Diversity and Inclusion at the Miller School of Medicine

"The University Of Miami Miller School Of Medicine aims to be one of the premier academic institutions leading our nation in the diversity and inclusion of our workforce"

Overview

The University of Miami has a common purpose which reads **"At the U, we transform lives through Teaching, Research and Service."** Among our critical values are diversity and inclusion. These values, and behaviors associated with them, provide a framework for defining who we are, and the culture of how we operate. The principles are incorporated into four **aspirations** that guide the vision for UM's future – we aspire to be the **hemispheric, excellent, relevant,** and **exemplary** university.

Diversity is the unique differences in individuals that define us. It relates to visible differences such as race, ethnicity, and gender, but also to the often-invisible characteristics and experiences such as socioeconomic background and sexual identity. **Inclusion** relates to a sense of belonging, feeling valued, and adding value to our institution. For any institution, workforce diversity and inclusion are key drivers of excellence and success. Nowhere is this more important than in health care, where addressing disparities and achieving health equity are critical to providing high quality care and education. Creating a diverse health professional workforce will lead to improvements in population health outcomes for all.

A diverse workforce will strengthen our commitment to four fundamental service standards at the University of Miami: safety, caring, responsiveness and professionalism. The University of Miami embraced these four service standards in order to achieve higher levels of excellence. To become as responsive as we can, we need to have a workforce that is as diverse as the community we serve.

That community -- South Florida and Miami-Dade County -- is like no other in the United States. Miami-Dade County has had a 7 percent population growth since 2010, and it is 67 percent Hispanic/Latino, 18 percent black, and 51 percent foreign born, with more than 70 percent of households speaking a first language other than English at home**.**

The University Of Miami Miller School Of Medicine is committed to advancing health equity by promoting an inclusive environment in which differences in race, ethnicity, gender identity, nationality, religion, sexual orientation and identity, age, disability and socioeconomic status are celebrated. The Miller School aims to be one of the premier academic institutions leading the region and our nation in the diversity and inclusion of our workforce. To that end, we have established specific areas of focus, to be used as a guide by departments and centers, which will be revised and updated each year **(Appendix 1).**

Our focus on **diversity** means we specifically identify and reach out to individuals with characteristics under-represented in our institution. The emphasis on **inclusion** means we nurture, support and recognize ALL individuals, promoting acceptance and belonging.

Our diversity is significant: AAMC data from 2008-14 showed the Miller School student body was 13.4 percent Hispanic/Latino (>80th percentile) and 6.9 percent African American (>60th percentile). With more than 400 fulltime faculty who are Hispanic or black, we ranked well above the 90th percentile of AAMC institutions for under-represented minority faculty. Our diversity statement recognizes this progress, but emphasizes institutional priorities and opportunities for growth in diversity in leadership positions, and a need to expand an integrated program of diversity and inclusion across our health system.

A decanal-level group will provide oversight and will assist with monitoring and improvement of diversity and inclusion efforts at the Miller School. The Dean's Diversity and Inclusion Council will revise and update the mission statement annually, helping individual units to define such groups. This acknowledges changing and evolving ethnic minorities and groups under-represented in our institution, like new NIH designated Sexual Gender Minorities as a health disparities group, or Asian-Americans in leadership positions, the support of which is essential to achieving our mission.

Appendix 1

Areas of focus, to be used as a guide by departments, centers and units:

- **A commitment to nurturing greater diversity and inclusion for African American and black, Hispanic/ Latino, and disadvantaged (urban and rural) faculty, staff and students as a primary institutional objective for the achievement of excellence.**

- **A focus on women in medicine with respect to mentoring, faculty development, equity in pay, a climate and culture of belonging, and leadership in the institution.**

- **A commitment to recognizing talented majority and minority individuals, who support and promote engagement and inclusion, toward leadership positions in the institution.**

- **A focus on education and social initiatives that raise cultural intelligence, awareness and the appreciation of diversity and inclusion, and promote open, honest discussion and conflict resolution.**

- **A commitment to develop performance outcomes and metrics that capture diversity and inclusion efforts and outcomes (including categories like LGBTQ which are challenging to measure) and enhance workforce recruitment and retention.**

- **A commitment to invest in diversity and inclusion education and mentorship efforts, gaps in science, medicine and research training, from middle school onwards, as a critical part of workforce and pipeline development.**

Appendix 2

Template for Department/ Center/ Unit Diversity Statements

Units drafting diversity statements must think about them as functional, defining measurable objectives. Units should use the context of the overall school statement and mission as a guide. Rather than restating the Miller School's statement, units are encouraged to use their own data and unique needs to personalize the message:

- A definition of diversity groups that will enhance your unit
- Policies and programs implemented to create the pipeline for those diversity groups
- Measureable outcomes (e.g., offers made to members of diversity groups, enrollment trends, recruitment trends, efforts to recruit and retain faculty and senior staff from diversity groups)

For example: The *(Diabetes Research Institute)* has identified, based on its mission of *(being the premier diabetes research unit in the U.S.),* its interest in (*enhancing research and service delivery),* and increasing the likelihood of addressing health equity in our county, the following groups of *(fellows and faculty)* that would enhance our diversity and inclusion mission:

- African American or black (from Liberty City and Little Haiti)
- Hispanic (identified epidemic of type 1 diabetes in Central American immigrants) Socioeconomically disadvantaged
- LGBTQ

To this end the DRI has established a research rotation for medical students, residents and fellows, for four weeks during the academic year and seven weeks over the summer. Under-represented minorities are invited to apply, and awardees will receive a $2,500 stipend to defray housing and travel costs, and will be expected to work with a mentor and complete a draft research project by the end of the rotation. This pipeline is expected to increase the number of underrepresented minorities matriculating into the field as follows: 10 percent medical students, 30 percent residents, and 60 percent fellows. The goal is to hire four such individuals over the next five years.

Appendix 3

Definitions

The term underrepresented minority (URM) is used to denote individuals from specific U.S. racial and ethnic groups that are historically underrepresented in the public health sciences because of concerns about systematic and structural inequities facing people who identify as Hispanic/Latino, American Indian/Alaska Native, Black or African American, and/or Native Hawaiian or Other Pacific Islander or mixed race with any one or more of the above identifications.

Black or African American: A person identifying as having origins in any of the black racial groups of Africa. *(Specific recognition in Miami of the unique African American heritage, and areas like Overtown, Liberty City, Little Haiti and Florida City with the historical influence of immigrants from the Bahamas, Haiti, other Afro-Caribbean populations).*

Hispanic/Latino: A person identifying Hispanic/Latino race or origin, the heritage, nationality, lineage, or country of birth of the person or the person's parents or ancestors before arriving in the United States. *Specific recognition of Caribbean Americans – including but not limited to Cuban, Haitian, Central and South American groups. Special recognition of communities (such as Little Havana), first-generation immigrants, and Dreamers.*

Women: A person identifying as female. *Special recognition of national challenges surrounding gender pay equity and gender-related barriers to promotion and advancement.*

Disadvantaged: Examples include Financially or Educationally disadvantaged, which is relevant for the student category, but may not be as important or defined for residents and faculty. Disadvantaged will also apply to other groups not easily captured, such as LGBTQ, with the recent NIH designation of SGM (sexual gender minority) as a health disparity group related to poorer health outcomes. http://www.ninds.nih.gov/diversity_programs/definitions.htm

Disabled: *In the context of the ADA, "disability" is a legal term rather than a medical one. Because it has a legal definition, the ADA's definition of disability is different from how disability is defined under some other laws. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability. The ADA also makes it unlawful to discriminate against a person based on that person's association with a person with a disability.*

Appendix 4

Performance Metrics - Process and Outcomes

Recognizing the aspirational nature of diversity and inclusion, and that you cannot improve what you cannot measure, our school will promote transparency in reporting diversity and inclusion measures, with respect to both efforts and outcomes, as an expected part of unit-based performance. Such reports will recognize successes in diversity and inclusion, recruitment and promotion, and reinforce programs and strategies that lead to success. The reports should also identify areas of improvement, and outline plans and resources needed to move to the next level.

Departments, centers, and units will report diversity and inclusion status yearly, using standard templates and metrics. Most importantly, reports should focus forward, by setting goals and timelines, especially for new hires and replacements. Admissions, selection and search committees will:

1. Include unconscious bias training as a routine part of onboarding and orientation. This is included in the bylaws of the Faculty Council, effective 8-23-16. Committees must ensure that their agents are aware of their own biases (https://implicit.harvard.edu/implicit/).
2. Ensure that in all hiring efforts there is more than a single applicant meeting institutional and unit diversity and inclusion priorities, for the pool of final considered candidates. https://hbr.org/video/4984622531001/why-so-few-diversity-candidates-are-hired
3. Revise mission and admission statements for departments, centers and units as appropriate, to include:
    a. Mission appropriate diversity statements, with identification of diversity and inclusion for students, faculty, and senior administrative staff
    b. Definition of diversity-inclusion groups that will enhance the environment in your unit
    c. Policies and programs implemented to create the pipeline for those diversity groups
    d. Measureable outcomes (e.g., offers made to members of diversity groups, enrollment trends, recruitment trends, efforts to recruit and retain faculty and senior staff from diversity groups)

Key aspects will be accountability and process. It is expected that Faculty Affairs, Human Resources, and the Diversity Office will help establish and monitor this in a way that is safe, collaborative and consistent, so that units not meeting objectives can get the assistance they need.

Appendix 5

Educational and interactive programs that facilitate dialogue and a culture of belonging

The Office of Diversity and Inclusion is involved in the following educational and instructional programs:

1. Dean's Diversity Council – Dr. Stephen Symes
2. Safe Space training and LGBTQ collaborative – Dr. Sonjia Kenya
3. Cultural intelligence training for residents – Dr. Sonjia Kenya
4. Unconscious bias training – Dr. Kim Reynolds
5. Medical School Academic Enhancement Program and high school and undergrad longitudinal curricular outreach – Dr. Adrian Reynolds
6. Quarterly diversity and inclusion workshops, monthly diversity seminars, cultural competency week, second look day
7. Pipeline activities -- UModel summer programs for undergrad and high school students, White Coat Society shadowing and mentoring program, new HPM (Health Professions in Medical Education) - Nanette Vega and Adrian Reynolds.
8. Admissions diversity sessions for applicants