1 (16.67%)	86 (54.78%)

Not Specified (n=96, 24.87%)

*Other- Part-time Simulation Staff

*Goal 5:
Increase the diversity of staff to more closely achieve parity with the population of Arizona*

Action Steps to Achieve Goal 5

- Develop relationships and visibility with diverse networks, professional organizations, internal and external affinity groups to optimize diversity outreach and pipeline efforts
 - Community colleges, AZ Workforce Connection and professional and trade schools
 - Career fairs
 - Targeted social media and marketing campaigns
 - Develop talent referral program and creative sourcing efforts
- Partner with hiring managers, search committees, and Human Resources to assist in increasing staff diversity by reviewing recruitment goals, current department demographic profile and review for underutilization (women and minorities)
- Partner with Human Resources and hiring departments to aid in developing competency and experience-based hiring strategies
- Train all staff search committee members on unconscious bias
- Train all staff on cultural competency in the workplace





COMMUNITY BUILDING

 COLLEGE OF MEDICINE PHOENIX
THE UNIVERSITY OF ARIZONA

COMMUNITY BUILDING

BACKGROUND

Building a community that embodies Inclusive Excellence takes into account all community members including students, residents, faculty, staff, affiliate partners and the greater Phoenix and Arizona community. Continued nurturing of the community to help individuals feel welcomed, respected and valued is important to leverage and tap all talents that individuals bring to UA College of Medicine – Phoenix.

Goal 1: Increase community building activities for students, residents, faculty and staff to enhance the Inclusive Excellence culture of UA College of Medicine – Phoenix

Action Steps to Achieve Goal 1

- Conduct a 2018 Diversity Engagement Survey to collect the most current climate data to inform future community building efforts
- Partner with the offices of Admissions, Student Affairs, Graduate Medical Education, Faculty Affairs and Development, Marketing and Communications, student groups and affiliate hospital sites to sponsor/co-sponsor community building events such as “Welcome & Welcome Back Breakfast” and end of year activities, cultural events (e.g. American Indian Blessing Ceremony) and community events (e.g. participation in “Pride” activities)
 - Increase resources to facilitate community building events across the College of Medicine – Phoenix
- Host “Dialogue Sessions” to discuss topics related to Inclusive Excellence
- Meet one-on-one with all first year medical students to provide support and resources at the start of medical school
- Participate in Resident Orientation to provide support and Inclusive Excellence resources for residents
- Launch Inclusive Excellence Campaign to promote penetrating internal and external communications, highlighting the Inclusive Excellence Culture at UA College of Medicine – Phoenix
- Recognize Inclusive Excellence Exemplars through College nominations for awards and honors

Goal 2: Increase engagement with the greater Phoenix community

Action Steps to Achieve Goal 2

- Partner with Marketing and Communications to increase outreach on community events such as “Connect2STEM” and “Connect2Mentors”
- Develop community partnerships to identify formal and informal support and resources that can be used in making College of Medicine – Phoenix more attractive to a diverse group (e.g. local health organizations, national professional affinity organizations, etc.)
- Engage with UA College of Medicine – Phoenix alumni and UA College of Medicine – Tucson alumni in meaningful activities to enrich alumni’s connection with UA



RETENTION & CAREER DEVELOPMENT

RETENTION & CAREER DEVELOPMENT

BACKGROUND

Retention and career development for our community members is important to achieve excellence in our UA College of Medicine – Phoenix pillars: Clinical, Education, Research and Community. The strength of the whole institution depends on the success of each individual.

Goal 1: Assist students, residents and fellows to develop and achieve career success

Action Steps to Achieve Goal 1

- Host and develop conferences and meetings that focus on diverse student, resident and fellow career development (e.g. Building the Next Generation of Academic Physicians (BNGAP))
- Foster the attendance of students, residents and fellows to attend professional development conferences and other professional development activities
- Develop a mentoring program for diverse medical students, residents and fellows

Goal 2: Assist faculty to develop and achieve career success

Action Steps to Achieve Goal 2

- Formally establish the Women in Medicine and Science (WIMS) group to assist career development for women faculty
 - Increase resources to assist career development for women faculty
- Continue to provide opportunities for diverse faculty to attend faculty development conferences such as the AAMC Minority Faculty Leadership Development Seminar, AAMC Group on Women in Medicine conferences, grant writing workshops, etc.
- Create the Inclusive Excellence Champions initiative to advance diversity and inclusion within clinical and basic science departments, centers, institutes and programs
- Partner with Faculty Affairs and Development to integrate diversity and inclusion in the Leading and Inspiring Faculty Trajectories (LIFT) mentoring program for junior faculty members
- Cross promote UAHS sponsored career and research development opportunities and funding awards for faculty of diverse backgrounds with targeted communication and follow-up with relevant department/specialty leaders (i.e. Career Development awards, PRIDE-R25)
- Continue to provide sustained professional development opportunities in the area of diversity and cross cultural communication for faculty

Goal 3 : Assist staff to develop and achieve career success

Action Steps to Achieve Goal 3

- Develop an Engagement Ambassador Program for staff onboarding to include 30-60-90 day touchpoints
- Continue to provide sustained professional development opportunities in the area of diversity and cross cultural communication for staff and administration
- Partner with Human Resources to expand pathway for diverse employees, who have non-traditional training or backgrounds, to help advance them in their careers



EDUCATION, TRAINING & RESEARCH

START

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EDUCATION, TRAINING & RESEARCH

BACKGROUND

Advancing Inclusive Excellence in education, training and research not only improves the educational experience for our learners and trainees but, also, prepares them to be best equipped to care for the diverse patient population of Arizona and beyond.

Goal 1: Increase diversity and inclusion education and training across the educational continuum

Action Steps to Achieve Goal 1

- Partner with Academic Affairs and hospital affiliate partners to interweave more diversity and inclusion in medical education
 - Hire an education and training specialist to work with faculty on diversity and inclusion content integration including LGBTQ+ issues, health disparities, social determinants of health, etc.
 - Assist in the training of faculty on how to teach, discuss and advance diversity and inclusion topics within their respective disciplines
- Develop, consolidate and make available educational tool-kits and resources for educators and trainers
- Develop a medical Spanish distinction track
- Develop a course on structural inequities and health care
- Offer unconscious bias training for all College of Medicine – Phoenix students, residents, fellows, faculty and staff
- Offer a robust menu of diversity and education and training for students, faculty, residents and fellows, including Brown Bags, MedSafeZone trainings, and unconscious bias training
- Create an Inclusive Excellence Certificate for faculty and staff
- Assist in the diversification of standardized patients

Goal 2: Support research that advances Inclusive Excellence in health care

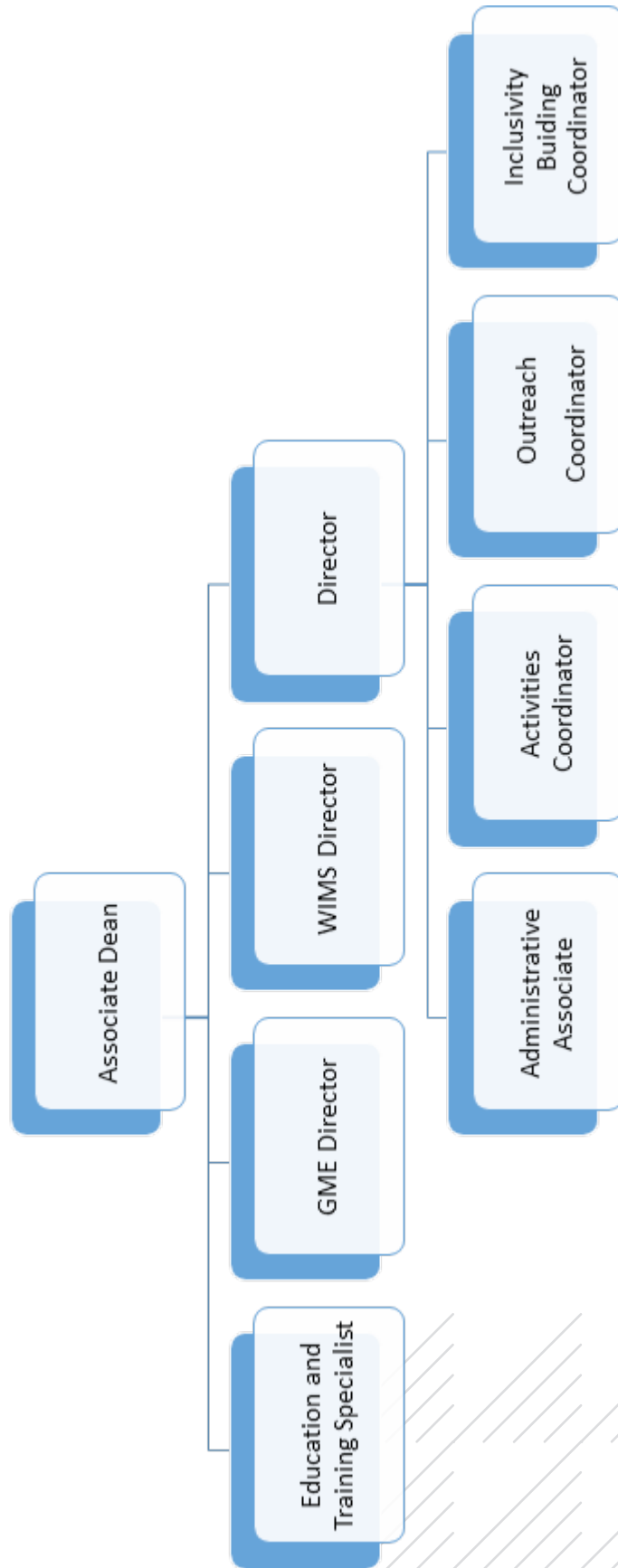
Action Steps to Achieve Goal 2

- Continue to provide diversity, equity and Inclusive Excellence and innovation research grants
- Partner with local and national partners to advance research impactful to Inclusive Excellence, diversity and inclusion and cultural and structural competency in health care
- Create an institutional plan for the recruitment and retention of diverse research subjects



OFFICE OF DIVERSITY & INCLUSION STRUCTURE

FIVE-YEAR GROWTH PLAN FOR OFFICE OF DIVERSITY & INCLUSION



OFFICE OF DIVERSITY AND INCLUSION - LEADERSHIP

DIVERSITY LEADERSHIP COUNCIL

Guy Reed, MD, MS – Dean
Judy Apostolik – Executive Director, Finance Affairs
Glen Fogerty, PhD – Interim Assistant Dean, Admissions and Recruitment
Rayna Gonzales, PhD – Associate Professor, Department of Basic Medical Sciences
Susan Kaib, MD, FAAFP – Interim Associate Dean, Student Affairs
Guadalupe Federico-Martinez, PhD – Assistant Dean, Faculty Affairs and Development
Cheryl O'Malley, MD – Interim Vice Dean, Academic Affairs
Allison Otu – Senior Director, Marketing and Communications

DIVERSITY COMMITTEE

Faculty:

Jonathan Cartsonis, MD – Director, Rural Health Professions Program
Rebecca Fisher, MD – Associate Professor, Department of Basic Medical Sciences
Maria Manriquez-Sanchez, MD – Interim Associate Dean, Clinical Curriculum
Linda Nelson, MD, PhD – Director, Faculty Development and Block Director, REBLS

Staff:

Amy Boise – Assistant Site Coordinator, College of Nursing, Phoenix Biomedical Campus
Dude Coudret, MEd – Learning Specialist, Student Development
Jenna Delbalso – Coordinator, Faculty Affairs
Patty Hamilton, MPH – Assistant Director, Recruitment and Operations
Ayleen Martinez, MEd – Coordinator, Pipeline Programs
Sonji Muhammad, MA – Assistant Director, Diversity & Inclusion
Scott Reikofski, EdD – Director, Student Affairs
Gabriela Ruiz – Administrative Associate, Pathway Scholars Program
Jessica Tualla – Associate Director, Human Resources

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Dylan Sabb – MS2

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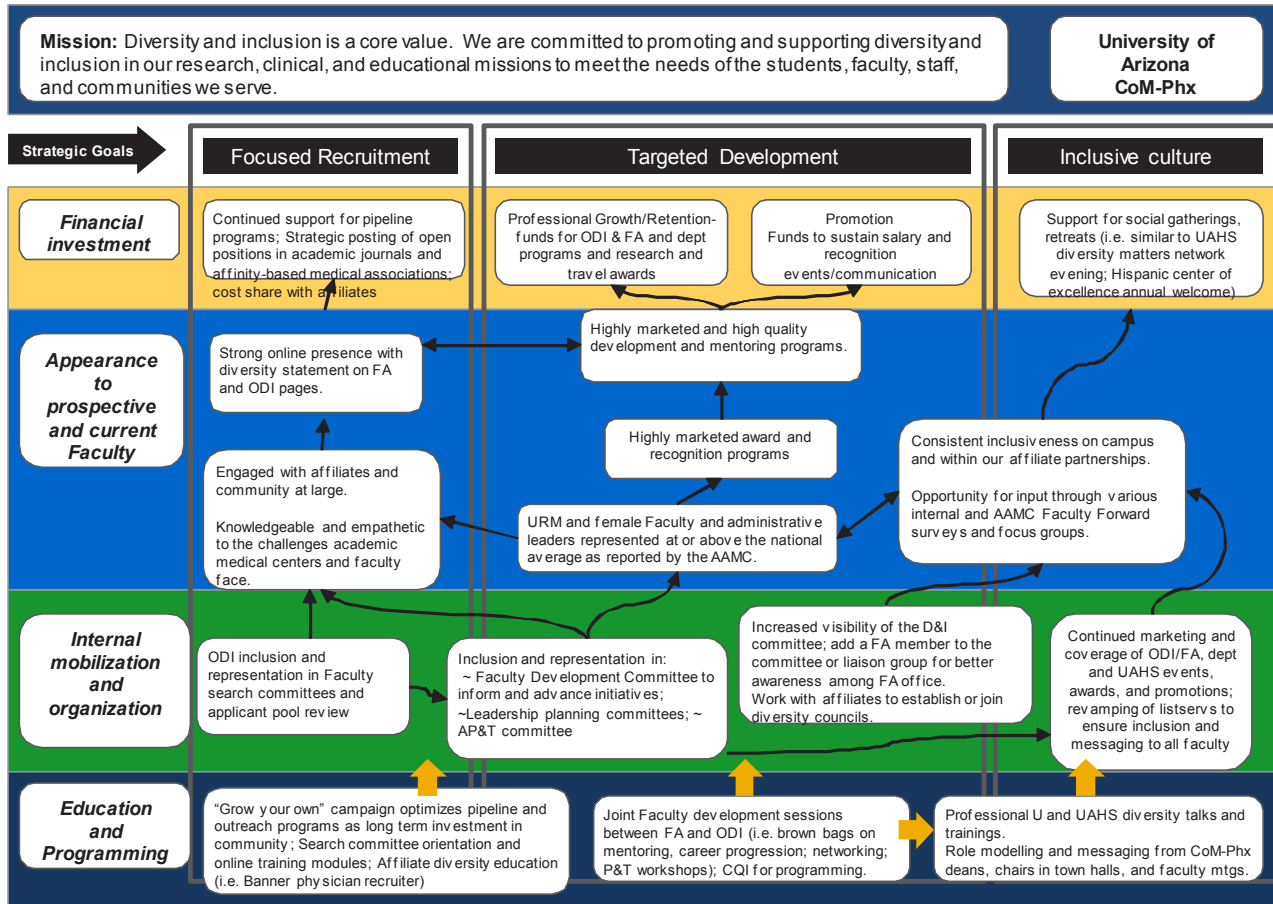
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APPENDIX

Revised Strategy Map – Enhance the Diversity of the Faculty Work Force





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