

REPORT FROM THE PRIORITIZATION WORKGROUP ON UNDER-REPRESENTED MINORITIES IN HEALTHCARE (URM) AMONG FACULTY AND STUDENTS AT UMMS

- **GOAL:** Increase the number of URM faculty and URM students at UMMS
- **CHARGE:** Prioritize recommendations for UMMS leadership to achieve the goal
- **RECOMMENDED STRATEGY:** Allocate resources to maximize impact towards achieving goal; and increase resources as much as feasible

A. History

Driving this report and the one that preceded it is the recognition that the “playing field” for faculty and students from under-represented minorities in healthcare (URM) backgrounds is still very far from level at UMMS (as elsewhere across the country), and that measures to improve this situation of inequality and under-representation are urgently needed.

The Executive Council unanimously approved recommendations from its ad hoc workgroup on URMs at UMMS at its meeting in May, 2016. Appendix 1 to this report consists of the recommendations preceded by the background that prompted them. In response to Executive Council presenting the recommendations to the Chancellor and the Provost, two Diversity summits were organized by the Chancellor’s office. During Diversity Summit I, on May 31, 2016, groups were constituted to evaluate and follow-up on each of the initial recommendations (Appendix 1). During Diversity Summit II, held on November 2, 2016, specific recommendations were made by the leaders of the groups constituted during Summit I.

The Chancellor then requested that the Chair of the initial ad hoc workgroup constitute a new workgroup, with a preponderance of academic chairs, to prioritize recommendation emanating from Diversity Summit II as well as the initial recommendations (Appendix 1), specifically those pertaining to faculty and students. A parallel group, led by the Executive Vice-Chancellor for Administration and Finance was charged with examining staff issues and recommendations. This faculty and student prioritization workgroup was then formed.

B. Prioritization Workgroup Charge and Composition

Charge: to make prioritized recommendation to the Chancellor and Provost regarding how to improve on the under-representation of minorities among faculty and students at UMMS.

The chair of the prioritization workgroup solicited volunteers to serve on the workgroup amongst all academic department chairs, and 7 volunteered. In addition, leadership from the office of Diversity and Inclusion, and assistant deans for student diversity were invited. The final composition of the prioritization workgroup was as follows:

- Catarina Kiefe, PhD, MD – workgroup Chair; Professor and Chair of Quantitative Health Sciences
- Vivian Budnik, PhD, Professor and Chair of Neurobiology
- Robert Finberg, MD, Professor and Chair of Medicine

- Maria Garcia, MD, MPH, Assistant Dean for Student Affairs and Diversity (School of Medicine) and Associate Professor, Medicine
- Mark Johnson, MD, PhD, Professor and Chair of Neurosurgery
- Brian Lewis, PhD, Associate Dean for Diversity and Pre-Matriculation Programs (Graduate School of Biomedical Sciences) and Associate Professor of Molecular, Cell, and Cancer Biology
- Deborah Plummer, PhD, Professor and Vice Chancellor/Chief Diversity Officer
- Max Rosen, MD, MPH, Professor and Chair of Radiology
- Shlomit Schaal, MD, PhD, Professor and Chair of Ophthalmology and Visual Sciences
- Douglas Ziedonis, MD, MPH, Professor and Chair of Psychiatry

Of note, 5 of the 10 prioritization workgroup members are part of URM groups themselves. In addition, for each of the current programs concerned with URM issues at UMMS, there were workgroup members knowledgeable of and experienced with these programs.

C. Process

The prioritization workgroup held weekly meetings beginning December 8, 2016 through April, 2017. The meetings were extraordinarily well attended, with between 7 and 10 of its 10 members present at any given meeting. The recommendations from Diversity Summit II were summarized as the rows of a matrix, and additional pertinent recommendations were added by consensus. Each recommendation was rated across 6 dimensions: (1) time to implementation, (2) cost above current expenditures, (3) pertaining to student vs. faculty (or both), (4) informative vs. action-oriented item, (5) Potential Impact, and, finally (6) Potential return on investment (ROI). An abbreviated version of the matrix, without filled in rankings, is attached as Appendix 2. The Diversity and Inclusion Office provided information on institutional costs related to all of UMMS diversity efforts. Additional materials such as the 2015-16 biannual report of the Faculty Diversity Scholars program, and the Micro-Community for Faculty Diversity Program Plan 2015-2019 were reviewed.

The group discussed each dimension (column) of the prioritization matrix, and how it should be rated (e.g. High/Medium/Low for Impact or a 5-point Likert scale for ROI). Of particular interest, the group agreed that the potential Impact of each recommendation should be rated according to its potential to (a) increase the proportion of URMs among faculty and students at UMMS, and/or (b) improve the culture regarding URMs at UMMS. Then, each member rated each row on this item on their own, and returned the matrix with the filled-in column to the Chair, who then summarized the ratings for the next meeting. The summaries were discussed, and consensus was reached on each cell for the final rating.

The prioritization matrix functioned as a tool to focus the workgroup's thinking and to aid the workgroup in discerning patterns into which the highly-rated items might be sorted (see Findings section D. below). After the main findings were formulated, new, prioritized recommendations were drafted, the main charge for the workgroup. This draft document was circulated to constituents and individuals involved in the main programs concerned with URMs at UMMS, to the leaders of groups presenting at Summit II, and to Executive Council. Feedback on whether there was needed clarification, any critical information was missing, or any noticeable gaps were present was solicited. Opportunities for face-to-face meetings between workgroup members and these constituents were provided, and feedback was

solicited in either written or verbal format. The following groups and individuals provided some feedback and/or met with us:

- Executive Council (meeting)
- FDSP oversight Committee (meeting, written materials and written feedback)
- The Micro-Communities program (meeting and written materials)
- CEOD Co-Chairs (meeting)
- Drs. Manno, Lewis, and Harmon-Hines, for the pipeline programs (meeting and written feedback)
- Deans of the three Schools
- CEO of UMMHC
- Other educational leaders from GSN and SOM
- A group of SOM and GSBS students that attended the Massachusetts Public Health Association to address racism at UMMS (slide presentation)

Feedback was integrated into the report and recommendations were finalized and sent to the Chancellor and Provost, in anticipation of Diversity Summit III, scheduled for April 10, 2017.

D. Findings

The workgroup found that the recommendations listed in the prioritization matrix could be grouped into three goals, which, if attained, will have potentially very high impact, namely to: (1) Shift our institutional culture; (2) Recruit and retain URM faculty; and (3) Enhance and strengthen other URM pipeline programs

1 - Shift our institutional culture

The prioritization workgroup believes that enhancing the inclusiveness of the environment so that URM faculty and trainees feel welcomed, valued, and included as an integral part of our institution is one of the most important goals to be achieved. This having been said, traditional approaches to achieve this goal consisting of mandatory training in cultural competence at multiple levels, without a simultaneous rise in URM numbers on campus, met with moderate enthusiasm only. The workgroup saw interventions to rapidly increase URM numbers on campus as key, both as a goal in itself and as a way to shifting the culture.

So, while we believe that the attainment of goals 2 and 3, in themselves, are essential to transforming the institutional culture, goal 1, we believe that there also needs to be a parallel strategy consisting of innovative methods that get at the root of moving our culture in the desired direction, as other efforts move us to increasing the numbers of URMs amongst our faculty and students. One example of a recent initiative in this direction is the “Dignity and Respect Campaign” against bullying launched through the Council of Equal Opportunity and Diversity (CEOD). Another example is the activity of a group of UMMS students who, energized by a meeting on racism and public health at the Massachusetts Public Health Association in the fall of 2016, have been advocating for effective and measurable ways to understand and address racism at UMMS. Therefore, our recommendations (section E) include both some of the less highly ranked and more conventional training efforts to increase cultural competence, and attempts to reach out to more dynamic and less traditional efforts towards shifting our culture.

Such less conventional efforts might entail starting with a small group of faculty such as Learning Community Members and other faculty members who are highly influential with medical, GSB and GSN students yet who are not racially representative of the desired diverse student body. Increasing the cultural competence of these mentors to the issues specific to URM students and providing them with the knowledge, skills and abilities to help change the culture of the Learning Communities could be a powerful first step towards changing our UMMS culture. The approach to this would go beyond traditional cultural competence training and use experiential tools including “transformative scenarios” and “dialogue interviews” specifically designed to transform the culture as well as enhance the cultural competence of the mentors.

2 –Recruit and retain URM faculty

The workgroup believes that recruitment and retention of URM faculty is a very high priority goal. Currently, the Faculty Diversity Scholars Program (FDSP), funded at up to \$300,000 per year, is the single best resourced discretionary program targeting URM under-representation at UMMS. There is also a newly developed Micro-Community for Faculty Diversity Program, with substantially less resources. Thus, we spent a considerable amount of time discussing the FDSP and reviewing relevant materials. Our workgroup included 4 individuals with direct present or past experience of the FDSP and its leadership. Although clearly the FDSP has helped the careers of multiple individuals, there were considerations worthy of discussion at several levels:

- Modest retention rate of FDSP scholars by UMMS; since the initiation of the FDSP in 1996, 13 scholars have completed the program with 4 currently in regular faculty positions at UMMS; the numbers of URM faculty at UMMS have remained essentially unchanged
- The selection and development of scholars in terms of scholarly productivity has not always been conducive to increase the diversity of faculty from URM groups at UMMS

The workgroup saw as potential reasons for these issues: (1) these funds are currently allocated in the spirit of a “career development award”; as such, they are relatively modest; (2) pressure to “fill slots” deriving from a yearly “use it or lose it” policy; (3) a fairly rigid application process; (4) lack of flexibility in using the funds selectively to retain or recruit to UMMS promising individuals; (5) most individuals recruited into the program are already at UMMS, perhaps because of the previously mentioned lack of flexibility in fund use; (6) lack of external program evaluation to date.

There was consensus amongst prioritization workgroup members that the stated goal of increasing the numbers of faculty from underrepresented groups in the health sciences is very important and that the program should be continued, albeit in a restructured fashion. However, the definition of who is selected for the program needs to be revisited, both so that the program can truly contribute to “leveling the playing field” (see section A); and so that candidates with a high likelihood of academic success must be chosen. There also needs to be significantly more flexibility in the use of whatever funds are allocated to URM faculty recruitment and retention. Finally, this restructuring needs to take into account legal ramifications so that all state and federal guidelines are met.

The Micro-Community for Faculty Diversity Mentoring Program was launched in 2015 and seeks to provide an organized support system to address isolation and therefore enhance the success of URM faculty. It was developed based on a needs assessment effort of URM faculty and relies on mentoring circles tailored to the URM faculty member. The micro-community consists of multiple mentoring circles, and it would be premature to make recommendations about it at this time. It is being piloted

with some FDSP scholars.

3 – Enhance and strengthen other pipeline programs

We have a variety of pipeline programs at UMMS, listed in Appendix 1. After analyzing available data on both their cost and their effectiveness (viewed as yield in terms of increasing URM representation at UMMS), we deemed that several appeared highly promising and have already contributed a high return on investment, with a fairly modest investment to date. These high ROI programs were the Health Sciences Preparatory Program, the Pathway to Graduate Study Program, and the BaccMD program. Thus, we believe that enhancing and expanding these programs should be given a very high priority.

In addition, we acknowledged that currently there are 5 Chancellor’s Scholarships for entering medical students each year, which will likely contribute to increasing diversity among SOM students. Even though these Chancellor’s Scholarships have been started too recently to assess their impact, early results are promising and we felt that expansion of this program within SOM and extension to GSBS and GSN (in proportion to their student #s) might be another high priority intervention.

E. Recommendations

As was our workgroup’s charge, we will now list those recommendations that we consider to be of the highest priority. The 3 groups listed below correspond to the 3 goals identified as being of the highest priority in section E. Within each of these groups, recommendations are listed in roughly decreasing order of priority.

1. Engage in selected activities designed to promote a change in culture
 - a. Experiment with a targeted approach to changing culture that is not “training” but rather based on gaining insights experientially
 - i. Initially focus on the Mentors for the medical student Learning Communities
 - ii. Evaluate this effort and other such initiatives
 - iii. Expand to other selected and highly targeted groups if successful
 1. Consider intervening with other faculty “opinion leaders” who are connected with students throughout their studies at UMMS
 2. Specifically seek similar venues and interventions in GSBS and GSN
 - iv. Renew our commitment for search committees to have a standard training process for incorporating sensitivity to unconscious bias
 - b. Promote more conventional cultural competency –education with selected groups as another “parallel strategy” (see section A). Prioritized groups:
 - i. Search committees
 - ii. New faculty as they onboard
 - iii. UMMHC Physician Leadership Development Program
 - iv. Chief Resident Orientation Workgroup
2. Faculty recruitment and retention
 - a. Conduct a review of the FDSP program by a group of external evaluators

- b. Conduct a program evaluation of the Micro-Communities program as soon as feasible; if this evaluation shows that the program is successful, consider funding at a steady-state level.
 - c. Increase funding to recruit and retain URM faculty at UMMS as much as feasible, make the availability of these funds more flexible, and not necessarily allocated as primarily “career development awards”
 - d. Widely disseminate to Chairs, Search Committees, and others involved in faculty recruitment the availability of these funds, thereby encouraging focused outreach efforts to recruit faculty from URM backgrounds with highly attractive start-up packages, including into tenure track lines
 - e. Formalize the expectation that Department Chairs’ annual performance reviews include an evaluation of their efforts and success in improving diversity within their department
 - f. Make a more concerted effort to retain URM trainees at UMMS into faculty positions; and a concerted effort to recruit and retain URM medical students into residencies, then fellowships, at UMMS
 - g. Eliminate the yearly “use it or lose it” provision for FDSP funds and other funds for URM recruitment and retention. In this way, funds can be allocated to the most appropriate candidates, without pressure to use the funds in years when the available candidates may not completely align with the goals/intent of the program.
 - h. Do not earmark the funds for development of junior faculty careers only
 - i. Use funds to recruit/retain faculty clinicians involved in teaching clinical trainees, including those in GSN, as well as non-clinical faculty
 - j. Consider a “buy-out” clause whereby individuals provided access to these funds might return them if they leave UMMS during or soon after the funding period.
3. Maximize the effect of successful pipeline programs:
- a. Enhance and expand the following
 - i. Health Sciences Preparatory Program
 - ii. Pathway to Graduate Study Program
 - iii. Create a similar pathway program for GSN
 - iv. BaccMD
 - v. Chancellor’s scholarships
 - 1. Increase numbers for the SOM pending legislative response to requests for allocations
 - 2. Create similar programs for GSBS and GSN in proportion to their student body #s
 - b. Focus on supporting the successful “graduates” of pipeline programs after graduation from the program, through targeted mentoring and continued support networks