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Office of the President

TO MEMBERS OF THE HEALTH SERVICES COMMITTEE:

DISCUSSION ITEM

For Meeting of August 13, 2019

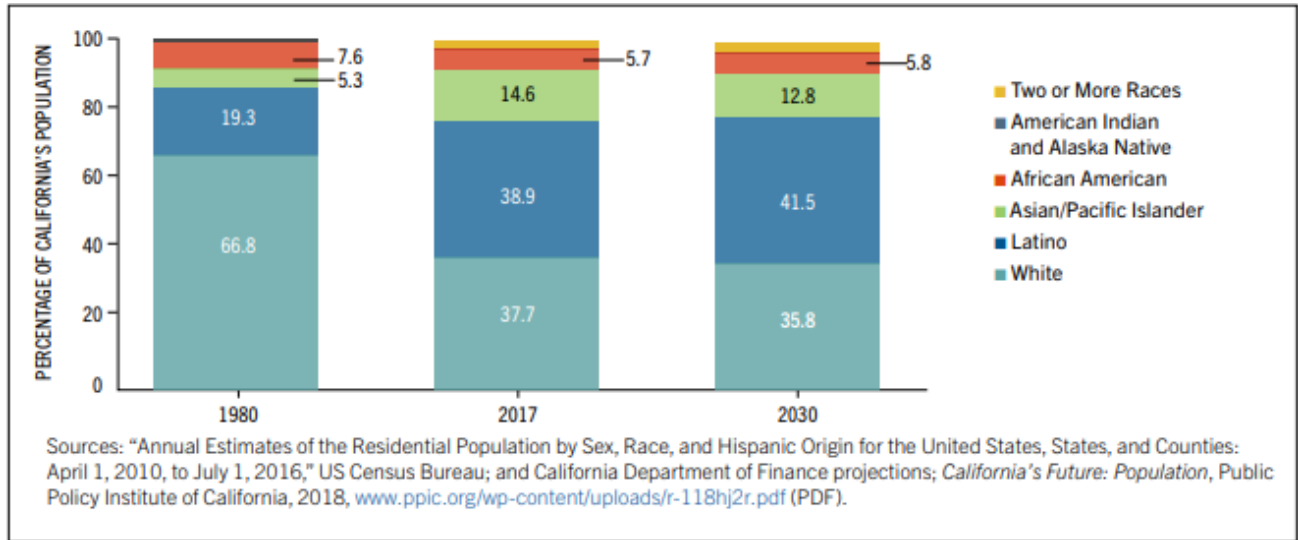
UNIVERSITY OF CALIFORNIA EFFORTS TO IMPROVE DIVERSITY IN THE HEALTH PROFESSIONS

EXECUTIVE SUMMARY

While research has shown the importance of diversity and inclusion in health care, improving the diversity of health professionals in California to better match the diversity of the population has been a long-standing challenge. UC Vice President for Health Sciences Dr. Cathryn Nation will provide an update and progress report on selected efforts at the University to address this challenge, including an overview of the goals and objectives of the recently appointed UC Health Diversity and Inclusion Taskforce and recent discussions by the Regents' Academic and Student Affairs Committee in May 2019. UCSF Vice Chancellor and Taskforce Chair Dr. Renee Navarro will discuss the membership, charge, and aims of the Taskforce and its progress to date. Several of the UC medical school deans will also be prepared to comment on various initiatives and efforts to increase diversity and inclusion within their schools and campuses.

BACKGROUND

California is home to the most diverse population in the nation, yet this diversity is not reflected in its health professions workforce. By 2030, communities of color will make up over 65 percent of California's population, yet they are substantially underrepresented in the workforce and health sciences educational pipeline. Latinos (California's largest single ethnic group) are projected to reach 41.5 percent of the population by 2030; however, they currently comprise just seven percent of physicians in the state. Increasing diversity of health professionals to better match the current and future diversity of California's population has been a persistent challenge.



The imperative for increasing diversity in health care has been well documented and frames the importance of these efforts as a means for increasing access to care for underserved communities, reducing health disparities, shaping a more inclusive research agenda, and enhancing the cultural competency of health providers. This imperative also recognizes that unequal educational opportunities and other forms of exclusion and discrimination persist and must be addressed. Understanding measures of success that extend beyond compositional diversity, yet contribute to institutional excellence in UC's teaching, research, and service missions, is increasingly important for driving change using evidence-based, data-driven approaches for improving diversity and inclusion.

Today, the University's 18 health professions schools and five academic medical centers — organized as UC Health — are recognized as international leaders in the education of health professionals, in research that develops new cures and treatments, and in the delivery of healthcare services that are accessible to all Californians. UC's health sciences schools and a number of smaller programs include the following:

- Dentistry (UCSF, UCLA)
- Medicine (UC Davis, UCSF, UCLA, UC Riverside, UC Irvine, UC San Diego)
- Nursing (UC Davis, UCSF, UCLA, UC Irvine)
- Optometry (UC Berkeley)
- Pharmacy (UCSF, UC San Diego)
- Public Health (UC Berkeley, UCLA)
- Veterinary Medicine (UC Davis)
- Other health sciences training programs

UC's health sciences schools are among the top-ranked in the nation, according to *U.S. News and World Report* 2019 rankings. All across the state, each of the UC academic medical centers has earned a place among *U.S. News and World Report's* "Best Hospital" rankings. However, UC health sciences faculty, students, residents, and senior leadership do not reflect the diversity of

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California's population. Creating a more inclusive climate also remains a challenge across the University and medical centers.

CHALLENGES TO IMPROVING DIVERSITY IN THE HEALTH SCIENCES¹

Despite the benefits that diversity among faculty, staff, and students brings to an institution, there are considerable challenges that health sciences schools must overcome to create a more diverse and inclusive environment. Many factors contribute to the historic lack of diversity in the health sciences, including poor pre-college academic preparation, lack of financial aid, family responsibilities, lack of mentoring and role models, poor or insufficient undergraduate advising, peer and faculty discrimination, unconscious bias, stereotype threat, and social isolation, among others.

Additionally, research has shown that lack of leadership accountability and engagement, limited institutional support and financial investment, lack of diversity of recruitment, admissions and hiring committees, lack of training in the mitigation of unconscious bias, and restrictions imposed by California's Proposition 209 are examples of long-standing challenges linked to improving diversity in the health sciences. Persistent microaggressions, harassment, and discrimination are also recognized as factors that undermine advancement and retention of underrepresented groups.

RECENT STATE AND UC ACTIVITIES

On April 9, 2019, President Napolitano, Vice President Cathryn Nation, and California Healthcare Foundation President and Chief Executive Officer Sandra Hernandez provided an overview of the final report of the California Future Health Workforce Commission to the Health Services Committee. The Commission, co-chaired by President Napolitano and Lloyd Dean, President and Chief Executive Officer of Common Spirit Health (formerly Dignity Health), was created in 2017 to address the state's looming workforce crisis by developing a comprehensive action plan for building the health workforce that California will need by 2030.

As was discussed at the April 2019 meeting, the Commission focused on the need to increase the diversity of the state's health workforce. The final report, "Meeting the Demand for Health," was released on February 4, 2019. The report included ten priority recommendations as part of a total set of 27 recommendations necessary for advancing three primary aims: (1) increasing opportunities for all Californians to advance in the health professions; (2) aligning and expanding education and training; and (3) strengthening the capacity, retention, and effectiveness of health professionals. Of the ten priority recommendations, half focused on improving access for underrepresented and underserved students and communities.

On May 15, 2019, Provost Brown, Vice Provost Gullatt, Vice President Nation, together with UCSF Vice Chancellor Renee Navarro and UC Irvine PRIME student Jemma Alarcon, presented

¹ Peek ME, Kim, KE, Johnson, JK, Vela, MB. "URM Candidates Are Encouraged to Apply": A National Study to Identify Effective Strategies to Enhance Racial and Ethnic Faculty Diversity in Academic Departments of Medicine. *Acad Med.* 2013; 88: 405-412.

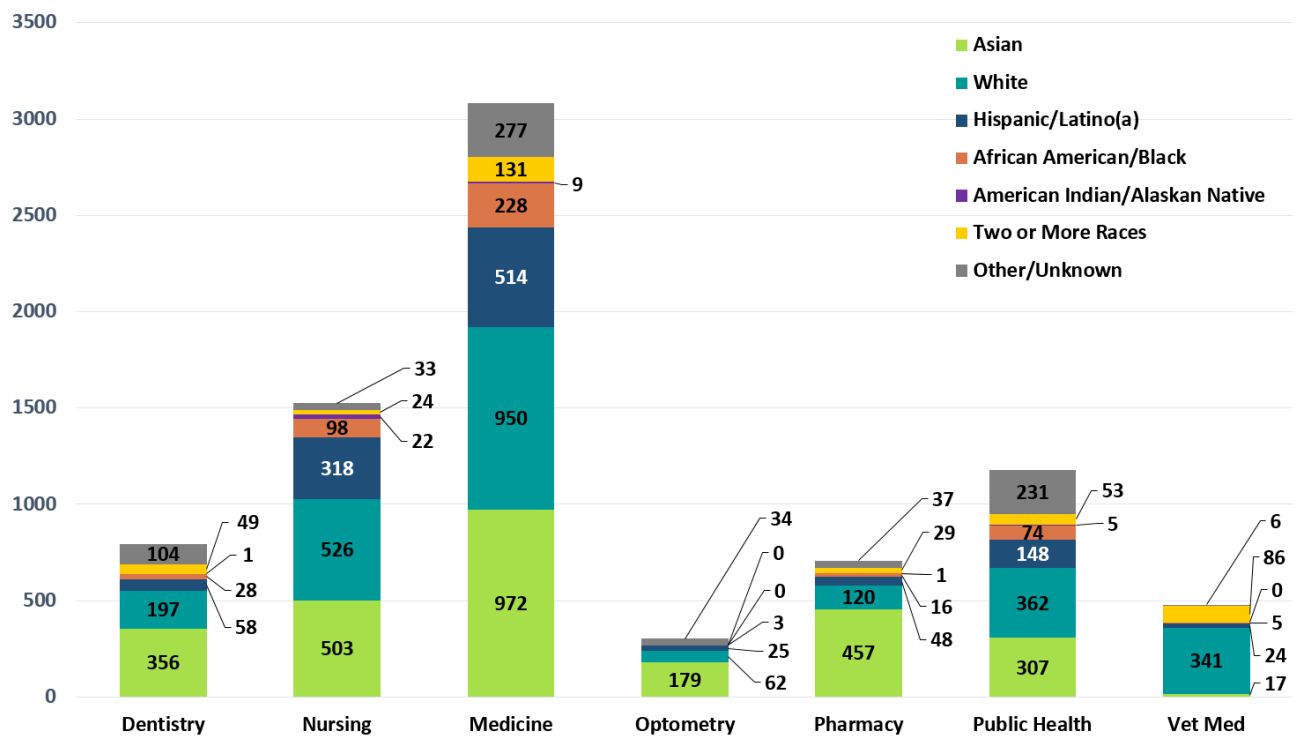
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the Annual Accountability Sub-Report on Diversity: UC Health Sciences Diversity Trends and Outcomes to the Regents Committee on Academic and Student Affairs. Overall, UC health professional schools are making progress, sometimes outpacing the general campuses, yet substantially lagging behind the overall increasing diversity of the state's population. UC educational programs such as UC Programs in Medical Education (PRIME), geared toward preparing future physicians to help meet the needs of medically underserved groups and communities, and UCSF's Watson Faculty Scholars Program, used to recruit and retain faculty who are committed to serving underserved and marginalized populations, were among several examples of promising programs highlighted during the discussion. Due to time limitations, the importance of this topic, and concerns regarding the lack of improvement in increasing diversity for some health professions, the Academic and Student Affairs Committee intends to continue the discussion at the September 2019 meeting.

SYSTEMWIDE UC HEALTH DIVERSITY AND INCLUSION TASKFORCE

UC Health's Strategic Plan was developed in 2018 and recently revised and finalized in February 2019. One of the goals in UC Health's Strategic Plan, Advancing Progress in Promoting Diversity and Inclusion, was developed in view of the importance of increasing diversity in the health professions and the need for ongoing improvement. One of the key strategies for meeting this goal includes the convening of the recently appointed UC Health Diversity and Inclusion Taskforce, charged to identify effective policies, practices, and/or assessments that aim to improve diversity and campus climate, increase accountability, and create opportunities to share best practices across the 18 UC health professional schools. Dr. Renee Navarro, Vice Chancellor of Diversity and Outreach and Professor of Anesthesia and Perioperative Care at UC San Francisco, serves as chair of the UC Health Diversity and Inclusion Taskforce. A representative from each of UC's 18 health professional schools has been appointed by each dean to participate in this taskforce. The taskforce is expected to produce a report in 2020 which will identify strategies, best practices, and recommendations for improving diversity and inclusion across UC's health professional schools. Included in that report will be recommendations for the continuation of this work in measuring the full representation across other groups and eliminating the unique challenges faced. Ongoing efforts in creating and sustaining a climate of full inclusion is essential for the University's future success and will better support all members of UC's campus communities.

Figure 1: Race/Ethnicity of UC Health Sciences Students by Profession

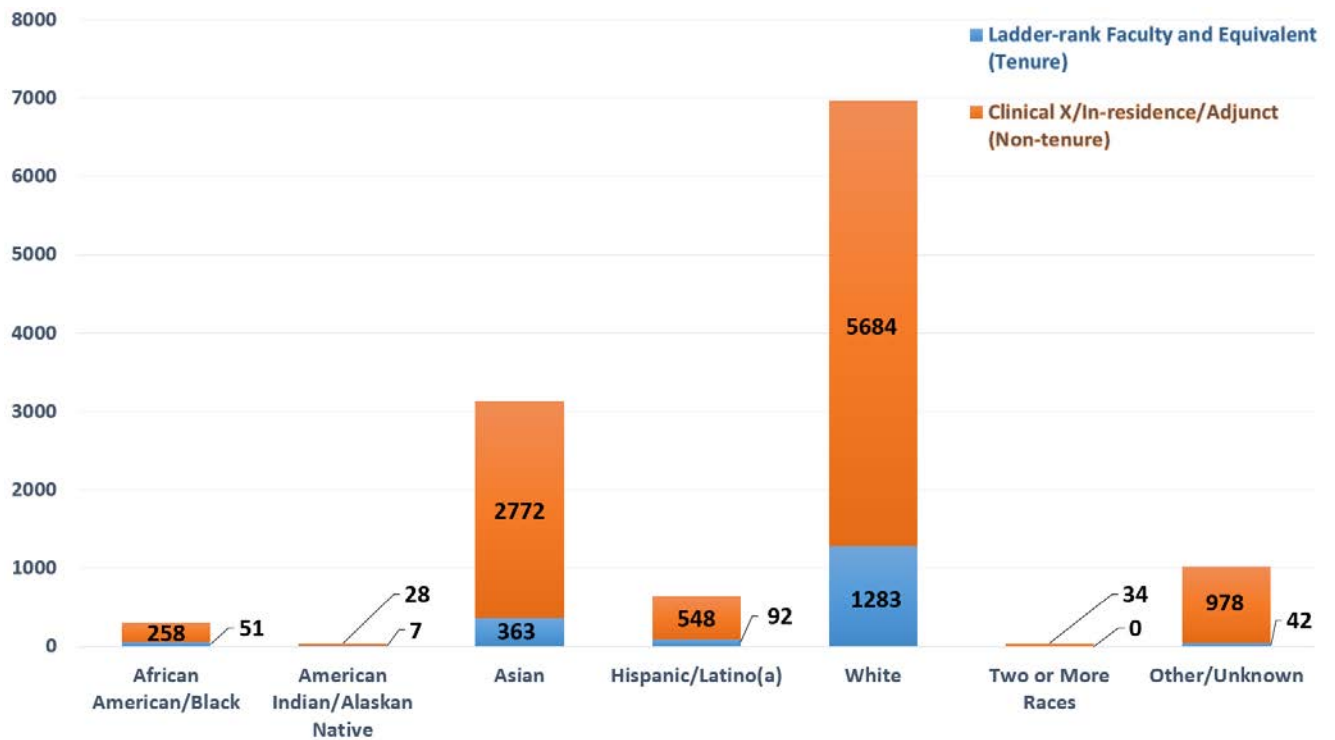


	African American/ Black		American Indian/ Alaskan Native		Asian		Hispanic/Latino(a)		White		Two or More Races		Other/ Unknown		Total	URM %
Dentistry - DDS	28	3.5%	1	0.1%	356	44.9%	58	7.3%	197	24.8%	49	6.2%	104	13.1%	793	10.9%
Nursing - BS(N)	10	2.8%	1	0.3%	154	43.6%	105	29.7%	68	19.3%	2	0.6%	13	3.7%	353	32.8%
Nursing - Masters	63	6.3%	17	1.7%	311	30.9%	196	19.5%	383	38.1%	19	1.9%	17	1.7%	1006	27.5%
Nursing - DNP	0	0.0%	0	0.0%	3	25.0%	3	25.0%	4	33.3%	2	16.7%	0	0.0%	12	25.0%
Nursing - PhD	25	16.3%	4	2.6%	35	22.9%	14	9.2%	71	46.4%	1	0.7%	3	2.0%	153	28.1%
Medicine - MD	228	7.4%	9	0.3%	972	31.5%	514	16.7%	950	30.8%	131	4.3%	277	9.0%	3081	24.4%
Optometry - OD	2	0.8%	0	0.0%	169	64.0%	22	8.3%	43	16.3%	0	0.0%	28	10.6%	264	9.1%
Optometry - PhD Vision Science	1	2.6%	0	0.0%	10	25.6%	3	7.7%	19	48.7%	0	0.0%	6	15.4%	39	10.3%
Pharmacy - PharmD	16	2.3%	1	0.1%	457	64.5%	48	6.8%	120	16.9%	29	4.1%	37	5.2%	708	9.2%
Public Health - MPH	55	6.5%	3	0.4%	206	24.2%	110	12.9%	260	30.5%	26	3.1%	192	22.5%	852	19.8%
Public Health - DrPH	5	17.2%	0	0.0%	6	20.7%	4	13.8%	7	24.1%	1	3.4%	6	20.7%	29	31.0%
Public Health - PhD	14	4.7%	2	0.7%	95	31.8%	34	11.4%	95	31.8%	26	8.7%	33	11.0%	299	16.8%
Veterinary Medicine - DVM	5	1.0%	0	0.0%	17	3.5%	24	5.0%	341	71.2%	86	18.0%	6	1.3%	479	6.0%
TOTAL	452	5.6%	38	0.5%	2791	34.6%	1135	14.1%	2558	31.7%	372	4.6%	722	8.9%	8068	20.2%

Source: UC Health Diversity and Inclusion Taskforce members

Figure 1 shows that Medicine has the largest number of students across the health professions. Asian students are the highest represented racial group and together with White students make up over half the student population in the health sciences. Hispanic/Latino students are the largest underrepresented minority group. Overall, only 20 percent of the student population is from an underrepresented group.

Figure 2: UC Health Sciences Faculty – Tenure vs. Non-tenure



	African American/Black		American Indian/Alaskan Native		Asian		Hispanic/Latino(a)		White		Two or More Races		Other/Unknown		Total	URM	
Ladder-rank Faculty and Equivalent (Tenure)	51	2.8%	7	0.4%	363	19.7%	92	5.0%	1283	69.8%	0	0.0%	42	2.3%	1838	15.1%	8.2%
Clinical X/In-residence/Adjunct (Non-tenure)	258	2.5%	28	0.3%	2772	26.9%	548	5.3%	5684	55.2%	34	0.3%	978	9.5%	10302	84.9%	8.1%
TOTAL	309	2.5%	35	0.3%	3135	25.8%	640	5.3%	6967	57.4%	34	0.3%	1020	8.4%	12140	100.0%	8.1%

Source: UC Health Diversity and Inclusion Taskforce members

Figure 2 displays UC health sciences faculty who are tenured (or tenure tracked) versus non-tenured (non-tenure tracked). The majority of the faculty in the health sciences are non-tenured and are involved in more of the clinical teaching of health sciences students than tenured faculty. Overwhelmingly, White faculty represent the majority of both tenured and non-tenured faculty. About eight percent of UC health sciences faculty (tenured and non-tenured) come from underrepresented minority groups.

PROMISING PROGRAMS FOR INCREASING DIVERSITY AND INCLUSION

Educational and community outreach programs are established elements of all UC health professions schools. These programs are intended to strengthen and expand educational pathways, encourage students from diverse backgrounds to consider the health professions as a career choice, mentor and support them as they pursue science and health-related educational goals, and provide a variety of resources to ensure their academic and personal success. There are more than 100 such programs currently offered across the UC health sciences instructional system.

One example of an innovative systemwide initiative with a record of success is seen in the UC Programs in Medical Education (PRIME). UC PRIME programs offer specialized education, training and support for UC medical students who wish to acquire added skills and expertise as they pursue careers caring for underserved populations in both rural communities and urban areas. UC PRIME programs include six unique medical student teaching programs operated by UC schools of medicine. Each program has a dedicated area of focus, targeted student recruitment, supplemental criteria for admission, relevant curricular content, and dedicated faculty mentorship. Areas of focus include rural health and telemedicine (Davis); the Spanish-speaking Latino community (Irvine); leadership and advocacy (Los Angeles); health disparities and health equity (San Diego); the urban underserved (San Francisco); and the San Joaquin Valley (Davis/San Francisco). In 2018, 354 PRIME students were enrolled in PRIME across the system and approximately 64 percent were from underrepresented groups in medicine. Since its inception in 2004, PRIME has produced 470 medical school graduates, many of whom go on to practice in primary care.

Table 1: Systemwide UC PRIME Enrollment 2018

UC PRIME ENROLLMENT

Fall 2018 Race/Ethnicity:	UCD	UCI	UCLA	UCSD	UCSF	SJV	TOTAL
Native American/Alaskan Native	0	0	5	0	2	1	8
Black/African American	1	1	17	12	16	2	49
MexicanAmer/Chic/Other Hisp/Lat	14	31	56	13	26	12	152
Pacific Islander	0	2	1	1	1	6	11
Multiple race/ethnicity (URM)	1	3	1	0	3	0	8
Total URM's & Other Hispanic/Latinos	16 (43%)	37 (63%)	80 (78%)	26 (51%)	48 (64%)	21 (70%)	228 (64%)
Asian American	4	3	17	14	15	6	59
White/Caucasian	16	17	5	11	7	2	58
Other/Non-Reporting	1	2	0	0	5	1	9
TOTAL ENROLLMENT	37	59	102	51	75	30	354

Source: UC PRIME Directors

With respect to faculty, one promising program is the UCSF School of Medicine's John A. Watson Faculty Scholars program, named in honor of John A. Watson, Ph.D., an African American scientist and pioneer for diversity at UCSF. The Watson Faculty Scholars program, created in 2015, provides critical support in the recruitment and retention of faculty who share the University's commitment to diversity and inclusion and service to underserved and marginalized populations. The program allows faculty to develop their academic interests as well as pursue activities that contribute to the community (outreach). Up to eight faculty recruits are selected each year to receive an award from the Watson Faculty Scholars program. There are two categories of awards: Faculty Recruitment and Retention, and Opportunity Transition. The program supports the campus goal of improving external recruitment, while also nurturing and developing the internal pipeline from trainees and postdoctoral scholars to faculty positions. To date, through the Watson Scholars Program, UCSF has hired 13 Hispanic, 19 African American, and two Native American faculty members. Since 2010, UCSF has more than doubled the number of Hispanic faculty from 83 to 247 and the number of African American faculty from 46 to 104.

NEXT STEPS

As this work continues over the coming academic year, the UC Health Diversity and Inclusion Taskforce will submit a report to the Vice President – Health Sciences and to UC Health Sciences Deans by June 2020. This report will identify strategies, best practices, and recommendations for improving diversity and inclusion across UC's health professional schools. The final Taskforce report will also be presented to the Executive Vice President – UC Health, with plans for an in-person meeting and discussion with Vice President Nation and the UC health sciences deans. The report will also be presented to the Health Services Committee in fall 2020.