

**Vanderbilt University School of Medicine
Diversity Strategic Plan
2006-2009**



**Office for Diversity
Vanderbilt University School of Medicine
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EXECUTIVE SUMMARY

Diversity is a key to excellence in health care. To achieve that vision, care must be provided by a well-trained, qualified, and culturally competent health professions workforce that mirrors the diversity of the populations it serves.

Sullivan Commission- 2005

As we begin the 21st century, the mission of Vanderbilt School of Medicine is more important than ever. Our mission states that: *“Students and faculty learn in an environment that supports excellence in education, patient care, and research. Since 1875, the School of Medicine has made education its highest priority. We seek the best and brightest students and provide them with a foundation in the basic and clinical sciences that enables them to become leaders and scholars. Our dedicated faculty work closely with each student in a supportive environment that encourages creative thinking and diversity.”*

The emphasis on excellence is paramount. We want to create a health care system where all Americans would be included and would experience the same level of quality care. The reference to diversity is equally important. We are all aware that by the year 2050, according to the 2004 U.S. Census, if not before, our nation will be one where the majority of the citizens will be individuals of color. Thus, as we prepare students to be physicians and biomedical scientists, it is important that their training reflect this trend.

This four-year Diversity Strategic Plan provides a blueprint of how we can pursue progress in four major goals and evaluate achievements during this period. Major priorities are noted, which came forth from the participation of numerous faculty, administrators, and staff participating in productive teams. One important thought from all of the sponsor teams was the need for the participation of leaders if the goals from this institutional plan were to be achieved.

The diversity of faculty in our medical schools remains low. As the AAMC reports, of the 114, 087 medical school faculty members as of December 2004, 7.2% were African American, Hispanic, or Native American, less than 8,300 faculty in total. Similarly, the number of minority physicians in the nation remains low. While African Americans, Hispanics, and Native Americans represent more than 25% of the U.S. population, only 6% of the physicians are from these populations. Minority physicians are more likely to return to their communities.

In 2005, data from the AAMC reports that 17, 004 individuals matriculated into U.S. medical schools. Approximately 14.0% were African American, Hispanic, or Native American, a group that represents over 25% of the nation’s population.

Interfacing with this challenge are the continuing disparities in access to healthcare as well as disparity in the occurrence of diseases in certain populations. African-Americans, Native Americans and Alaskan Native American infants have a death rate twice that of Whites. Mortality rate from strokes is 27.5 percent higher in African Americans than in Whites. African Americans have both a higher overall incidence and a higher death rate from cancer than any other racial or ethnic group.

As noted in November 2005 here at Vanderbilt, Harold P. Freeman M.D., former national President of the American Cancer Society and chair of the National Cancer Panel noted that “academic health institutions with outstanding resources must address the apparent discovery to delivery “disconnect” which has been cited as a key determinant of the unequal burden of cancer among the minority community.” Vanderbilt is making such an effort with the Southern Community Cohort Study, a research effort including Vanderbilt University Medical Center, Meharry Medical College, and the International Epidemiology Institute, helping to compliment the need to eliminate health disparities with the excellence in research in the academic health centers. The consequences of health disparities are grave, for example the life expectancy of African American men and women is at least 8-10 years less than their white counterparts.

As we continue to develop plans for increasing the diversity of our graduate and medical students, residents, fellows, house staff and faculty, we must remain aware that the majority of individuals trained are not minority and thus we must ensure that our curriculum and teaching methods strengthening the training of all students in health disparities and cultural competence. This Diversity Strategic Plan speaks to this need.

Through the efforts of many individuals, four overall goals were identified for increasing diversity in the Vanderbilt University School of Medicine which included:

Goal 1: To recruit and retain qualified faculty, postdoctoral fellows, housestaff, and students from underrepresented minority backgrounds to Vanderbilt University Medical Center. Key objectives will be to identify and implement effective strategies to recruit and retain URM faculty, residents and fellows to VUMC. Minorities make up only 7.2% of our medical school faculties. In addition, it is also important to reach a critical mass of medical students underrepresented in medicine as well as increasing the number of minority graduate students and postdoctoral fellows.

Goal 2. To educate students, housestaff and faculty on the importance of cultural competency in the provision of healthcare to patients. The major objective is to expand the depth of curricular focus and educational opportunities for diversity and cultural competence. Cultural competence significantly influences how health professionals provide health care and improving health care quality and eliminating health disparities requires ensuring diversity and cultural competence.

Goal 3: To support communication that values and enhances the institutional commitment to diversity. We want to increase the visibility of the success of diversity at the institution, which will enhance our recruitment efforts and community image. In addition, we want to increase the communication of medical

students with individuals who may differ with their point of view, increasing tolerance among all students.

Goal 4. To develop evaluation systems to measure progress in the proposed diversity strategic plan efforts. We want to incorporate established evaluation criteria into the periodic measurement of the success of this strategic plan. We need to gather data in order to evaluate our progress in achieving racial and ethnic diversity, as well as other targeted diversity, among students, faculty, administration, and health care providers.

As discussed throughout the strategic planning process, it is important that these efforts be intertwined throughout the institution with key responsibilities of leaders of the institution. Also the formation of a Vanderbilt University School of Medicine Diversity Task Force, which will meet each semester to evaluate progress towards these goals, and report directly to the Dean School of Medicine, is an important initiative.

At the November 2005 meeting of the Association of American Medical Colleges (AAMC), President Jordan Cohen made a statement worth repeating. In discussing the present and future challenges to the medical profession, he noted, the number one challenge was the racial and ethnic diversity of the medical profession.

Dr. Cohen stated, *“As medical educators, our core obligation is to prepare a future physician workforce that is optimally equipped to address America's health care needs. As our country becomes increasingly multiracial and multicultural, racial and ethnic disparities in health and health care remain major blights on our system-and on our profession. Increasing the racial and ethnic diversity in the medical school classroom and in the physician workforce is essential to eliminating those disparities”*.

As the leader of the AAMC, Dr. Cohen also wrote an important paper during the Supreme Court deliberations of 2003 where he cited strong evidence for the continuation of consideration of race as one factor in the medical school application process. The paper was one of several cited by the Supreme Court in their support of the University of Michigan Law School admissions policies which included race as one factor.

Vanderbilt is moving in the right direction to address this national priority and working together we anticipate continued progress in the years ahead. Examples of such progress include (1) continuing increase in the number of applications to medical school from students underrepresented in medicine; (2) a mentoring system for all accepted and current underrepresented in medicine students; (3) substantial increase in discussions and presentations on cultural competency and health disparities; (4) increase in activities of minority student organizations such as the Student National Medical Association, Alliance for Diversity in Research, Asian Pacific American Medical Student Association, and the new undergraduate organization Minority Association of Premedical Students-Vanderbilt Informed PreMed Students (MAPS-VIPS) and (5) the creation of an environment that is increasingly supportive of the minority graduate and medical students. This plan will provide impetus to have this progress continue.

The consensus from participants is that diversity at all levels of the institution must be weighted equally in importance when implementing programs or utilizing resources to accomplish the proposed goals. As has been noted often, we are interested in broad diversity, including individuals with different economic backgrounds, different religions, different racial and ethnic backgrounds, different expressions of beliefs, and different sexual orientations as well as others. Concomitant with this thought is the fact that institution-wide education of the benefits of diversity should continue. One of the most important resources that Vanderbilt has, as we move to success of our diversity programs, is the presence of some diversity at most levels of the institution with individuals who will provide personal insights. In the next four years, success in achieving these goals will be possible.

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December 21, 2005



Elevate and Diversity

Elevate is a key component describing the major principles to guide and prioritize actions within the Vanderbilt University Medical Center. Increasing diversity of the institution addresses many of the Vanderbilt Pillar Goals of Elevate.

People- Vanderbilt represents one of the leading academic health science centers in the nation. A diverse work force will increase the quality of service, resulting in employee and physician satisfaction.

Service- As the diversity of the patient pool increases, a more diverse staff will contribute to an increased feeling of satisfaction among our patients. In addition, increased cultural competency among the medical students, residents, and physicians will improve communication between them and the patient.

Quality- A more effective means of communication between our patients and health professional will certainly lead to greater further increase in the quality service provided, helping us to perform in the top 10 of clinical quality measures as well lead to the highest quality of service for a diverse patient pool.

Growth- Creating an environment that is receptive to a diverse range of patients will help to create an environment that sends the message that our medical center is a welcoming one for individuals of different backgrounds. This should be reflected in the increased patient volumes.

Finance- The Meharry-Vanderbilt Alliance and its emphasis on increasing research on health disparities has had a positive influence on our success in attracting funding in this and other research areas, over \$100 million dollars in recent years. This has certainly contributed to mobilizing individuals to address the elimination of health disparities as well as increased sponsored research. Efforts in the Research Enterprise Strategic Plan are identifying additional initiatives to address health disparities. .

In addition, in the current Credo Behaviors for the VUMC, the importance of respect for and knowledge of individuals from different backgrounds has been included.

INTRODUCTION

As part of the Strategic Plan for the Academic Enterprise presented in September, 1997, it was recommended that an Office of Diversity be organized. This occurred in July, 2002 with the appointment of George C. Hill, Ph.D. as Associate Dean for Diversity.

Diversity Plan Mission Statement

The following mission statement was developed for Office for Diversity in August 2002.

“Vanderbilt University School of Medicine is actively committed to recruiting and supporting a diversified body of graduate, postdoctoral and professional students, residents and faculty in an environment that is dedicated to excellence and cultural sensitivity.”

Guiding Principles Regarding Diversity from LCME

All United States medical schools are examined periodically by the Liaison Committee on Medical Education (LCME) nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The LCME has several guiding principles that influence the diversity of the medical schools:

Each medical school is periodically evaluated by the LCME. Several of their requirements are related to diversity including:

- *The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms.*
- *Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.*
- *Each medical school should have policies and practices ensuring the gender, racial, cultural and economic diversity of its students.*
- *In the admissions process and throughout medical school, there should be no discrimination on the basis of gender, sexual orientation, age, race, creed or national origin.*
- *The recruitment and development of a medical school’s faculty should take into account its mission, the diversity of its student body and the population it serves.*

Planning Process

The planning process used in developing of this Diversity Strategic Plan included the following steps. (1) Monthly meetings were held with Dean Gabbe; (2) the development of a Mission Statement for the Office for Diversity occurred; (3) visits were made to peer institutions by Dr. Linda Hare and evaluation of best practices occurred; (4) a Diversity Retreat was held attended by 80 faculty and staff; (5) formal and informal discussions with medical and graduate students were held; (6) the development of four major clusters of emphasis focusing on individuals, the organization, education and evaluation; and the (7) appointment by the Dean and subsequent meetings of sponsor teams for expansion of specific aims for the four clusters. Significant assistance was provided from the Learning Center by Cher London, Ph.D. and Ms. Toney Cole.

Four sponsor teams were convened in order to determine critical implementation steps for the plan's goals and objectives. Each team determined strengths and opportunities and developed a series of "must do" tasks. The sponsor teams and their respective emphasis areas were:

- **Individuals:** Recruitment and professional development of minority medical and graduate students, residents, fellows and faculty
- **Organization:** Communication that values and enhances the institutional commitment to diversity
- **Education:** Expansion of the importance of diversity and cultural competencies in our education programs
- **Evaluation:** Development of systems to measure success

Members of the sponsor teams included:

- **Individuals:** Saundrett Arrindell, MD, coordinator; Roger G. Chalkley, D.Phil., Gerald Frank, PhD; Nancy Denizard, MD; Fred Kirchner, MD; Ann W. Richmond, Ph.D., Susan Wentz, PhD; Thomas Hazinski, MD; John Sergent, MD; Gerald Gotterer, MD, PhD; Gerard Jenkins, VMS2; Cheryl Overton, PhD student.
- **Organization:** L. Webb, PhD, coordinator; Kevin Myatt; Joel Lee; Bill Hance; Mica Bergman
- **Education:** Bonnie Miller, MD, coordinator; Gerald Gotterer, MD, PhD; George Bolian, MD; Liz Heitman, PhD; Rob Mutter, VMS3; Keli Turner, VMS3
- **Evaluation:** P. Keckley, PhD, coordinator; Frank Harrell, Ph.D.; Eric Neilson, MD; Scott Rodgers, MD; Alastair Wood, MD; Desi Dennis, VMS2; Mary Fleming, VM4.

Focused Priorities

There were several overarching Must-Do's from the Sponsor Teams:

- Increase the number of minority tenure track and non-tenured track clinical faculty.
- Develop a Vanderbilt University School of Medicine Diversity Task Force to monitor progress and submit an annual report to the Dean.
- Expand effective recruitment strategies for students from different groups including different religions, sexual orientations, ethnic and racial groups, individuals from different economic backgrounds, and individuals who represent a diversity of thought and ideas.
- Foster the professional development and achievement of underrepresented minority faculty.
- Develop a VUMC Communications Plan that reflects the fact that VUMC values diversity in all areas of its workforce and student populations.
- Include in the responsibilities of the Undergraduate Medical Education Committee the oversight of curriculum content to ensure cultural sensitivity, cultural competency, and health disparities topics.
- Support research opportunities to address disparities in healthcare to underserved populations.
- Compare over the next 3-5 years data for VUSM vs. peer institutions for:
 - - a. URM Satisfaction
 1. Focus group with URM and majority students in first and second year classes including periodic interviews and questionnaires
 - b. Reputation Survey
 1. Targeted pre-med Advisor/Placement Counselors
 2. Selected local and national institutions
 3. Alumni

Major Factors Underlying Progress

The impetus for the development of this Diversity Strategic Plan comes from many directions, most importantly, the senior leadership, Harry R. Jacobson, M.D. Vice Chancellor for Health Affairs, and Steven G. Gabbe, M.D., Dean of the Vanderbilt University School of Medicine. As noted in numerous national reports over the past decade, this top leadership support is essential. The Strategic Plan for the Academic Enterprise prepared in 1997 showed important vision and stated the need for increased diversity among students and faculty.

Nationally, numerous recent reports have documented the need to reduce racial and ethnic health disparities and these are included in the selected references. Two Institute of Medicine reports in the past five years have highlighted the importance of this issue. The IOM excellent study, *Unequal Treatment*, provides strong support for a correlation between poorer health outcomes for minorities and the shortage of minority health providers. The other IOM report, co-chaired by Colleen Conway-Welch, Ph.D. Dean of

the Vanderbilt University School of Nursing, *In the Nation's Compelling Interest*, documented the need to ensure diversity in the health care workforce. The recent Sullivan Commission Report "*Missing Persons: Minorities in the Health Professions*" contributes significantly to the recognition of the national shortage of physicians and biomedical scientists of color. The Sullivan Commissions notes that "the condition of the nation's health professions workforce is critical and demands swift, large-scale change to protect the future health of the nation. Transforming the system will require changing the face of the American health care system." In addition the national trend to increase cultural competency in medical school curricula are valuable in helping to address the quality of care received by underserved individuals.

On the research front, each of the 20 NIH institutes has developed a Health Disparities Strategic Plan, which submitted to the National Center on Minority Health and Health Disparities (NCMHD), resulting in an NIH-wide Health Disparities Plan. The Director of the NCMHD is John Ruffin, Ph.D. In a very broad sense, the VUMC Research Enterprise Strategic Plan, led by Jeff Balser, M.D., Ph.D., Associate Vice Chancellor for Research has included the priority of addressing health disparities in many phases of the current and future research efforts of the institution, including the Meharry-Vanderbilt Alliance.

It is clear that the population of the United States is changing. By the year, 2050, the majority of the individuals in the United States will be individuals of color. Together, these and other steps have accelerated the need to address not only racial and ethnic disparities but to ensure that the treatment of all individuals meets the highest standard of professionalism and the access to quality care is expanded to all of our citizens.

DIVERSITY STRATEGIC PLAN

Overall Goals of Diversity Strategic Plan

The overall goals of this Diversity Strategic Plan are:

- To increase the diversity of our medical and graduate students, postdoctoral fellows, house staff, and faculty at Vanderbilt University Medical Center
- To educate students, residents, and faculty in the importance of cultural competence in the provision of healthcare to patients
- To effectively communicate the institution's commitment to diversity
- To develop evaluation systems to measure progress in these efforts

Objectives with strategies and tactics are provided for each goal.

Goal 1: To recruit and retain qualified faculty, postdoctoral fellows, housestaff, and students from underrepresented minority backgrounds to Vanderbilt University Medical Center.

Objectives I: To recruit URM faculty, fellows and residents to VUMC

Strategy IA: To develop and maintain a list of qualified URM candidates matched to the short-term recruitment needs of VUMC clinical and basic science departments.

Tactics:

1. Identify several departments to be targeted
2. Develop a procedure so that the Office for Diversity can be notified when a minority faculty member is being recruited so that the office can facilitate recruitment.
3. Survey the reasons minority faculty come and stay at VUMC and use in recruitment.
4. Identify and recruit increased numbers of residents/fellows as key in developing minority faculty.
5. Retain, protect, mentor and support young minority faculty
6. Partner with Women in Medicine Faculty Development to address women faculty recruitment, retention, and promotion.
7. Have the Dean re-emphasize Vanderbilt's commitment to diversifying search committees, in some specific cases requesting the top candidates include an underrepresented minority individual.
8. Through the Office of Faculty and Administrative Affairs, ensure mentorship program is available for all junior minority faculty

Strategy IB: To evaluate best practices in the recruitment of URM faculty at peer academic medical centers

Tactics:

1. Visit peer institutions and discuss best practices
2. Consult with major faculty chairs on their ideas concerning what practices should be attempted

Strategy IC: To incentivize the recruitment of minority faculty

Tactics:

1. Develop a Dean's Minority Scholar's Program to assist the individual departments with their minority recruitment and development efforts.
2. Include recruitment goals in the Executive Incentive Plan of heads of departments and centers and incentivize success.

Strategy ID: Outline a Minority Recruitment Plan

Tactic:

1. Compile information gathered from strategies IA- IC into a program for recruitment that can be implemented through-out the institution.

Objective II: To position VUMC for success in the recruitment and retention of URM residents and fellows.

Strategy IIA: To evaluate institutional strategies and tactics of peer institutions with notable success in the recruitment and retention of URM students and residents.

Tactics:

1. Visit peer institutions and discuss strategies with targeted institutions
2. Convene a meeting of key residency directors of the institution to share strategies with colleagues.
3. Develop a visiting clerkship program similar to that of some peer institutions
4. Have all major departments consider best practices for recruiting residents similar to residency directors who have had some success in minority recruitment.
5. Develop a Vanderbilt University Residency Recruitment Task Force representing minority and majority residents from several disciplines with duties to visit medical schools, correspond with medical students by mail, e-mail or telephone
6. Arrange for fourth year visiting URM student externs to meet with residency directors in the discipline in which they are interested as well as a minority faculty member or resident.
7. Have URM Vanderbilt residents contact their home institution medical students to recruit for VU residencies.

Strategy IIB: To evaluate opinions and recommendations from current and former URM students, residents, and faculty relevant to the development of an overall plan to improve the effectiveness of VUMC efforts in URM student and resident recruitment

Tactics:

1. Develop a questionnaire to obtain data on the experiences of the minority graduates. Also personally interview some of these individuals
2. Hold individual focus groups with minority students, residents, and faculty to identify the strengths and weaknesses of the current recruitment environment at VUMC.

Objective III: To achieve a critical mass of medical students underrepresented in medicine comparable to other top-ranked medical schools in the country

Strategy III: To identify, recruit, admit and matriculate the top students underrepresented in medicine in the country

Tactics:

1. Aggressive recruit at targeted sites for students underrepresented in medicine
2. Regularly update the web page for the Office for Diversity and the Admissions Office
3. Hire a full-time recruiter for the School of Medicine
4. Hold a mini-retreat for premed advisors at feeder institutions
5. Remind Vanderbilt faculty to represent Vanderbilt and recruit when traveling for meetings and invited seminars
6. Play a strong role in the development and activities of the undergraduate Minority Association of Premed Students-Vanderbilt Informed Prehealth Students (MAPS-VIPS) organization on campus.
7. Use current VUSM students as bridges to their home institutions.
8. Strongly support the activities of the student organizations in encouraging attendance at their meeting, sponsorship of organization professional activities, and travel to national meetings. These organizations include the Student National Medical Association (SNMA), Association of Pacific and Asian-American Student Association (APAMSA), and the Student American Medical Association (SAMA). Another is in the planning stages: Hispanic Medical Student Association.

Objective IV: To increase the number of minority graduate students and postdoctoral fellows.

Strategy IV: To identify additional effective efforts for the successful recruitment of minority graduate students and postdoctoral fellows.

Tactics:

1. Continue to build relationships with top feeder HBCUs, evaluating several for formal feeder relationships into the Ph.D. program.
2. Utilize the databases and the activities of the Leadership Alliance
3. Provide free transportation and housing for strong students at feeder institutions for some of the symposia we hold annually here at Vanderbilt.
4. Support the goals and activities of the Alliance for Cultural Diversity in Research (ACDR).
5. Continue national recruitment at scientific research meetings by BRET Office, Office for Diversity, current PhD students and faculty and designated recruiters.
6. Continue the multiple programs targeting minority students under the umbrella of the Summer Science Academy
7. As part of the BRET office initiative, develop a mentor network for existing URM PhD students
8. Develop a Minority Postdoctoral Program where faculty with RO1s will compete annually for funding for two postdoctoral fellows funded from institutional resources.

Goal 2. To educate students, housestaff and faculty on the importance of cultural competency in the provision of healthcare to patients.

Objective I: To enhance the depth of curricular focus and educational opportunities for diversity and cultural competence

Strategy I: To work with institutional colleagues to ensure that diversity and cultural competency are incorporated throughout the medical school curriculum

Tactics:

1. Present grand rounds and have discussions on cultural competency with all major clinical departments
2. Work closely with the Undergraduate Medical Education Committee to assist in having the curriculum address cultural competency, diversity in our patient populations, and health disparities in underserved groups.
3. Support establishment of new courses that provide professional experiences for medical students with diverse patient populations as well as foster patient-doctor relationships with diverse individuals.
4. Support the philosophy of cultural competency and scientific rigor as co-equals in the selection and education of our medical students. Working with other deans, identify additional ways to reinforce and celebrate humanism.
5. Discuss with the Associate Dean for Undergraduate Education the possibility of having a small retreat with key departments represented on this topic. The focus would be identifying major gaps and proposing key approaches for enhancing the culture competency of faculty and students.

6. Share responsibility with other individuals to have cultural competency with all visiting clerkship students.
7. Develop a questionnaire to be presented to students at the middle of their second year and middle of their fourth year evaluating their cultural competency. This would be an IRB approved study.
8. Develop with the Associate Dean for the Graduate Medical Education ideas for implementation during the residency program efforts to enhance in the residents' training the importance of cultural competency
9. Arrange panels each semester of patients from different backgrounds who can speak to students, residents and faculty about their experiences in the VUMC healthcare system.
10. Identify ways to obtain community involvement in the education and assessment of medical students, house staff and faculty.

Goal 3: To support communication that values and enhances the institutional commitment to diversity

Objective I. To increase the visibility of the strong evidence of diversity at the institution, which will enhance our recruitment efforts and community image.

Strategy I: To work with communication staff to ascertain the effectiveness of our messages regarding diversity and to make necessary adjustments.

Tactics:

1. Hold regular discussions with publication officials on the results of their increased sensitivity to image in our publications.
2. Publicize within the minority community the VUMC programs that are especially devoted to enhancing the health of minority individuals, e.g., Southern Community Cohort Study; Meharry- Vanderbilt Alliance
3. Annually systematically review and update all web pages of the VUMC to assure they project the desired image.

Objective II. To increase the communication of medical students with individuals who may differ with their point of view, increasing tolerance with all students.

Strategy I: To create an environment conducive to sharing and accepting diverse points of view.

Tactics:

1. Utilize focus groups and questionnaires to better understand what are the differences that occur.
2. Establish informal small group discussions over dinner in individuals home to help increase communication between students and faculty with different views.
3. Encourage and support the development of learning houses or societies for the discussion of different ideas and thoughts.

Goal 4. To develop evaluation systems to measure progress in the proposed diversity strategic plan efforts

Objective I. To incorporate established evaluation criteria into the periodic measurement of the success of this strategic plan.

Strategy I: To develop and implement evaluation procedures, both formal and informal, that will provide feedback on the diversity efforts.

Tactics:

1. Develop a Vanderbilt University School of Medicine Diversity Task Force to monitor progress and prepare an annual report to the Dean.
2. Incorporate research on the success of noted initiatives into the activities of the Center for Evidence-based Medicine
3. Evaluate URM student satisfaction with focus groups, periodic interviews, and questionnaires
4. Specific progress toward departmental goals should be a part of and included in the Executive Incentives and annual evaluations of chairpersons.
5. In evaluating the Credo Behaviors of the Executive Faculty, request progress on those behaviors directed at increasing diversity.
6. Evaluate factors in the institutional climate that work against recruitment/retention of underrepresented minorities

Proposed Chronological Priorities for the Diversity Strategic Plan

1. Recruitment and Retention

Goal 1: To recruit and retain qualified faculty, postdoctoral fellows, residents, and students from underrepresented minority backgrounds to Vanderbilt University Medical Center

Year One

1. Develop a recruitment plan in order to increase the recruitment of residents, fellows and faculty. In doing so, evaluate institutional strategies and tactics of peer institutions with notable success in the recruitment and retention of URM students and residents.
2. Evaluate best practices in the recruitment of URM faculty at peer academic medical centers
3. Develop a Dean's Minority Scholars' Program to assist the individuals departments with their minority recruitment and development effort. Include recruitment goals in the Executive Incentive Plan of heads of departments and centers. "Incentivize" success.
4. Develop a Vanderbilt Visiting Clerkship Program for fourth year medical students similar to that of some peer institutions
5. Develop a Vanderbilt University Residency Recruitment Tasks Force representing minority representing minority and majority residents from several disciplines with duties to visit medical schools, as well as communicating with medical students by email, or telephone
6. Develop with the leadership of successful residency directors best practices that can be utilized by others.

Subsequent Years

1. Develop and maintain a list of qualified URM candidates matched to the short-term recruitment needs of VUMC clinical and basic science departments.
2. Survey the reasons minority faculty come and remain at VUMC and use in recruitment
3. Through the Office of Faculty Affairs, ensure mentorship program is available for all junior minority faculty
4. Partner with Women in Medicine Faculty Development to address women faculty recruitment, retention, and promotion.

5. Establish a Minority Recruitment Plan. Compile information gathered from ongoing strategies into a program for recruitment that can be implemented through-out the institution.
6. Develop a Minority Postdoctoral Program where faculty with RO1s will compete annually for internal funding for two postdoctoral fellows funded from institutional resources.
7. Hold individual focus groups with minority students, residents, and faculty to identify the strengths and weaknesses of the current recruitment environment at VUMC.
8. Develop URM Faculty Recruitment Committee to meet with prospective URM Faculty interviewees.

Recommended Initiatives Currently Underway

1. Notify the Office for Diversity when a minority faculty member is being recruited so that the office can facilitate recruitment.
2. Play a strong role in the development and activities of the undergraduate Minority Association of Premedical Students-Vanderbilt Informed PreMed Students (MAPS-VIPS) organization on campus.
3. Continue to build relationships with top feeder institutions for minority students, evaluating several for formal feeder relationships into the Ph.D. program.
4. Support the goals and activities of the Alliance for Cultural Diversity in Research (ACDR).
5. Continue national recruitment at scientific research meetings by BRET Office, Office for Diversity, current PhD students and faculty and designated recruiters.
6. Support VU graduate and medical students efforts to foster relationships with undergraduates at TSU, Fisk, and MTSU.
7. Continue the provision of Diversity Scholarships to deserving medical school students.
8. Bring a small number of pre-med advisors from key feeder schools for minority medical students to Vanderbilt University School of Medicine to gain knowledge of the rigors of the admissions process.

2. Cultural Competency

Goal 2. To educate students, residents, and faculty on the importance of cultural competency in the provision of healthcare to patients.

Year One

1. Work closely with the Undergraduate Medical Education Committee to assist in having our curriculum address cultural competency, demographic diversity in our patient populations, and health disparities in underserved groups

Subsequent Years

1. Support the philosophy of cultural competency and scientific rigor as co-equals in the selection and education of our medical students. Working with other deans, identify additional ways to reinforce and celebrate humanism.

Discuss with the Dean of Medical Education the possibility of having a small retreat with key departments represented on this topic. The focus would be identifying major gaps and proposing key approaches for enhancing the culture competency of faculty and students.

2. Identify ways to obtain community involvement in the education and assessment of medical students, house staff and faculty.

3. Develop a questionnaire to be presented to students at the middle of their second year and middle of their fourth year evaluating their cultural competency. This would be an IRB approved study.

4. Develop with the Associate Dean for Graduate Medical Education ideas for implementation during the residency program efforts to enhance in the residents' minds the importance of cultural competency

5. Arrange periodic visits each semester of patients from different backgrounds who can speak to students, residents and faculty about their experiences in the VUMC healthcare system

5. Identify ways to obtain community involvement in the education and assessment of medical students, house staff and faculty.

Recommended Initiatives Currently Underway

1. Present grand rounds and have discussions on cultural competency with all major clinical departments

3. Communication

Goal 3: To support communication that values and enhances the institutional commitment to diversity

Year 1

1. Develop a VUMC Communications Plan that reflects that VUMC values diversity in all areas of its workforce and student populations
 - a. The communication plan should:
 - Reinforce the Medical Center's commitment to providing care to underserved and diverse populations.
 - Address ways to promote Nashville as a community that values and supports a diverse environment.
 - Include an orientation for anyone involved in the recruitment process regarding the importance of communicating key messages that support the School of Medicine's commitment to diversity.
 - There should be widespread communication about how VUMC supports university and community activities that help promote a diverse environment.
2. Establish with Assistant Dean for Students informal small group discussions with students to help increase communication between students with different views.

Subsequent Years

1. Encourage and support the development of learning houses or societies for the discussion of different ideas and thoughts.

Recommended Initiatives Currently Underway

1. Utilize the *Reporter*, *House Organ*, *Lens*, *Vanderbilt Medicine*, *VUMC Employee Quarterly* and other VUMC publications to note the value of diversity and the importance of reaching out to diverse populations.
2. Review and update all web pages of the VUMC to assure they project the desired image.

4. Evaluation

Goal 4. To develop evaluation systems to measure progress in the proposed diversity strategic plan efforts

Year 1

1. Incorporate research on the success of noted initiatives into the activities of the Center for Evidence-based Medicine
2. Develop a Vanderbilt University School of Medicine Diversity Task Force to monitor progress and submit an annual report to the Dean.

Subsequent Years

1. Evaluate URM student satisfaction with focus groups, periodic interviews, and questionnaires

Recommended Initiatives Currently Underway

1. In evaluating the Credo Behaviors of the Executive Faculty, request progress on those behaviors directed at increasing diversity.

CONCLUDING REMARKS

As has been noted by some of the healthcare leaders in our country, diversity is a key to excellence in health care. This Diversity Strategic Plan continues the recent progress that we have made in increasing the diversity of our institution. Significant improvements have been made. Examples highlight this progress, which has occurred through the cooperation and support of many of the leaders of the institution. Each year since 2003, the number of applications of students underrepresented in medicine has increased. The same has occurred for the 2005-2006 year. A similar increase has occurred in the admission of students underrepresented in medicine and a mentorship program established for all students underrepresented in medicine. The members of the admissions team, including screeners, interviewers, and especially members of the Admissions Committee, under the leadership of Hal Helderman, M.D., have been critical in this progress.

We have been selected as one of the prestigious institutions in the country to participate in the Leadership Alliance. The Leadership Alliance is a consortium of thirty-one of this nation's leading research and teaching academic institutions, dedicated to improving the participation of underserved and underrepresented students in graduate studies and Ph.D. programs and, ultimately, research professions in the academic, public and private sectors. Our efforts with Leadership Alliance will be linked with the Office for Biomedical, Research, Education and Training led by Roger Chalkley, D.Phil. Through this office, several outstanding programs targeting URM biomedical scientists have been developed and funded, largely with NIH support. These programs serve as models and resources as recruitment tools at all levels.

Discussions on health disparities and cultural competency have been expanded and this is reflected in the Medical School Graduation Questionnaire. Numerous presentations have been made to medical and graduate students, clerkship students, residents, housestaff, and faculty on these topics. A new organization for graduate students has been initiated, Alliance for Cultural Diversity in Research, which brings together students to stimulate research on topics important in the elimination of health disparities and also those interested in the mentoring of middle school and high school students. Other student organizations have been revitalized and supported including the Student National Medical Association, Asian Pacific American Medical Student Association, and the Minority Association of Premedical Students.

Each year we hold the Levi Watkins, Jr. Lecture and an important aspect of this event is the awarding of the Levi Watkins, Jr. Award to individuals who have been committed to increasing the diversity of our institution. Each year we provide an award to a clinical technician in the name of Vivien Thomas, an outstanding technician here at Vanderbilt University School of Medicine.

We continue to work toward the critical mass number of students underrepresented in medicine (~20%) matriculated at our peer institutions and to increase the number of faculty underrepresented in medicine and the biomedical scientists. Both can be accomplished with approaches demonstrated to be successful at other elite medical schools and noted by the sponsor teams in this report.

With strategic and persistent effort, and the continued availability of resources, significant progress with most of the goals outlined here can be achieved in the coming years. The Majority Leader, senior U.S. Senator from Tennessee, and former Vanderbilt University School of Medicine faculty member, the Honorable William Frist has articulated our challenge and opportunity well:

“Disparities in U.S. health care offend the founding American principle that we are all created equal. We fought a desperate Civil War that challenged and then reaffirmed that creed of equality. Together we endured and forged 140 years of progress in racial equality, progress that has at times been agonizingly slow.

Admittedly, there have been difficult hours when we have not been true to our creed. But in the last measure, ours has been a nation that has moved progressively toward, not away from, the fruits of these noble ideals for all.

I am confident that our generation can meet the challenge posed by the "unfinished work" of health disparities. I am also confident that one day all Americans, regardless of skin color or social status, will have equal opportunity to prevent and overcome disease and live longer, happier, and healthier lives.”

Health Affairs, March/April- 2005

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