

Promising Practices for the Recruitment and Retention of Culturally Diverse Students and Faculty into Maternal and Child Health Training Programs: Updated Literature Review



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Chapter I: Introduction

Despite a national priority to eliminate health disparities, a sizable proportion of low-income and racial-/ethnic-minority women and children continue to have less access to health care, receive lower-quality care, and experience poorer health outcomes compared to other populations.¹ The health professions workforce has increasingly been recognized as playing a major role in addressing many of the factors that lead to health disparities. The lack of diversity in the maternal and child health (MCH) workforce may lead to cultural and linguistic barriers during patient-provider interactions, providers' intentional and unintentional biases towards patients of different backgrounds, and providers' clinical uncertainty when treating diverse populations.² Conversely, workforce diversity has been associated with greater patient satisfaction with care and improved patient-provider communication.³ In addition, health professionals from underrepresented backgrounds are also more likely to provide care to underserved communities and to conduct health disparities research.^{4,5}

A. Current Diversity of the MCH Workforce

In 2003 the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) established several goals aimed at eliminating health disparities. One of these goals is to ensure the highest quality of care through the availability of a well-trained, culturally diverse MCH workforce that includes providers from a broad range of health-related disciplines serving pregnant women, mothers, children, and their families.⁶ Recent trends in the composition of the health professions workforce indicate that much work must be done to achieve an MCH workforce that actually reflects the nation's growing diversity. Fewer than 8 percent of medical, dental, and nursing providers are underrepresented racial/ethnic minorities despite the fact that these minority groups currently comprise a quarter of the U.S. population, a figure that is expected to increase to more than 40 percent by 2050 (Figure 1).

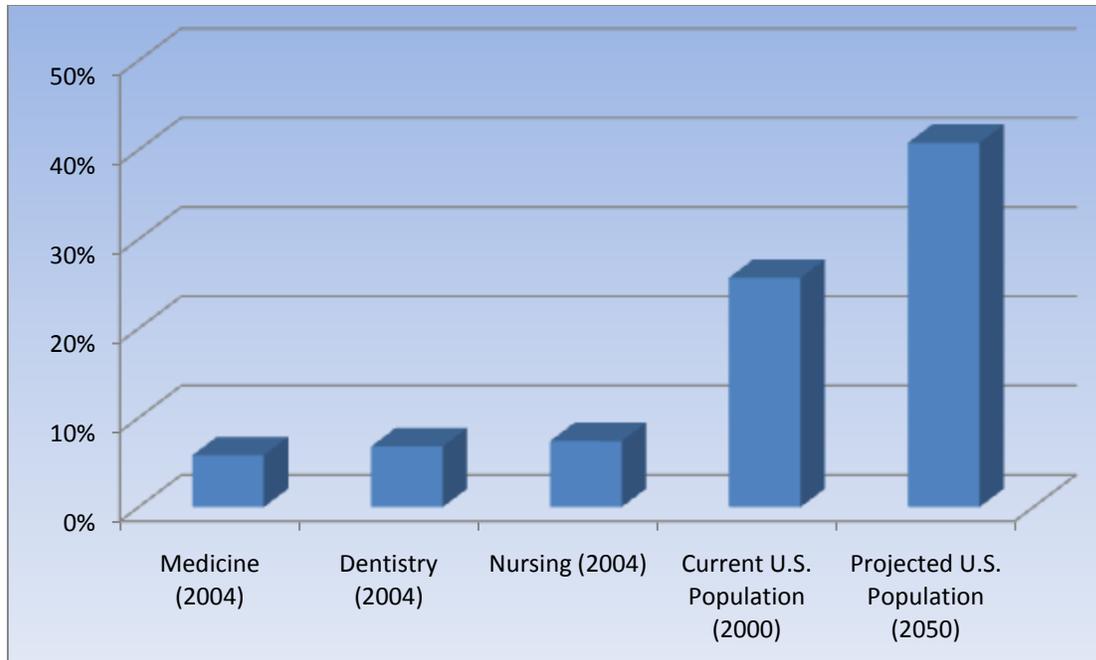


Figure 1: Distribution of Underrepresented Minorities Among the Health Professions and Within the U.S. Population.

Source: Adapted from Mitchell DA, Lassiter SL. (2006). Addressing health care disparities and increasing workforce diversity: The next step for addressing the dental, medical, and public health professions. *American Public Health Association*, 96(12):2093-2097.

Note: Underrepresented minorities include Blacks, Hispanics, and Native Americans/Alaskan Natives. Some groups in the Asian and Native Hawaiian/Pacific Islander categories are also considered underrepresented, but the available data do not allow separation of these groups. They are therefore excluded from the above figures.

Health professions training programs play an important role in the future diversity of the MCH workforce. Research indicates that while the proportion of underrepresented minority graduates from health professions schools has increased over time, these figures continue to fall far below the distribution of racial/ethnic minorities within the U.S. population (Figure 2). A number of barriers have prevented many educational institutions from achieving a greater level of diversity in their student populations. Racial/ethnic minority students and those from economically and educationally disadvantaged backgrounds often lack many of the basic resources and preparation needed to successfully progress from high school to undergraduate training and then on to professional education. Specifically, underrepresented students are more likely to lack:

- Adequate pre-college preparation during grade school and high school, particularly advanced training in math and statistics
- Support from parents and peers to pursue higher education goals
- Financial resources to cover educational expenses
- Awareness about different health careers
- Health professional role models from underrepresented backgrounds.^{7,8}

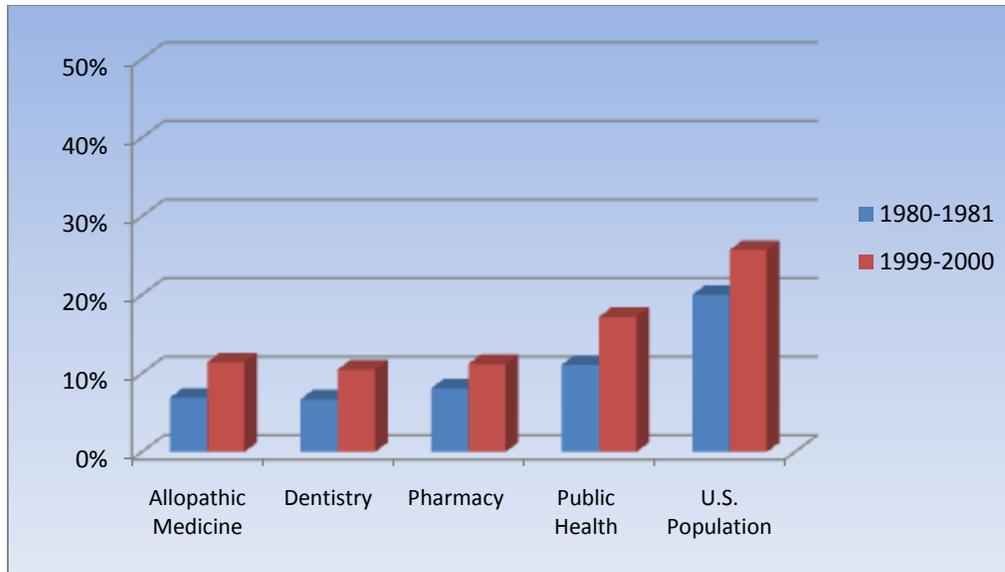


Figure 2: Distribution of Underrepresented Minorities Among Graduates from Health Professions Schools and Within the U.S. Population.

Source: HRSA Bureau of Health Professions. (2003). United States Health Personnel Factbook. Washington, DC: U.S. Department of Health and Human Services.

Underrepresented students also suffer from the shortage of faculty from disadvantaged backgrounds who could serve as important mentors and sources of support to them. Beyond this mentoring role, underrepresented faculty are also more likely to provide instruction on health disparities topics and opportunities to conduct research on or provide care to vulnerable and underserved communities. Unfortunately, research has found that many academic institutions have struggled to attract and retain diverse faculties. Underrepresented faculty report lower levels of satisfaction with their jobs, lower rates of promotion, and a greater likelihood of experiencing ethnic harassment and racial/ethnic bias compared to non-minority colleagues.^{9,10}

B. Overview of the MCH Training Program

MCHB's MCH Training Program funds public and private nonprofit institutions of higher education to provide leadership training in MCH to ensure excellent health services for families through workforce preparation. It also seeks to ensure that the MCH workforce reflects the Nation's racial and ethnic diversity. To this end, the Training Program has used multiple mechanisms to increase trainee and faculty diversity in MCH Training Programs; these are highlighted below.

Strategic Plan Objectives. One of the six goals of the Training Program is to prepare and support a diverse MCH workforce that is culturally competent and family-centered. This goal has been translated into objectives and strategies within the Training Program's national strategic plan, which includes the following:

- Recruit, train, and advance faculty from diverse backgrounds
- Recruit, train, and retain a workforce that better reflects the diversity of the Nation

- Design and implement educational programs to ensure that the MCH workforce is culturally competent and family-centered.¹¹

Program Investments. Four MCH Pipeline Training Programs have been funded specifically to promote the development of a culturally diverse and representative health care workforce by recruiting, training, and retaining students from underrepresented minorities into MCH professions. The MCH Pipeline Training Program provides enriching experiences to increase student interests in MCH public health professions (e.g., pediatrics, public health, pediatric nutrition, public health social work, pediatric nursing, pediatric dentistry, psychology, health education, pediatric occupational/physical therapy, speech language pathology).

Data Monitoring and Performance Measures. All Training Programs are required to report on performance measures related to cultural competence and submit administrative data on the racial and ethnic diversity of trainees and faculty. A new performance measure specifically related to racial and ethnic diversity of trainees was submitted to the Office of Management and Budget (OMB) in 2009 for approval in future reporting.

Grantee Workgroup. The Training Program has also engaged grantees in strategy development and implementation of the National Plan for MCH Training related to diversity through grantee workgroups. The Trainee & Faculty Diversity Workgroup created a set of guidelines to help MCH training programs develop a written plan to evaluate and monitor efforts to recruit and retain underrepresented students and faculty. Background for these guidelines came from a 2007 literature review on student and faculty diversity initiatives requested by, the Trainee & Faculty Diversity Group.

New Diversity Initiative. In 2009, the Training Program initiated a comprehensive diversity initiative in which grantee and trainee input will be gathered on current diversity issues, activities, and support needed to achieve diversity goals. This feedback will be used to develop a peer collaborative focused on diversity. As part of this initiative, the MCH Training Resource Center has updated the original literature review as a resource for grantees, particularly those who will participate in the peer collaborative.

C. Objectives and Methodology for the Literature Review

The Trainee & Faculty Diversity Workgroup requested a comprehensive review of the literature on student and faculty diversity initiatives to inform development of a set of guidelines to help MCH training programs develop, evaluate, and monitor efforts to recruit and retain underrepresented students and faculty. Altarum Institute conducted the literature review as part of support provided to the Trainee & Faculty Diversity Workgroup as the MCHB-funded MCH Training Resource Center. This report presents the findings of a review of the published academic literature, policy statements, toolkits, and other relevant documents on promising practices to recruit and retain underrepresented students and faculty into a wide range of health professions programs. The report describes the types of criteria used to assess institutional diversity, strategies used to plan and implement recruitment and retention activities, and evidence of the effectiveness of these programs.

Chapter II: Defining Institutional Diversity

Although many institutions have come to promote diversity as an important goal, there has been limited consensus on the definition of this term. In addition, ‘diversity’ has been reconceptualized and transformed over time and within different contexts. This chapter presents examples of the definitions of diversity that have been utilized in higher education and in federally funded programs.

A. Definitions of Diversity Used in Higher Education

Achieving diverse campus populations has long been an important goal across the Nation’s institutions of higher education. In general, academic institutions have applied a broad definition of ‘diversity.’ The Association of American Colleges and Universities (AACU) has defined diversity as:

*Individual differences (e.g., personality, learning styles, and life experiences) and group/ social differences (e.g., race/ ethnicity, class, gender, sexual orientation, country of origin, and ability as well as cultural, political, religious, or other affiliations) that can be engaged in the service of learning.*¹²

Graduate health professions programs have often chosen to use narrower definitions of diversity when establishing specific goals for increasing student and faculty diversity. One of the major strategies used is to compare the enrollment of individuals from specific population groups historically underrepresented in health disciplines to the regional or national population. The Association of American Medical Colleges (AAMC), for example, has a long history of encouraging outreach to and enrollment of underrepresented minorities (URM). Prior to 2003, AAMC used a fixed aggregation of four racial/ethnic groups in its classification of URM:

1. Blacks
2. Mexican-Americans
3. Native Americans (i.e., American Indians, Alaska Natives, and Native Hawaiians)
4. Mainland Puerto Ricans.

However, in response to recent court cases challenging affirmative actions policies in higher education, AAMC adopted a less restrictive definition of URM students and faculty in 2003, defining them as “racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”¹³ The revised definition also accomplishes three key diversity objectives:

- A shift in focus from a previously fixed aggregation of four racial/ethnic groups to a definition that accommodates including and removing underrepresented groups on the basis of changing demographics and the profession
- A shift in focus to a regional or local perspective on underrepresentation
- Stimulation of data collection and reporting on the broad range of racial and ethnic self-descriptions.

B. Definitions of Diversity Used in Federally Funded Health Professions Programs

MCH Training Program

MCHB's National Plan for Maternal and Child Health Training 2005-2010, which helps set priorities for the MCH Training Plan, definition of diversity includes:

*Race, ethnicity, age, gender, religion, sexual orientation, socioeconomic status, language, nationality, disability, and geographic location.*¹¹

One of the goals of the National Plan is to develop an MCH workforce that is more reflective of the Nation's diversity by increasing the percentage of trainees who are from underrepresented groups. The Program offers this definition:

*"Underrepresented groups" refer to, but are not limited to, groups based on race, ethnicity, geographic location, gender, disability status, etc. who are underrepresented in a field of study.*¹⁴

Bureau of Health Professions

HRSA's Bureau of Health Professions (BHPPr) funds several training programs charged with increasing diversity by providing support to minority students and faculty who are underrepresented in particular health and allied health fields. The definition of underrepresentation varies by program. The Pathways to Health Professions Program, for example, defines underrepresented minorities as:

*With respect to a health profession, racial and ethnic populations that are underrepresented in the health professions relative to the number of individuals who are members of the population involved. This definition would include: Black or African American, Hispanic or Latino, American Indian or Alaskan Native.*¹⁵

The Nursing Workforce Diversity Program, in contrast, uses a similar definition but also includes certain Asian and Pacific Islander populations.

*Racial and ethnic populations that are underrepresented in the registered nurse population relative to the number of individuals who are members of the population involved. Underrepresented minorities include Black or African American, Hispanic or Latino, American Indian or Alaska Native, and any Asian or Pacific Islander group other than Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.*¹⁶

Definitions used by higher education and the Federal Government highlight the importance that racial/ethnic classifications have played in the conceptualization of institutional diversity across health professions programs. However, these programs may consider a wider range of factors in pursuit of increasing workforce diversity. For example, allied health programs have developed specific recruitment goals to address the growing shortage of men applying to their programs.¹⁷ Institutions may also consider the social and economic factors that may have posed barriers to individuals from certain communities and populations. BHPPr's diversity training programs have used the Public Health Service Act's definition for students from disadvantaged backgrounds, which includes those who meet one or more of the following criteria:

- **Educationally disadvantaged.** Growing up in an environment that has inhibited the individual from obtaining the knowledge, skills and abilities to succeed in a health professions school. Examples of students meeting this criteria would include those with a physical or mental impairment that substantially limits participation in educational experiences or those from a school district where 50 percent or less of high school graduates go on to college.
- **Economically disadvantaged.** Being a member of a family with an annual income below a level based on low-income thresholds by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index.^{18,19}

National Institutes of Health

The National Institutes of Health (NIH) is another major Federal funder of diversity training programs, primarily targeting biomedical professions. NIH also targets its diversity training programs at underrepresented groups. In general, members of such groups are:

...underrepresented in biomedical research, such as people with disabilities, people from disadvantaged backgrounds, and racial and ethnic groups such as blacks or African Americans, Hispanics or Latinos, American Indians or Alaskan Natives, and Native Hawaiians and other Pacific Islanders.²⁰

However, NIH explicitly states that the responsibility of determining which trainees are members of underrepresented groups is that of the training program directors at each applicant institution.²¹

Chapter III: Institutional Climate for Diversity

Efforts to improve the level of diversity within health professions have recognized the important role that an institution's history and current structure can play in creating an environment that welcomes and nurtures students and faculty from diverse populations. This chapter presents definitions and key elements of the institutional climate for diversity and strategies that have been used to assess an institution's diversity climate.

A. Defining the Institutional Climate for Diversity

The Institute of Medicine (IOM) has defined the institutional climate for diversity as the perceptions, attitudes, and values that define an institution, particularly as seen from the perspectives of individuals of different racial or ethnic backgrounds. IOM has also characterized several major elements of the institutional climate as:

- Structural diversity, or the proportion and number of individuals from groups underrepresented among students, faculty, administrators, and staff
- The historical legacy of inclusion or exclusion of students and faculty of color
- Psychological climate, or perceptions of the degree of racial tension and discrimination on campus
- The behavioral dimension, or the quality and quantity of interactions across diverse groups and diversity related pedagogy.²²

In addition, Hung et al. has described that the real or perceived institutional support for diversity and cultural competence can also send a message that the institution does not value issues relevant to minority populations.²² The concept of cultural competence has been widely used as a fundamental aspect of improving access to and quality of care for diverse populations. This concept has also been adopted by health professions schools that have noted that the presence of culturally competent programs, staff, and students may help foster an environment that both accepts and celebrates diversity, which can in turn help attract and retain members of diverse populations.²³ The National Center for Cultural Competence (NCCC) has defined culturally competent organizations as those that have the capacity to: (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of individuals and communities served.²⁴

Each of the dimensions of an institution's diversity climate can profoundly impact efforts to improve student and faculty diversity. Institutions have therefore been encouraged to regularly and systematically assess these dimensions to promote greater commitment to and active engagement in diversity-building initiatives.³

B. Strategies for Assessing the Institutional Climate for Diversity

Self-Assessments Conducted in Health Care Organizations

Given that cultural competence is considered to be a developmental process in which individuals and organizations acquire awareness, knowledge, and skills along a continuum,

NCCC has developed a set of tools to help organizations engage in self-assessments of cultural competence. NCCC describes that the purpose of conducting a self-assessment is to:

- Gauge the degree to which organizations are effectively addressing the needs of culturally and linguistically diverse groups
- Determine an organization's strengths and areas for growth
- Strategically plan for the systematic incorporation of culturally and linguistically competent policy, structures and practices.²³

In addition, the act of conducting a cultural competence self-assessment may send a strong message that the organization values diversity. The results of assessments may also identify opportunities to make an organization more attractive to diverse populations.²⁵

In 2006, NCCC developed the Cultural and Linguistic Policy Assessment (CLCPA) to support health centers and other programs funded by the Bureau of Primary Health Care (BPHC) in examining cultural and linguistic competence in four dimensions: values, policy, structure, and practice.²⁶ The CLCPA is not intended to score or label an individual or organization, but rather to provide a snapshot of where an individual or organization is at a given time. This information can serve as a baseline for comparison over time to measure the extent to which improvement has occurred. The CLCPA is a self-assessment instrument consisting of a series of questions across the four dimensions in the following areas:

- **Knowledge of diverse communities.** Focuses on organizational policy that takes into consideration cultural beliefs, strengths, and vulnerabilities.
- **Organizational philosophy.** Probes the incorporation of cultural competence into an organization's mission statement, structure, practice models, collaboration with consumers and the community, and advocacy.
- **Personal involvement in diverse communities.** Addresses the extent to which an organization and its staff participate in social and recreational events and purchase goods and services within the communities they serve.
- **Resources and linkages.** Focuses on organizational policy that promotes and maintains formal and informal networks of support within culturally diverse communities.
- **Human resources.** Probes policy that supports workforce demographics, in-service training/professional development, and related resource allocation.
- **Clinical practice.** Concerns assessment/diagnosis, the provision of interpretation/translation services, use of community-based resources, and adaptation based on literacy and health literacy levels.
- **Engagement of diverse communities.** Involves the nature and scope of activities conducted by an agency and its staff to engage diverse community members in health and mental health promotion and disease prevention.²⁷

Most questions use a simple four-point Likert scale response and the instrument is designed to take about 30 minutes to complete. The CLCPA can be administered to all personnel at an organization.

Andrulis et al. have also developed a nationally recognized cultural competence self-assessment process for health care organizations.²⁵ This process involves key individuals at the organization completing a structured questionnaire and participating in interviews that are tailored to further explore issues identified in the questionnaire or that are ambiguous. The questionnaire is divided into the following sections and subsections:

- **Ethnic/cultural characteristics of the staff**
 - Board, staff, and patient/community profiles
 - Healthcare organizational recognition of diversity needs
- **Healthcare organizational approaches to accommodating diversity needs and attributes**
 - Diversity training
 - Human resource programs
 - Union presence
- **Healthcare organizational links and patient and staff diversity initiatives**
 - Healthcare organizational links to the community
 - Organizational adaptation to diversity
 - Database systems and data development
 - Language and communication needs of patients and staff
 - Business strategies attracting patients from diverse cultures.

The self-assessment process is designed to involve a wide range of individuals from the organization and within the surrounding community, such as staff in leadership positions, practitioners, public relations staff and patient advocates, community leaders, and union leaders. The entire process (including data collection, evaluation, reporting, and planning) can be completed in 3-6 weeks.

Self-Assessments Conducted in Health Professions Schools

Health professions schools have also examined the presence of conditions that enhance the cultural climate for diversity and the likelihood of an enriching social and educational experience for diverse populations. Many of the self-assessments developed to measure campus climate for diversity have explored many of the same items included in those used to assess cultural competence at healthcare organizations. However, health professions schools have tailored diversity climate self-assessments to accommodate their academic context.

Self-assessments of diversity climate generally collect the following types of data:

- Type and quality of interaction among groups
- Quality of experience/engagement on campus
- Knowledge of diversity issues learned in courses
- Knowledge about policies related to diversity
- Attitudes, such as feelings or perceptions about particular aspects of campus diversity
- Behaviors, such as attending events, joining clubs, taking courses, or retention.^{28,29}

Schools may choose to collect all or just some of these types of data depending on which types of diversity issues are of concern and how the results will be used. These factors can also influence the types of data collection methods to be used. Data collection can occur through qualitative and quantitative methods such as focus groups, surveys, interviews, and reviews of existing data. Examples of types of institutional data commonly used in campus diversity climate assessments include:

- Enrollment
- Degrees conferred
- Grade point average (GPA)
- Retention/graduation rates
- Grants and scholarships
- Faculty by tenure status
- New faculty hires
- Senior administrators
- Membership of the Board of Trustees.

These data would typically be disaggregated by demographic factors of interest, such as by gender or race/ethnicity.

Table 1 presents the data collection methods and measures used by a sample of three health professions schools' diversity climate self-assessments. The data collection methods and measures chosen were largely driven by the goals and objectives of each self-assessment:

1. Oregon Health & Science University (OHSU)

- Examine students' own attitudes about diversity and cultural competence at OHSU's medical school
- Examine students' perceptions of the attitudes of other students, faculty, administrators, and of the institution as a whole
- Determine students' perceptions of the reasons for racial/ethnic minority underrepresentation at their medical school
- Determine how the attitudes and experiences of URM and other ethnic minority students differed from those of majority students.³⁰

2. Johns Hopkins University School of Medicine (JHUSM)

- Explore the perceptions of majority and minority faculty regarding cultural diversity in academic medicine overall and at JHUSM
- Explore facilitators and barriers to success in academic medicine.³¹

3. University of Washington School of Public Health and Community Medicine

- Identify attitudes, beliefs, and practices that affect the diversity climate and influence a culture of inclusion

- Determine whether the climate is perceived as influencing diversity recruitment and retention
- Identify perceived strengths, weaknesses, and gaps in diversity recruitment and retention
- Determine whether it is perceived that the University and the School currently provide sufficient resources and/or opportunities for learning about diversity and cultural competence.³²

The University of California Los Angeles has also developed a self-assessment tool that any college or university can use to assess campus climate specifically relevant to faculty diversity.³³ Respondents are asked to identify at what stage they perceive their campus being on a continuum of culture change across six dimensions. The stages along the continuum of culture change ranges from “Pre-Awareness,” which exists when the general population is unaware that bias is an issue for diverse groups and when homogenous groups are the norm, to “Culture of Inclusion,” which exists when valuing diversity is naturally woven into decisionmaking and resource allocations and when diverse groups are the norm. The self-assessment measures campus climate across the following dimensions:

- **Leadership.** The extent to which leaders value and demonstrate the importance of faculty diversity.
- **Academic planning.** The presence of diversity elements in planning documents and curricula.
- **Resource allocation and faculty rewards.** Level of resources and rewards that are provided for diversity-related service and research.
- **Faculty recruitment and retention.** Existence of programs and policies to help all junior faculty advance.
- **Accountability.** The presence of a system to monitor, reward, or sanction progress on achieving goals related to diversity.
- **Typical behaviors and beliefs.** Individuals’ beliefs about diversity and inclusiveness and the extent to which they actively work to promote them.

Table 1: Examples of Methods Used to Measure Diversity Climate at Two Health Professions Schools.

Institution	Data Sources	Data Collection Methods	Measures of Diversity Climate
Oregon Health & Science University ³⁰	Primary data from all students enrolled in the medical school	Self-administered surveys	<p>Participants were asked to indicate the extent to which they agree with each of the following statements about the institutional environment:</p> <ul style="list-style-type: none"> • The University has created a safe open forum for students, faculty and staff to discuss issues of cultural competency, race, and perceived racism • Issues of cultural diversity are usually discussed openly and freely • I am comfortable discussing my views on the controversial issue of perceived racism on campus • When asked by other students or faculty, I am comfortable enough to willingly offer my “perception” on cultural issues • Regardless of race or ethnicity, students are accepted and respected by their peers, faculty and administration • The university has achieved a positive and accepting climate for cultural differences among students, faculty and staff • I perceive racism to exist at the university
Johns Hopkins University School of Medicine ³¹	<p>Primary data from 3 groups of faculty:</p> <ul style="list-style-type: none"> • Mixed group of physicians from different racial/ ethnic backgrounds • Underrepresented minority (URM) physicians • Ethnic majority physicians 	<ul style="list-style-type: none"> • Focus group discussions with each of the 3 faculty groups • Semi-structured interviews with faculty that insufficient time to participate in focus groups or unwilling to share experiences in group settings 	<p>Participants were asked the following key questions:</p> <ul style="list-style-type: none"> • Can you think of daily practices (in the workplace) in which advantages or disadvantages may occur within an academic setting? • Why do you think racial and ethnic minorities are underrepresented in academic medicine? • Why do you think they are underrepresented at Johns Hopkins? • What are your personal experiences as well as observations of manifestations of bias/disadvantages in academic medicine related to race/ethnicity? • What are your personal experiences and/or observations of bias in academic medicine based on religion or foreign-born status? • Are any of the factors discussed unique to Johns Hopkins School of Medicine?
University of Washington School of Public Health & Community Medicine ³²	<ul style="list-style-type: none"> • Primary data from staff, faculty, and students 	<ul style="list-style-type: none"> • Focus group with a sample of students • Survey of all students, faculty, and staff 	<p>Survey respondents were asked questions covering the following areas:</p> <ul style="list-style-type: none"> • Vision and commitment: how the school publicly embraces, recognizes and expresses its commitment to diversity • Diversity of presence: recruitment and retention of diverse faculty, students, and staff • Educational benefits of diversity: opportunities for communication that foster mutual learning among people of different backgrounds • Interpersonal interactions: how the school encourages critical thinking and informed dialog among diverse members • Supportive climate: how the school assures that the climate is welcoming, inclusive, and supportive for all • Future planning: how the school should prioritize its future diversity efforts • Demographics of participants

Chapter IV: Institutional Commitment to Diversity

Demonstrating a strong commitment to diversity is also critical to the development of an institutional environment conducive to embracing diversity-building initiatives. Research has shown that the most effective diversity initiatives, whether in healthcare or academic settings, have been those that publicly and formally declare a commitment to supporting a diverse community. A growing number of institutions have begun to strategically plan for diversity to demonstrate an intentional effort to change the internal culture, organizational structure, and processes in a way that embraces members from different populations. This chapter provides an overview of different strategies that have been utilized to express an institution's support for diversity.

A. Incorporating Diversity into Mission and Policy Statements

Explicitly writing diversity into mission and policy statements, which are viewed as longstanding declarations of an institution's directive and vision, helps to convey that diversity is a high priority at the institution. Such a statement can serve as a strong foundation for other diversity efforts as it conveys a willingness to invest energy, resources, and time to strategic planning efforts surrounding diversity. The most effective statements are those that provide a clear definition of diversity and its implications for learning and for fulfilling the educational purposes of the institution.³⁴ These statements may be issued by an entire school, a department within an institution, or a group of faculty, staff, or students. Policy statements can send a strong message that diversity is valued by all levels of the institution. Professional societies and educational associations may also issue their own statements to demonstrate a commitment to diversity across an entire field of health or science. Following are examples of existing mission and policy statements that explicitly incorporate diversity.

Statements Issued by Academic Institutions

The University of Colorado Denver School of Medicine [SOM] believes that diversity is a value that is central to its educational, research, service and health care missions. Therefore, the SOM is committed to recruiting and supporting a diverse student body, faculty and administrative staff. The SOM adopts a definition of diversity that embraces race, ethnicity, gender, religion, socioeconomic status, sexual orientation and disability. The definition of diversity also includes life experiences, record of service and employment and other talents and personal attributes that can enhance the scholarly and learning environment.

—University of Colorado Denver School of Medicine³⁵

Mayo Clinic's education enterprise promotes diversity and the added dimension that diverse students and faculty bring to each of its schools and ultimately to patient care. Such attributes include, but are not limited to, race, color, creed, religion, gender, age, national origin, marital status, sexual orientation, disability, military veteran's status, and socioeconomic status. We strive to maintain and further develop a learning environment where individual differences are valued, allowing all staff and students to contribute to and develop their understanding of local and global communities.

—Mayo Clinic College of Medicine³⁶

The Graduate School embraces the University of Minnesota's position that promoting and supporting diversity among the student body is central to the academic mission of the University.... The Graduate School and its constituent graduate programs are therefore committed to providing equal access to educational opportunities through recruitment, admission, and support programs that promote diversity, foster successful academic experiences, and cultivate the leaders of the next generation.

—University of Minnesota Graduate School²⁷

Statements Issued by Professional Societies and Educational Associations

Sigma Xi, The Scientific Research Society, is committed to a diversification of its membership, its programs, and representation within the scientific and engineering research community. It is the policy of Sigma Xi to remove the barriers which prevent the full participation of under-represented groups in scientific and engineering professions. The mission of the Committee on Diversity is to promote inclusiveness within the Society by:

- 1. collaborating with other standing committees in the Society to help diversify Society membership, leadership, and programs,*
- 2. educating all members of the Society with regard to policies and practices that reinforce diversity within Sigma Xi,*
- 3. collaborating with other professional societies to promote the diversification of the scientific and engineering community, and*
- 4. providing resources needed to increase participation of under-represented groups in science and engineering.*

—Sigma Xi Committee on Diversity³⁸

All dental education institutions and programs should support and help enhance the diverse system of higher education. Continued autonomy and growth in the private and public sectors depend on the preservation of this diversity. The nation's private and public systems of higher education are complementary and interdependent. Their preservation depends on the continued attention of all institutional members and the ADEA [American Dental Education Association] itself. Students must have the freedom to choose, from the broad spectrum of dental education institutions and programs, the institution or program best designed to meet the students' specific needs.

—Adopted by the ADEA House of Delegates,
March 19, 1996; March 7, 2001³⁹

B. Creating Dedicated Staff Positions, Offices, and Committees on Diversity

Institutions have also shown their support for diversity by establishing staff positions, offices, or special committees charged with managing diversity initiatives and/or human resources management for diverse populations.^{3,40} Given that a substantial investment of time is required to plan, implement, and monitor strategies, assigning specific personnel to these tasks helps ensure that diversity strategies will be carried out and managed efficiently by individuals with access to sufficient time and resources.

Diversity managers, offices, and committees are typically charged with the following duties:

- Increasing the participation, retention, and success of diverse students, faculty, and staff
- Institutionalizing diversity across all functions and operations
- Creating and maintaining a welcoming climate
- Administering affirmative action and equal opportunity programs, including investigating grievances and possible violations
- Providing advice and counsel to administrators and faculty in implementing changes that help eliminate discrimination barriers
- Planning, implementing, and monitoring all aspects of strategic plans on diversity.^{3,40} [See text box for an example of a diversity office at a health professions school.]

C. Developing Strategic Institutional Plans on Diversity

Formal strategic plans on diversity represent a particularly important means of infusing diversity objectives across all organizational levels of an institution. In addition, they can also translate findings from diversity climate assessments into meaningful action and systems for measuring progress.²²

Strategic Planning for Diversity in Health Care Programs

The final phase of conducting NCCC's organizational self-assessment using its CLCPA instrument is to develop and implement an action plan. NCCC recommends using a skilled facilitator to guide the development of a plan that translates the results of the assessment into a set of specific priority areas and strategies to be addressed within a specified period of time. Specifically, the action plan should:

- Clarify and delineate all tasks
- Align creativity, capabilities, interests, and resources of the group
- Decide necessary actions, roles, and responsibilities
- Build group trust, support, enthusiasm, and consensus
- Create an implementation timeline to accomplish each task
- Coordinate actions and assignments.²⁷

Example of a Diversity Office:

Harvard University School of Public Health (HSPH) Office of Diversity (OD)

Goals and Selected Activities:

1. Recruitment

- Created the HSPH Faculty Ambassadors Program
- Developed department-specific goals and approaches to recruitment

2. Cultural competence

- Reviewed episodes of Ombudspersons statistics and other episodes of intolerance to identify areas for proactive training
- Determined HSPH benchmarks of cultural competence and reported on them annually

3. Representation

- Participated and provided staffing for the Faculty Diversity Committee
- Presented OD's mission and activities to department chairs, staff, and students annually

4. Monitor

- Created department-level reports of progress meeting diversity benchmarks
- Assist with HSPH reporting requests

Source: Harvard University School of Public Health. (2009). Office of Diversity: About Us. Retrieved June 15, 2009 from <http://www.hsph.harvard.edu/diversity/about-us/>.

An administrator, Wayne Boatwright, at Saint Mary's Health Care in Grand Rapids, MI, has also created a set of guidelines based on his experience researching and developing the first diversity plan at Saint Mary's; these guidelines are applicable to a range of healthcare organizations. Boatwright outlined the following components of an effective strategic planning process:

- Diversity plans should be a part of the overall strategic vision of the organization.
- Effective plans are characterized by two major features: (1) measurability, such as through a scorecard to track progress, and (2) accountability, such as by incorporating a component based on meeting diversity goals into personnel evaluations.
- It is critical to have support for diversity plans across all levels of the organization, but especially from the senior level.
- The length of time covered by the plan is critical; it should provide a balance between shorter and longer goals for diversity.
- Plans should clearly define individuals' specific roles in the success of the plan.
- Plans should include timelines with regular checkpoints to track progress.
- Plans should include activities and events that continually keep the topic of diversity at the forefront until it becomes a natural part of the organization.
- Diversity Champions should be recognized and utilized to advocate on behalf of the plan and encourage active participation.⁴¹ [See text box for an example of a strategic plan on diversity developed at a health care organization.]

**Example of a Strategic Plan:
Seattle Children's Hospital Strategic Plan for Diversity [excerpt]**

Goal 1: Children's has a diverse workforce that reflects the communities we serve

Sample Initiatives

- Actively pursue minority recruitment through health professions schools, professional societies, and organizations
- Set multilingual abilities as a preferred prerequisite for employment

Measuring Results

- Personnel tracking shows that recruitment, promotion, and retention reflect Children's patient population and our community

Goal 2: Children's environment reflects our values of inclusion: Families and staff have access to resources in an environment that is responsive to their needs.

Sample Initiatives

- Reflect multiculturalism in design elements and artwork throughout the organization
- Include stewards of cultural competency and diverse staff and community members as representatives in facility planning groups

Measuring Results

- Determine success through observation
- Family Experience and Workplace Surveys

Source: Children's Hospital & Regional Medical Center. (2007). *Strategic Plan for Diversity*. Seattle, WA.

Source: Seattle Children's Hospital. (2007). *Strategic Plan for Diversity*. Seattle, Washington: Children's Hospital & Regional Medical Center.

Strategic Planning for Diversity in Health Professions Programs

The National Strategic Plan for MCH Training

In 2004, MCHB adopted a National Plan for Maternal and Child Health Training covering 2005-2010. This established for the first time a set of national goals and an accompanying set of governmental activities corresponding to each.¹³ The National Plan also includes benchmarks and tracking information to help document needs and assess progress in advancing MCH training. Goal 2 of the National Plan is to prepare and support a diverse MCH workforce that is culturally appropriate and family centered. MCHB has identified several strategies to meet this goal:

- Recruit, train, and advance faculty from diverse backgrounds
- Recruit, train, and retain a workforce that is more reflective of the diversity of the Nation

- Design and implement educational programs to ensure that the MCH workforce is culturally competent and family centered
- Engage families, youth, and communities in the development and ongoing implementation of training programs for the MCH workforce.

MCHB established the Trainee & Faculty Diversity Group in 2006 to support the implementation of the National Plan. The Trainee & Faculty Diversity Workgroup was charged with developing guidelines for Training Program Diversity Plans that will be disseminated to MCH Training programs receiving MCHB grants. In collaboration with the MCH Training Resource Center, the Trainee & Faculty Diversity Workgroup released a draft guideline in January 2007 to serve as a framework to assist grantees in developing formal diversity plans, tailored to each institution’s needs, that address MCHB’s MCH Training Performance Measures on diversity and cultural competency. This guideline presents four key elements that MCH Training Programs should include in their diversity plan (Table 2).

Table 2: Key Elements of the Draft MCH Training Program Diversity Plan Guideline

1. Diversity Framework	<ul style="list-style-type: none"> • Core framework for diversity • Program-specific diversity goals
2. Assessment of Current Status and Identification of Areas for Targeted Improvement	<ul style="list-style-type: none"> • Climate for achievement of diversity goals • Faculty recruitmentFaculty retention • Student recruitment • Student retention
3. Goals, Objectives and Strategies to Support Improvements and Maintenance of Diversity	<ul style="list-style-type: none"> • Climate and cultural competency • Faculty recruitmentFaculty retention • Student recruitment • Student retention
4. Monitoring and Evaluation	<ul style="list-style-type: none"> • Benchmarking progress • Evaluating outcomes • Reassessing priorities

Additional Guidelines for Strategic Plans on Diversity in Health Professions Schools

The Association of American Colleges and Universities has developed five general principles to guide the development of institutional diversity plans:

1. **Accountability**, which defines the process for determining and monitoring responsibility for meeting campus needs through program development and goals.
2. **Inclusiveness**, which means that faculty, staff, and staff representing all dimensions of diversity will be included in programs, on committees, and in the curriculum.
3. **Shared responsibility**, or the belief and expectation that each campus unit from academic departments to student organizations and each member of the campus community has the responsibility to make the campus welcoming for all people.
4. **Evaluation**, which provides a means for continuous feedback on how the plan is meeting the academic community’s needs.
5. **Institutionalization**, which permanently incorporates diversity into the university structure.⁴²

Health professions schools have also addressed specific aspects of the educational experience in the development of institutional diversity plans that are important for the creation of a more representative and culturally competent workforce, such as:

- Incorporation of diversity and cultural competency training into the curriculum
- Opportunities to expose students to underserved populations early in their careers (e.g., through placements in community clinics)
- Provision of ongoing cultural competency training to faculty and staff members
- Interdisciplinary instruction that will advance the elimination of healthcare disparities by promoting collaboration among the health professions.³

Table 3 presents examples of institutional diversity plans adopted at several health professions schools.

Table 3: Examples of Goals/Objectives and Associated Strategies Included in Formal Institutional Plans on Diversity at Selected Health Professions schools

Institution	Goal/Objective	Strategies to Address Goals/Objectives
University of Texas Health Science Center at Houston (UTHSC-H) ⁴³	Promote an institutional environment that fosters and sustains diversity	<ul style="list-style-type: none"> • Establish a Diversity Council • Establish a diversity website within the UTHSC-H Web space • Develop a proposal for a university-wide diversity recognition award
	Enhance recruitment efforts	<ul style="list-style-type: none"> • Lead and coordinate institutional efforts to seek extramural funding for minority-related research or recruitment • Develop a brochure to promote UTHSC-H for wide use at conferences, workshops, and professional society meetings • Endorse faculty development programs based on the concept of “grow our own”
Indiana University School of Dentistry (IUSD) ⁴⁴	Recruitment, academic achievement, persistence and graduation of a diverse student body	<ul style="list-style-type: none"> • Identify and rank at least 10 historically black colleges and universities (HBCUs) that we can develop relationships with in order to recruit their students • Partner with Crispus Attucks Medical Magnet School • Develop a pre-dental program to enhance dental knowledge and skills in the target population
	Regularly assess, evaluate, improve and communicate diversity efforts of IUSD	<ul style="list-style-type: none"> • Develop an assessment tool to determine URM patient, student, faculty, and staff perception at IUSD • Create and implement an annual “Celebrate Diversity Week” at IUSD • Expand bilingual resources/training for students and faculty in the delivery of patient services
University of North Carolina at Chapel Hill School of Nursing ⁴⁵	Identify essential criteria for admission	<ul style="list-style-type: none"> • Review of current admission criteria by program executive committees to determine how current admission criteria fit the data from the literature • Incorporate a member of the Diversity Steering Committee into each admission committee for ongoing evaluation of and feedback on the admissions process
	Development of curricula that are cognizant of diverse populations	<ul style="list-style-type: none"> • Increase students' contact with diverse populations through their clinical placements • The curricula of the various programs in the School of Nursing will be monitored for the degree to which cultural diversity is addressed • The Diversity Plan Task Force advocates the creation of a compendium of resources on issues related to diversity and culture for inclusion in the curricula

Chapter V: Programs Designed to Recruit and Retain Diverse Students

Institutional self-assessments and strategic plans conducted at health professions programs often identify the need for special programs and resources dedicated to address barriers to effective recruitment and retention of underrepresented students. This chapter provides an overview of these barriers and strategies that programs have used to overcome them.

A. The Health Professions Pipeline

Underrepresented minority and disadvantaged students face a number of barriers as they attempt to progress through each stage of the health professions pipeline. Many of these students are not made aware of opportunities to pursue health professions careers and are not actively encouraged to apply to health professions programs. In addition, stark inequalities in the level of educational resources available to students during primary and secondary education can have far-reaching consequences on the level of preparation essential for success in health professions programs, particularly math, reading, and science skills. Finally, minority and disadvantaged students often struggle to adapt to the new experiences and challenges of post-secondary education.²²

In response to these barriers, institutions have instituted programs across all three key segments of the health professions pipeline to help recruit and retain minority and disadvantaged students:

1. **Primary and Secondary School.** These programs have sought to promote interest in careers in health professions among underrepresented and disadvantaged students in elementary, middle, and high schools and to ensure that they receive a solid educational foundation prior to enrolling in college.
2. **Undergraduate School.** These programs help ensure that underrepresented and disadvantaged students do well academically and socially during undergraduate training. Adaptive support may be offered to those students who are the first in their families to attend college, and who often do not have the advantage of early familial exposure to advice on how to navigate college life. In addition, college students may also receive test preparation and assistance when applying to health professions programs.
3. **Health Professions School.** These programs are intended to attract and enroll a greater number of underrepresented and disadvantaged students into health professions programs. They also try to retain these students by providing a welcoming atmosphere for diversity and providing opportunities for academic achievement and acclimation.

B. Types of Student Recruitment and Retention Programs

The size, structure, and services offered by student recruitment and retention programs vary widely in the segments of the pipeline that they target. However, all are intended to expose students to opportunities available in health careers and to prepare students for academic success. The following section describes the most common types of programs employed by health professions programs to attract and retain diverse students.

Career Awareness and Motivation

These types of programs encourage interest in pursuing health and science careers by providing detailed information about a given field and its opportunities. These programs may also provide advice on the type of coursework and preparation that are needed to enter and succeed in the field, such as taking Advanced Placement science courses, shadowing health and science professionals, or pursuing advanced degrees.

Common features of career awareness and motivation programs include:

- Practice using tools and equipment associated with the health or science field
- Information on the responsibilities and typical duties of professionals in the field
- Presentations, seminars, and question-and-answer sessions conducted by professionals working in the field
- Shadowing practitioners in the field.³

Counseling

Some programs may provide guidance to help students overcome individual barriers to academic success or to adjust to campus life. Many students, regardless of their background, can feel overwhelmed by the college experience and pressure to meet academic demands while also trying to fit in and develop a sense of self. However, underrepresented students may face additional challenges, such as confronting negative stereotypes, having to explain their culture to majority students, and feeling obligated to support other members of their group facing similar struggles.⁴⁶ To this end, schools may offer personal and academic counseling services to help URM students manage stress, overcome obstacles, and thrive.

Common strategies for tailoring student counseling services to underrepresented students includes:

- Providing specialized training to counselors and/or developing expertise in providing counseling to diverse populations.
- Hiring diverse counselors on staff that are representative of the student population
- Integrating diversity into the mission statement of student counseling services.^{46,47,48}

Academic Remediation/Intervention

Underrepresented students are at greater risk of being deficient in one or more core academic areas prior to entering undergraduate and graduate health professions programs due to inadequate training during the K-12 years.⁴⁶ This deficiency places them at a stark disadvantage as they attempt to progress through the health professions pipeline. Academic remediation and intervention programs provide specialized instruction and assistance to help underachieving students improve in these areas of need.

The Office of Academic and Student Affairs at the Mississippi Institutions of Higher Learning has developed a comprehensive list of best practices for providing remedial programming, some of which include:

- Assure access, diversity and educational opportunity for all academically underprepared students
- Clarify the appropriate roles of universities in meeting the educational needs of skill-deficient youth and adults
- Provide a centralized structure for remedial education courses and services
- Identify common criteria for assessment of student competencies
- Require accurate assessment and placement of students in learning environments (e.g., courses, labs, tutorials) appropriate to their needs
- Provide opportunities for initial training and ongoing professional development for educators working with underprepared students
- Provide the resources needed to train faculty and staff in the use of advanced learning technologies
- Provide opportunities for university remedial educators to collaborate with secondary leaders regarding the knowledge, skills, and attitudes essential for successfully entering a degree program.⁴⁹

Academic Enrichment

In contrast to remedial programs, academic enrichment programs do not concentrate on particular deficiencies but rather seek to strengthen a range of academic skills necessary for applying to and succeeding in health professions programs. Typical academic enrichment activities include:

- Advanced training in academic areas that are basic requirements for health fields, such as mathematics, biology, chemistry, anatomy, and physiology
- Advanced training in other academic areas such as enhanced reading comprehension, computer-skill competence, the history and philosophy of health sciences
- Offering honors and Advancement Placement courses
- Test taking skills
- Studying skills

- Speaking skills
- Tutoring.

Although academic enrichment may be offered throughout the year to students, it is most often offered after school or during the summer.^{46,47}

Training on Cultural Diversity and Identity

Institutions have used strategies to help students better understand cultural differences among populations so that they can interact and practice more effectively in cross-cultural situations. Such strategies may include:

- Incorporating content and discussion of diversity issues throughout the existing curriculum
- Creating new courses dedicated to diversity issues, such as cross-cultural communication and addressing health disparities
- Working with diversity managers, offices, or special committees to facilitate discussions or offer workshops on diversity issues
- Providing experiences in the community to deliver care to or conduct research with diverse populations.⁵⁰

Institutions have also recognized that in some instances, aspects of health professions training can conflict with cultural values. The content and process of health professions programs tend to be built on Western values of health which may be at odds with traditional beliefs about wellness, healing, and harmony with nature. In addition, students from some communities may question the relevance of the content to cultural settings in which they intend to work. As a result, some programs have developed strategies to provide training in a way that respects and enhances students' cultural identity, such as by:

- Developing culturally competent faculty advisors through specialized training
- Utilizing community leaders from diverse populations to serve as advisors to students and help foster cultural traditions and values
- Utilizing diverse community leaders to act as consults to staff and faculty on recruitment, retention, and curriculum development efforts.⁵¹

Apprenticeships

Apprenticeships place students in clinical, laboratory, or field settings to provide hands-on experience delivering care or conducting research. These experiences can help motivate students to consider health professions careers and better understand how to apply training in mathematics, science, and other disciplines to practice and research. Different strategies for offering apprenticeships include:

- Having students observe research and clinical procedures to gain an overview of the day-to-day work of professionals in the field.
- Having students practice clinical skills in a lab setting using case scenarios

- Providing students with a predetermined project to work on that is designed to be completed in an allotted time with an established set of research materials and methods
- Having students develop, complete, and present their own research project on a topic of interest; a mentor is usually assigned to the student to help guide the student through this process.^{52,53,54}

Parent/Guardian Involvement

Because underrepresented students often come from particularly family-oriented cultures, another strategy for attracting and retaining minority students is to reach out to their parents/guardians who may directly or indirectly influence their child's behaviors and career decisions. Studies have shown that parental support can be one of the leading factors influencing a student's decision to pursue health careers.⁵⁵ Activities that have been used to conduct outreach to parents/guardians include:

- Providing an overview of available career options within the health professions and the required steps leading to health careers
- Providing parents/guardians with the knowledge and skills needed to interact with their children regarding career decisions and reinforce interest in health careers
- Setting up discussions with or presentations led by representatives from admissions, student affairs, and other administrative offices to guide parents through the application and financial aid processes.⁵⁶

Social Support

Being a member of a minority group on a campus can foster a sense of isolation and not belonging. Social support activities can therefore help to counter these feelings and help students form networks of support, particularly with their peers. Examples of typical social support activities are:

- Providing an orientation for underrepresented students prior to the start of classes to facilitate development of relationships with peers early on
- Sponsoring field trips and fun activities for minority students
- Raising awareness and encouraging participation in cultural student organizations and campus activities to allow students to become more involved in and expressive about their culture
- Establishing peer support groups that provide a forum to discuss academic and social concerns, build camaraderie, and gain information about how to solve problems that may arise
- Matching new students up with more established students based on similar culture or other demographic attributes.^{52,57,58, 59}

Mentoring

Institutions may offer students mentorships with students who are more advanced in their training, alumni, faculty, or professionals in health practice and research. Mentorships are

designed to develop long-term relationships that offer additional support and guidance on succeeding academically, refining clinical and research interests, and planning for a career.⁶⁰

Guidelines for successful mentorships include the following:

- Providing students an orientation session that offers advice on how to gain the most from the mentorship
- Providing mentors with training and advice on how to be effective mentors
- Establishing goals and logistics (e.g., frequency and duration of meetings) of the mentorship to be agreed upon by both parties
- Encouraging mentors to engage in the following types of discussions and activities with their protégés:
 - Advising about the profession itself and balancing work and personal life
 - Preparing for professional school, offering advice about the application and admission process
 - Shadowing during patient interaction, conducting research, or other types of professional activities
 - Providing hands-on experiences practicing clinical or research skills, if appropriate
 - Proposing research topics to mentees and have them report back on their findings for discussion
 - Introducing mentees to colleagues, who may also offer activities and advice.⁶¹

Rewards and Incentives

Socioeconomic barriers have historically made it more difficult for many underrepresented minorities to afford higher education. Provision of monetary and other types of resources can help significantly defray the costs of training (e.g., tuition, supplies, travel) for URM students. Types of rewards and incentives have included:

- Establishing financial assistance programs targeted at underrepresented students who demonstrate academic success
- Establishing financial assistance programs to cover training or research costs for underrepresented students who commit to providing care to or conducting research on underserved populations after graduation
- Establishing travel awards to cover the costs of travel to scientific meetings to present students' work
- Providing stipends to students while attending programs intended to boost recruitment and retention, such as apprenticeship and enrichment programs
- Providing small academic-related gifts, such as bookmarks, academic calendars, and computer supplies
- Providing prizes for winning academic contests, such as monetary awards or equipment that can be used in future training.^{62,63,64,65}

Admissions Criteria and Preferences

The Pew Health Professions Commission has found that certain types of admissions criteria, such as GPA and standardized test scores, have historically served as a barrier to the pursuit of health professions education for some populations. It has recommended that admissions policies incorporate alternative types of criteria to help increase recruitment of URM students.⁶⁶ Examples of additional types of criteria that institutions have used include:

- Candidates' race/ethnicity
- Cross-cultural experiences
- Stated commitment to community service
- Leadership roles and extracurricular activities
- Realistic self-appraisal
- Personal support system
- Ability to deal with racism
- Background difficulties an applicant has had to overcome
- Ability to set goals
- Self-responsibility
- Review of letters of recommendation
- Conducting personal interviews.^{66,67}

Some schools may also offer preference in admissions decisions to those students who have attended a program designed to improve recruitment and retention of URM students that was hosted by one of their own offices or departments.⁶⁰

Strategic Partnerships

Many student recruitment and retention programs are operated through strategic partnerships that serve as cooperative agreements between a health professions school and public or private entities, typically K-12 schools and undergraduate programs. A common goal of these partnerships is to help support pipelines that help students make a successful transition to more advanced training. Partnerships may offer a range of services and resources to participating underrepresented students, such as mentorship, remediation, and financial assistance.⁶⁰

Erwin et al. conducted a review of academic-community partnerships to increase representation of minorities in the health professions.⁶⁸ They identified the following lessons that were learned that may be useful to other institutions attempting to develop such partnerships:

1. Work hard to establish trust and a shared sense that all the partners are committed to a common goal. These two characteristics represent the sine qua non without which no partnership can succeed.
2. Minimize hassles. The people who do the work are likely to evaluate the drawback-benefit ratio as the ratio of increased paperwork and extra meetings to the value added

by the partnership. If the “hassle factor” grows large enough, they may decide that it would be better to go it alone.

3. Ensure that each partner receives a tangible benefit from the partnership. This could be in the form of funding, personnel, or services. This is the other side of the drawback-benefit ratio; the ratio must remain small if participants are to remain in the partnership.

Tables 4-6 present specific examples of different programs targeted at just one segment of the health professions pipeline beginning with K-12 students and ending with students enrolled in health professions programs. The major features of these programs are listed, along with any evidence of their effectiveness.

Table 7 presents specific examples of programs targeting multiple segments of the health professions pipeline. These programs are intended to maximize recruitment and retention of underrepresented and disadvantaged students by creating a more seamless pathway from high school through college and health professions school. Institutions are able to address many of the barriers students face in accessing education by providing a range of support services as they progress along each segment of the health professions pipeline.⁶⁹

These programs often partner with area public K-12 schools and minority-serving institutions such as Historically Black Colleges and Universities (HBCUs) and Hispanic-serving institutions (HSIs) to create a direct pipeline of underrepresented minority and disadvantaged students into their undergraduate or graduate health professions departments.

Table 4: Examples of Recruitment and Retention Programs Targeted at Primary and Secondary School Students.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Georgia's Health Sciences University, Medical College of Georgia ⁷⁰	Health Professions Partnership Initiative: Health Science Learning Academy (HSLA)	9-12th grade students at schools with predominantly under-represented minority student enrollments	4-year program consisting of a series of 3-hour classes conducted over 18 Saturday mornings each academic year	<ul style="list-style-type: none"> • Computer-interactive SAT preparation • English composition (10th grade) • Biology, algebra, calculus, and English composition (11th grade) • Advanced mathematics and biology (12th grade) 	<ul style="list-style-type: none"> • All 38 students completing the 4-year program enrolled in college • Mean SAT score for students completing program was 1,066, compared to mean of 923 for all college-bound students in participating schools
University of Wisconsin College of Nursing ⁷¹	Wisconsin Youth In Nursing	6-12th grade students of color, including those from disadvantaged backgrounds	Two 2-week residential sessions conducted during the summer (one for grades 6-8 and one for grades 9-12)	<ul style="list-style-type: none"> • Scholarships to cover all program costs • General education classes: English, math, introduction to computers, study skills, health/wellness, and multicultural awareness • Special interest nursing classes: careers in nursing, introduction to nursing, physical assessment, and nursing skills • Field trips to acute care hospitals 	<ul style="list-style-type: none"> • Students rated the program as very successful • Students will be followed by phone and mailing to determine long-term outcomes related to the number entering nursing and other healthcare occupations
Stanford University School of Medicine ⁷²	Stanford Medical Youth Science Program	Low-income students completing grades 10-11	5-week residential program	<ul style="list-style-type: none"> • Classes and practicums on anatomy and pathology • Research projects • Hospital field placements with healthcare professional mentors • College admissions preparation and guidance: SAT preparation, selecting colleges, scientific writing, public speaking, networking, time management, and cultural awareness • Technology training • Health professions or graduate school student mentors 	<ul style="list-style-type: none"> • Among student completing the program, 99% have been admitted to college • Among those admitted to college, 81% earned a 4-year degree • Among 4-year college graduates, 52% attended or have graduated from medical or graduate school
University of Washington School of Dentistry ⁷³	UW Dental Camp	Minority and disadvantaged junior and high school students	Half-day sessions	<ul style="list-style-type: none"> • Information on the importance of oral health, how to prepare for college, and on dental careers • Dental professional mentors provide instruction on how to use dental equipment and supplies in the simulation laboratory 	Since its inception in 2002, over 500 students have participated in Dental Camp

Table 5: Examples of Recruitment and Retention Programs Targeted at Undergraduate Students.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Southern Illinois School of Medicine ⁷⁴	Medical/Dental Education Preparatory Program (MEDPREP)	Current undergraduates, recent college graduates, and practicing mid-level healthcare providers from minority and disadvantaged backgrounds	1-year residential program	<p>Certificate Program offering:</p> <ul style="list-style-type: none"> • Core curriculum- inorganic and organic chemistry, physics, and general biology • Supplemental curriculum- advanced courses in science, reasoning in reading and writing, and problem-based learning • Support services- reading, writing, and test taking skills, information on applying to medical and dental school • Academic and personal counseling • Tuition waivers 	92% of students completing the program have graduated from or are still in a health professions school and scheduled to graduate
North Carolina Central University (NCCU) Department of Nursing and University of North Carolina at Chapel Hill (UNC-CH) School of Nursing ⁷⁵	Research Enrichment and Apprenticeship Program (REAP)	Undergraduate minority nursing students	1 year	<p>Partnership between an HBCU, NCCU, and a graduate nursing program, UNC-CH, offering:</p> <ul style="list-style-type: none"> • Graduate faculty mentors with active research programs • Paid research assistantships and completion of student projects addressing health disparities • Consultative support services: written language skills and research methodology • Peer support group • Seminars and conferences 	Students expressed enthusiasm about the program through group meetings and individual feedback
University of California ⁷⁶	UC Post-baccalaureate Premedical Program	Recent college graduates from disadvantaged backgrounds	1-year residential program	<ul style="list-style-type: none"> • Undergraduate science courses • Support services: preparation in studying, test taking, and applying to medical school • Opportunities for clinical and research experiences • Seminars on health topics and career pathways in medicine • Peer group events • Access to learning specialists for assessment of possible learning disabilities 	Students who participated in premedical programs had a higher probability of matriculating into medical schools relative to a comparison group of students that did not

Table 5: Examples of Recruitment and Retention Programs Targeted at Undergraduate Students.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Kaua'i Community College and Oregon Health & Science University (OHSU) School of Nursing ⁶²	Academy of Future Nurses	Students who completed high school from diverse ethnic backgrounds, including those with special education needs	2 years	Full-time, pre-entry curriculum including: <ul style="list-style-type: none"> • Courses on strategies for success in nursing, technology and healthcare, and introduction to health careers • Certification in CPR and first aid • Summer mentoring experience to work with healthcare providers to care for young children • Peer counseling • Gifts, prizes, and stipends as positive reinforcement and to defray the costs of books and supplies 	Improvements to the structure of the program significantly increased the proportion of students completing the 1st semester and average grade point average from Cohort 1 to Cohort 2 Critical thinking pretest and posttest significantly improved 28% among program completers 88% of program completers received a passing score on the Pre-Admission Examination-RN campaign compared to just 55% of other program candidates to OSHU's nursing program

Table 6: Examples of Recruitment and Retention Programs Targeted at Health Professions Students.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
University of Minnesota School of Nursing, University of North Dakota Department of Nursing, and University of Oklahoma School of Nursing ⁵¹	American Indian/Alaska Native (AIAN) MS-to-PhD Nursing Scientific Bridge	AIAN nurses with a BSN degree enrolled in a partner school MS program	Differs depending on time it takes to complete MS degree and transition to PhD	<ul style="list-style-type: none"> • Paid mentored research assistantships on health disparities projects • Joint advisement from faculty at both MS and PhD programs providing guidance on the PhD application process • Tribal elders provide cultural guidance to students and faculty • Annual retreats to bring students, faculty, staff, and tribal consultants together 	<ul style="list-style-type: none"> • Several students have transitioned to PhD programs and secured funding • Students reported that their mentors, faculty advisors, and tribal consultants were "helpful" or "very helpful" • Faculty and staff reported that program participation increased their depth of understanding and connection to the AIAN community
Columbia School of Dental and Oral Surgery ⁶⁷	D.D.S. Minority Admissions Program	Undergraduate students applying to the D.D.S. program, particularly underrepresented minority students and those from disadvantaged backgrounds	Application period through the end of the first year of the D.D.S. curriculum	<ul style="list-style-type: none"> • Broadening admissions criteria beyond quantitative measures to include noncognitive indicators such as: letters of recommendation, the personal interview, extracurricular accomplishments, and background difficulties an individual has had to overcome • Academic Success Program: a tutorial assistance program providing voluntary review sessions for students performing marginally well on first-year examinations • Summer enrichment program conducted prior to enrollment for students whose records indicate below average preparation 	More racially and ethnically diverse students were admitted after admissions criteria were broadened

Table 6: Examples of Recruitment and Retention Programs Targeted at Health Professions Students.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Johns Hopkins University Division of Geriatric Medicine and Gerontology ⁵⁹	Geriatric Summer Scholars Program	Underrepresented minority medical students who have completed their first year of medical school	4- and 8-week sessions	<ul style="list-style-type: none"> • Clinical rotations in various geriatric care settings • Didactic research component: lecture series, introductory course on epidemiology, visits with research faculty • Practical research component: attending investigator meetings, observing research assists perform a 3-hour health assessment, and mentored training in writing a research proposal • Biweekly meeting with the program director • Partnerships with peer geriatric fellows • Weekly workshops on cultural communication in patient care 	<ul style="list-style-type: none"> • The proportion of students reporting interest in geriatric medicine and gerontology careers increased from 16% at the start of the program to 66% at the end • 50% of students from the first class continued to pursue academic medicine research careers
Boston University School of Dental Medicine and four other dental schools across the country ⁶³	Boston Research Training Center for Minority and Women Dental Students	Dental students from groups underrepresented in the dental, oral, and craniofacial sciences	Up to 3 months each year	Short-term research training program offering: <ul style="list-style-type: none"> • Competitively set stipends • Faculty mentors 	The percentage of African American/Black and Hispanic trainees has been higher than that found in the respective student bodies of the five participating dental schools

Table 7: Examples of Recruitment and Retention Programs Targeted at Students Across Multiple Segments of the Health Professions Pipeline.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
University of Mississippi Medical Center School of Nursing (SON) ⁷⁷	Minority Recruitment and Retention Initiative (MRR)	Ethnic minority students from the high school-level through the PhD-level	Yearlong	<p>General open forums with SON ethnic minority students and faculty on how the MRR could better meet the needs of ethnic minority students</p> <p>HBCU "adopt-a-school" program recruits prospective ethnic minority students at area HBCUs</p> <p>Increased participation in the campus-wide Minority Student Health Care Association representing all health professions schools</p> <p>SON "Inquiry Days" for high school and undergraduate students to learn about admissions criteria</p> <p>New recruitment brochure targeting prospective ethnic minority students</p>	<p>The proportion of ethnic minority students enrolled in the SON increased since the MRR began to 21%</p> <p>The number of ethnic minority faculty increased from 3 prior to the MRR to 9 after the initiative began</p>
University of Pennsylvania School of Dental Medicine (UPSDM) and 5 undergraduate institutions (including 2 HBCUs) ⁴⁰	Bio-Dental Consortium Programs	Underrepresented minority high school students with strong science backgrounds	7-year dual degree program	<p>Accelerated program leading to combined bachelor's and dental degrees</p> <p>Clinical experiences in mobile dental units and other community partnerships</p> <p>Peer mentors</p> <p>Alumni mentors</p> <p>Integration of cultural diversity throughout the 4-year dental curriculum</p>	<p>These programs have garnered a five-fold increase in the number of underrepresented minority students at UPSDM since they began in the early 1990s</p>

Table 7: Examples of Recruitment and Retention Programs Targeted at Students Across Multiple Segments of the Health Professions Pipeline.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Howard University Department of Health, Human Performance & Leisure Studies ⁷⁸	Howard University Pathways to MCH Professions	Undergraduate, MPH, and PhD students enrolled at Howard University and other HBCUs	Yearlong	<ul style="list-style-type: none"> Adding a new MCH course as a required elective to the undergraduate curricula of several of Howard's health professions departments Conducting a summer MCH institute that provides students with coursework and stipends Provision of MCH field practicum experiences for undergraduate students Linking undergraduate students with MCH profession mentors who foster leadership skills development Foster MCH as a concentration for the MCH and PhD programs 	<ul style="list-style-type: none"> Process evaluation data are forthcoming, such as feedback from a Student Course Evaluation Committee to ensure that student participants' academic needs are being met Summative evaluation data are forthcoming, such as student survey data on the proportion of students interested in and actually pursuing MCH-related careers
Baylor College of Medicine and the University of Texas- Pan American ⁷⁹	Premedical Honors College (PHC)	All high school graduates from South Texas (a medically underserved and health professions shortage area), particularly those from economically disadvantaged backgrounds	8-year dual degree program	<ul style="list-style-type: none"> College-through-medical-school program offering a range of research and support services: Preceptorships with physicians and site-based learning opportunities in local hospitals and clinics Summer enrichment programs and MCAT review courses Full coverage for tuition and fees Warning system, tutoring, and remediation program for students experiencing difficulty 	The odds of medical school matriculation for non-PHC students was seven times higher for PHC students than for students with similar academic backgrounds who did not enter the program

Chapter VI: Programs Designed to Recruit and Retain Diverse Faculty

Efforts to recruit and retain diverse students are also closely linked to strategies designed to improve the diversity of faculty; the more diverse the faculty a program has, the more the diverse the student body usually is. Faculty from the same underrepresented backgrounds as students can serve as an important source of support. This chapter provides an overview of the major barriers to achieving a diverse faculty and the activities programs have used to address these barriers.

A. Barriers to Recruiting and Retaining Diverse Faculty

Underrepresented minority and disadvantaged graduates of health professions schools may also face significant barriers when attempting to join the faculties of these institutions. Minority and disadvantaged faculty have reported difficulty getting hired at health professions programs and, if they are hired, experiences of social isolation, bias, and intimidation in the academic workplace, including:

- Being expected to work harder than nonminority colleagues, such as increased teaching responsibilities and commitments to advise and serve on committees focused on minority students
- Biased reward systems that deny tenure and promotion opportunities for minority faculty
- Significantly lower salaries for minority faculty compared to nonminority faculty
- Having race/ethnicity given more attention than credentials
- Being treated as a token
- Lacking support or validation for research on minority issues
- Having too few minorities in individual academic departments and across the campus.^{80,81}

B. A Model for Recruitment and Retention for Diverse Faculty

In support of HRSA’s 2005-2010 Strategic Plan, which calls for greater diversity in the health care professions, BHPPr has developed a model that can be readily used and adapted by health professional schools to improve efforts to hire, retain, and promote underrepresented faculty. BHPPr’s *Minority Faculty Development* Model represents a concerted effort to counter the current approach to minority faculty recruitment and retention pervasive at many institutions, which BHPPr describes as a “deficit model.” The deficit model emphasizes the underachievement of minorities and a presumed limited capacity to meet high standards, which can reinforce the stigmatization many minorities feel in many academic settings. The Minority Faculty Development Model, in contrast, proposes to highlight and value the unique strengths and contributions of diverse faculty members.⁸²

Figure 1 presents the Model of Minority Faculty Development, which consists of three main components:

1. **Institutional Mission.** Institutions should: formally recognize minority faculty development as part of their core mission, offer institutional incentives to support this type of development across types of faculty activities (research, teaching, and service), and create mechanisms for monitoring and accountability.
2. **Institutional Culture.** Institutions should: create an environment that allows equal access to resources, create formal vehicles for valuing non-traditional contributions, create incentives/rewards that value contributions associated with diversity, and operationalize networking and mentoring opportunities.
3. **Individual Development.** Institutions should: create mechanisms for giving parity to service, recognize the duality of aspirations which flow from minority status within a society, and acknowledge the inherent values associated with a different perspective.⁸²

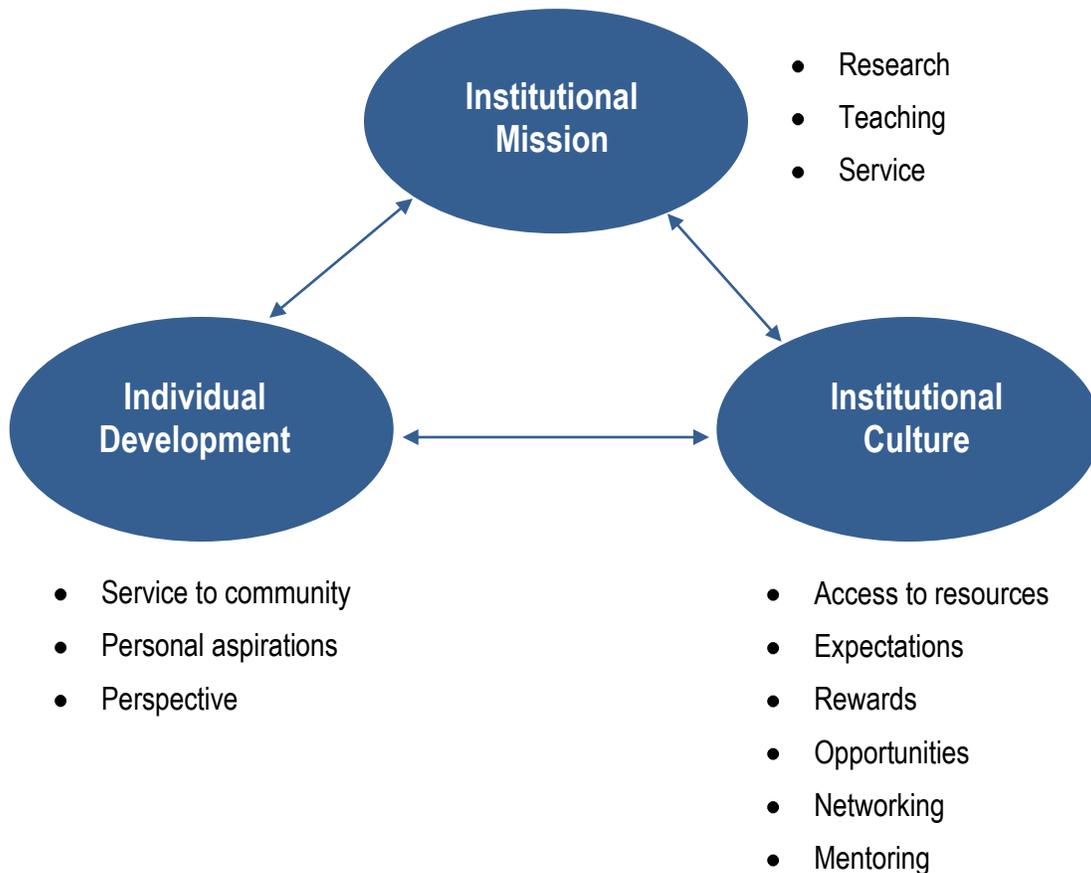


Figure 1: The Minority Faculty Development Model.

Source: Adapted from Rivera, Sierra & Company, Inc. (2005). *Minority Faculty Development Model for HRSA Sponsored Health Professions*. Rockville, MD: Health Resources and Services Administration, Department of Health and Human Services.

C. Types of Minority Faculty Recruitment and Retention Strategies

BHPPr's Minority Faculty Development Model serves as a foundation for several types of strategies designed to attract and retain URM faculty at health professions training programs. The following section presents the different types of strategies institutions have used to conduct early outreach, target recruitment to prospective minority faculty, and provide a range of support services for existing minority faculty.

Early Identification and Preparation

Early identification strategies take a proactive approach to interest minority students in a career as a faculty member at earlier stages of the health professions pipeline.⁸² In addition to encouraging students' interest in an academic career, guidelines suggest that training programs should help students develop the skills that will make them competitive faculty candidates such as those related to teaching, public speaking, conducting research, and performing administrative tasks.

Examples of early identification and preparation strategies include:

- Creating enrichment programs for undergraduate or graduate minority students that specifically focus on strengthening skills in preparation for careers as faculty members
- Providing financial assistance for students to obtain advanced education and training
- Pairing students with minority faculty mentors who share their personal knowledge and experience as a faculty member
- Conducting campus visits with minority doctoral students to provide information about careers in faculty
- Writing or calling ethnic minorities one year prior to their completion of doctoral programs to inform them of upcoming job openings
- Creating visiting clerkships for students to raise awareness of academic careers and provide opportunities for mentoring and networking
- Establishing postgraduate faculty training programs for students enrolled in doctoral or residency programs^{83,84,85,86}

Targeted Recruitment

Once minorities are interested in academic careers, additional effort must be made to steer them to available faculty positions in health professional schools, increase their likelihood of becoming hired, and ensure that they are offered competitive employment packages. Key factors in this process are to specifically identify and reach out to potential minority faculty candidates and create an attractive institutional climate.⁸² While URM faculty candidates are attracted to academic positions for many of the same reasons as non-minorities, minority candidates may be looking for additional factors during their job search, such as:

- Diverse campus and community demographics

- Special research opportunities with specific groups or in specific settings (e.g., migrant farmers, inner-city communities, special library collections, State/Federal prisons, Native American reservations, industrial plants)
- Availability of diverse populations to serve as research subjects
- Presence of other URM faculty
- Administrative support for people of color to assume leadership positions
- Possibility of being promoted and achieving tenure
- Faculty development opportunities and mentors
- Success of other URM faculty in the program and/or on campus
- Infusion of diversity issues into the curriculum
- Social support network in the community
- Community resources that include ethnic churches, stores, restaurants, hair stylists, and diverse professionals to provide medical, dental, and legal services
- Availability of a large metropolitan area within a short traveling distance to where institutions are located.

Best practices for addressing the current underrepresentation of minority faculty have emphasized the importance of proactive approaches to searching for minority candidates. AACU has outlined eight major steps to an effective search for minority faculty. These steps are described below along with additional guidance from other experts.

1. **Forming the search committee.** Establish a search committee that clearly articulates diversifying the faculty as a top priority and that is comprised of diverse individuals, representing minority staff or administrators and other individuals with different points of view.⁷⁷ In instances where there are no female, racial/ethnic minority, or other underrepresented staff within a department to serve on a search committee, programs should consider appointing a member from a more diverse department.⁸⁶ Having a diverse search committee helps gain access to candidates of different backgrounds and increases the likelihood that search committees will not overlook talented individuals with nontraditional kinds of experience.⁸⁷
2. **Educating the search committee on personnel issues.** Search committees should be informed about affirmative action policies and institutional hiring protocols.⁷⁷ In some cases, the search committee may also be charged with creating new hiring protocols to ensure diversity. Villanova University has recommended the following procedures for search committees in developing and implementing such protocols:
 - First assess how the institute currently evaluates candidates for appointment and promotion
 - Understand the “cultural norms” of diverse candidates and learn how to effectively interview diverse groups
 - Train search committee members to broaden their perspectives and provide resources to ensure that they are reaching out to the complete pool of potentially qualified applicants
 - Develop a protocol to ensure fairness and consistency in the search process

- Appoint a member of the search committee to serve as a diversity advocate, responsible for ensuring fairness and advocacy throughout the committee's screening and selection activities
 - Require the search committee to develop a report that outlines the process used to identify a pool of qualified minorities and rationale for their inclusion or exclusion of them in the final pool.⁸⁸
3. **Debunking the myths.** Address myths and stereotypes about the qualifications and availability of minority faculty candidates, which can serve as barriers to recruitment.⁷⁷ Such stereotypes and myths often include:

- Institutions cannot compete for minority Ph.D.s who are highly sought after and offered higher salaries elsewhere
- No qualified candidates exist
- Faculty of color would not want to come to a given institution
- Faculty of color will leave for more money and prestige
- Recruiting faculty of color takes away opportunities for white faculty candidates.⁸⁷

However, extensive research has since countered these beliefs. The reality is that minority candidates are typically just as qualified as others. In addition, they may be willing to work at a wide range of institutions, but often are not actively recruited for faculty positions. When minority faculty leave their positions, the most common reasons have to do with their personal experiences at their institution rather than tempting offers outside of academia.⁸⁷

Guidelines suggest that search committee members should be encouraged to identify and address potential biases during the screening and selection process. In particular, members should examine personal biases or stereotypes in order to determine how they affect the manner in which questions are posed and responses are interpreted.⁸⁶

4. **Creating the position description.** Search committees should review position descriptions to ensure that they are aligned with the commitment to diversify the faculty.⁷⁷ Position descriptions typically include just an overview of the institution/department, primary job responsibilities, and qualifications for the position. However, diversity-sensitive descriptions are those that also include information about:

- The importance of issues of diversity
- The value placed upon those who can share and teach differing points of view

Examples of Statements on Diversity for Use in Faculty Position Descriptions

- The university places a high priority on the creation of an environment supportive of the promotion of ethnic minorities, women, and persons with disabilities.
- The university seeks to create a work environment and organizational culture that reflect the society and community in which it is located and a climate for the success of every employee by appreciating the uniqueness that each one brings to the workplace.
- In a continuing effort to enrich its academic environment and provide equal educational and employment opportunities, the university actively encourages applications from members of all ethnic groups underrepresented in higher education.

Source: Virginia Commonwealth University. (2007). Strategies for Successfully Recruiting a Diverse Faculty. Retrieved June 1, 2009 from <http://www.vcu.edu/eoaa/pdfs/recruitstrat.pdf>.

- A description of an atmosphere in which minority faculty members can receive support from other minority faculty members.

A number of institutions attempt to convey these points by adding a phrase such as “women and minorities are encouraged to apply” to job descriptions. However, this phrase is limited in its ability convey broader messages about the contributions of minority faculty and may raise concerns about affirmative action, or “token” hires.⁸⁶ [See text box for examples of alternative statements on diversity.]

5. **Attracting a diverse candidate pool.** Develop and aggressively implement a comprehensive recruitment plan that uses multiple recruitment strategies simultaneously.⁷⁷

Advertising the faculty position is among the most important of these strategies. Evaluations of job announcement mechanisms have indicated that posting through mainstream national publications such as the Chronicle of Higher Education and other academic journals tends to be a more expensive and less effective means of increasing the number of URM faculty candidates than using personal contacts. In addition, circulating job announcements in nontraditional communities and minority-serving forums has also been shown to be effective.⁸⁶

Examples of strategies for advertising faculty positions to URM include:

- Circulating announcements among URM candidates who work in businesses, corporations, governmental agencies, and the military
- Reaching out to URM professionals who have received grants and/or professional recognition who can serve as excellent resources for referrals
- Writing directly to colleagues to request nominations of URM candidates
- Contacting temples, mosques, and churches that might list job announcements in bulletins or announce them to the congregation
- Placing advertisements in periodicals and communications such as Black Enterprise, The Black Resource Guide, The Black Collegian, Hispanic, and American Visions
- Writing to historically Black, predominantly Latino, and tribal colleges and universities to secure lists of doctoral students graduating in a particular field.
- Contacting local and statewide field-specific associations to secure a list of URM members
- Writing to minority caucus groups (e.g., Black Coalitions of Higher Education) that may have a network of professionals within their organization
- Contacting corporations that publish newsletters and or communications that include job announcements
- Sending job announcements to social organizations (Black Greek sororities and fraternities, the League of United Latin American Citizens (LULAC), and the National Association for the Advancement of Colored People (NAACP)).⁸⁶

Some institutions have also developed and advertised unique faculty positions that would be particularly appealing to URM candidates. Examples of these include:

- Visiting professors programs in which distinguished URM scholars and professors are invited on a short-term basis to teach full courses or give lectures; in some cases visiting professors may be offered full-time positions
- Joint academic-clinical appointments in which a URM candidate would serve as a both a faculty member and an active clinician.^{83,89}

6. **Examining hiring biases.** Research has shown that URM faculty candidates may be excluded based on the criteria used to evaluate candidates. Guidelines therefore recommend expanding these criteria to provide a more comprehensive picture of their skills and background, including teaching experience, nonacademic work, service, and outreach.⁷⁷ Institutions should also acknowledge that many minorities may have experienced barriers to having their work published in prestigious journals or at all. Minority candidates who have published may only have had the opportunity to publish in ethnic or culturally specific journals that have historically been perceived as less prestigious. Examples of strategies used to minimize the impact of hiring biases on minority faculty recruitment include:

- Viewing quality work experience outside of academia as an indication of potential for success in an academic setting
- Giving equal weight to work published in ethnic or culturally specific journals or personally published works as works published in mainstream journals
- Using minority status as a “plus factor” when a set of applicants emerge whose academic and professional credentials are equally strong. Search committees should take into account applicants’ cultural diversity and its relationship to three questions:
 - What are the goals and needs of the program?
 - What are the qualifications required?
 - Do the staffing plans of the institution give cultural diversity important weight in screening candidates in view of program needs?
- Developing an applicant rating sheet to maintain focus on programmatic needs and the desirable qualifications of applicants, in keeping with the position announcement.⁸⁶

7. **Hosting the campus visit.** A well-hosted campus visit allows minority candidates to make informed decisions on whether the position is a good fit for them. It is important for institutions to highlight both their strengths and weaknesses.⁷⁷

In preparation for recruiting visits, the Virginia Commonwealth University recommends that institutions should:

- Learn each candidate’s cultural and language background as well as the correct pronunciation of his/her name
- Provide a resource sheet including a list of services in the area surrounding the campus, such as places of worship and ethnic businesses, and community

demographics and historical information relevant to different minority communities

- Compile information about the campus community and the specific department in which the position is located, such as the mission statement; enrollment figures; a list of courses that address multicultural issues; and the names of recognized minority faculty, administrators, and campus organizations
 - Arrange for each candidate to meet and be interviewed by minority faculty, staff, and community representatives
 - Be prepared to address both the professional and personal life of an applicant and anticipate issues that may be of particular concern to minority candidates.⁸⁶
8. **Making the offer.** Compensation packages should reflect national standards; the discussion of packages should include intangibles, such as reduced workload, professional development, and research support, in addition to salary.⁷⁷

The Committee on Women in Psychology and the American Psychology Association Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology released a joint set of guidelines in 1998 to help women and minority faculty members thrive in academia. These guidelines suggest that there are a number of points for negotiation when determining the compensation package for new hires. The guidelines provide specific instructions for minority candidates to consider when discussing each of these points with prospective employers:

- **Salary.** Come prepared with knowledge of typical starting salaries for the same type of institution in similar regions. You may also negotiate compensation for moving expenses.
- **Research space and equipment.** If you will require additional space to conduct research or equipment such as computers and laboratory supplies, these needs should be expressed during compensation negotiations. Often even when salaries are restricted to a certain range there may be some leeway to offer new hires extra space that may be available or funds to help purchase supplies.
- **Other types of support.** You should also discuss the institution's willingness to provide additional support to cover the cost of travel, conducting research, and continuing education and training. There may also be an opportunity to provide you with research or teaching assistants and clerical help.⁹⁰

Minority Faculty Development

The most effective approaches to enhance faculty diversity have been those that have viewed this process as a long-term investment rather than as a short-term fix. Regular follow-up and commitment to the personal and scholarly growth of new minority faculty can help ease the transition to the academic workplace and can help address any sources of stress or dissatisfaction that may arise.⁴⁰ Minority faculty development programs seek to address the special needs of minority faculty and provide necessary support to ensure high job satisfaction. Table 8 summarizes goals and activities that minority faculty development programs typically provide.

Table 8: Summary of Typical Institutional Goals and Activities for Minority Faculty Development Programs.

Goal	Main Activities to Achieve Goal
Create a Supportive Environment	<ul style="list-style-type: none"> • Provide academically and emotionally safe environment for learning • Assist junior faculty members in navigating the world of academic medicine • Show faculty members that they are not alone and face the same obstacles as others • Help junior faculty members develop a social network • Bring together junior and senior faculty membersProvide role models and mentors
Promote Career Advancement	<ul style="list-style-type: none"> • Guide and advance careers of junior faculty • Help faculty members achieve professional growth in concert with the advancement of the institution • Implement faculty development programs at different levels of the institution • Enable URM faculty members to advance from one level to the next, grooming them for senior faculty and/or management positions • Enable underrepresented minority faculty members to achieve the same levels of success in publishing and grant awards as other faculty members
Develop Skills and Knowledge	<ul style="list-style-type: none"> • Provide skills in teaching, writing, research, and leadership • Teach skill sets and methods necessary for advancement • Familiarize faculty members with barriers to advancement

Source: Adapted from Palermo AS, Soto-Greene ML, Taylor VS, Cornbill R, Johnson J, Rivera Mindt M. et al. (2008). Successful programs in minority faculty development: Overview. *Mount Sinai Journal of Medicine*, 75:523-532.

Minority Faculty Retention, Tenure and Promotion

Make junior faculty, particularly URM faculty who often feel socially and professionally isolated, aware of both the formal and the informal rules regarding retention, tenure and promotion.⁸² Studies comparing career advancement between minority and non-minority faculty indicate traditional criteria used in evaluations for tenure and promotion can have a disparate negative impact on minority faculty. These criteria commonly include the following:

- **Research.** The tendency for evaluations to favor publication in established mainstream journals may produce a bias against research that has been published in alternative or culturally specific journals. This bias may also extend to the nature of the research itself because mainstream journals may be less likely to publish emerging areas of scholarship or articles emphasizing practical applications of theory to real-life problems.
- **Courses taught.** Courses that are taught on cultural studies or courses that include minority perspectives are often taken less seriously than more traditional courses. In some cases institutions send a conflicting message by requiring URM to teach such courses, but then giving this work less weight during personal evaluations.
- **Time and service commitments.** Despite the fact that URM faculty are often encouraged to serve on various campus committees, such as those promoting greater diversity, or to serve as a mentor to URM students, these responsibilities are rarely accorded much weight in promotion and tenure decisions.

- **Collegiality.** This factor has begun to appear more frequently in personal evaluations. It is intended to assess the quality of relationships faculty build with their colleagues. However, there is a risk that the vague and subjective nature of this criterion can be used to favor some faculty with similar backgrounds, interests, and ideas and to shun others.⁹¹

Guidelines to help minority faculty increase their chances of receiving promotions and tenure emphasize the importance of knowing which type of criteria will be used to judge such decisions and how much weight is assigned to each. In addition they have suggested a number of strategies to help minority faculty document and highlight their accomplishments in a way that will resonate well with evaluation committees. Examples of these strategies include:

- Keeping track of all achievements and accomplishments by regularly updating one's curriculum vitae, even those that may not seem of great importance. This includes presentations, research, mentoring activities, awards, and newspaper and magazine credits.
- Creating a hybrid research agenda that includes both culturally focused or community-based research and more traditional forms of research. This will allow faculty to continue pursuing their research interests while also producing a body of work that will be highly regarded by evaluation committees.
- Attending workshops on reappointment, promotion, and/or tenure. Many institutions have begun offering forums to learn about specific expectations and to allow faculty to ask questions early in the process.
- Creating a strong portfolio that integrates scholarship on diversity issues and community-based research into each section.^{91,92}

Achieving Balance

Institutions should assist URM faculty in developing a sense of balance between the requirements of teaching and research and providing services that foster institutional diversity (e.g., counseling minority students, providing cultural competence training, and serving on minority-focused committees).⁸² URM faculty have the challenge of weighing how important these diversity promotion duties are to them against the relatively low weight that these activities are usually given in the promotion and tenure process.

Underrepresented faculty are therefore advised to:

- Be selective in considering committee appointments and focus on those that will offer greater visibility with prominent campus personnel
- Try to negotiate for other concessions in cases where turning down committee appointments would be perceived negatively, such as:
 - A reduced workload
 - Written acknowledgement of your contributions to university service
 - A lighter load of committee work in the following year to compensate for a heavier load in the current year

- Regularly negotiate teaching loads and course assignments to enable teaching most of the same courses for several years; this will minimize new preparations and free up time to work on research projects and grants
- Voice concerns if they feel they are being judged harshly for advising minority students (seemingly to the neglect of non-minority students) or if they feel overwhelmed by the number of minority students seeking them out for advisement.⁹²

Table 9 presents examples of different strategies health professions schools have used to recruit and retain minority faculty. The major features of these programs are listed, as well as any evidence of their effectiveness.

Table 9: Examples of Strategies Used to Recruit and Retain Minority Faculty.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
Morehouse School of Medicine ⁹³	Executive Faculty Development Program	URM community-based preceptors and new or established faculty in medicine, psychology, nursing, and other professionals who actively teach in primary care training programs	<ul style="list-style-type: none"> • 3 program options: • Attending sessions 1 day per week over the course of a year • Attending 1 or 2 6-week modules • Attending 6 modules in four intensive 4-day sessions 	<ul style="list-style-type: none"> • A series of workshops with associated projects on the following topics: • Teaching skills • Writing skills • Grant writing • Primary care research • Curriculum development 	<ul style="list-style-type: none"> • 120 individuals enrolled from 1992-2003; 93% of whom completed the program • The mean percentage of good/excellent ratings for instructors over a 10-year period was 91% • Mean scores on a 5-point Likert scale of self-perceived competencies significantly increased after participation in the program • 81% of surveyed program graduates reported being actively engaged in full- or part-time teaching in 2003 • The number of minority faculty at Morehouse School of Medicine grew from 6 to 16 from 1992-2003
University of California, San Diego (UCSD) School of Medicine and the UCSD Hispanic Center for Excellence ⁹⁴	UCSD National Center for Leadership in Academic Medicine	Junior faculty in the UCSD Health Science Center, particularly underrepresented minorities	7months	<ul style="list-style-type: none"> • 12 half-day faculty development workshops on topics such as principles of teaching and learning, grant writing, and effective presentation skills • Structured one-on-one mentoring program (averaging 12 hours per month) • A two-hour academic performance counseling session • Professional development projects 	The four-year retention rate of underrepresented minority faculty at UCSD increased from 58% prior to the start of the program to 80% after implementation
Columbia University School of Dentistry and Oral Surgery (CUSDOS) and Harlem Hospital Department of Dentistry ⁹⁵	Harlem Hospital Minority Specialty program	Minority residents participating in the Harlem Hospital General Practice Residency program	1 position in the postgraduate faculty training program is designated to a minority resident each year	<ul style="list-style-type: none"> • Free tuition at CUSDOS • Stipends for each year of training • Commitment of program directors to accept the recommendation of Harlem Hospital dental faculty as the critical factor in the consideration of candidates for admission 	<ul style="list-style-type: none"> • 90% of program completers have entered into faculty positions on either a full-time or part-time basis since the program started

Table 9: Examples of Strategies Used to Recruit and Retain Minority Faculty.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
University of New Mexico (UNM) ⁹⁵	New Mexico Mentorship and Education Program (MEP)	Minority junior faculty at UNM and other Southwest educational institutions	An annual 5-day institute	<p>Training in mental health services research including:</p> <ul style="list-style-type: none"> • Presentations on research methods • Instruction in writing grant proposals, managing grants, and funding concerns in career development • Tutorial sessions • One-on-one faculty mentoring • Community advisory board sessions: panelists representing ethnic communities and advocacy organizations discuss the realities of research in minority and rural communities • Informal get-togethers such as dinners and parties • Peer support groups 	<ul style="list-style-type: none"> • 90% of the matches between mentees and mentors were determined to be successful • A large proportion of program completers have submitted successful grant proposals and achieved published articles in prominent peer-reviewed journals
Creighton University School of Medicine Center of Excellence ⁵⁸	Mentoring Program for Minority Faculty	Junior faculty members from underrepresented groups	Ongoing, participants are expected to meet with mentors at least twice annually	<ul style="list-style-type: none"> • Short surveys on areas of expertise/interest are required to help match faculty to mentors • Faculty and mentors sign agreements governing their participation in the program • Onsite faculty development seminars are held • Financial support is provided for faculty to attend offsite seminars • Ability to apply for special grant funding used to "buy" a percentage of a faculty member's time that can be used for scholarly activity 	<ul style="list-style-type: none"> • The school's five-year retention rate for minority faculty was 58% in the first year, compared to 20% prior to implementation • The projected five-year retention rate 88%

Table 9: Examples of Strategies Used to Recruit and Retain Minority Faculty.

Sponsoring Institution(s)	Program Name	Target Audience	Program Duration	Key Features	Evidence of Effectiveness
University of California Davis, Department of Psychiatry and Behavioral Sciences ⁹⁶	Diversity Advisory Committee	The Committee seeks to increase the diversity of the Department's faculty and trainees	Ongoing since 2000	<p>The Committee has enacted a number of diversity initiatives, including those intended to create a climate that helps attract and retain minority faculty:</p> <ul style="list-style-type: none"> • Pairing junior faculty with senior faculty • Offering faculty development seminars • Members receive credit in the faculty compensation plan for serving on the Committee • Obtaining outside funding support annual staff retreats, invite consultants on academic diversity, and symposiums on cultural psychiatry offering CME credits • Recruiting psychiatry residents to become academic faculty • Starting a journal club and a monthly case conference on advancements in cultural psychiatry research • Developing new curricula on diversity topics, including a first-year course entitle Introduction to Cultural Psychiatry and a four-year Religion and Spirituality curriculum • Establishing a post-graduate fellowship for residency graduates to continue training in cultural psychiatry • Nominating residents for the APA Minority Fellowships and providing research support to recipients 	<ul style="list-style-type: none"> • Members of the Committee have been recognized for their accomplishments, including 3 winners of the UC Davis Chancellor's Achievement Award in Diversity and Community during 2004-2006 • The Religions and Spirituality curriculum won the John Templeton Award for Spirituality and Medicine in 2003 • Nine residents have earned APA Minority Fellowships from 2001-2008

References

- ¹ Agency for Healthcare Research and Quality . (2005). *National Healthcare Disparities Report*, 2005. Rockville, MD: U.S. Department of Health and Human Services.
- ² Institute of Medicine. (2002). *Unequal Treatment: Confronting Racial and Ethnic Health Disparities in Health Care*. Washington, DC: National Academy Press.
- ³ Mitchell DA, Lassiter SL. (2006). Addressing health care disparities and increasing workforce diversity: The next steps for the dental, medical, and public health professions. *American Journal of Public Health*, 96(12):2093-2097.
- ⁴ Bollinger LC. (2003). The need for diversity in higher education. *Academic Medicine*, 78(3):431-436.
- ⁵ American Association of Medical Colleges. (2002). *Minority Students in Medical Education: Facts and Figures XII*. Division of Community and Minority Programs.
- ⁶ van Dyck PC. (2003). A history of child health equity legislation in the United States. *Pediatrics*, 112(3):727-730.
- ⁷ Briones-Jones M, Van Horne V. (2004). *Racial/Ethnic Diversity in Health Systems Research: Pockets of Progress but a Long Way to Go*. Washington, DC: AcademyHealth.
- ⁸ Chester A, Bowers M, Bush A, Huppert M, Jiang SP. (2001). *Recruitment and Training of Health Professionals*. Kansas City, MO: National Rural Health Association.
- ⁹ Price EG, Gozu A, Kern DE, Powe NR, Wand GS, Golden S, Cooper LA. (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.
- ¹⁰ Cora-Bramble D. (2006). Minority faculty recruitment, retention and advancement: Applications of a Resilience-based Theoretical Framework. *Journal of Health Care for the Poor and Underserved*, 17:251-255.
- ¹¹ Maternal and Child Health Bureau. (2004). National Plan for Maternal and Child Health Training: 2005-2010—Goals, Objectives and MCHB Activities. Retrieved June 10, 2009 from http://mchb.hrsa.gov/training/documents/pdf_library/MCH_Training_Strategic_Plan_9_15_04.pdf
- ¹² Association of American Colleges and Universities. (2007). *Making Excellence Inclusive: Diversity, Inclusion, and Institutional Renewal*. Retrieved August 13, 2007 from http://www.aacu.org/inclusive_excellence/index.cfm
- ¹³ Association of American Medical Colleges Executive Committee. (2004). The status of the new AAMC definition of “underrepresented in medicine” following the Supreme Court’s decision in *Grutter*. Retrieved August 30, 2007 from <http://www.aamc.org/meded/urm/statusofnewdefinition.pdf>.
- ¹⁴ Maternal and Child Health Bureau. (2009). Goal 2: Workforce Diversity. Retrieved June 8, 2009 from http://mchb.hrsa.gov/training/goal_workforce_diversity.asp
- ¹⁵ Bureau of Health Professions. (2009). Pathways to Health Professions Program Definitions. Retrieved June 8, 2009 from <http://bhpr.hrsa.gov/diversity/definitions.htm#pathways>
- ¹⁶ Division of Nursing. (2006). *Nursing Workforce Diversity Program: Program Guidance—Fiscal Year 2007*. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions.
- ¹⁷ Collier ST. (2007). Gender: A key demographic of health professions students. *Trends*, July-August 2007:5-6.
- Association of Schools of Allied Health Professions. (2007). Ramification of an expanding universe of puvli
- ¹⁸ Bureau of Health Professions. (2007). Health Careers Opportunity Program Definitions. Retrieved August 15, 2007 from <http://bhpr.hrsa.gov/diversity/definitions.htm>

-
- ¹⁹Bureau of Health Professions. (2007). Scholarships for Disadvantaged Students. Retrieved August 14, 2007 from <http://bhpr.hrsa.gov/DSA/sds.htm>
- ²⁰National Institutes of Health. (2009). Glossary & Acronym List. Retrieved June 8, 2009 from <http://grants.nih.gov/grants/glossary.htm#U>
- ²¹National Institutes of Health. MARC Undergraduate Student Training in Academic Research, Institutional National Research Service Award (NRSA) Research Training Grant (T34). Accessed June 8, 2009 from <http://grants.nih.gov/grants/guide/pa-files/PAR-07-337.html>
- ²²Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce. (2004). *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce*. Washington, DC: National Academies Press.
- ²³Ebbers LH, Henry SL. (1990). Cultural competence: A new challenge to student affairs professionals. *NASPA Journal*, 27(4):320-323.
- ²⁴Goode T. (2001). The role of self-assessment in achieving cultural competence. *The Cultural Competence Exchange*, Issue 4(Fall/Winter):1-2.
- ²⁵Andrulis D, Delbanco T, Avakian L, Shaw-Taylor Y. (n.d.). *Conducting a Cultural Competence Self-Assessment Protocol for Health Care Organizations and Systems*. Retrieved June 9, 2009 from <http://erc.msh.org/provider/andrulis.pdf>.
- ²⁶National Center for Cultural Competence. (2006). *Cultural and Linguistic Competence Policy Assessment*. Washington, DC: Georgetown University Center for Child and Human Development.
- ²⁷National Center for Cultural Competence. (2006). *A Guide for Using the Cultural and Linguistic Competence Policy Assessment Instrument*. Washington, DC: Georgetown University Center for Child and Human Development.
- ²⁸Sedlacek WE. (n.d.). Campus Climate Surveys: Where to Begin. Retrieved June 10, 2009 from <http://www.diversityweb.org/digest/Sp.Sm00/surveys.html>
- ²⁹Smith D, Moreno JF. (2003). Nuts and Bolts of Evaluation: How to Use the CDI Process to Advance Institutional Learning about Diversity. Retrieved June 8, 2009 from <http://www.aacu.org/irvinediveval/index.cfm>
- ³⁰Hung R, McClendon J, Henderson A, Evans Y, Colquitt R, Saha S. (2007). Student perspectives on diversity and the cultural climate at a U.S. medical school. *Academic Medicine*, 82(2):184-192.
- ³¹Price EG, Gozu A, Kern DE, Powe NR, Wand GS, Golden S, Cooper LA. (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.
- ³²Doyle B, Edgar C, Chung C, Murray K. (2008). *Report of the Dean's Diversity Task Force Climate Assessment Initiative*. Seattle, WA: University of Washington, School of Public Health & Community Medicine.
- ³³Drange Lee S. (2006). *Achieving a Culture of Inclusion: A Self-Assessment Tool*. Los Angeles, CA: University of California, Los Angeles.
- ³⁴Williams DA, Clowney C. (2007). Strategic planning for diversity and organizational change: A primer for higher-education leadership. *Effective Practices for Academic Leaders*, 2(3):1-16.
- ³⁵University of Colorado School of Medicine. (2009). Diversity and Inclusion: Mission Statement. Retrieved June 10, 2009 from <http://www.uchsc.edu/som/diversity/index.htm>
- ³⁶Mayo Clinic College of Medicine. (2007). Diversity Statement. Retrieved June 10, 2009 from <http://www.mayo.edu/diversity/diversity-policy-statement.html>
- ³⁷University of Minnesota. (2005). Graduate School Diversity Statement. Retrieved June 9, 2009 from <http://www.med.umn.edu/rehabscience/graddiversity.html>
- ³⁸Sigma Xi. (2009). Committee on Diversity Mission Statement. Retrieved June 10, 2009 from <http://www.sigmaxi.org/programs/diversity/comm.miss.shtml>
-

-
- ³⁹ American Dental Education Association. (2009). Policy Statements on Equity and Diversity. Retrieved June 10, 2009 from http://www.adea.org/policy_advocacy/diversity_equity/Pages/PolicyStatements.aspx
- ⁴⁰ Sullivan Commission. (2004). *Missing Persons: Minorities in the Health Professions*. Washington, DC: The Sullivan Commission on Diversity in the Healthcare Workforce.
- ⁴¹ Boatwright W. (2005). How to Create a Practical Diversity Plan. Retrieved June 10, 2009 from <http://www.smmmc.org/career/diversity/practical.shtml>
- ⁴² Office of Human Relations Programs. (1998). *Diversity Blueprint: A Planning Manual for Colleges and Universities*. Washington, DC: Association of American Colleges and Universities.
- ⁴³ University of Texas Health Science Center at Houston Diversity Council. (2004). 2004 Diversity Action Plan. Retrieved August 30, 2007 from http://www.uth.tmc.edu/council/diversity/Diversity_Action_Plan_01-26-04.pdf
- ⁴⁴ Indiana University School of Dentistry. (2007). School of Dentistry Diversity Plan. Retrieved August 30, 2007 from http://www.iupui.edu/diversity/docs/07_diversity_plan_iusd.pdf
- ⁴⁵ University of North Carolina at Chapel Hill School of Nursing. (2003). University of North Carolina at Chapel Hill School of Nursing Diversity Plan. Retrieved September 1, 2007 from http://nursing.unc.edu/departments/oma/diversity_plan.html
- ⁴⁶ Iowa State University. (2008). Counseling Services: Students of Color. Retrieved June 10, 2009 from <http://www.public.iastate.edu/~stdtcouns/StudentsOfColor.htm>
- ⁴⁷ Dartmouth Medical School. (2009). Dartmouth Medical School Resources: Student Resources. Retrieved June 2009 from http://dms.dartmouth.edu/admin/student_affairs/diversity/dms.shtml
- ⁴⁸ James Madison University Counseling & Student Development Center. (2009). Our Diversity Mission. Retrieved June 10, 2009 from <http://www.jmu.edu/counselingctr/About/diversity.html>
- ⁴⁹ Mississippi Institutions of Higher Learning Office of Academic and Student Affairs. (2008). Strategic Planning Meeting—Remedial Programming. Retrieved June 10, 2009 from http://74.125.95.132/search?q=cache:LS47aRbXbAJ:www.ihl.state.ms.us/oasa/downloads/bestpractices_remedial_edu2008.pdf+diversity+academic+remediation+student&cd=5&chl=en&ct=clnk&gl=us
- ⁵⁰ Wadenya RO, Schwartz S, Lopez N, Fonseca R. (2003). Strategies for recruitment and retention of underrepresented minority students at the University of Pennsylvania School of Dental Medicine. *Journal of Dental Education*, 67(9):1039-1041.
- ⁵¹ Henley SJ, Struthers R, Dahlen BK, Ide B, Patchell B, Holtzclaw BJ. (2006). Research careers for American Indian/Alaska Native nurses: Pathways to elimination of health disparities. *American Journal of Public Health*, 96(4):606-611.
- ⁵² Leeman J, Goepfinger J, Funk S, Roland EJ. (2003). An enriched research experience for minority undergraduates—A step toward increasing the number of minority nurse researchers. *Nursing Outlook*, 51:20-24.
- ⁵³ Frantz KJ, DeHaan RL, Demetrikopoulos MK, Carruth LL. (2006). Routes to Research for novice undergraduate neuroscientists. *CBE—Life Sciences Edition*, 5:175-187.
- ⁵⁴ Johnson EF, Fedinec AA, Woodson RT. (1987). A minority health careers exposure program. *Journal of the National Medical Association*, 79(2):213-215.
- ⁵⁵ Crawford CO, Schelzel GW, Fleming PL, Harrison IE. (1975). Effects of health careers program and family support for a health career on eighth graders' career interest. *Public Health Reports*, 90(2):168-72.
- ⁵⁶ Wdenya R, Lopez N. (2008). Parental involvement in recruitment of underrepresented minority students. *Journal of Dental Education*, 72(6):680-687.
- ⁵⁷ American Speech-Language-Hearing Association. (2007). Minority Student Recruitment, Retention and Transition Practices: A Review of the Literature. Retrieved June 10, 2009 from <http://www.asha.org/practice/multicultural/recruit/litreview.htm>

-
- ⁵⁸ Kosoko-Lasaki O, Sonnino RE, Voytko M. (2006). Mentoring for women and underrepresented minority faculty and students: Experience at two institutions of higher education. *Journal of the National Medical Association*, 98(9):1449-1459.
- ⁵⁹ Simpson CF, Durso SC, Fried LP, Bailey T, Boyd CM, Burton J. (2005). The Johns Hopkins Geriatric Summer Scholars Program: A model to increase diversity in geriatric medicine. *Journal of the American Geriatric Society*, 53(9):1607-1612.
- ⁶⁰ Carline JD, Patterson DG, Davis LA. (1998). Enrichment programs for undergraduate college students intended to increase the representation of minorities in medicine. *Academic Medicine*, 73:299-312.
- ⁶¹ University of California San Diego. (2009). Health Professions Mentor Program: Guidelines for a Successful Mentorship. Retrieved June 10, 2009 from <http://hpmp.ucsd.edu/guidelinesMentorship.php>
- ⁶² Noone J, Carmichael J, Carmichael RW, Chiba SN. (2007). An organized pre-entry pathway to prepare a diverse nursing workforce. *Journal of Nursing Education*, 46(6):287-291.
- ⁶³ Frankl SN. (2003). Strategies to create and sustain a diverse faculty and student body at the Boston University School of Dental Medicine. *Journal of Dental Education*, 67(9):1042-1045.
- ⁶⁴ Grumbach K, Coffman J, Gandara P, Munoz C, Rosenoff E, Sepulveda E. (2003) *Strategies for Improving the Diversity of the Health Professions*. San Francisco, CA: The California Endowment.
- ⁶⁵ Patterson DG, Carline JD. (2006). Promoting minority access to health careers through health profession-public school partnerships: A review of the literature. *Academic Medicine*, 81(6):S5-S10.
- ⁶⁶ Muesch Helm D, Grabarek ES, Reveal M. (2003). Increasing dental hygiene student diversity: Life-performance questions as alternative admissions criteria. *Journal of Allied Health*, 32:279-284.
- ⁶⁷ Formicola AJ, Klyvert M, McIntosh J, Thompson A, Davis M, Cangialosi T. (2003). Creating an environment for diversity in dental schools: One school's approach. *Journal of Dental Education*, 67(5):491-499.
- ⁶⁸ Erwine K, Blumenthal DS, Chapel T, Allwood LV. (2004). Building an Academic-community partnership for increasing the representation of minorities in health professions. *Journal of Health Care for the Poor and the Underserved*, 15:589-602.
- ⁶⁹ Thomson WA, Ferry PG, King JE, Martinez-Wedig C, Michael LH. (2003). Increasing access to medical education for students from medically underserved communities: One Program's Success. *Academic Medicine*, 78(5):454-459.
- ⁷⁰ Fincher RE, Sykes-Brown W, Allen-Noble R. (2002). Health Science Learning Academy: A successful "pipeline" educational program for high school students. *Academic Medicine*, 77(7):737-738.
- ⁷¹ Stewart S, Cleveland R. (2003). A pre-college program for culturally diverse high school students. *Nurse Education*, 28(3):107-110.
- ⁷² Winkleby MA. (2007). The Stanford Medical Youth Science Program: 18 years of a biomedical program for low-income high school students. *Academic Medicine*, 82(2):139-145.
- ⁷³ Office of University of Washington-Community Partnerships. (2006). UW Dental Camp: Inspiring underrepresented minority students. Retrieved August 31, 2007 from https://devar.washington.edu/howto/storydb/project/story_detail.asp?storyId=1454
- ⁷⁴ Jackson EW, McGlenn S, Rainey M, Hardo HR. (2003). MEDPREP—30 years of making a difference. *Academic Medicine*, 78(5):448-453.
- ⁷⁵ Leeman J, Goeppinger J, Funk S, Roland EJ. (2003). An enriched research experience for minority undergraduates—a step toward increasing the number of minority nurse researchers. *Nursing Outlook*, 51(1):20-24.
- ⁷⁶ Grumbach K, Chen E. (2006). Effectiveness of University of California postbaccalaureate premedical programs in increasing medical school matriculation for minority and disadvantaged students. *Journal of the American Medical Association*, 296(9):1079-1085.
-

-
- ⁷⁷Fletcher A, Williams PR, Beacham T, Elliot RW, Northington L, Calvin R, Hill M, Haynes A, Winters Km Davis S. (2003). Recruitment, retention and matriculation of ethnic minority nursing students: A University of Mississippi School of Nursing approach. *Journal of Cultural Diversity*, 10(4):128-133.
- ⁷⁸Health Resources and Services Administration. (2007). MCH Training Program-Project Information: Howard University. Retrieved August 2, 2007 from http://mchb.hrsa.gov/training/project_info.asp?id=291
- ⁷⁹Thomson WA, Ferry PG, King JE, Martizez-Wedig C, Michael LH. (2003). Increasing access to medical education for students from medically underserved communities. *Academic Medicine*, 78(5):454-459.
- ⁸⁰Turner CSV. (2002). *Diversifying the Faculty: A Guidebook for Search Committees*. Washington, DC: Association of American Colleges and Universities.
- ⁸¹Aguirre Jr. A. (2000). *Women and Minority Faculty in the Academic Workplace: Recruitment, Retention, and Academic Culture*. Washington, DC: George Washington University, Graduate School of Education and Human Development.
- ⁸²Rivera, Sierra & Company, Inc. (2005). *Minority Faculty Development Model for HRSA Sponsored Health Professions*. Rockville, MD: Health Resources and Services Administration, Bureau of Health Professions, Division of Health Careers Diversity and Development.
- ⁸³ Stanley JM, Flynn Capers C, Berlin LA. (2007). Changing the face of nursing faculty: Minority faculty recruitment and retention. *Journal of Professional Nursing*, 23(5):253-261.
- ⁸⁴ Harvard Medical School. (2009). Visiting Clerkship Program. Retrieved June 15, 2009 from http://www.mfdp.med.harvard.edu/med_grad/vcp/index.htm.
- ⁸⁵Gates PE, Ganey JH, Brown MD. (2003). Building the minority faculty development pipeline. *Journal of Dental Education*, 67(9):1034-1038.
- ⁸⁶ Virginia Commonwealth University. (2007). Strategies for Successfully Recruiting a Diverse Faculty. Retrieved June 1, 2009 from <http://www.vcu.edu/eoaa/pdfs/recruitstrat.pdf>.
- ⁸⁷ Eastern Washington University. (2008). Diversity at EWU: Faculty and Staff Recruitment and Retention. Retrieved June 15, 2009 from <http://www.ewu.edu/x3752.xml>
- ⁸⁸ Villanova University. (2009). Diversity Recruitment: Recommendations—The Search Committee. Retrieved June 15, 2009 from <http://www.villanova.edu/studentlife/multiculturalaffairs/recruitment/recommendations.htm?page=committee.htm>
- ⁸⁹ Moody CD. (1988). Strategies for improving the representation of minority faculty in research universities. *Peabody Journal of Education*, 66(1):77-90.
- ⁹⁰ Committee on Women in Psychology and APA Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology. (1998). Surviving and Thriving in Academia. Retrieved June 15, 2009 from <http://www.apa.org/pi/oema/surviving/>.
- ⁹¹ Alger JR. (1998). Leadership to recruit and promote minority faculty: Start by playing fair. *Diversity Digest*, Spring 1998. Retrieved June 15, 2009 from <http://www.diversityweb.org/Digest/Sp98/faculty.html>.
- ⁹² Calleson D, Kauper-Brown J, Seifer SD. (2005). Community-Engaged Scholarship Toolkit. Retrieved June 15, 2009 from <http://www.communityengagedscholarship.info>.
- ⁹³Rust G, Taylor V, Herbert-Carter J, Smith QT, Earles K, Kondwani K. (2006). The Morehouse Faculty Development Program: Evolving methods and 10-year outcomes. *Family Medicine*, 38(1):43-49.
- ⁹⁴Daley S, Wingard DL, Reznick V. (2006). Improving the retention of underrepresented minority faculty in academic medicine. *Journal of the National Medical Association*, 98(9):1435-1440.
- ⁹⁵Waitzkin H, Yager J, Parker T, Duran B. (2006). Mentoring partnerships for minority faculty and graduate students in mental health services research. *Academic Psychiatry*, 30(3):205-217.
- ⁹⁶ Lim RF, Luo JS, Suo S, Hales RE. (2008). Diversity initiatives in academic psychiatry: Applying cultural competence. *Academic Psychiatry*, 32(4):283-290.
-