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# The Diversity Research Forum

*Getting to Institutional Excellence: Ensuring the  
Integration of Diversity in Academic Medicine*

Convened by  
Diversity Policy and Programs  
at the Association of American Medical Colleges'  
2009 Annual Meeting  
Boston, Massachusetts

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2009 Diversity Research Forum: *Getting to Institutional Excellence:  
Ensuring the Integration of Diversity in Academic Medicine*

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## Executive Summary

As the United States continues to experience profound socio-demographic changes, research on achieving institutional excellence through strategic integration of racial and ethnic diversity is essential to both medical education and health care. Consequently, academicians, administrators, practitioners, and researchers must grapple with ways to expand related pathways, mechanisms, and evidence. Excellence in this context refers to high-quality teaching and medical practice and a culturally responsive campus climate and workforce that includes faculty, students, residents and physicians at medical schools, health centers, and other academic medical settings.

On November 10, 2009, the AAMC held its fifth annual Diversity Research Forum in Boston, Massachusetts to explore the connection between excellence and diversity in academic medicine. The presenters were Marc A. Nivet, Ed.D.,<sup>1</sup> from the Josiah Macy, Jr. Foundation; George C. Hill, Ph.D., from Vanderbilt University School of Medicine (VUSM); and, Katherine A. Flores, M.D., from the University of California, San Francisco-Fresno (UCSF-Fresno). Their remarks focused on the following questions:

- How do we make sure diversity is part of institutional excellence?
- How do we change the institutional culture?
- What have we learned about institutional change and culture in academic medicine? What does the research tell us?
- How do we create the conditions necessary for diversity to thrive in academic medicine?
- What does it look like at two medical schools?

Dr. Nivet provided an overview of racial, ethnic, and gender differences that persist in academic medicine's faculty pipeline. He cited disaggregated 2008 medical school applicants, matriculants, graduates, and full-time faculty data. He observed that the slow progress in addressing these differences within and across groups offers an opportunity to expand beyond four current rationales for increasing diversity in the health professions. The rationales consist of social justice and equity, demographic, eradication of health disparities, and dividends of diversity. He demonstrated the need for a new rationale in which diversity is a driver of institutional and educational excellence, a means for attracting underrepresented racial and ethnic minorities, and a catalyst for creating the conditions for all members of a community to thrive. He reflected on the historical work of the Macy Foundation to emphasize the need for a paradigm shift.

His introduction laid the foundation for Dr. Hill's and Dr. Flores' talks, which provided examples of diversity aiding in the creation of pathways and mechanisms for excellence in teaching, research, and service at two mission-driven medical schools. Dr. Hill outlined eight steps that Vanderbilt University used to transform institutional culture. Dr. Flores focused on how excellence in service can be achieved through family-supported academic and

1. When the Diversity Research Forum was held, Dr. Nivet was the chief operating officer and treasurer at the Macy Foundation. He is currently the AAMC's chief diversity officer.

personal development of students from middle school onward.

The three talks and the concluding facilitated discussion yielded the following considerations in response to the questions posed and set the stage for future research:

**Understand the diversity landscape and highlight the data.** Over the course of the past 40 years, the four rationales for increasing diversity in academic medicine have offered insight, provided direction, and supported progress. While they continue to be relevant, they are no longer sufficient. Knowledge and understanding of what diversity is and what it can achieve are undergoing critical change. The data show that striking differences persist across race, ethnicity, and gender (for certain groups). As a result, future efforts require an expanded perspective to create the conditions necessary for diversity and excellence to thrive in tandem. Scholars can contribute significantly by helping to reframe how future diversity efforts are conceptualized, implemented, and evaluated.

**Learn from the experiences of others.** The rich history and unique lenses through which the Macy Foundation views and fulfills its diversity mission offer pivotal lessons learned about attaining diversity-driven excellence in academic medicine. Leading diversity efforts in the health professions pipeline since the 1960's, the Macy Foundation went from identifying racial and ethnic minority students with the talent to enhance their skills at professional conferences and summer institutes to supporting a variety of endeavors at medical schools and associations, such as the AAMC. After evaluating its efforts in these

and other areas, the foundation recognized the need both to expand its data-driven programmatic investments and link success to health and health care outcomes.

**Think strategically.** Accelerating the path to excellence involves strategic thinking beyond student, faculty, and staff recruitment and retention. Key strategies to consider are defining excellence with a diversity component, positioning diversity as a core objective, linking diversity to the institutional mission statement, eliminating institutional inhibitors of excellence, and building capacity for diversity to thrive.

**Examine and take purposeful steps in critical areas of an institution's culture.** A structured approach for transforming institutional culture can create the conditions for diversity to support excellence in academic medicine. Dr. Hill explained that Vanderbilt's movement toward diversity-driven excellence can be mapped using eight steps linked to its mission statement. The steps are establishing a sense of urgency, forming a powerful guiding coalition, creating a vision, communicating the vision, empowering others to act on the vision, planning for and creating short-term wins, consolidating improvements and producing more change, and institutionalizing new approaches.

**Determine appropriate measures of success.** Evidence demonstrating that diversity drives excellence in a medical education setting can vary. Evidence may be found by examining leadership buy-in, student diversity, institutional strategic goals, impact on research, type and level of involvement of community partners, diverse group discussions, and increased

attention to health disparities and cultural competency in the medical education curriculum.

**Develop a focus on teaching and research.**

Among the mechanisms creating the conditions necessary for diversity to thrive in academic medicine and at Vanderbilt University are formal efforts to increase faculty productivity and the creation of partnerships to expand in specific research areas. For example, the Meharry-Vanderbilt Alliance was created to facilitate research aimed at understanding racial and ethnic health disparities in disease and treatment.

**Develop a service and community outreach focus.** Service through outreach can be an invaluable strategy for a more diverse and culturally competent medical school. Dr. Flores described a longitudinal, comprehensive academic-based approach encompassing several programs at UCSF to build diversity in the next generation of health professionals. Targeting multiple education levels, the programs include the Junior Doctors Academy for middle school students, the Doctors Academy for high school students, and the Health Careers Opportunity Program and the Pre-medical and Health Scholars Program for college students.

After the presentations, the session attendees discussed the future direction of diversity research in academic medicine. Defining and integrating the dual roles of diversity and excellence in academic medicine as micro- and macro-level economic imperatives may hold considerable promise. Inquiries could examine the business case and economic impact of diversity. Other areas for research

include exploring strategies to engage deans, looking at ways to get diversity scholarship recognized beyond mission statements, and investing in supportive, collaborative, and community oriented environments.





## Speakers' Biographical Sketches

**Laura Castillo-Page, Ph.D.**, is director of research for the Association of American Medical Colleges' Diversity Policy and Programs (DPP). Dr. Castillo-Page leads DPP's efforts to document the effects of diversity in medical education programs. She is also responsible for managing the development of DPP's data publications and research projects and works with other DPP staff to enhance and expand faculty professional development programs. Previously, Dr. Castillo-Page worked as a research scientist at the American Institutes for Research (AIR), where she focused on examining and analyzing education practice and policy. She also served as co-director of AIR's Bill and Melinda Gates Foundation Early College High School Initiative evaluation. Following receipt of her B.A. from Fordham University, Dr. Castillo-Page attended the University of Albany, SUNY, where she earned an M.A. in political science, as well as an M.S. and a Ph.D. in educational administration and policy studies.

**Marc A. Nivet, Ed.D.**, is the chief diversity officer for the Association of American Medical Colleges. Dr. Nivet is known for creating innovative collaborations that have been recognized nationally as models of success and for writing and lecturing about diversity as a driver of educational excellence. Among the topics he is known to address are diversifying academic medicine, eliminating racial disparities in health care, and best practices for increasing minority enrollment in health professions schools. It is his belief that no institution can call itself "excellent" without being diverse.

He most recently served as the chief operating officer (COO) and treasurer for the Josiah Macy, Jr. Foundation in New York City. A foundation that supports programs designed to improve the education of health professionals in the interest of the health of the public. As COO, Dr. Nivet was responsible for the day-to-day operations of the foundation and managed an endowment of \$150 million. Prior to the Macy Foundation, he worked at the Sallie Mae Fund (the philanthropic arm of the SLM Corporation) as the director of state outreach. Before that, he worked for seven years as the associate executive director of the Associated Medical Schools of New York, where he oversaw several programs designed to increase enrollment and retention of minority students in the health professions. He also served as director of the Office of Minority Affairs at the New York College of Osteopathic Medicine.

Dr. Nivet received his undergraduate degree in communication studies from Southern Connecticut State University and his M.S. in higher education/student development from Long Island University, C.W. Post campus. He earned his Ed.D. from the University of Pennsylvania School of Education.

A fellow of the New York Academy of Medicine, Dr. Nivet is a past president of the National Association of Medical Minority Educators, Inc., which presented him with its Outstanding Service Award in 2006. He was awarded the Riland Medal for Community Advocacy from the New York College of Osteopathic Medicine in 2009. He currently serves on several non-profit boards and committees and is an adjunct professor at Hofstra University.

**George C. Hill, Ph.D.**, is the Levi Watkins, Jr. professor and associate dean for diversity in medical education at Vanderbilt University School of Medicine (VUSM) in Nashville, Tennessee. He is a tenured professor in the Department of Microbiology and Immunology. Dr. Hill provides leadership in facilitating broad diversity in the medical center among medical students, graduate students, and faculty. He also contributes to addressing issues related to cultural awareness sensitivity in medical education.

Dr. Hill is currently the president of the National Foundation for Infectious Diseases. He was elected to the Institute of Medicine of the National Academy of Sciences in 1998 and became a fellow of the Academy for Microbiology in 2002. He is a member of the American Society of Molecular Biology and Biochemistry and other scientific societies. In 1979, he received the Seymour Hutner Prize from the Society of Protozoologists for outstanding research in the field of protozoology. He obtained a B.S. from Rutgers University, an M.S. from Howard University, and a Ph.D. from New York University.

Dr. Hill has made a longstanding commitment to motivating minority students to enter the sciences and received national recognition for these efforts as a “Giant in Science” by the Quality Education for Minorities in 1999. He initiated the Colorado State University Science Motivation Program in 1974, bringing minority students to the campus for the summer. He also chaired the National Science Foundation Committee for Equal Opportunity in Science and Engineering.

He has served on numerous governmental advisory committees focusing on biomedical sciences research and graduate education. For the National Institutes of Health (NIH), he was a member of the National Institute of General Medical Sciences (NIGMS) Advisory Council and the Scientific Advisory Board of the National Institute for Allergy and Infectious Diseases (NIAID). In 1982, he was a Fulbright Scholar at the University of Nairobi, in Nairobi, Kenya.

Previously, Dr. Hill was professor of microbiology, vice president for sponsored research, and dean of the School of Graduate Studies and Research at Meharry Medical College. He began his academic career at Colorado State University (CSU) and, immediately prior to joining CSU, was an NIH special research fellow at the University of Cambridge, Molteno Institute, Cambridge, United Kingdom.

Dr. Hill’s scientific research focuses on investigating the molecular and biochemical events occurring during differentiation of African trypanosomes. With extensive research support from NIH, the National Science Foundation (NSF), and other federal agencies, he has contributed significantly to the body of knowledge about the electron transport system. He also has strong interest in the causes of racial and ethnic health disparities.

**Katherine A. Flores, M.D.**, received her undergraduate degree from Stanford University and her medical degree from the University of California, Davis. Since completing her residency training, she has spent her professional career as a family physician in private practice within an all-woman, bilingual medical group in Fresno, California, that serves families from widely varying economic and ethnic backgrounds.

Dr. Flores is also an assistant clinical professor in family medicine at the UCSF School of Medicine and the director of the UCSF Fresno Latino Center for Medical Education and Research (LaCMER). The LaCMER is a unit of the UCSF Fresno Medical Education Program located in California's Central San Joaquin Valley. The LaCMER provides multiple programs to address the serious shortage of Latino physicians and other health care professionals in the area. The overall mission of LaCMER is to develop individuals to become health care professionals who will ultimately return to the Central Valley to provide culturally competent health care services to the medically underserved.

Dr. Flores has been active over the past 20 years in developing and overseeing programs that recruit and retain Latino and other underrepresented youth into the health professions. She has worked collaboratively with multiple partners to establish a comprehensive health careers pipeline program in the Central Valley of California, targeting disadvantaged youth, particularly from migrant farm worker backgrounds. The goal of these programs, namely, the Junior Doctors Academy and the Doctors Academy, and the Pre-medical Health Scholars Program at California State University, Fresno, is to academically enrich, nurture, and support disadvantaged youth from the seventh to twelfth grade and through college to assure their academic success and ultimate acceptance into health professions schools. Incorporated within the developed curriculum is a research focus that requires these students to explore health issues in their local communities and provides them the necessary scientific research skills necessary. These programs also emphasize service learning and cultural competence.

Dr. Flores has also worked for over 15 years with the border communities of California to develop a myriad of programs to better train and educate health professionals at all levels to work on immigrant health issues. She is well versed in working with a variety of entities in partnerships and collaboration to improve health care for border populations.

Through her role as the Latino Center director, Dr. Flores has overseen a number of faculty and fellows as they develop and explore research agendas that focus on Latino health care. Several of the projects she oversees include bi-national research collaborations. She also encourages junior faculty to serve as mentors and role models to young students who follow them, in addition to providing health care services to their communities of origin.

Through her work in developing health professions pipeline programs for disadvantaged students, Dr. Flores and others jointly formed the California Health Professions Consortium to explore the development of a statewide strategy to address increasing the diversity of the health care workforce. The consortium has grown to include members from academic institutions (faculty and administrators from health professions schools), K-12 educators, direct service providers (hospitals, clinics, health plans, nurses, and physicians), health policy advocates, and others who have similar interests.



## Re-visioning Excellence: A Conceptual Shift

Dr. Nivet reviewed the importance of disaggregating academic medicine's faculty pipeline data by race, ethnicity, and gender. He summarized the rich history of four rationales that for decades have guided diversity efforts in the health professions. The rationales consist of social justice and equity, changing demographics, eradication of health disparities, and dividends of diversity. He described the Macy Foundation's grant-making experience in these areas to frame an argument for a more expansive rationale where diversity is a driver of institutional and educational excellence. Excellence, he posited, should be a fundamental means for attracting underrepresented racial and ethnic minorities and creating the conditions for all members of academic medicine's community to thrive.

### What the Data Convey

Using AAMC data from 2008, Dr. Nivet noted that Blacks/African Americans and Hispanics/Latinos comprise 7.2 percent and 7.3 percent, respectively, of U.S. medical school applicants, while American Indians/Alaska Natives and Native Hawaiians/Other Pacific Islanders represent less than one percent combined. He also pointed to differences in medical school graduates by race and gender, citing that only 35 percent of Black/African Americans graduating from medical school are men. These relatively low proportions for certain racial and ethnic groups compared to majority groups across student data, he said, are at the crux of the challenges to attain diversity among medical school faculty, where only 7.5 percent come from the minority groups mentioned here. The distributions reflect the amount of work left to be done and draw attention to the limitations in current diversity rationales.

### A Brief History of Diversity Rationales

Dr. Nivet explained that existing paradigms have and continue to guide health professions diversity work, and, despite the gaps, indicate opportunities for expansion. He recounted that the 40-year history of addressing diversity in medicine in the U.S. progressed with the passage of the Civil Rights Act of 1964 and enactment of Medicare and Medicaid in 1965. In these early years, the social justice and equity rationale undergirded academic medicine's diversity efforts.

A natural derivative of this rationale was the demographic or population parity rationale, as demonstrated in the AAMC's Project 3000 by 2000, which began in the early 1990s. The project had an immediate impact, but then stagnated in the mid-1990s for a variety of reasons. Among the reasons were medical schools' concerns at the time about pending legal challenges to race-conscious admissions policies.

Another natural extension of the social justice and equity rationale is the eradication of the health disparities rationale. Many in academic medicine have conducted innovative research to increase diversity on the basis of this rationale.

The dividends of diversity rationale is a relatively new approach for health professions schools. It was used successfully by the University of Michigan in the 2003 Supreme Court cases that challenged the constitutionality of race-conscious admissions policies. The university defended its undergraduate and law schools' admissions policies, convincing the Court that a diverse student body, both encompassing and going beyond race and ethnicity, improves the education for all students.

## The Macy Foundation Experience: Lessons Learned

Turning to the longstanding experience and unique lenses through which the Macy Foundation views and fulfills its diversity mission, Dr. Nivet offered pivotal lessons learned about attaining excellence driven by diversity in academic medicine. Leading diversity efforts in the health professions pipeline since the 1960's, the Macy Foundation focused on identifying talented minority students for opportunities to enhance their skills. Seven post-baccalaureate programs were funded, regional professional conferences were established, and summer institutes were offered to assist medical schools and associations, such as the AAMC, in a variety of endeavors. In the 1970s and 1980s amidst discussions around affirmative action, the foundation expanded its funding to encourage institutions dedicated to furthering these efforts. Over time, the foundation realized the need to support institutional offices of minority affairs across the U.S. In addition, the foundation made academic physician fellowships available. Dr. David Satcher, former U.S. Surgeon General and Assistant Secretary of Health and Human Services, was among the recipients.

In the 1990s and 2000s, the foundation's focus transitioned to expanding data-driven programmatic investments and linking success to health and health care outcomes. Faculty development became a larger part of the foundation's funded initiatives which accentuated the importance defining success of academic medicine's diversity efforts in terms of outcomes. It also gave rise to the foundation's new emphases on knowledge development and information dissemination about health profession careers.

## A New Rationale for Diversity in Academic Medicine

This point led Dr. Nivet to ask two central questions: What are we hiring diversity to do? And, what could be the new rationale? He suggested answers to these questions by stating the need to "...elevate and re-conceptualize existing paradigms that could simultaneously increase faculty diversity and excellence." Faculty, he said, "would be hired and supported in critical roles... [to] accelerate the pace to excellence." Excellence in academic medicine would be defined differently from the past. It would focus on diversity as both a catalyst and a locomotive to drive and accelerate the pace to excellence.

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*"What are we hiring diversity to do? And, what could be the new rationale? Faculty, [Dr. Nivet] said, would be hired and supported in critical roles to accelerate the pace to excellence." Excellence in academic medicine would be defined differently from the past. It would focus on diversity as both a catalyst and a locomotive to drive and accelerate the pace toward excellence."*

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In his closing remarks, Dr. Nivet said that institutions like the Historically Black Colleges and Universities (HBCUs) and certain Ivy League schools are well known for fulfilling their various education and institutional goals and objectives. However, the questions become: Is diversity a core objective? Is it stated? Is it understood? Do institutions have leadership with the capacity to make diversity core to institutional excellence?

The answers to these questions should be constructed within the frame that diversity drives excellence and translates

into a diverse faculty, student body, and institution that can better solve problems.<sup>2</sup> This means recognizing the need to reconstruct the benefits of faculty diversification efforts identified under existing rationales, such as shaping experiences for all students, increasing access to high-quality health care services, broadening the medical research agenda, and advancing cultural competency. To this end, a new rationale may also lead to new benefits. Thus, the frame for planning and implementing academic medicine's diversity work should also change, "moving away from [just] recruitment and retention" to a focus on attracting and helping faculty thrive and successfully contribute to the expansion of high quality health and health care for all.

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2. Page, S.E. (2007). *How the power of diversity creates better groups, firms, schools, and societies*. Princeton, NJ: Princeton University Press.



## From Commitment to Implementation: Moving Toward a Diverse Medical School

Dr. Hill discussed how institutional-level commitment was used to achieve diversity-driven excellence at Vanderbilt University School of Medicine (VUSM). He described specific steps that the school took to transform institutional culture. He also detailed critical ingredients for creating the conditions for diversity to thrive. Dr. Hill provided examples and evidence of the positive impact of these efforts on faculty, students, the medical school, other schools within the university, and community partnerships. He concluded with next steps for Vanderbilt University's (VU's) diversity and excellence transformation efforts.

### An Eight-Step Path to Diversity and Excellence

Dr. Hill explained that VU and VUSM have a rich demographic. Located in a city that was heavily involved in the civil rights movement, VU boasts a student body of about 6,800 undergraduates, of whom 3,000 are medical students, graduate students, and post-doctoral students combined. VUSM has approximately 2,000 faculty members; about 800 are tenured. In addition to medicine, the university offers degrees in business, religion, and public health.

In its focus on diversity, excellence, and institutional transformation, VUSM defines diversity broadly to include socio-economic status, race and ethnicity, and sexual orientation. Along its journey toward institutional change, VUSM mapped an eight-step path linked to the institution's mission. The steps are: establish a sense of urgency, form a powerful guiding coalition, create a vision, communicate the vision, empower others to act on the vision, plan

for and create short-term wins, consolidate improvements and produce more change, and institutionalize new approaches.<sup>3</sup>

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In Step One, the institution should have strong and sustained leadership as it establishes a sense of urgency. Dr. Hill emphasized that VUSM has had several years of strong leadership. The current dean, who supports the integration of diversity as a key component of institutional excellence, is also VU's chancellor. Establishing a sense of urgency means making it clear that the desired change is something that needs to be done now, as is the case at VU.

In Step Two, the focus is on forming a powerful guiding coalition of individuals who will work as a team. At VU, deans, the vice chancellor, housestaff, members of the faculty, and students are among those who comprise a coalition that works diligently in support of transformation efforts.

Steps Three and Four create and communicate a vision to direct the change effort. Dr. Hill stated that the vision should come from the leader of the transformation efforts, with vehicles developed for

3. Kotter, J. P. (1996). *Leading Change*. Boston, Massachusetts: Harvard Business School Press



disseminating the ideas and strategies. For example, the deans and chancellor each play a role in speaking to the VU community about the importance of these efforts. These steps, in turn, empower others to act on the vision (Step Five) and help address obstacles to institutional change. Dr. Hill explained that sources of the obstacles may involve infrastructure or specific individuals. To ensure progress, thought and care are needed to remove or transition from any roadblocks.

Perhaps the most critical task is planning for and creating short-term wins, which is the primary focus in Step Six. This phase provides a space and incentives for those interested in participating in a particular aspect of the transformation process, but who may not have identified initially with the effort's overall goal. For example, practicing physicians, housestaff, and students can be recognized for their contributions to advance the vision through special talks, support for their research, and sponsorship of their campus activities. Once a vision, action steps, and incentives are in place, the school can consolidate improvements, produce more change (Step Seven), and, finally, institutionalize new approaches (step eight).

### Critical Ingredients for Institutional Change

VU followed these steps with good results. Dr. Hill also explained the importance of several additional factors, or “critical ingredients,” that VU employed to foster institutional change. These ingredients are team building, productive partnerships, collaborative learning relationships, collecting performance measure data about the transformation process, and integrating these efforts within the institution's strategic goals. An example of

VU incorporating these ingredients is the increased number of faculty conducting research through the Meharry-Vanderbilt Alliance aimed at understanding disparities in disease and treatment. The work done through the alliance, in turns, serves to create the conditions for diversity to thrive at VU, its school of medicine, and, ultimately, in academic medicine.

Dr. Hill emphasized that it is important to have evidence demonstrating that diversity can drive institutional change and

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*“...evidence of success can vary and may be found by examining leadership buy-in, student diversity, institutional strategic goals, impact on research, type and level of involvement of community partners, diverse group discussions, and increased attention to health care disparities and cultural competency in the medical education curriculum.”*

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excellence. However, evidence of success can vary and may be found by examining leadership buy-in, student diversity, institutional strategic goals, impact on research, type and level of involvement of community partners, diverse group discussions, and increased attention to health disparities and cultural competency in the medical education curriculum. Dr. Hill pointed to one of VUSM's previously agreed upon measures of success, changes in student diversity. He explained that, since 2002, the support of the VUSM's admission office, the admission committee, its chair, and the students on the admissions committee, along with using a holistic review process, have led to an increase in student diversity from underrepresented minority groups.

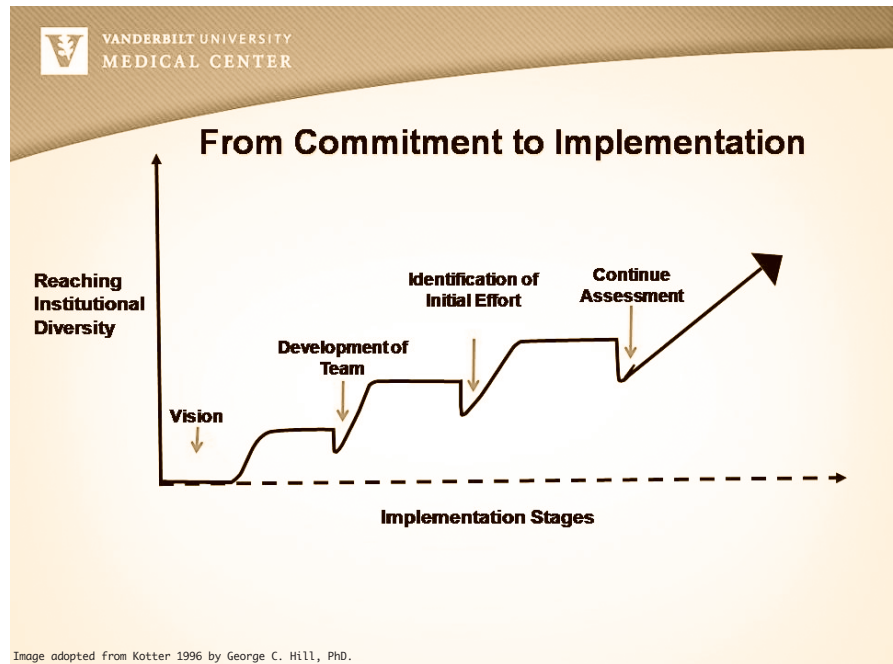


Figure 1: From Commitment to Implementation

In closing, Hill reiterated the importance of the eight steps and critical ingredients to VU's and VUSM's commitment to linking diversity and excellence and its subsequent transformation (see Figure 1). The next steps, with support from the dean, are to focus on enhancing minority faculty recruitment, which is important to student recruitment; conducting a campus climate assessment; and, measuring the impact of these and other efforts on institutional excellence at Vanderbilt.

## The University of California, San Francisco (UCSF) Outreach Strategies for a More Diverse and More Culturally Competent Medical School

Moving to academic medicine's service mission, Dr. Flores underscored the importance of medical school outreach. Outreach, she explained, is one of the mechanisms at the University of California, San Francisco (UCSF) for integrating diversity, excellence, and cultural competence. UCSF views outreach as a bridge for increasing health care quality, delivery, and access for all, especially for those in the medical school's Central Valley community. One of the approaches, which demonstrates the medical school's commitment to diversity, is a comprehensive academic pipeline program targeting local students from middle school through college and their families. Having led the program for many years, Dr. Flores highlighted the pipeline program's components, activities, preliminary evaluation results, and future direction.

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## UCSF's Commitment to Diversity and Excellence

Dr. Flores noted that "nurturing diversity" is a core value and one of the institution's seven strategic directions. UCSF's schools of medicine, dentistry, pharmacy, and nursing, as well as various doctoral programs nurture diversity by attracting the best and most diverse faculty candidates and increasing diversity among staff and students.

This strategic direction is especially important given racial and ethnic differences in the distribution of California's physicians and other health care providers. For example, while Latinos(as) comprise more than 35 percent of the state's population, they represent only 5 percent of its practicing physicians. Compounding this challenge are disproportionately high dropout rates among Latino(a)/Hispanic and African-American/Black high school students in the Central Valley. Dr. Flores stressed that these data are critical. Research shows that health professionals from underrepresented racial and ethnic minority groups are more likely to practice in underserved areas and treat underserved minority populations compared to majority groups.<sup>4-9</sup> Together, these data provide the evidence and rationale for UCSF's outreach focus on provider supply and community engagement.

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4. Moy, E., Bartman, B.A. (1995). Physician race and care of minority and medically indigent patients. *Journal of the American Medical Association*. 273,19:1515-20.
  5. Komaromy, M., Grumbach, K., Drake, M., Vranizan, K., Lurie, N., Keane, D., and Bindman, A. B. (1996). The role of Black and Hispanic physicians in providing health care for underserved populations. *New England Journal of Medicine*. 334,20:1305-10.
  6. Keith, S.N., Bell, R.M., Swanson, A.G., Williams, A.P. (1985). Effects of affirmative action in medical schools. A study of the class of 1975. *New England Journal of Medicine*. 313, 24:1519-25.
  7. Cantor, J.C., Miles, E.L., Baker, L.C., Barker, D.C. (1996). Physician service to the underserved: Implications for affirmative action in medical education. *Inquiry*. 33, 2:167-80.
  8. Xu, G., Fields, S.K., Laine, C., Veloski, J.J., Barzansky, B., Martini, C.J. (1997). The relationship between the race/ethnicity of generalist physicians and their care for underserved populations. *American Journal of Public Health*. 87,5:817-22.
  9. Grumbach, K., Coffman, J., Munoz, C., Rosenoff, E., Gandara, P., Sepulveda, E. (2003). *Strategies for Improving the Diversity of the Health Professions*. Woodland Hills, CA: The California Endowment.

### A Comprehensive Pipeline Program: Key Program Components, Activities, and Players

Supported by the UCSF School of Medicine, and initiated and implemented by the UCSF Fresno Latino Center for Medical Education and Research, the “UCSF Regional Approach to Health Professions Pipeline Development” is a longitudinal, comprehensive academic enrichment program for aspiring health professionals in California’s Central Valley, located about 180 miles south of UCSF. The program targets disadvantaged middle school through college students, along with their families, to aid and guide them in their academic and health professions journey. In the past, the program also targeted individuals in medical school, residency training, faculty development, and fellowship programs.

Ongoing programs are the Junior Doctors Academy for middle school students, the Doctors Academy for high school students, and the Pre-medical and Health Scholars Program for college students. Each program, Dr. Flores explained, is aligned with the center’s mission “to nurture the development of future doctors and allied health professionals who can deliver culturally sensitive and appropriate health services to the ethnically diverse population of Fresno County by...providing a supportive and academically rigorous education pipeline program for students from disadvantaged and underrepresented backgrounds.”

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The program activities include providing students with rigorous academic support services (e.g., math, science, and English classes) and creating community awareness about the role of the program, especially among the program participants’ parents. Parents are engaged in the program through interactive, parent-led learning sessions hosted and convened by the academic health center faculty and staff. These sessions are designed to assist the parents in helping their children and family gain knowledge and skills for success in the health professions. The program culminates with a graduation ceremony, where the graduates are given white coats and addressed as future doctors.

Among the program’s key players are medical school faculty from various departments who expose students to various operations of the hospital. Rising high school seniors spend six weeks engaged in research and clinical experiences with the medical school faculty and community mentors. During this time, the students also do rotations with faculty and community

providers in private practice. The faculty role is very important for recruitment efforts and the mentoring component of the program. UCSF's chancellor, the school of medicine's dean, the associate dean for admission, Central Valley's practicing physicians, academic health centers, community health centers, and area institutions of higher education are all strong supporters of the program. These critical partnerships and careful attention to the culture governing each partner contribute to the success of the program.

### **Preliminary Evaluation Results and Future Directions**

Dr. Flores shared the programs' preliminary evaluation results. From 2008 to 2009, the Junior Doctors Academy, the Doctors Academy, and the Pre-medical and Health Scholars Program had 121, 220, and 32 student participants, respectively. Of the aspiring health professionals in the programs, 49 percent of the participants were Hispanic/Latino; 17 percent were Southeast Asian (predominately Hmong); 18 percent were East Indian; and, 7 percent were Black or African American. The various outcomes to date are promising with a 100 percent high school graduation rate, a 100 percent acceptance rate into four-year universities, higher participant grade point averages than when participants began, and participants' successful matriculation into health professions schools, including UCSF and other major institutions. Mentoring relationships also facilitated program participants' interest in careers, such as obstetrics-gynecology (OB-GYN), nursing, and emergency medicine.

### **Challenges and Future Directions**

Dr. Flores ended her presentation by reiterating the importance of medical schools participating in outreach that relates directly to academic medicine's service mission. As she reflected on the challenges and future direction of UCSF's efforts, she pointed out that the program has had few male participants and that an elementary school component is still lacking. She concluded that the program should establish an evaluation plan to measure the benefits and value-added from investing in the students, their parents, and the community.

## Facilitated Discussion

After the presentations, the session attendees participated in a facilitated discussion led by Dr. Nivet about the future direction of diversity research in academic medicine. Attendees mentioned that defining and integrating the dual roles of diversity and excellence in academic medicine as micro- and macro-level economic imperatives may hold considerable promise. Inquiries could investigate the business case and economic impact of diversity. Session attendees also considered other areas for future research to include exploring strategies to engage deans in implementation, looking at ways to ensure that diversity scholarship is recognized beyond mission statements, and investing in supportive, collaborative, and community oriented environments.

Looking forward, the information from this session and the discussion period will form the basis of additional work for AAMC's Diversity Policy and Programs and for the Diversity Research Forum during the AAMC's 2010 annual meeting in Washington, D.C.

## Appendix I: List of Foundations That Fund Diversity Research

Aetna Foundation  
[www.aetna.com/foundation/grant\\_programs.htm#diversity](http://www.aetna.com/foundation/grant_programs.htm#diversity)

Bill and Melinda Gates Foundation  
[www.gatesfoundation.org/default.htm](http://www.gatesfoundation.org/default.htm)

California Endowment  
[www.calendow.org/program\\_areas/index.stm](http://www.calendow.org/program_areas/index.stm)

Josiah Macy, Jr. Foundation  
[www.josiahmacyfoundation.org](http://www.josiahmacyfoundation.org)

National Board of Medical  
Examiners (Edward J. Stemmler, M.D., Medical Education Research Fund)  
[www.nbme.org/research/stemmler/index.html](http://www.nbme.org/research/stemmler/index.html)

Pew Charitable Trusts  
[www.pewtrusts.com/ideas/area\\_index.cfm?area=2](http://www.pewtrusts.com/ideas/area_index.cfm?area=2)

Robert Wood Johnson Foundation  
[www.rwjf.org/portfolios/index.jsp](http://www.rwjf.org/portfolios/index.jsp)

The Annie E. Casey Foundation  
<http://www.aecf.org/>

The Commonwealth Fund  
<http://www.commonwealthfund.org/>

The Henry J. Kaiser Family Foundation  
[www.kff.org](http://www.kff.org)

W.K. Kellogg Foundation  
[www.wkkf.org](http://www.wkkf.org)

## Appendix II: Federal Agencies

Agency for Health Care Research and Quality  
[www.ahrq.gov](http://www.ahrq.gov)

Centers for Disease Control and Prevention  
[www.cdc.gov](http://www.cdc.gov)

Health Resources and Services Administration (Bureau of Health Professions),  
U.S. Department of Health and Human Services  
[www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov)

National Center on Minority Health and Health Disparities, National Institutes of Health  
<http://ncmhd.nih.gov/>



### Appendix III: Potential Venues for Publishing Research on Diversity

Academic Medicine

[www.academicmedicine.org/](http://www.academicmedicine.org/)

American Educational Research Journal

[www.jstor.org/journals/00028312.html](http://www.jstor.org/journals/00028312.html)

American Journal of Evaluation

[www.aje.sagepub.com](http://www.aje.sagepub.com)

Anthropology and Education

[www.aaanet.org/cae/AEQ.html](http://www.aaanet.org/cae/AEQ.html)

Chronicle of Higher Education

[www.chronicle.com](http://www.chronicle.com)

DiversityWeb (A site of the American Association of Colleges and Universities)

[www.diversityweb.org](http://www.diversityweb.org)

Educational Evaluation and Policy Analysis

[www.jstor.org/journals/01623737.html](http://www.jstor.org/journals/01623737.html)

Evaluation: The International Journal of Theory, Research and Practice

<http://evi.sagepub.com>

Evaluation and Program Planning

<http://ees.elsevier.com/epp/>

Evaluation Review: A Journal of Applied Social Research

<http://evalreview.sagepub.com>

Harvard Educational Review

[www.gse.harvard.edu/~hepg/her.html](http://www.gse.harvard.edu/~hepg/her.html)

Health Affairs

[www.healthaffairs.org](http://www.healthaffairs.org)

JAMA: The Journal of the American

Medical Association

[www.jama.ama-assn.org](http://www.jama.ama-assn.org)

## Appendix III: continued

Journal of College Student Development  
[www.jcsdonline.org/](http://www.jcsdonline.org/)

Journal of Diversity in Higher Education  
[www.apa.org/journals/dhe/](http://www.apa.org/journals/dhe/)

Journal of Health Care for the Poor and Underserved  
<http://muse.jhu.edu/journals/hpu>

Journal of the National Medical Association  
<http://www.nmanet.org/>

Journal of Mixed Methods Research  
<http://jmmr.sagepub.com>

New Directions for Evaluation  
[www.eval.org/Publications/NDE.asp](http://www.eval.org/Publications/NDE.asp)

Qualitative Inquiry  
<http://qualitativeinquiry.sagepub.com>

Research in Higher Education  
[www.airweb.org/page.asp?page=89](http://www.airweb.org/page.asp?page=89)

## Appendix IV: Agenda

### AAMC Annual Meeting, 2009 Diversity Research Forum *Getting to Institutional Excellence: Ensuring the Integration of Diversity in Academic Medicine*

Tuesday, November 10, 2009  
10:00 a.m. – Noon

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#### Welcome and Introductions

**Laura Castillo-Page, Ph.D.**  
Director of Research  
Diversity Policy and Programs  
Association of American Medical Colleges

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#### Panelist Presentations:

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#### Re-visioning Excellence: A Conceptual Shift from Underrepresented Minority (URM) Recruitment and Retention to URM Attraction and Thriving

**Marc A. Nivet, Ed.D.**  
Chief Operating Officer  
Josiah Macy, Jr. Foundation

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#### From Commitment to Implementation: Moving Toward a Diverse Medical School

**George C. Hill, Ph.D.**  
Levi Watkins Jr. Professor and Associate Dean  
for Diversity in Medical Education  
Professor of Medical Education and  
Administration  
Professor of Microbiology and Immunology  
Vanderbilt University School of Medicine

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#### The University of California, San Francisco Outreach Strategies for a More Diverse and Culturally Competent Medical School

**Katherine A. Flores, M.D.**  
Director  
Latino Center for Medical Education and  
Research  
University of California San Francisco-Fresno

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#### Facilitated Discussion

**Marc A. Nivet, Ed.D.<sup>10</sup>**  
Chief Operating Officer and Treasurer  
Josiah Macy, Jr. Foundation

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10. When the Diversity Research Forum was held, Dr. Nivet was the chief operating officer and treasurer at the Macy Foundation. He is currently the AAMC's chief diversity officer.

## Appendix V: Session Description

### AAMC Annual Meeting, 2009 Diversity Research Forum *Getting to Institutional Excellence: Ensuring the Integration of Diversity in Academic Medicine*

This year's *Diversity Research Forum* session will focus on the mechanisms, pathways, and evidence of achieving institutional excellence (i.e., high quality teaching and medical practice and a culturally responsive campus climate and workforce including faculty, students, residents and physicians) through strategic integration of racial and ethnic minority diversity within academic medical settings (e.g., medical schools, health centers, etc.). Presenters will discuss:

- How do we make sure diversity is part of institutional excellence?
- How do we change the institutional culture?
- What have we learned about institutional change and culture in academic medicine? What does the research tell us?
- How do we create the conditions necessary for diversity to thrive in academic medicine?
- What does it look like at one medical school?

Over the past fifteen years, findings from numerous studies, literature reviews, white papers, and data from the Association of American Medical Colleges highlight the challenge of underrepresentation of racial and ethnic minority diversity in US medical schools,<sup>1-22</sup> providing wide-ranging explanations for this phenomenon: inefficient or lack of recruitment of racial and ethnic minority medical students, faculty, and administrative leaders; racial discrimination;<sup>9&19</sup> isolation;<sup>5</sup> and lack of social, academic, and financial support.<sup>6</sup> Acutely affected by these challenges are Blacks / African Americans, Latinos / Hispanics, and American Indians / Pacific Islanders who have experienced little change in their proportions in medical schools.<sup>7</sup>

Despite these challenges, evidence and research reinforces the benefits of racial, ethnic, and other forms of minority diversity in academic medicine: minority physicians tend to practice in underrepresented areas, have a patient population with a higher percentage of minorities<sup>10-13</sup> and provide opportunities for ethnic concordance that can be beneficial to the doctor-patient relationship and can positively influence health outcomes.<sup>14-18</sup> A study conducted by Saha et. al. in 2008 also found that faculty cite various benefits of diversity within their classrooms: it creates a robust learning environment, exposes students to a broad array of ideas, experiences, and perspectives and thereby better prepares them to meet the needs of a multicultural populace.<sup>6&22</sup>

## Appendix V: continued

In the face of these socio-demographic changes and the proven benefits of diversity mentioned earlier, academic medical institutions have the opportunity to explore new techniques and methods by which they can begin to assess the degree to which they are meeting the challenges of institutional transformation for diversity in a context of educational excellence. Institutions under this common vision can successfully respond to the needs of its constituents<sup>1</sup> and produce majority and minority students equipped to work successfully in settings with diverse colleagues and patient populations.<sup>6&22</sup> In the coming years, these and other areas of research on the integration of quality and diversity, will be essential and lead to the further expansion of high quality health care for all.<sup>1</sup>

## Appendix VI: Session Description's References

1. Moses, Y. T. (2006). Quality, excellence, and diversity. *New Directions for Institutional Research*. 81, 9-20.
2. Association of American Medical Colleges. (2004). *Underrepresented in Medicine Definition*. Retrieved June 6, 2008, from: <http://aamc.org/meded/urm/start.htm>
3. Fang, D., Moy, E., Colburn L., & Hurley, J. (2000). Racial and ethnic disparities in faculty promotion in academic medicine. *The Journal of the American Medical Association*. 284, 1085-92.
4. Palepu, A., Carr, P. L., Friedman, R. H., Amos, H., Ash, A. S., & Moskowitz, M. A. (1998). Minority faculty and academic rank in medicine. *The Journal of the American Medical Association*, 280, 767-71.
5. Price, E. G., Gozu, A., Kern, D. E., Power, N.R., Wand, G. S., Golden, S., et al. (2005). The role of cultural diversity climate in recruitment, promotion, and retention of faculty in academic medicine. *Journal of General Internal Medicine*. 20, 565-571.
6. Hung, R., McClendon, J., Henderson, A., Evans, Y., Coquitt, R., & Saha, S. (2007). Student perspectives on diversity and the cultural climate at a U.S. medical school. *Academic Medicine*. 82, 184-192.
7. Association of American Medical Colleges. (2008). *Diversity in medical education: Facts and figures 2008*. Washington, DC.
8. Association of American Medical Colleges Faculty Roster. (2008). *U.S. medical school faculty 2008*. Retrieved July 10, 2009 from: <http://www.aamc.org/data/facultyroster/usmsf08/usmsf08.htm>.
9. Nunez-Smith, M., Curry, L. A., Bigby, J., Berg, D., Krumholz, H. M., & Bradley, E.H. (2007). Impact of race on the professional lives of physicians of African descent. *Annals of Internal Medicine*. 146, 45-51 & W-7.
10. Moy, E., Bartman, B. A., & Weir, M. R. (1995). Access to hypertensive care. Effects of income, insurance, and source of care. *Archives of Internal Medicine*. 155, 1497-1502.
11. Cantor, J. C., Miles, E. L., Baker, L. C., & Baker, D. C. (1996). Physician service to the underserved: Implications for affirmative action in medical education. *Inquiry*. 33, 167-180.

12. Gray, B., Stoddard, J. J. (1997). Patient-physician pairing: Does racial and ethnic congruity influence the selection of a regular physician? *Journal of Community Health*. 22, 247–259.
13. Rabinowitz, H. K, Diamond, J. J., Veloski, J. J., & Gayle, J. A. (2000). The impact of multiple predictors on generalist physicians' care of underserved populations. *American Journal of Public Health*. 90, 1225–1228.
14. Porter, J. R. & Beuf, A. H. (1994). The effect of a racially consonant medical context on adjustment of African American patients to physical disability. *Medical Anthropology*. 16, 1–16.
15. Kaplan, S. H., Gandek, B., Greenfield, S. Rogers, W., & Ware, J. E. (1995). Patient and visit characteristics related to physician's participatory decision-making styles: Results from the Medical Outcomes Study. *Medical Care*. 33, 1176–1187.
16. Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B. (1999). Patient-physician racial concordance and the perceived quality and use of health care. *Archives of Internal Medicine*. 159, 997–1004.
17. LaVeist, T. A., Nickerson, K. J., & Bowie, J. V. (2000). Attitudes about racism, medical mistrust, and satisfaction with care among African American and white cardiac patients. *Medical Care Research and Review*. 57, 146–161.
18. Davidson, R. C., & Lewis, E. L. (1997). Affirmative action and other special consideration admissions at the University of California, Davis, School of Medicine. *Journal of the American Medical Association*. 278, 1153–1158.
19. Beagan B. (2003). 'Is this worth getting into a big fuss over?' Everyday racism in medical school. *Medical Education*. 376, 852–860.
20. Lum CK, Korenman SG. (1994). Cultural-sensitivity training in U.S. medical schools *Academic Medicine*. 69, 239–241.
21. Hafferty FW. (1998). Beyond curriculum reform: confronting medicine's hidden curriculum. *Academic Medicine*. 73, 403–407.
22. Saha, S., Guiton, G., Wimmers, P., & Wilkerson, L. (2008). Student body racial and ethnic composition and diversity-related outcomes in U.S. medical schools. *Journal of the American Medical Association*. 300, 1135–1145.



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