Attachment 1

UNIVERSITY OF CALIFORNIA HEALTH

REPORT

Disrupting the Status Quo

Special Report of the UC Health Sciences Diversity, Equity and Inclusion Task Force

September 2020



UC Health Sciences Diversity, Equity and Inclusion Task Force

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Note to readers: University of California's health enterprise will be adopting the identifier University of California Health (UCH) for future publications, communications and activities at the system level. UCH comprises 20 health professional schools, six academic health centers, a global health institute and systemwide services that improve the health of patients and the University's students, faculty and employees.

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Executive Summary



Background and Context. The University of California (UC) operates the largest health sciences instructional program in the nation, annually enrolling nearly 15,000 students and trainees (approximately 5.2 percent of total UC systemwide student enrollment) in 20 professional schools on seven health sciences campuses. These include six schools of medicine; four schools of nursing; three schools each of pharmacy and public health; two schools of dentistry; and one school each of optometry and veterinary medicine. Across the professions, UC programs are recognized nationally for their preparation of highly skilled clinicians, future faculty and leaders in research, industry and public service. The University's now 20 health professional schools and associated hospitals and clinics are referred to collectively as UC Health.

As part of its strategic plan, the Division of UC Health in the Office of the President set a goal to *Advance Progress in Promoting Diversity, Equity and Inclusion* across the health sciences. A key strategy for this goal included convening a new systemwide UC Health Sciences Diversity, Equity and Inclusion Task Force. Members of the task force included senior diversity leaders selected by the deans of each UC health professional school, with Dr. Renee Chapman Navarro, vice chancellor for diversity and outreach at UC San Francisco, serving as the chair. The charge for this group was to identify effective and inclusive policies, practices, and/or assessments that aim to improve diversity, equity, inclusion (DEI), and campus climate; increase accountability; and create opportunities to share best practices across all UC health professional schools.

Imperatives for Action. Systemic racism is a persistent driver of: health inequities, inadequate access to health care and poor health outcomes for underserved groups and communities. Racial disparities in health are substantial and continue to result in adverse outcomes for underrepresented groups (URG) for measures that include, but are not limited to, life expectancy, mortality, morbidity, health status, disease prevalence and incidence, utilization of services, diagnosis and process of care, adequacy of pain management, and end-of-life care. Racism is a public health crisis.

Social Determinants of Health. According to the World Health Organization, the social determinants of health — conditions in which people are born, grow, live, work and age — are also responsible for the inequitable, yet avoidable differences in health status. Social determinants of health are shaped by the distribution of money, power and resources at all levels.

Diversity Improves Health. To improve health outcomes and achieve health equity, it is essential to increase the racial and ethnic diversity of the health workforce. URG health care providers are more likely than their non-URG peers to serve and practice in underserved communities, leading to increased access to care for underserved populations and improved patient outcomes.

Demographic Drivers. While Latinx individuals are now the largest ethnic group in California, they are woefully underrepresented in the health sciences. Underrepresented groups (defined for purposes of this report as African American/Black, American Indian/Alaska Native, and Hispanic/Latinx) make up more than 45 percent of California's population, however, the demographics of the State's health care workforce do not reflect this diversity.

Insufficient Diversity of UC Health Sciences Students, Residents, and Faculty. In 2019, Whites and Asians represented the majority of UC health professional students and residents, with nearly 35 percent of all UC students identifying as Asian, and 43 percent of all residents identifying as White. Among UC health sciences faculty, nearly 60 percent are White, compared to approximately 8 percent being from underrepresented groups.

UC Health Sciences Task Force Focus. While the UC Health Sciences Diversity, Equity and Inclusion Task Force recognizes and values the fact that diversity is all-inclusive, it felt compelled to address issues impacting racial and ethnic underrepresented groups. In keeping with its charge and in view of the fact that the legacy of slavery and segregation in this country has led to persistent, pernicious impacts of racism on

Black, Indigenous and other people of color, the task force agreed to focus this report on the elimination of barriers to the full inclusion of racially and ethnically diverse people.

Current Barriers for DEI. In order to achieve successful transformational change in the systems and exclusionary policies and practices that often characterize health sciences educational programs, it is important to use an anti-racist framework. Anti-racism encompasses a proactive commitment to eradicate racism and to explore and accept personal and institutional responsibility for it. While the benefits of a diverse, inclusive environment have been well-documented, longstanding barriers persist. These barriers include, but are not limited to, structural racism and discrimination, Proposition 209, inadequate funding, institutional climate, insufficient leadership diversity, disenfranchisement of non-Senate faculty, and lack of accountability. To achieve success in advancing DEI across UC Health systemwide, these barriers should be recognized and dismantled.

Task Force Recommendations. The task force identified 18 recommendations to advance DEI among students, residents and faculty and to improve campus climate and leadership accountability. Many strategies interlink across populations, and multiple points of coordination will be beneficial. A brief summary of the 18 recommendations developed by the task force is provided. For each, the report includes further rationale, as well as a list of proposed actions. These actions recognize that current practices and programs differ between and among UC schools and professions and thus offer specific, actionable ways to help operationalize each recommendation.

Disrupting the Status Quo. The task force believes that the implementation of the recommendations in this report will improve inclusion for all, yet also recommends a further focused review and identification of specific barriers for other underrepresented groups. The task force also recognizes the intersectionality of identity and that individuals are not defined simply by a single attribute, such as sex, race, sexual orientation, gender identity, disability or socioeconomic class.

Although the work of the UC Health Diversity, Equity and Inclusion task force is complete, continuing to convene health sciences DEI leaders on a systemwide basis will demonstrate a commitment to advancing DEI across UC's health professional schools and will provide further opportunities to share best practices. Alignment in a shared understanding of the problems, accountability in clear and measurable ways and moving forward with specific solutions will help UC health professional schools become more inclusive institutions that will more successfully attract the best faculty, staff, clinicians and students who, in turn, will be better prepared to meet the future needs of the state and broader society. The current uprising around the world in response to racism and the COVID-19 pandemic has the momentum to change this institution. The University of California is called to meet this moment and rise to its reputation and standing as the world's greatest public university. UC must also choose to lead in dismantling systemic racism. The time is now for disrupting the status quo and making room for new ideas, new structures, new policies, renewed leadership commitments and partnerships, and new voices in building a more equitable University system.

Summary of Task Force Recommendations

Students	1	Expand and scale UC outreach/pathway programs to recruit and prepare students from underrepresented groups for health professions careers.
	2	Partner with higher education institutions that enroll more diverse student bodies, including California Community Colleges and California State Universities, as well as Historically Black Colleges and Universities, Hispanic-Serving Institutions and Tribal Colleges and Universities to diversify the applicant pool for UC health sciences education and training programs.
	3	Increase the number of need-based scholarships for lower-income UC health science students from underrepresented groups.
	4	Develop and sustain a "holistic student affairs office" at each health sciences school to ensure student success from admission to graduation from UC programs.
	5	Sustain and optimize the scale of UC PRIME programs and consider replicating the PRIME model for other UC health professions such as dentistry, nursing, optometry, pharmacy, public health and veterinary medicine.
Residents	6	Include demographic data for each stage of the resident selection process (applicant pool, interview, ranking and match) in an annual report that is provided to the health sciences deans and publicly available.
	7	Appoint a director or advisor for resident diversity at each UC health professional school that is supported and accountable to their leadership teams for increasing and operationalizing diversity, equity and inclusion efforts at their campus.
	8	Consider the creation of a robust scholarship program, centralized at the UC health sciences dean's or residency program office, that would support opportunities for underrepresented health sciences students to participate in a visiting elective scholars program.
	9	Create a pre-faculty development program dedicated to supporting a diverse cadre of UC residents who are interested in pursuing a career in academia.
Faculty	10	Increase UCOP-sponsored funding for targeted recruitment and hiring incentives to increase diversity and improve the retention of faculty in the health sciences.
	11	Make new salary support available to advance diversity among ladder-rank health sciences faculty.
	12	Prioritize funding to support the retention and success of a more diverse health sciences faculty.
	13	Address structural barriers that prevent non-Academic Senate faculty from fully participating in faculty governance.
Climate	14	Demonstrate campus leadership commitment to diversity, equity and inclusion by intentionally implementing activities focused on anti-racism and equity.
	15	Establish an anti-racism competency as a requirement for all faculty, senior administrators, staff and learners who teach, are employed, and/or educated at UC health professional schools and clinical sites.
Leadership	16	Develop an action plan at each UC health professional school to address anti-racism and diversity, equity and inclusion within 12 months.
	17	Appoint a senior diversity officer at each UC academic health center.
	18	Appoint a senior leader for diversity, equity and inclusion in the UC Health Division of the Office of the President.

Introduction

This report is submitted to the executive vice president of UC Health, Dr. Carrie Byington, by the UC Health Sciences Diversity, Equity and Inclusion Task Force. In keeping with the goals and priorities outlined in the strategic plan for the UC Health Division in the UC Office of the President, Dr. Cathryn Nation, UC vice president for health sciences, convened diversity leaders from UC health professional schools to reimagine an institutional environment where diversity, equity and inclusion (DEI) are integral parts of the University's teaching, research and public service mission. This report provides an overview of the UC health sciences instructional program; a discussion about the imperatives for increasing diversity in the health sciences; a review of the demographic profile of UC health sciences students, residents and faculty; a description of the primary barriers to achieving diversity and inclusive excellence at UC; and recommendations to advance DEI among students, residents and faculty and improve climate and accountability. Additional information, including a summary of promising practices, more detail for the recommendations, and other historical/background information are included as separate appendices.

Charge of the UC Health Sciences Diversity, Equity and Inclusion Task Force

In December 2017, the Division of UC Health in the Office of the President completed its strategic plan. The plan outlined 13 goals to help set the direction of the division through 2022. This plan was subsequently refreshed in February 2020. Included among the priorities for the UC Health Division is a goal to *Advance Progress in Promoting Diversity, Equity and Inclusion* across the health sciences. One of the key strategies included convening a new systemwide UC Health Sciences Diversity, Equity and Inclusion Task Force. The charge for this group was to identify effective and inclusive policies, practices, and/or assessments that aim to improve diversity, equity, inclusion and campus climate; increase accountability; and create opportunities to share best practices across all UC health professional schools. The task force was also asked to produce a report containing recommendations and an inventory of promising programs and practices that focus on UC health sciences students, residents and faculty.

The eighteen-member task force, first convened in December 2018, was chaired by Dr. Renee Chapman Navarro, vice chancellor for diversity and outreach at UC San Francisco. Members of the task force included senior diversity leaders selected by the deans of each UC health professional school at the time the task force was formed. Executive leadership support and guidance was provided by Dr. Cathryn Nation and senior staff support to the task force was provided by Dena Bullard, Helen Young and Lydia Yu. A full roster of task force members and their institutional affiliations is included on page ii.

Background and Context for UC Health Sciences

The University of California began more than 150 years ago with a simple but revolutionary idea: college should be available to everyone. Today, UC enrolls more than 280,000 students across its 10-campus system.[1] The University's fundamental missions are teaching, research and public service.

Under California's Master Plan for Higher Education, UC is delegated the primary responsibility in public higher education for doctoral education and exclusive jurisdiction for instruction in the following professions, including but not limited to dentistry, law, medicine and veterinary medicine. For the health professions, this means that UC is the only California public institution authorized to grant the following professional degrees: doctor of dental surgery, doctor of medicine, doctor of optometry, doctor of pharmacy and doctor of veterinary medicine.[2,3] Along with other private educational institutions, UC also provides doctoral education leading to doctor of philosophy degrees in nursing and public health, as well as the doctor of nursing practice and doctor of public health degree. Current exceptions to California's Master Plan in health-related fields allow the California State University system to independently offer clinical doctorates in physical therapy, nursing practice, audiology and occupational therapy.

The University of California operates the largest health sciences instructional program in the nation, annually enrolling nearly 15,000 students/trainees (approximately 5.2 percent of total UC systemwide student enrollment) in now 20 professional schools, located on seven health sciences campuses. These include six schools of medicine and three smaller medical education programs (located in Berkeley, Fresno, and at the Charles R. Drew University of Medicine and Science); four schools of nursing; three schools each of pharmacy and public health; two schools of dentistry; and one school each of optometry and veterinary medicine. Across the UC system, approximately 8,800 health-related degrees were awarded in 2018-19 at the bachelor's, master's and doctoral level.[4] The University's 20 health professional schools and associated hospitals and clinics are referred to collectively as UC Health.

UC health sciences programs are long-standing leaders in education, research and clinical care. Collectively, these programs generate more than 1.5 billion dollars annually in research funding and provide health services to millions of Californians.[5] In 2018-19, UC hospitals and their associated clinics provided nearly 173,000 in-patient admissions and more than 4.8 million outpatient visits.[6] Across the professions, UC programs are recognized nationally for their preparation of highly skilled clinicians, future faculty and leaders in research, industry and public service. UC health professional schools are highly ranked, including but not limited to UC Davis' School of Veterinary Medicine (No. 1 nationally, and No. 1 internationally)[7,8] and UCSF's School of Pharmacy (No. 2 nationally).[9] UC faculty continue to earn national and international recognition for quality and innovation in the understanding and treatment of disease and the development of new technologies. Emerging threats such as the coronavirus pandemic, which likely originated in wildlife and spread to humans, highlight the growing importance of interprofessional education as a critical strategy for meeting statewide needs for a well-prepared and technically skilled One Health workforce for disease prevention, detection, and response.[10]

Statements Guiding the Work of the Task Force

As part of its early deliberations, the task force reviewed its charge and considered the mission statement of the UC Health Division within the UC Office of the President as stated in its strategic plan (refreshed and updated in February 2020), which states:

> Together with the UC community, UC Health's mission is to provide leadership and strategic direction, foster systemwide collaboration and catalyze innovation within the UC Health enterprise to better educate and train the workforce of tomorrow; discover life-changing cures; and deliver care that improves the health and well-being of California, the nation and the world.

UC Health Sciences Diversity, Equity and Inclusion Task Force Statement

The task force agreed that it would be useful to develop its own statement on diversity, equity and inclusion to help guide its deliberations and came to agreement on the following:

> The Task Force is committed to diversity, equity and inclusion in all forms. Diversity is a source of strength and innovation that improves educational, professional, and patient care experiences and outcomes. We seek to dismantle systemic injustices in our society, schools, and health systems and strive to cultivate an institutional climate that fosters an open, inclusive, and productive environment where we respect the potential of all individuals to make positive contributions. We recognize that diversity, equity and inclusion are essential to fulfilling UC's mission; driving excellence in education, research and health care; and serving as a catalyst for innovation, transformation, and advancement that results in health equity for all.

Disrupting the Status Quo

The current moment of reckoning about racial injustice in America is about much more than police brutality. As Dr. King said of the uprisings that occurred in the late 1960s, "it suggests that radical reconstruction of society itself is the real issue to be faced."[11] The recognition that systemic racism is a public health emergency has elevated the urgency and imperatives for action. The historical systems of education and health care are among the areas that have been plagued by centuries of inequities for Black, Native American and Latinx individuals, and others.

For the University to make meaningful and sustained progress, the status quo must be challenged and disrupted. This will require transformational change and a multilayered, cross-generational approach. It will be through thoughtful and deliberate systems changes, together with education and training, and the clear articulation of expectations for accountability that change and progress will occur. Institutions, schools, departments and divisions, and faculty, staff and students must learn to be actively anti-racist. This will require leadership, reflection and examination. Changes to current policies and practices will be required, and incentives, as well as consequences, should be aligned to advance this important work. To positively change culture and climate, a sustained investment of time, energy, leadership, and intellectual and financial resources will be necessary. This will require the attention, engagement and voices of all people at all levels of the institution.

The Imperatives for Action

The COVID-19 pandemic has amplified the longstanding health disparities, structural impediments and racial discrimination that African American/Black, American Indian/Alaska Native, Latinx and other people of color experience in the United States.[12] Inequalities in health based on race and ethnicity, as well as socioeconomic status, attest to the reality of racism in America. Systemic racism is a persistent driver of health inequities, access to health care and the delivery of health care services.[13] Racial disparities in health are substantial and continue to result in adverse outcomes for underrepresented groups for measures that include, but are not limited to, life expectancy, mortality, morbidity, health status, disease prevalence and incidence, utilization of services, diagnosis and process of care, adequacy of pain management and end-of-life care. Racism is a public health crisis.

> *Racism kills. Whether through force, deprivation, or discrimination, it is a fundamental cause of disease and the strange but familiar root of racial health inequities.*[14]

Social Determinants of Health. According to the World Health Organization, the social determinants of health — conditions in which people are born, grow, live, work and age — are also responsible for the inequitable, yet avoidable differences in health status. Social determinants of health are shaped by the distribution of money, power and resources at all levels.[15] California is the most diverse and populous state in the nation and continues to face challenges with the education, supply and distribution of enough health care professionals to meet the needs of its growing and increasingly diverse population.[16] Many counties in California have been federally-designated as Health Professional Shortage Areas, where there are health care provider shortages in primary care, dental health or mental health. Severe shortage areas include the Inland Empire and the San Joaquin Valley. Approximately 7 million Californians — the majority of whom are from underrepresented groups (URG — African American/Black, Hispanic/Latinx and American Indian/Alaska Native) — live in these underserved communities. URGs continue to have lower socioeconomic status, often measured by education, income and occupation, greater barriers to health care access, and greater risk for disease compared with the general population.[17]

Diversity Improves Health. To improve health outcomes and achieve health equity, it is essential to increase the racial and ethnic diversity of the health workforce. URG health care providers are more likely than their non-URG peers to serve and practice in underserved communities, leading to increased access to care for underserved populations and improved patient outcomes.[18] Racial, ethnic and language concordance between patients and providers has also been shown to improve communication, trust and patient satisfaction, result in greater use of preventive services and increase the likelihood of patients to seek and accept appropriate care. Diversity in higher education and in the health workforce helps broaden the health research agenda to address neglected areas of societal need and enhances the pool of health practitioners, scientists and policymakers.[19] Diversity among faculty is critical to improve the quality of the education of future health professionals. Greater diversity among decision makers who are likely to influence institutional policies, resource allocation and the curriculum in the health sciences will also lead to a more inclusive, innovative, and more equitable and representational learning environment.

Demographic Drivers. According to the United States (U.S.) Census Bureau, as of July 2019, the overall population of the U.S. was estimated to be 328,239,523 and California was estimated at 39,512,223.[20] URGs represent more than one-fourth of the U.S. population (Table 1) but comprise less than 13 percent of physicians[21], 15 percent of registered nurses[22], 11 percent of pharmacists[23], 11 percent of dentists[24], 10 percent of veterinarians[25] and 8 percent of optometrists[26] nationally.

	United States	California
White	60%	37%
African American/Black	13%	7%
Hispanic/Latinx	19%	39%
Asian	6%	16%
American Indian/Alaska Native	1%	2%
Native Hawaiian/Other Pacific Islander	<1%	<1%
Two or more races	3%	4%

Table 1. Demographics of U.S. compared to California
Source: United States Census Bureau Quick Facts — United States; California (July 2019)

California has greater racial and ethnic diversity than the general population in the United States (with the exception of the African American/Black population). While Latinx individuals are now the majority in California, they are woefully underrepresented in the health sciences. URGs make up more than 45 percent of California's population, however the demographics of the State's health care providers do not reflect this diversity.

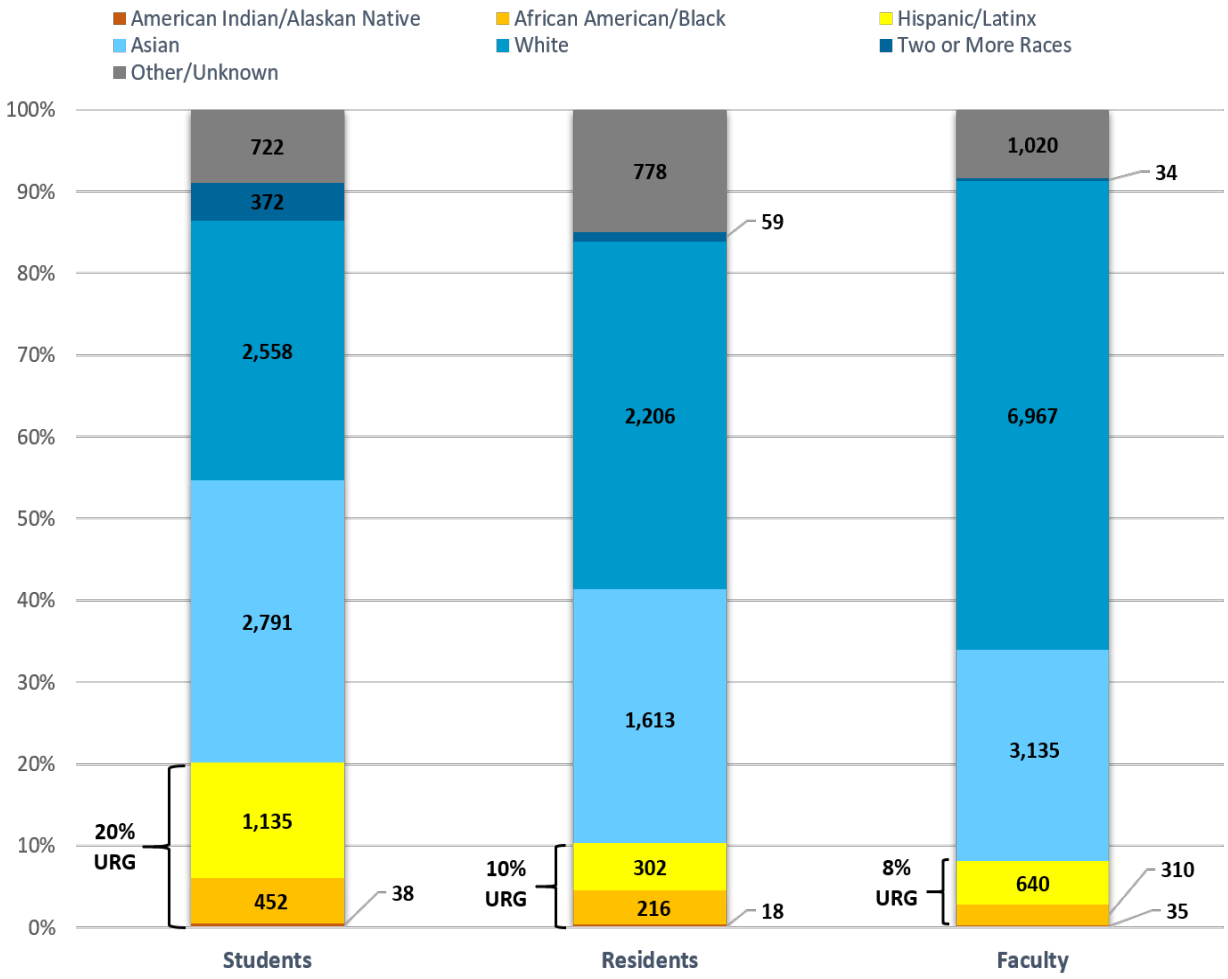
Insufficient Diversity of UC Health Sciences Students and Residents. According to enrollment data collected from UC health professional schools in 2019, Whites and Asians represent the majority of UC health professional students and residents, with nearly 35 percent of all UC students identifying as Asian and 43 percent of all residents identifying as White. The student population was more diverse than the resident and faculty population, with more underrepresented students in nursing and public health. Residents, individuals who have received a degree in a health professional discipline (e.g., medicine, dentistry, veterinary medicine) and pursue additional training to gain greater knowledge and experience within a specialty or subspecialty of their discipline, were more diverse than the faculty and had the highest percentage identified as "Other or Unknown." Medicine as a profession has the largest number of residents of all professions with residency training programs, but dental residents were slightly more diverse (11 percent vs 10 percent) based on the overall percentage of residents. (See Appendix E for student and resident data tables.) The term resident also includes medical fellows who pursue subspecialty training following completion of residency training.

Insufficient Diversity of UC Health Sciences Faculty. Overall, UC health sciences faculty are overwhelmingly White (nearly 60 percent), with approximately 8 percent being from underrepresented groups (Table 2). Movement up the academic continuum at UC shows less diversity by population from students to residents, and still less from residents to faculty. This becomes even more evident with movement to higher faculty ranks. Approximately 70 percent of UC health sciences faculty who are ladder-rank are White while only 8 percent are from underrepresented groups.[27] The majority of health sciences faculty are appointed in the Health Sciences Clinical Professor (HSCP) series. This series is also the most diverse but does not have the benefit of membership in the Academic Senate. (See Appendix E for faculty data tables.)

	Students	Residents	Faculty
African American/Black	5.6%	4.2%	2.5%
American Indian/Alaskan Native	0.5%	0.3%	0.3%
Asian	34.6%	31.1%	25.8%
Hispanic/Latinx	14.1%	5.8%	5.3%
White	31.7%	42.5%	57.4%
Two or More Races	4.6%	1.1%	0.3%
Other/Unknown	8.9%	15.0%	8.4%
Total Underrepresented	20.2%	10.3%	8.1%

Table 2. Diversity of UC Health Professional Students, Residents and Faculty, 2018-19
Source: UC Health Sciences DEI Task Force Data Request March 2019
*Two or More Races" and "Other/Unknown" may include underrepresented students, residents and faculty
** Residents appointed through the UC health system/medical center, rather than the UC health professional schools, are not included, i.e. nursing residents and some pharmacy residents.

Figure 1. Diversity of UC Health Professional Students, Residents and Faculty (2018-19)



Source: UC Health Sciences DEI Task Force Data Request March 2019
*"Two or More Races" and "Other/Unknown" may include underrepresented students, residents and faculty
**Residents appointed through the UC health system/medical center, rather than the UC health professional schools, are not included, i.e. nursing residents and some pharmacy residents.

Task Force Focus on Race and Ethnicity. Diversity and inclusion values and embraces differences between people including but not limited to differences of race, ethnicity, age, gender, sexual orientation, ability, socioeconomic status, education and life experience. While the UC Health Sciences Diversity, Equity and Inclusion Task Force recognizes and values the fact that diversity is all-inclusive, it felt compelled to address issues impacting racial and ethnic underrepresented groups. In keeping with its charge and in view of the fact that the legacy of slavery and segregation in this country has led to persistent, pernicious impacts of racism on Black, Indigenous, and other people of color, the task force has focused its report on the elimination of barriers to the full inclusion of racially and ethnically diverse people. It is important to note, however, that the task force understands that significant other groups are marginalized and/or also underrepresented including LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and Questioning), women and individuals with disabilities. The task force believes that the implementation of the recommendations in this report will improve inclusion for all, yet also recommends a further focused review and identification of specific barriers for other underrepresented groups. The task force also recognizes the intersectionality of identity and that individuals are not defined simply by a single attribute, such as sex, race, sexual orientation, gender identity, disability or socioeconomic class.

Defining the Terms: Diversity, Equity and Inclusion

The terms diversity, equity and inclusion or DEI have become widely used over the last decade by many institutions and organizations across various sectors and fields. These terms are often used interchangeably and in different ways that sometimes result in less impactful outcomes. However, in order to achieve successful transformational change in the systems and exclusionary policies and practices that often characterize health sciences educational programs, it is important to use an anti-racist framework that encompasses a proactive commitment to eradicate racism and to explore and accept personal and institutional responsibility for it.

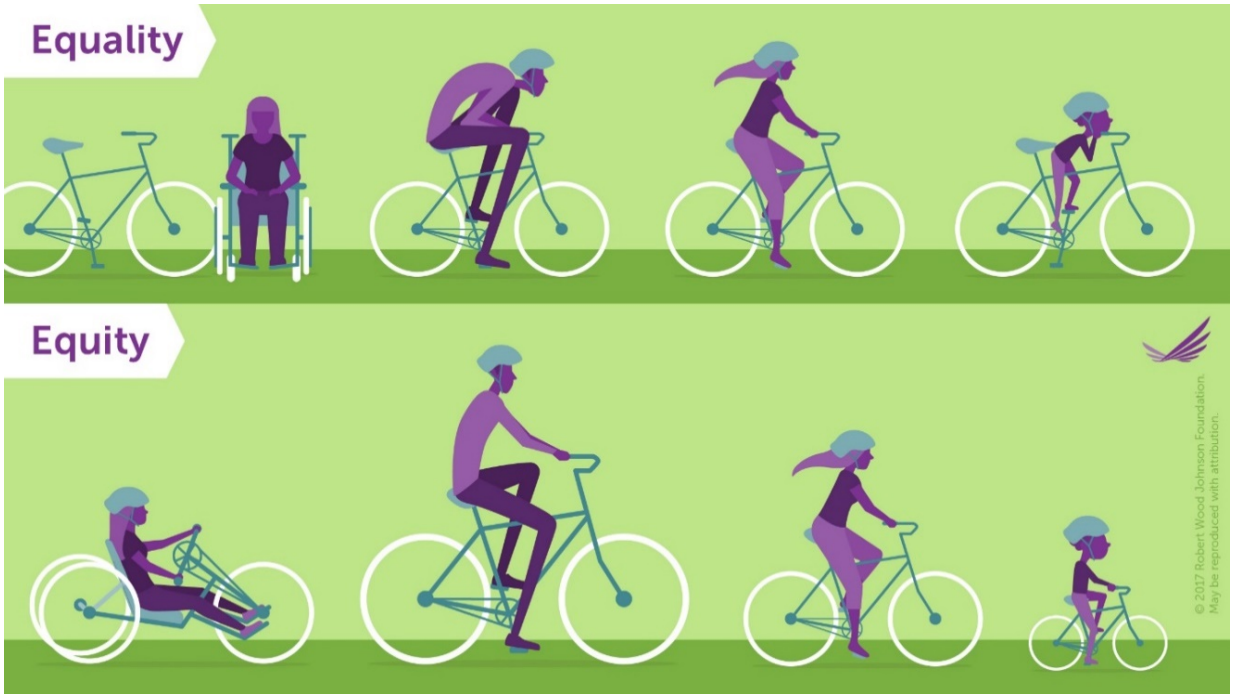


Figure 2. Equality Versus Equity
Image source: Robert Wood Johnson Foundation. https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download

Diversity. There is variation among social groups, which includes differences in power, privilege and status but that also brings unique perspectives, based on social backgrounds, identities and experiences. There are countless visible and invisible facets of social diversity, including, but not limited to, ethnicity, faith, gender, sexual orientation, age and political affiliation. In the context of social justice, diversity is about representation, particularly in positions with authority or institutional power, access to opportunities such as higher education, jobs and housing, and ensuring that different voices are heard, valued and included in decision-making processes.[28]

Equity. It is vital to understand the difference between equality and equity in the effort to reduce inequities and create a more just society. Equality attempts to evenly distribute finite resources and does not differentiate by need, which can result in some groups not reaching the desired outcomes; whereas equity emphasizes distributing resources appropriately based on need to achieve the desired outcomes. Equality works only if everyone starts at the same place. Yet for those from underrepresented and historically marginalized groups, most do not have the same opportunity to access the necessary resources, which creates an uneven playing field. Equity, by contrast, takes into account that people have different needs and different access to resources because of longstanding systems of oppression and racism. Equity strives to eliminate barriers and is accomplished by fair treatment according to individual circumstances, with freedom

from bias. It provides individuals and groups the means to facilitate their success.[29] For URG students, residents and faculty, equity is achieved when the challenges and disadvantages they face are acknowledged and addressed to enable them to reach their fullest potential.

Inclusion. Embracing the strengths of our diversity in ways that make all people feel welcomed and valued for who they are, individually and collectively is essential. This is an integral part of DEI because it "moves us from theory to practice."[30] Inclusion is not merely tolerance. Overcoming differences to focus on "our common humanity" is necessary to create environments in which all individuals or groups are welcomed, respected, supported and valued to fully participate. Inclusion leverages the power of differences to achieve these goals, as diverse teams are more innovative.[31]

> *Diversity is being asked to the party. Inclusion is being asked to dance. Belonging is dancing as if no one is watching.*
> *– Verna Myers, Inclusion Strategist*

Current Barriers for Diversity, Equity and Inclusion



While the benefits of a diverse, inclusive environment have been well-documented, longstanding barriers persist. These barriers include, but are not limited to, structural racism and discrimination, Proposition 209, inadequate funding, institutional climate, insufficient leadership diversity, disenfranchisement of non-Senate faculty, and insufficient or inconsistent institutional accountability. To achieve success in advancing DEI across UC Health systemwide, these barriers should be recognized and comprehensive strategies implemented to dismantle them.

Structural Racism and Discrimination. Dr. Martin Luther King Jr. stated that "racism still occupies the throne of our nation." Despite centuries of organized resistance and legal advancements to address it, race continues to shape social and economic systems that produce and reproduce "cumulative, durable, race-based inequities" in the United States.[32] Structural racism – the institutionalization of racial discrimination in systems such as housing, education, employment and health care, is a determinant of health and a major barrier to meeting DEI objectives across UC Health.[33] The historical context of structural racism, White privilege and exclusionary practices in higher education and health care has often been unrecognized and unacknowledged by leaders in higher education and health care. Structural racism does not require racist attitudes and values because it is built into many of the structures of society.[34] The relative increase in diversity seen on campuses over the last two decades, the false presumption that a merit-based academic environment is free from racism and bias, and the shortage of sufficient quantitative data on the harmful impact of these practices contribute to this denial and limited engagement in diversity matters by non-URG senior leaders, faculty and learners. Inadequate attention to structural racism works against the diversification of the academy in multiple ways. Specifically, it prevents or reduces racial/ethnic diversity in hires, generates disparities in rates of promotion and retention, and limits the presence of scholars engaged in new types of scholarship. It also impairs recognition of the biases inherent in historical evaluation tools, admissions criteria and current standards of excellence in the health sciences.[35]

Microaggressions and other expressions of racial discrimination of URG students, residents and faculty are a common occurrence and contribute to a hostile climate that impairs performance, increasing burnout, moral distress, and other physical and psychological harm. The cumulative impact limits advancement and retention. Microaggressions and racial trauma share symptoms with post-traumatic stress disorder such as re-experiencing trauma, avoidance, and negative moods and thoughts.[36] Specific examples of microaggressions experienced by URG students, residents and faculty include being mistaken for cleaning staff or getting complemented for "being articulate" and speaking "good" English.[37] A recent study on narrative language used in medical student evaluations showed there was variation in descriptors used for URG and non-URG students and URG students received fewer honors grades than their non-URG counterparts.[38] Differences in assessment can lead to larger differences in awards received and career progression. For example, membership in the Alpha Omega Alpha (AΩA) medical honor society is associated with future success in academic medicine and only students in the top quartile of their medical school judged by academic performance are eligible for AΩA membership. Research has shown that Black and Asian medical students were less likely than their White counterparts to be members of AΩA which may reflect bias in selection and affect future opportunities for medical students of color.[39]

Proposition 209*.* In 1996, California voters passed Proposition 209, which codified Article I, Section 31 of the California Constitution, and prohibits the University of California from discriminating against or "granting preferential treatment" to any individual or group on the basis of race, sex, color, ethnicity or national origin. Despite nearly two decades of effort and experimentation with race-neutral admissions at UC, enrollment of UC students from underrepresented groups and recruitment of faculty of color does not reflect the rich diversity of California's population.

Assembly Constitutional Amendment 5 (ACA 5) by Assembly Member Shirley Weber aims to repeal Proposition 209 by placing a measure on the November 2020 ballot.[40] In June 2020, the University of California Board of Regents endorsed ACA 5 and the repeal of the provisions of Proposition 209 (1996).[41] The ACA 5 qualified for the general election ballot in November 2020. If the majority of voters approve Proposition 16 (which is now the name of the measure) in November, the provisions of Proposition 209 in the

State Constitution would be repealed and UC would be allowed to act in a manner consistent with federal and other applicable laws related to public employment, education and contracting.

Inadequate Investment to Advance Diversity, Equity and Inclusion Goals. The federal and state policies that govern higher education financing are not aligned with the changing economic and demographic realities in California. These policies are characterized by a shift in who pays for higher education; an increase in the portion of family income required to pay for it; state-funded financial aid programs that cannot keep pace with tuition increases; and a shift from grants to loans.[42] The erosion of state funding for public higher education over the last decade has contributed to steady tuition and professional degree fee increases and pushed more of the costs of college and professional school to students. These increases have resulted in significant increases in the cost of health professions education and the level of student indebtedness. These high costs pose significant barriers for URG students, whose economic resources are lower, on average, than those of other students. According to the latest Census Bureau data, the 2018 median income for non-Latinx White households was $70,642, whereas Black and Latinx households had median incomes of $41,361 and $51,450, respectively.[43] Rising educational costs, together with California's high costs of living and lower compensation create barriers for many Californians who wish to pursue health careers and practice in the State.

Scholarship and financial aid support has become a major factor in how students choose health careers, where they complete their education and postgraduate training, and where they subsequently choose to practice. The lack of adequate scholarship funding available to recruit competitive URG students interested in attending a UC health professional school creates a significant challenge as campuses often lose these students to other schools (including Stanford and top-ranked out-of-state private schools), where tuition is higher but financial aid is considerably greater.

Financial support is not only an important factor in the recruitment of top students, but it is also important for the recruitment of residents and faculty. Faculty salaries are typically lower than clinical/private practice salaries. These comparatively lower salaries, coupled with high educational debt often carried by URG residents and faculty, make recruitment to UC challenging given the State's high costs of living. In addition, the historical funding model to receive additional faculty full-time equivalent (FTE) support from the state is one of the most significant barriers to expansion and thus diversification of UC's faculty ranks in the health sciences. The limited resources available and/or allocated to health sciences units to finance faculty hiring incentives, recruitment packages, provide startup funds, housing stipends, and other proven recruitment and retention strategies have slowed UC's progress to diversify its health sciences faculty.

The return on the University's investment in DEI would fulfill the promise of its mission and prepare students for a rapidly changing and diverse world.

According to the U.S. National Center for Education Statistics, although spending on DEI efforts (e.g., DEI offices, gender and sexuality centers, multicultural centers, events, celebrations, etc.) at American universities has increased by nearly a third from the 2014-2015 academic year to 2018-2019, it accounts for an average of only 0.49 percent of universitywide budgets.[44] Relative to university budgets and other departments, investment in this area remains extremely low. The marginalization of DEI efforts also occurs within UC as it relates to scholarship and promotion criteria, as well as in its budget priorities and decision-making. The UC DEI budget along with campus, professional school, departmental and medical center budgets should reflect the University's values and align with the commitments made in the UC diversity statement. The return on the University's investment in DEI would fulfill the promise of its mission and prepare students for a rapidly changing and diverse world.

Institutional Climate: Harassment and Mistreatment. According to climate surveys, graduation questionnaires and exit interviews conducted by UC health professional schools, mistreatment and harassment of URGs persists.[45] The lack of proper acknowledgment and/or responsiveness to grievances and concerns creates mistrust and engenders fear. The importance of giving voice to those who feel they have been ignored or who describe painful encounters with stereotypes, microaggressions, discrimination, and other forms of racism on campus cannot be overstated.[46] Institutions must create an environment in which individuals who are members of underrepresented groups are empowered to report their negative experiences and have confidence that action will be taken to address those matters.[47] Building a culture of accountability that includes a reporting and measurement system to monitor progress, improve transparency and identify areas for improvement will help create a more inclusive climate within UC health-related teaching, research and clinical environments. Some examples include requiring strategic plans on diversity that help infuse DEI and anti-racism objectives across all levels of a school or department, as well as plans designed to translate findings from climate surveys into meaningful action and metrics for measuring progress.[48] Accountability reports, "scorecards" and inclusion of contributions to DEI as a measure in annual performance evaluations are also useful tools for improving campus climate.[49] The anti-harassment/discrimination policy should be applied with a comparable level of specificity and accountability as applied to the sexual harassment/sexual violence policy, and those in violation of this policy should be held accountable.

Insufficient Leadership Diversity. Student populations in postsecondary education continue to diversify. Yet, according to a 2019 American Council on Education report entitled "Race and Ethnicity in Higher Education: A Status Report," university leadership across the United States is still overwhelmingly White and male.[50] More than three decades ago (1986), only 8 percent of college and university presidents identified as non-White. While that share has doubled since 1986, people of color still only held 16.8 percent of all university presidencies in 2016. The percentage of female presidents of color is even smaller, accounting for only 5.1 percent in 2016. The vast majority of "C-level" executives or senior administrative positions also identified as White. A new 2020 report conducted by the College and University Professional Association for Human Resources surveyed 1,160 institutions and looked at the hiring pipeline for three key administrative positions: presidents and CEOs, provosts and chief academic officers, and chief human resources offices. This survey found that more than 80 percent of administrators were White, and people of color made up only 13 percent of top executive officers.[51]

UC has made concerted efforts to hire leaders that value DEI; however, increased numbers of senior leaders with a record of success are needed across the UC system. In July 2020, the UC Board of Regents selected Dr. Michael V. Drake to serve as the president of the UC system.[52] Dr. Drake began in this role in August 2020, and is the first person of color to serve as president in the University's 152-year history. In addition, effective October 2019, UC Health is under the leadership of Dr. Carrie L. Byington, who is the first woman and Mexican American to hold the executive vice president role at UC. Both President Drake and EVP Byington bring a history and record of success in working to increase diversity, equity and inclusion in the health professions.

Disenfranchisement of Non-Senate Faculty. Shared governance of the University of California is carried out by faculty who are members of the Academic Senate (see Appendix C). Senate membership is granted *exclusively* to faculty who have a ladder-rank or other selected academic appointment at the University such as those appointed in the Professor-in-Residence and Professor of Clinical X series. Health sciences faculty represent roughly 44 percent of all UC faculty, of which 47 percent are in the Health Sciences Clinical Professor (HSCP) series.[53] HSCP faculty are not eligible for membership in the Academic Senate. Privileges available only to Senate faculty, such as the right to vote on important decisions that impact curricula, admissions criteria, and student and faculty promotion standards are not afforded to one of the largest and fastest growing groups of UC faculty.The HSCP and other non-Senate faculty are the most racially diverse, yet their voices, expertise and perspectives are not reflected or included in UC's most important and impactful decisions.

History validates the negative impact of unequal voting rights among all segments of society. These structural barriers and exclusive practices result in many non-Senate faculty feeling relegated to being "second-class" faculty members, which exacerbates feelings of alienation and disenfranchisement for underrepresented faculty in particular. It also adds to the "minority tax" for the few URG Senate faculty who are often asked to provide disproportionate support for DEI-related Senate decisions. Some have described the faculty "series" as a faculty "caste system," where faculty groups with the most diversity do not have the right to participate in decision-making about the curricula they teach or programs they develop. This often contributes to burnout and problems with retention of the same faculty, who would have full voting rights at other comparable institutions. According to a 2016-17 UC Davis Health Sciences Faculty Annual Report, HSCP, Clinical X, and Adjunct faculty have the highest departure rates, with persistence of HSCP faculty being the shortest (4.4 years on average) before leaving. The UCSF Faculty Handbook For Success provides a description of the various faculty series, ranks and privileges available at most UC health sciences schools.

Insufficient and Inconsistent Institutional Accountability. Historically, colleges and universities have primarily focused their diversity efforts on increasing the compositional diversity (i.e., numbers of URGs) of their classes, residency programs and faculty ranks. However, the responsibility of navigating institutional racism was left to the underrepresented student, resident, staff or faculty member. Responsibilities for promoting diversity, and in the case of faculty, mentoring and advising URG students, are similarly often left to underrepresented individuals or groups. Having a goal to increase demographic diversity is necessary, but not enough. Leaders must be accountable for creating an inclusive climate. A true commitment to DEI should be consistent across all mission areas and reflected in leadership assessments and budget appropriations. The full responsibility for change cannot rest solely on Chief Diversity Officers (CDOs), multicultural affairs/centers, or faculty/staff of color. Instead, the board, president, chancellors, provosts, deans, department chairs and others across the University should play critical roles to advance DEI efforts, and must hold themselves accountable for improving outcomes.

Task Force Recommendations and Proposed Actions



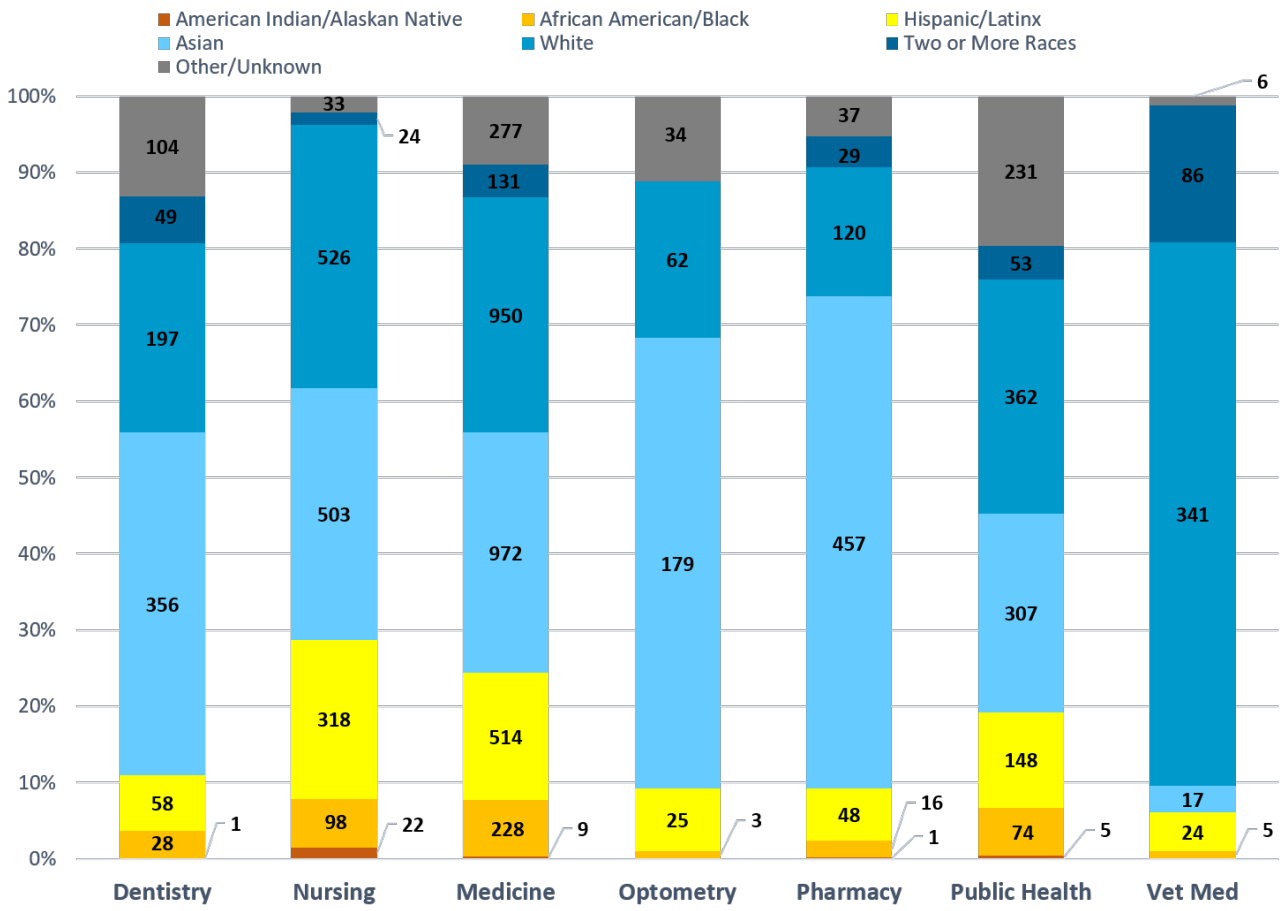
UC should utilize successful evidence-based strategies and find new, innovative ways to continue to diversify its student, resident and faculty communities and to work toward outcomes that more closely reflect the rich diversity of the State's population. These efforts will be essential for meeting public needs and widespread aims to improve access and eliminate health disparities.

To provide expertise and to develop recommendations, task force members were also asked to serve on one of three subcommittees focused on students; residents; or faculty. The full task force then collectively discussed all subcommittee recommendations and jointly developed recommendations to improve campus climate. This report includes recommendations in each of these areas for UC health sciences deans and their leadership teams to consider, as well as recommendations for the UC Health Division in the Office of the President. The task force recognizes that many strategies interlink across these populations (i.e., students, residents and faculty), and that multiple points of coordination will be beneficial. The task force also believes that improvements in diversity, equity and inclusion that are achieved earlier in the educational continuum will help increase diversity later in subsequent stages of training and professional practice (i.e., increased diversity of UC students will help increase the diversity of UC residents, who in turn will increase the diversity of the pool for UC faculty).

A brief summary of the 18 recommendations developed by the task force is provided below. For each, further rationale is provided, as well as proposed actions. The proposed actions recognize that current practices and programs differ between and among UC schools and professions and thus offer specific, actionable ways to help operationalize each recommendation. Appendix A describes selected promising programs and practices at UC and other institutions to meet statewide needs and to enhance diversity among students, residents and faculty in the health sciences. Additional details and information are provided for the student and faculty recommendations in Appendix D.

Recommendations to Improve UC Student Diversity in the Health Sciences

Figure 3. UC Health Sciences Students by Race/Ethnicity (2018-2019)



Source: UC Health Sciences DEI Task Force Data Request March 2019. Note — "Two or More Races" and "Other/Unknown" may include underrepresented students.

1) Expand and scale UC outreach/pathway programs to recruit and prepare students from underrepresented groups for health professions careers.

Rationale. Pathway programs are an effective means for introducing students to careers they may not yet have considered, and to provide college-level students with resources to enable them to be competitive applicants to health science programs.[54] Effective programs provide students with mentorship, as well as academic, career and psychosocial support. UC currently offers many highly successful programs, including UC Berkeley's Biology Scholars Program, UC Davis School of Veterinary Medicine's Summer Enrichment Program, UCOP's MESA program and UCLA's HIGH AIMS program and Summer Health Professions Education Program. By supporting and replicating model programs, UC health sciences schools will leverage resources and maximize impacts.

Proposed Actions:

1.1 All UC campuses should support undergraduates by assuring and/or providing stable funding to create and/or sustain a comprehensive health sciences-focused enrichment program with certain key elements. (See Appendix D for more information.)

1.2 Each UC undergraduate campus should maintain or develop a dedicated Office of Health Professions Advising to expand opportunities to improve the quality and consistency of advising for UC students interested in the health sciences.
1.3 The UC Health Division (within UCOP) should fund a dedicated position to: strengthen health sciences pathway programs and improve awareness about them; bring together UC undergraduate advisors to understand and promote best practices; and to serve as a resource within the division (under the general direction of the vice president for health sciences) and for campus leaders who should be convened on a periodic basis to advance new initiatives and to sustain and measure progress.
1.4 The UC Health Division should work together with UC's state and federal governmental relations offices to proactively identify opportunities to improve and stabilize funding for health sciences pathway programs and to communicate and disseminate information about these programs and opportunities. This work should leverage partnerships with the California State University system and with California Community Colleges.

2) Partner with higher education institutions that enroll more diverse student bodies, including California Community Colleges and California State Universities, as well as Historically Black Colleges and Universities, Hispanic-Serving Institutions and Tribal Colleges and Universities to diversify the applicant pool for UC health sciences education and training programs.

Rationale. Historically, California's 116 community colleges (CCCs) and California State University's (CSU) 23-campus system enroll a higher proportion of underrepresented students (50 percent plus), as compared to the UC system (around 31 percent).[55] Overall, enrollments at the CCC and CSU systems reflect the racial and ethnic diversity of California's high school graduates, and these institutions are entry points in the State for African American, Latinx, lower-income and first-generation college students.[56] In addition, Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Tribal Colleges and Universities (TCUs) are institutions that serve as dedicated access points for admission of underserved students. HBCUs' primary mission has been the education of Black Americans, and HSIs enroll at least 25 percent Latinx students in undergraduate institutions. There are 101 HBCUs in the U.S.[57] and in 2018–19, 539 institutions met the federal enrollment criterion for HSI designation (with 104 in California).[58,59] Twenty-one of CSU's 23 campuses are HSIs. Nationwide, there are 37 TCUs, with most located in the Midwest and Southwest.[60] All TCUs offer associate degree programs; 14 offer baccalaureate programs; five offer master's degree programs.[61,62] There is currently no TCU in California.[63] Intentionally recruiting graduates from sister California public higher education institutions, as well as from HBCUs, HSIs and TCUs into UC health professional schools may be an effective strategy to increase student diversity.

Proposed Actions:
2.1 UC health sciences deans (or their designees) should connect with their general campus chief diversity officers and early academic outreach program (EAOP) officers to understand the strategies that are being utilized to increase the number of community college transfer students into UC undergraduate programs.
2.2 The UC Health Division should reconvene the California Higher Education Health Professions Steering Committee (with UC, CSU and CCC representatives), initially assembled on a time-limited basis in support of the California Future Health Workforce Commission.
2.3 The UC Health Division and UC health professional schools, perhaps through admissions offices/deans, should develop and sustain partnerships with local CSU campus(es) to increase the number of CSU graduates who apply and matriculate into UC health science graduate/professional degree programs.
2.4 The UC Health Division and UC health professional schools should build or strengthen partnerships with HBCUs, HSIs and TCUs to increase applications to UC health science graduate/professional degree programs. UC can build on a model similar to the UC-HBCU Initiative for graduate studies.
2.5 The UC Health Division should task the new UC Health staff member (from Recommendation 1.3) with developing and supporting systemwide and intersegmental efforts to maintain these strategic partnerships.

3) Increase the number of need-based scholarships for lower-income UC health science students from underrepresented groups.

Rationale. Pursuing education in a health professional school (beyond an undergraduate degree) is very expensive for many students.[64] Increases in tuition and fees over the past decade have resulted in higher debt burdens for health professional degree students.[65,66] Some UC comparator institutions, such as private universities with large endowments, are often in the position to offer full scholarships to students they admit to their programs. In these cases, UC schools often lose top students because of their inability to match these scholarship offers. With reductions in state funding for UC professional degree programs (including the health sciences), there is an increased reliance on philanthropic support to fund student scholarships (e.g., David Geffen Medical Scholarship at UCLA David Geffen School of Medicine; and the Gordon and Betty Irene Moore Foundation funding for initial cohorts of UC Davis nursing students). Developing and sustaining efforts to increase scholarship funds for students with financial need may be highly attractive to prospective donors. Since UC trains many health professionals practicing in the California workforce, UC health leaders should consider opportunities to partner with large health employers or other providers in the state to increase full scholarships for URG students and those who have made significant contributions to diversity and inclusion work. Increasing the number of scholarships for UC health professional students would enable more individuals to pursue careers in the health professions by easing the financial burden of education up front.

Proposed Actions:

3.1 UC health sciences deans should consult with their chancellors and provosts on strategies for increasing gifts for need-based scholarships to students in the health sciences given the high cost of attendance and state need for these health professionals. Schools should also consider prioritizing students with exceptional contributions to diversity, equity and social justice and partnering with large employers to reach development goals.

3.2 The UC Health Division should work with UC health sciences deans (or designees) to understand/develop a systemwide methodology for calculating “100 percent need-based tuition support” for their student populations. Some of this work has been done at some campuses and could be helpful as a resource and strategy for increasing funding and philanthropy for this purpose.

4) Develop and sustain a “holistic student affairs office” at each health sciences school to ensure student success from admission to graduation from UC programs.

Rationale. Pursuing higher education, and graduate/professional programs in particular, is a challenging endeavor. Holistic review in admissions is a proven strategy that facilitates the purposeful inclusivity of metrics, experiences and attributes that better capture the mission-relevant characteristics of an applicant.[67] Similarly, a “holistic student affairs experience” would provide a comprehensive, multifaceted approach that includes not only academic or intellectual areas typical of what is in place in most student affairs offices, but a holistic approach that takes into account other areas in student development, including institutional infrastructure and support programs. This begins with developing strong pathways for students to enter their educational programs and seamlessly linking these pathways from one phase to the next, beginning with recruitment and matriculation into health profession schooling and on to postgraduate training and professional careers. A strong tenet in a holistic student affairs model is the belief that “once a student is our student — they are always our student” — and that the relationship is fostered throughout the individual’s continued educational and professional journey. These individuals may also go on to serve as role models and mentors to future students.[68,69,70]

Proposed Action:

4.1 UC health sciences student affairs leaders should review current practices and resources and work to build and sustain programs and structures that include certain core elements (e.g., strong collaborative campus culture, shared institutional responsibility, sharing of best practices around student academic and social success, normalizing support or help-seeking behaviors as positive professional attributes,

etc.) that have proven successful in shifting the student experience from one in which they "survive" to one in which they thrive. (See Appendix D for more information.)

5) Sustain and optimize the scale of UC PRIME programs and consider replicating the PRIME model for other UC health professions such as dentistry, nursing, optometry, pharmacy, public health and veterinary medicine.

Rationale. UC Programs in Medical Education (PRIME) started in 2004 and offer specialized education, training and support for UC medical school students who wish to acquire added skills and expertise as they pursue careers caring for underserved populations in both rural communities and urban areas. Each program has an area of focus that is selected based upon faculty expertise, the populations served by each school and its medical center, and other local considerations. Areas of focus include: rural health and telemedicine (UC Davis); the Spanish-speaking Latinx community (UC Irvine); leadership and advocacy to address health care disparities in medically underserved populations (UCLA); health disparities and health equity (UC San Diego); the urban underserved (UC San Francisco); and the San Joaquin Valley (UC San Francisco).[71] Systemwide, 356 PRIME students were enrolled for the 2019–20 academic year and approximately 64 percent are from groups that are underrepresented in medicine.[72] Of the 2019-20 PRIME enrollments, approximately 250 medical student slots were unfunded by the State. Despite challenges in securing permanent state funding, the PRIME programs have been recognized by UC leaders, legislators, advocacy groups and the workforce development sector. PRIME has been recognized across the State and nationally for its creativity, alignment with state needs and record of success for diversity. Other health professions could benefit by developing their own programs within existing enrollment levels. Securing permanent state support for unfunded UC PRIME enrollments was identified among the top 10 recommendations of the California Future Health Workforce Commission.

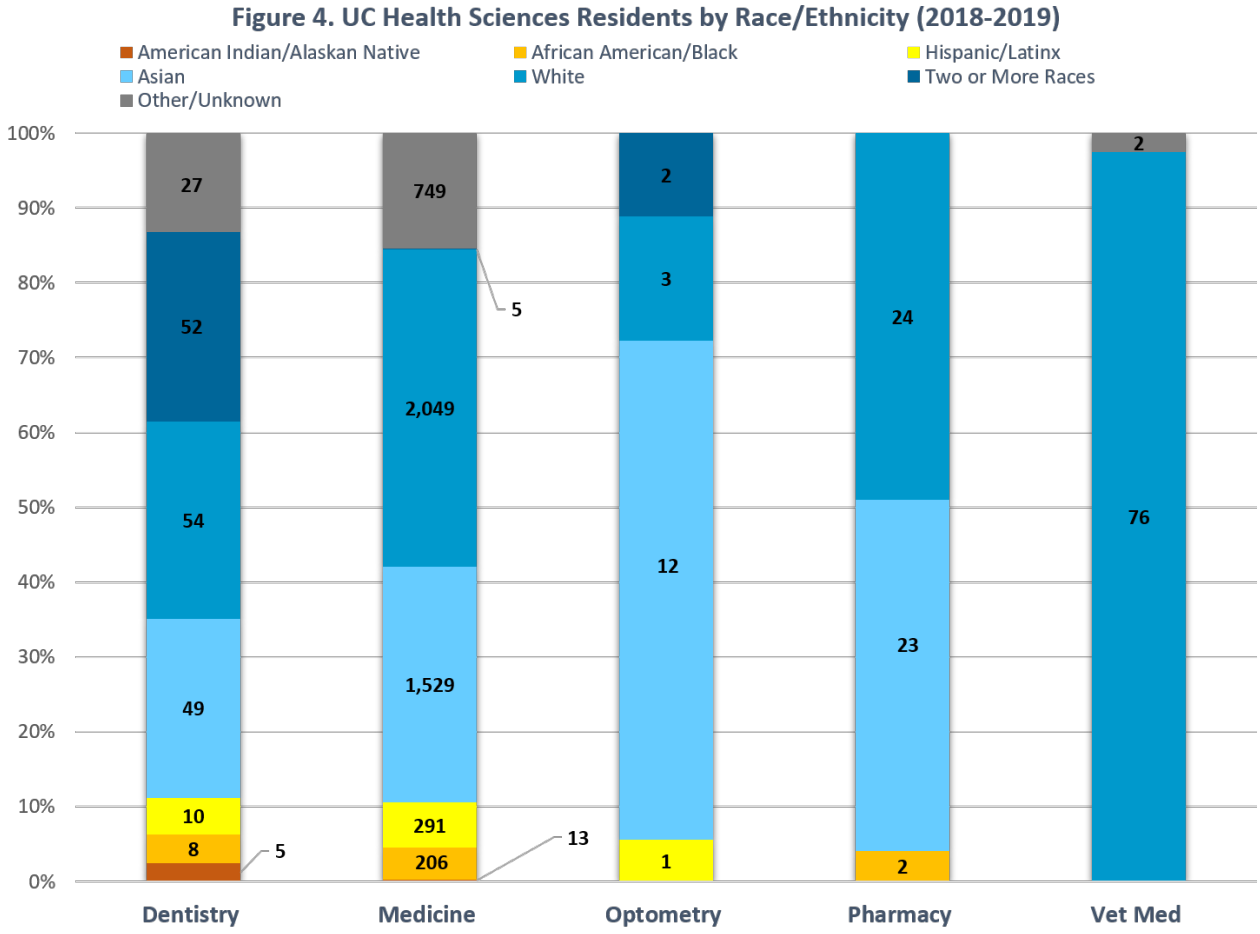
Proposed Actions:

5.1 The executive vice president for UC Health and vice president for health sciences should continue efforts to secure permanent state funding (as part of a future UC budget request to the State) for UC PRIME programs at originally planned enrollment levels.

5.2 In light of interests in other areas of focus, such as PRIME programs that focus on African Americans, Native American/Alaska Natives, people who identify as LGBTQ+ and other medically underserved populations, UC medical school deans should consider opportunities for further growth.

5.3 UC health science deans (in professions other than medicine) should consider developing new PRIME-like programs, contingent upon adequate funding (or consider creating new programs within existing enrollments), that utilize the PRIME framework and its six core elements: program identity/area of focus, student outreach, admissions, curricular enhancement, clinical clerkship and mentorship. (See Appendix D for more information.)

Recommendations to Improve Diversity of UC Residents in the Health Sciences



Source: UC Health Sciences DEI Task Force Data Request March 2019. Note — "Two or More Races" and "Other/Unknown" may include underrepresented residents. Residents appointed through the UC health system/medical centers, rather than the UC health professional schools, are not included (e.g., nursing residents and some pharmacy residents).

6) Include demographic data for each stage of the resident selection process (applicant pool, interview, ranking and match) in an annual report that is provided to the health sciences deans and publicly available.

Rationale. To improve transparency and assure greater accountability, various UC campuses, schools and/or departments provide reports annually for greater awareness of UC operations. As an example, the David Geffen School of Medicine at UCLA publishes an annual dean's report that highlights the accomplishments from the academic year, the overarching goals for the coming year and a vision for the future. Annual accountability reports help assess progress made in meeting key teaching, research and public service goals. They are also used for other purposes, such as helping to guide strategic planning and budget management and/or for identifying important achievements and opportunities for improvement. Major priorities related to DEI are often included in these reports.

For student, staff and faculty recruitment at UC, there are well-documented guidelines, policies and procedures that are generally followed systemwide. However, admission or selection criteria for UC health

sciences residents varies based on policies and practices across campuses, departments and professions. Some residency programs are large: for example, an internal medicine residency program might have as many as 100 total residents annually, while others enroll only one or two trainees each year. Because of the variation among campuses and disciplines, including additional and consistent demographic information in a publicly available report would provide opportunities for greater transparency on outcomes with respect to the recruitment and retention of trainees who are members of underrepresented groups.

Proposed Actions:

6.1 UC residency programs should provide demographic information to their deans and for inclusion in a publicly available annual report that would include, but not be limited to: a) the resident applicant pool, b) applicants by department or school, c) applicants invited to interview, d) applicants interviewed, e) applicants ranked to match, f) applicants who matched at the institution, and g) residents who graduated from the program, including where they decide to practice. This data will help track progress on the goal of UC residents more closely reflecting the rich diversity of the State's population.

6.2 All members of resident recruitment and selection committees should be trained on implicit/unconscious bias, anti-racism and holistic selection to ensure holistic review as part of the selection and ranking process. (See also Recommendation 15.)

7) Appoint a director or advisor for resident diversity at each UC health professional school that is supported and accountable to their leadership teams for increasing and operationalizing diversity, equity and inclusion efforts at their campus.

Rationale. Across the UC campuses, there are designated chief diversity officers (CDOs) that focus on enhancing diversity, equity and inclusion at their institutions. The CDO serves as the campus leader on diversity goals and as the individual generally responsible for all major DEI activities on their campus. CDOs collaborate with other senior campus administrators to address issues of diversity that cross faculty, student and staff populations. While the CDOs are accountable for advancing DEI campuswide, focused support is needed for UC health sciences residents to advance DEI aims, facilitate institutional change and increase the diversity of the future UC faculty pool.

Residents are a unique group within the University's health sciences instructional system and may be neglected in campuswide or systemwide initiatives that focus primarily on students, staff or faculty. Health science residents are learners and trainees who have obtained a professional degree in a specific profession (e.g., medicine, dentistry and veterinary medicine) and continue their postgraduate education to train in a particular specialty recognized within their professions (e.g., emergency medicine, pediatric dentistry, small animal internal medicine, etc.). Residents are also recognized as employees under state law for purposes of collective bargaining. Thus, while having continuity across residency programs and communication across campus programs, there are distinct aspects of residency training and the dual status of residents (as trainees and employees) that will benefit most directly by having a director or advisor for resident diversity dedicated primarily to advancing DEI goals and cultivating a community of inclusive excellence.

Proposed Actions:

7.1 UC Associate Deans for Graduate Medical Education, or the individuals holding equivalent positions who oversee residency programs in other professions, should identify and appoint a faculty member to serve as director or advisor of resident diversity to further develop and execute strategies for increasing DEI in their programs. The director or advisor for resident diversity should work closely with their dean, health professional school diversity leader, medical center diversity officer (see accountability section) and campus CDO to coordinate, develop and leverage strategies to improve outreach, recruitment and retention of underrepresented residents.

8) Consider the creation of a robust scholarship program, centralized at the UC health sciences dean's or residency program office, that would support opportunities for underrepresented health sciences students to participate in a visiting elective scholars program.

Rationale. Visiting elective programs offer short-term placements for health professional students, typically in their final year of study, that allow them to gain experience in a specific specialty of interest. Students from other institutions (including other UCs, HBCUs or HSIs) have the opportunity to see how they would "fit" in the residency program should they choose to pursue this training and match at that institution. These electives help promote a student's interest in applying to particular residency training programs and enable resident recruitment committees to gain insights regarding a potential applicant. Participating in visiting electives can be costly, especially if students are traveling to a high-cost area (many UC campuses are located in such areas). In order to participate, students incur costs associated with registration, travel, meals and lodging, which may deter lower-income students from applying and potentially disadvantaging them in the selection process. Providing scholarships would help to mitigate this financial barrier.

Proposed Actions:

8.1 UC health professional schools should provide and expand scholarship support for students with financial need to advance diversity, equity and inclusion aims by broadening access to visiting elective opportunities. Working closely with their respective residency programs, the centralized visiting elective scholars program should be managed by the dean's office with the input of the director or advisor of resident diversity.

8.2 UC health professional schools/campus residency program leaders should survey recipients of the visiting elective scholarship after completion of the visiting elective for feedback on the program and likelihood of pursuing residency training at the institution. Additional tracking should be conducted to assess the extent to which the scholarship program helped to increase diversity in UC residency programs.

8.3 The UC Health Division should work with UC's state governmental relations office and health professional schools to explore opportunities for training senior level students who are prepared and interested in providing care to underserved populations and reducing health disparities, potentially in connection with other statewide programs, future loan reduction and/or internal UC match opportunities for moving on to UC residency training.

9) Create a pre-faculty development program dedicated to supporting a diverse cadre of UC residents who are interested in pursuing a career in academia.

Rationale. Following training, it is not uncommon for UC residents to seek faculty positions within the University. However, the pathway to a faculty career can be difficult to navigate without the proper guidance, mentorship, professional development opportunities and financial support. A strong support system throughout residency training can encourage underrepresented residents to choose a faculty career and to navigate this path with fewer roadblocks. Pre-faculty programs for residents currently exist at some UC health professional schools (e.g., Resident and Fellow Scholar Academy at UC Irvine and Research and Education in Advanced Clinical Health program at UC Davis). However, inadequate funding is the primary barrier to expansion of these programs.

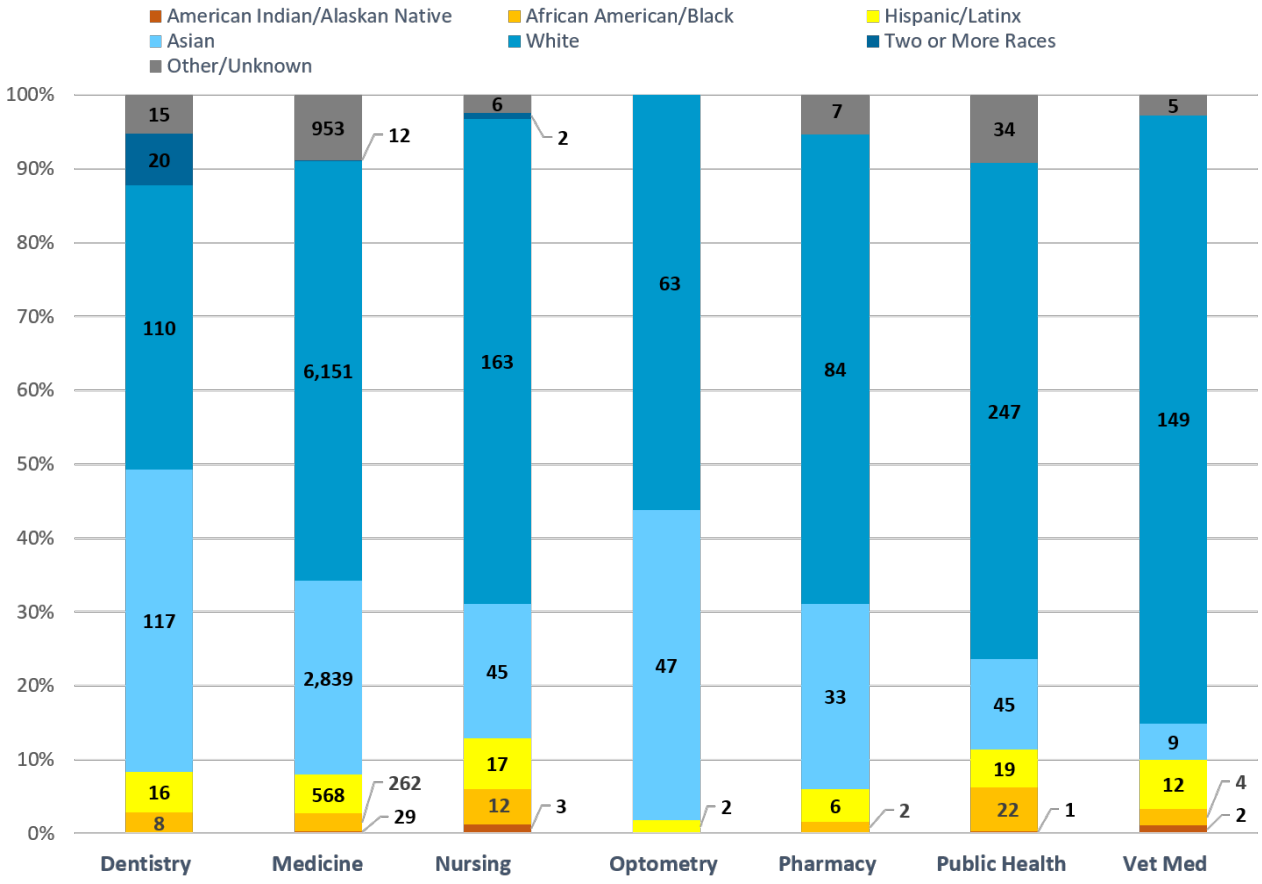
Proposed Actions:

9.1 UC health sciences deans should provide funding to create structured programming for a diverse cadre of residents where pre-faculty development, including formal mentorship and support, is provided throughout the course of residency training. To leverage resources, a systemwide program implemented on campuses, modeled (in concept) after the former UC Diversity Pipeline Initiative, could also be developed, in partnership with the UC Health Division, where selected residents are invited to participate in a series of career development workshops to help demystify the academy, build leadership skills and identify an institution-based longitudinal mentor.

9.2 UC health sciences deans should identify and allocate funding to provide a stipend or other direct support for residents who participate in the UC Health Pre-Faculty program.

Recommendations to Improve Diversity of UC Faculty in the Health Sciences

Figure 5. UC Health Sciences Faculty by Race/Ethnicity (2018-2019)



Source: UC Health Sciences DEI Task Force Data Request March 2019. Note — "Two or More Races" and "Other/Unknown" may include underrepresented faculty.

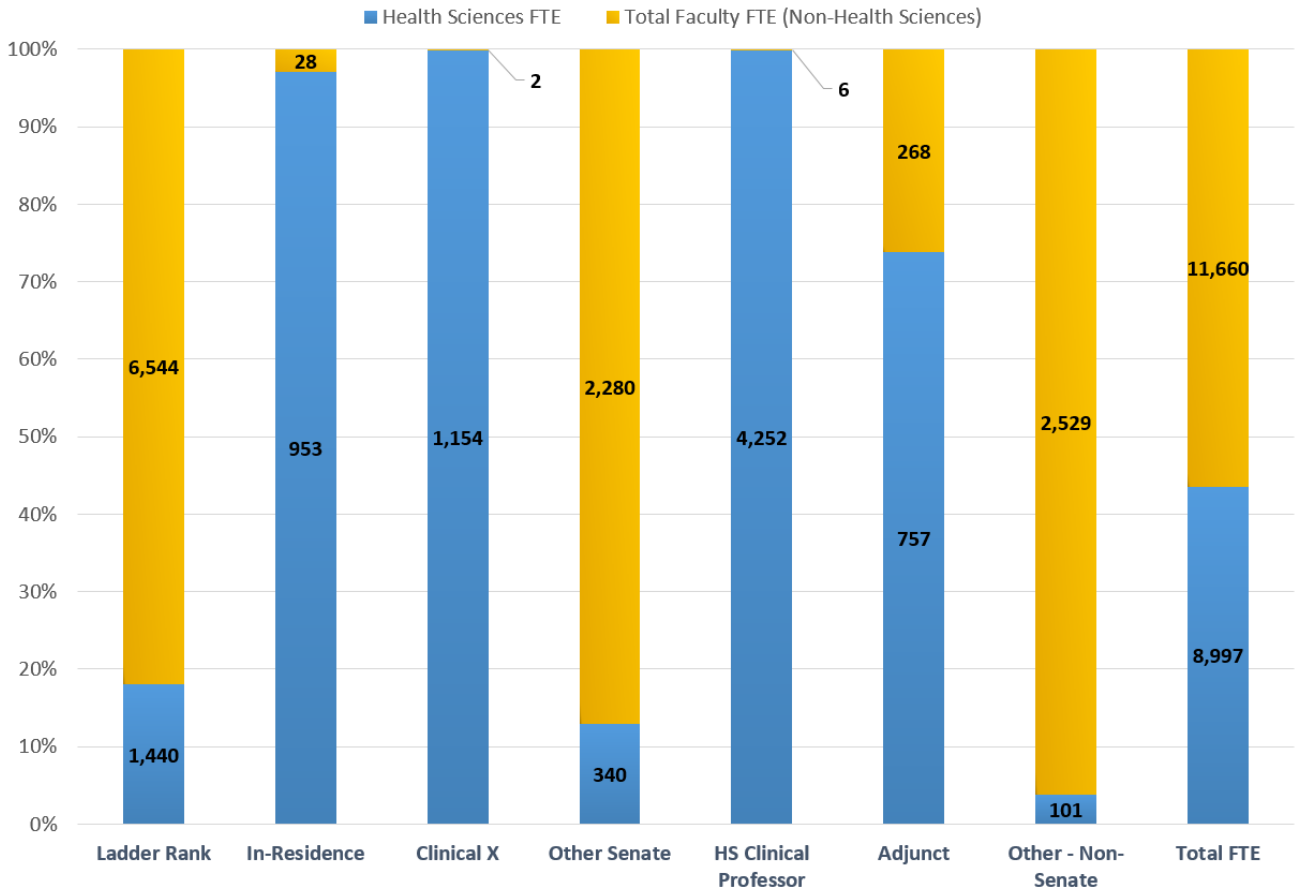
10) Increase UCOP-sponsored funding for targeted recruitment and hiring incentives to increase diversity and improve the retention of faculty in the health sciences.

Rationale. Increasing faculty diversity and equity remains essential for creating a thriving and innovative institution that, with cultural humility and inclusion, sets the standard for excellence in higher education and provides the optimal learning environment for students across UC communities. Ongoing efforts to diversify the faculty are in place at all UC campuses and within the UC Office of the President.[73] Since 2016, the State has provided UC with up to $2.5 million annually to fund the Advancing Faculty Diversity (AFD) program, which supports the development of innovative campus projects designed to increase faculty diversity.[74] The program was expanded in 2018-19 to include funding provided by former President Napolitano for projects focused on faculty retention and improving the climate. The President's Postdoctoral Fellowship Program (PPFP) is also a systemwide faculty recruitment program that offers postdoctoral research fellowships, faculty development and mentoring and eligibility for a hiring incentive for faculty scholars in all fields whose research, teaching and service will contribute to diversity and equal opportunity.[75]

While the AFD and PPFP programs are achieving promising outcomes across the University, the focus on ladder-rank faculty significantly disadvantages health sciences programs given their heavy reliance on clinical faculty to fulfill teaching and patient care missions. According to the UC Corporate Personnel System,

there are currently 20,657 total faculty FTE at UC's 10 campuses, of which 44 percent (8,997) are health sciences faculty FTE. Yet of UC's 7,984 ladder-rank faculty, only 1,440 (18 percent) are health sciences faculty (Figure 6), making roughly 84 percent of health sciences faculty ineligible for the PPFP hiring incentive program. In 2020-21, eligibility for the AFD program was expanded from being limited to ladder-rank faculty to include other Senate series faculty, making 43 percent of health sciences faculty positions now eligible for the program. (See Appendix E for data tables.)

Figure 6. UC Faculty FTE by Title Series (2019)



Source: UC Corporate Personnel System (CPS) October 2019 Snapshot of UC Faculty Series in the Health Sciences
*Note: The UC Health Division is aware that information in the CPS does not always align with data provided by UC health schools with respect to health sciences students, residents and faculty.

Given the large number of UC faculty appointments in the health sciences and the significant roles that clinical professors and other non-Senate/non-tenure track faculty have in teaching thousands of students and residents in UC educational programs, there is a compelling rationale for additional resources to be allocated systemwide to advance DEI efforts, particularly for the recruitment and retention of health sciences faculty who better reflect the diversity of the State and who will be vital for addressing health disparities and advancing progress toward equitable care.

Proposed Action:

10.1 The EVP for UC Health should request the support and partnership of the UC president and provost for developing a systemwide health sciences faculty diversity and inclusion grant program that would complement and build upon the success of the Advancing Faculty Diversity program by providing funding to support innovative, equity-focused recruitment, retention and climate initiatives specifically in health sciences units for all faculty title series.

10.2 The EVP and VP for UC Health should work with the health sciences deans to assess the resource requirements and feasibility of developing a Faculty Loan Repayment Program for UC health professional schools modeled after similar programs administered by the federal government (i.e., Health Resources and Services Administration and the National Institutes of Health) and some states (e.g., Colorado and New York). These programs are targeted to health sciences faculty who are from disadvantaged backgrounds based on economic or environmental factors.

11) Make new salary support available to advance diversity among ladder-rank health sciences faculty.

Rationale. Increasing the diversity of UC health sciences faculty will bring a wider range of interests, life experiences, and worldviews that will enhance UC's mission.[76] Greater diversity among faculty also helps to solve complex problems and creates more inclusive academic environments, which in turn attracts other scholars and students from diverse backgrounds. However, despite UC's efforts to increase the diversity of its faculty, many departments in UC health professional schools do not have available faculty FTE to expand recruitment into the Professor (ladder-rank) series and often risk losing talented and highly competitive candidates to other institutions because of the lack of permanent salary support for new faculty FTEs.

The privilege of holding a ladder-rank position is something that should be possible for more people whose scholarly and creative contributions would bring diversity and distinction to the University over the long term and in new ways. The lack of new ladder-rank faculty appointments available systematically disadvantages underrepresented faculty who are primarily appointed to those series that are not eligible for tenure or Academic Senate membership. Because the careers of tenured faculty can last up to 40 years, the rate of change in the demographic profile of these faculty will remain slow if the allocation of faculty FTE in the health sciences remains flat. Innovative faculty recruitment practices used on the general campuses that reallocate or reserve existing campus FTE positions for new "clusters" of faculty (across disciplines or departments) whose research is relevant to or advances diversity, equity and inclusion may also work to expand the ladder-rank series in the health sciences.

Proposed Actions:

11.1 The UC Health Division should consult with the UC president and UC provost about establishing a program and fund that would provide grants to campuses for infrastructure support for faculty hired through cluster initiatives and to incentivize clusters focused on the health sciences.

11.2 The UC Health Division should work with UCOP Budget Analysis and Planning and State Government Relations to advocate for the development of new funding formulas to increase state funding to enable UC health professional schools to hire additional ladder-rank faculty whose research will examine the experiences, cultures and contributions of diverse populations and accelerate efforts for reducing health disparities.

11.3 UC health sciences deans should meet with their respective chancellors to discuss strategies for increasing contributions and support from the donor community to fund additional faculty positions in the health sciences (e.g., endowed chairs, graduate fellowships, research support, etc.), prioritizing faculty with significant contributions to diversity.

12) Prioritize funding to support the retention and success of a more diverse health sciences faculty.

Rationale. A thriving, diverse faculty is essential for creating and sustaining a dynamic learning and working environment that will prepare all students as future health providers for California's increasingly diverse communities. Multi-factorial strategies that support the retention of underrepresented faculty will have a positive impact on faculty success and will enhance the climate of inclusiveness systemwide:

Equity, Diversity, Inclusion and Anti-Racism as Core Competencies for Faculty. Students bring unique differences in life experiences, cultural backgrounds, histories, linguistic competencies, political and religious affiliations, and sexual orientations. In response to this cultural change, colleges and universities have had to

readjust traditional approaches to instruction, assessment and collaboration. As a result, faculty should demonstrate evidence of inclusion, empowerment and content integration within their courses to meet the academic and social needs of diverse groups. Diversity training that supports faculty in selecting content, assessment measures, and instructional strategies that use students' various backgrounds as assets in educational settings is needed.[77]

Mentorship and Professional Development Support. Mentors are an invaluable resource for junior faculty who are learning to navigate the institution, need advice regarding their professional development, or need someone to go to for social, emotional and sometimes cultural support. Faculty mentors help newer faculty members to acclimate to the norms of the department, school and university; further develop effective research skills and publishing strategies; receive support in progression toward promotion and tenure; and foster an atmosphere of collegiality and community. This support is especially important for URG faculty.

Leadership Accountability and Faculty Engagement. Leadership is one of the most significant factors for effectively addressing faculty diversity. Strong leadership and active engagement on issues of equity and inclusion will advance progress and lead to development of effective programs. Accountability at the campus, division and departmental levels is essential for increasing faculty diversity and fostering a climate of inclusion.

Proposed Action**:**

12.1 UC health sciences deans should require all faculty to participate in diversity, equity and inclusion training that includes topics such as implicit/unconscious bias, institutional racism, structural competence, cultural humility, microaggressions, and benefits of inclusive excellence.

12.2 UC health sciences deans should develop and expand campus mentorship and inclusive leadership development programs for underrepresented faculty to meet their collective and individual needs (e.g., Harold Amos Medical Faculty Development Program and Executive Leadership in Academic Medicine Program) and provide training, development and support groups for mentors who support URG faculty. This training/development should include content on mentoring across differences, trauma-informed mentoring and culturally-aware mentor training.

12.3 UC health sciences school leadership and department chairs should annually produce an accountability "score card" on climate and faculty engagement. Progress reports on climate and faculty engagement indicators should be reviewed annually with the dean and/or campus leadership. Achievement and/or progress on diversity related goals should be a factor in determining budgetary support for departments.

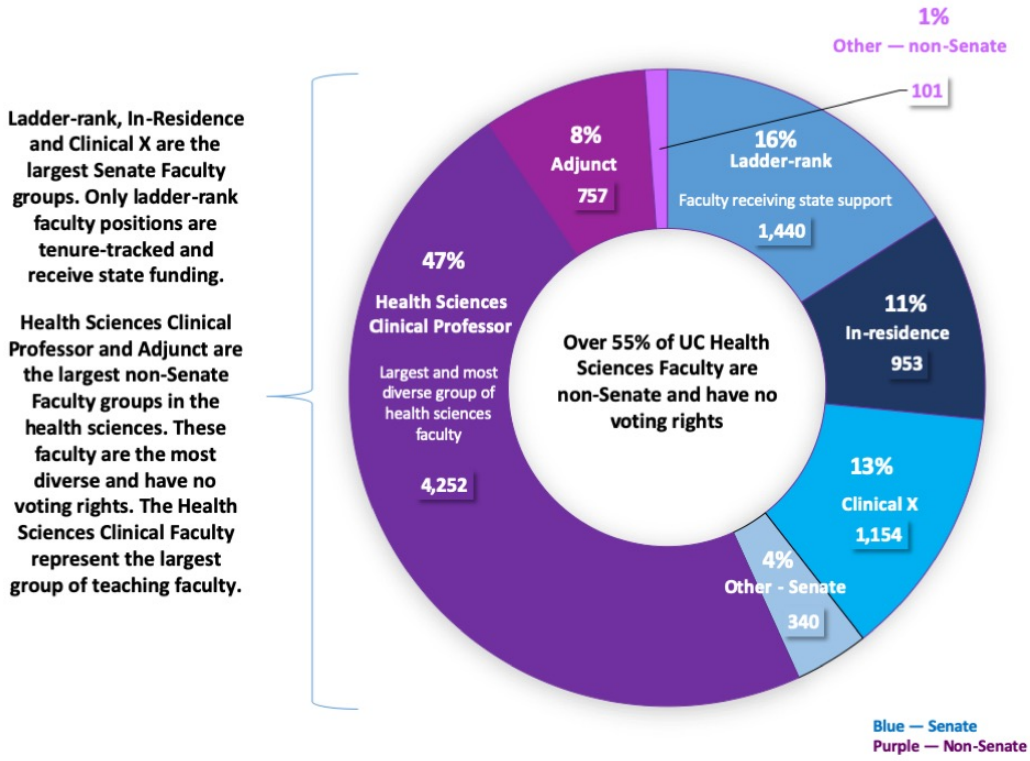
13) Address structural barriers that prevent non-Academic Senate faculty from fully participating in faculty governance.

Rationale. Membership in the Academic Senate is afforded only to faculty who are appointed in the Professor, In-Residence and Clinical X series (along with certain lecturers).[78] Faculty appointed in the Health Sciences Clinical Professor (HSCP), Adjunct, Lecturer, and Visiting faculty series are considered non-Academic Senate faculty. The differences associated with having membership in the Academic Senate and not being a member create local and systemwide challenges. This is especially true in the health sciences as most health professional schools have more non-Senate faculty than faculty who are members of the Academic Senate, in comparison to the general campus. There are benefits available to Senate faculty that are not available to non-Senate faculty, such as the right to vote on important Senate decisions that impact curricula, admissions criteria, student and faculty promotion standards, and eligibility for resources such as career development awards and Academic Senate research grants.

Non-Academic Senate faculty represent the largest and fastest growing group of faculty in the health sciences (Figure 7). They are also the most diverse with respect to race and gender. Yet faculty appointed in these series do not have their expertise and perspectives considered in decision-making by the Senate, which is a fundamental and structural barrier to shared governance and inclusive excellence. The University's non-Senate faculty have important insights and perspectives to contribute, including those

related to faculty governance and issues of diversity, equity and inclusion. However, under the current structure, they are limited in terms of influencing decision-making in salient ways. History validates the negative impact and experience of unequal voting rights among all segments of society and these practices often perpetuate a feeling among non-Senate/clinical faculty that they are "second-class" and disenfranchised with respect to the policies that determine the governance, academic structure, priorities and future of the University.

Figure 7. UC Systemwide Health Sciences Faculty FTE



Source: UC Corporate Personnel System (CPS) October 2019 Snapshot of UC Faculty Series in the Health Sciences
*Note: The UC Health Division is aware that information in the CPS does not always align with data provided by UC health schools with respect to health sciences students, residents and faculty.

Proposed Actions:

13.1 UC health sciences deans should consider providing HSCP and Adjunct faculty a Clinical X appointment without salary to allow full participation in faculty governance at their respective schools. UC San Francisco has provided local Senate membership to all faculty. UC Regent Standing Order 105.1 stipulates that clinical faculty members of the Academic Senate may be restricted from voting on Senate matters outside of their school. This stipulation may address concerns about an imbalance of influence of health sciences faculty on non-health sciences-related matters.

13.2 UC health sciences clinical faculty should engage with their campus Academic Senate colleagues to advocate for changing the bylaws of the systemwide Academic Senate as they relate to membership; UC Health should work with the Office of General Counsel, Academic Affairs, and others to understand the path and process for proposing a change to UC Regents Standing Order 105.1 (Organization of the Academic Senate) to allow HSCP and Adjunct professors to join the Academic Senate.

13.3 The EVP and VP of UC Health should work with UCOP Academic Personnel leadership to examine the possibility of revising the policies and procedures for academic appointees set forth in the Academic Personnel Manual (APM 278-20a and APM 280-20a).

Recommendations to Improve Campus Climate for Students, Residents and Faculty

Campus climate is known to have profound effects on all members of the campus community. Climate is multifaceted, includes individual attitudes and behavior, and can be shaped and influenced by institutional policies and practices.[79] The UC Campus Climate Study conducted in 2012 defined campus climate as "current attitudes, behaviors, and standards of faculty, staff, administrators and students concerning the level of respect for individual needs, abilities, and potential."[80] The prevailing temperament of leadership, systemic policies and quality of lived experiences and interactions between various groups and individuals determines a healthy campus climate. How students and trainees experience their campus environment influences both learning and developmental outcomes, with discriminatory environments having a negative effect on learning and well-being. Conversely, faculty members who consider their work environment healthy and inclusive are more likely to feel personally and professionally supported and to remain at the institution. While this report does not focus on health sciences staff, it is important to note that as the largest group of individuals within UC (57,915 in October 2019), staff greatly impact campus climate.

The Minority Tax. Although establishing a positive campus climate is the responsibility of all members of the community, additional duties and responsibilities are too often placed on URG faculty when it comes to diversity, equity and inclusion. The "minority tax" has been defined as the tax of extra responsibilities placed on minority or underrepresented faculty in the name of efforts to achieve diversity.[81] URG faculty are disproportionately represented in institutions' diversity efforts and mentoring of URG students and trainees. While critically important, these efforts are often marginalized and seldom recognized for purposes of academic advancement. These added responsibilities are time-intensive and result in less available time for URG faculty to focus on promotion related activities (i.e., research and publication). Because salary is linked to academic rank, URG faculty are thus also likely to be paid less than their non-URG peers.

The minority tax is not just experienced by faculty; URG students and residents also experience it.[82] URG students and residents often feel an obligation to the communities they represent and to future underrepresented students. Like URG faculty, these learners often take on additional duties, such as volunteering at a community clinic or mentoring URG undergraduate students interested in pursuing a career in the health sciences, instead of focusing on their own scholastic obligations.

Stereotype Threat. Stereotype threat contributes to a less inclusive experience for URG learners and faculty in the health sciences, and refers to the experience of being in a situation in which there are negative stereotypes about an individual's racial, ethnic, gender or cultural group and where the individual is concerned about being judged or treated negatively based on that stereotype.[83] Stereotype threat undermines performance through multiple mechanisms and can lead to anxiety, uncertainty about belonging and withdrawal. This in turn also has long-term consequences for well-being. A campus climate that is not inclusive can exacerbate negative consequences of stereotype threat. Education policies, even those aimed at combating race-based achievement gaps, can paradoxically strengthen existing stereotypes about students from certain racial and ethnic groups.

Anti-Racism Education and Training. While implicit/unconscious bias training has been useful in starting conversations about personal bias and microaggressions, addressing systemic racism will require additional education. Anti-racism is the policy and practice of actively opposing racism and promoting racial justice. Anti-racism training requires proactive commitment, sustained education and engagement as well as systemic and intentional efforts at all levels to eradicate racism. It requires individuals to take responsibility for their own learning and accepting responsibility for one's own part in it.[84] Anti-racism education is an essential strategy for training more equity-minded health care providers and improving campus climate. Training programs for health professionals have incorporated cultural competence as a curriculum objective but have rarely focused on how their own schools and programs perpetuate racism, or on preparing learners with a better understanding of the roots of racism and how it affects health.[85] Creating a supportive campus climate requires the alignment of institutional policies and practices with equitable and inclusive faculty and

administrative cultures that will positively impact behavior at UC health sciences schools. Developing and instituting a school-wide anti-racism competency as a requirement for advancement for all learners, faculty, senior administrators and staff would signal the priority and value of DEI and set the expectation that racial literacy and anti-racist thinking and practice are part of professional competence and institutional excellence.

Prevailing Temperament of Leadership. Inconsistent leadership and insufficient commitment to diversity, acts of discrimination and encounters with microaggressions in academic (and non-academic) settings create hostile climates for underrepresented groups and individuals. The perception that academia is a safe haven for honest conversations about race and racism is inaccurate and often is quite the opposite.[86] In the health professions, faculty define the academic standards that drive the selection and preparation of future health professionals. Recruiting more diverse communities of faculty, staff and learners into an environment that values and embraces differences in its curriculum, standards of excellence and scholarship will improve the education and cultural competence of future generations of health professionals.

14) Demonstrate campus leadership commitment to diversity, equity and inclusion by intentionally implementing activities focused on anti-racism and equity.

Proposed Actions:

14.1 UC health sciences deans should establish the expectation that all UC faculty need to understand and interrupt their biases and to contribute to creating an anti-racist and inclusive environment.

14.2 Health sciences deans and medical center CEOs should implement mandatory education and training for all members (faculty, staff, students and trainees) of the campus/health system community, as part of shared responsibility for DEI priorities that should require everyone to contribute to creating and maintaining an inclusive and equitable community.

14.3 UC health sciences deans should consider developing a “Dean’s Distinguished” lecture series or seminars focused on anti-racism and addressing issues around diversity, equity and inclusion.

14.4 UC Systemwide Human Resources and UC Academic Personnel and Programs should appropriately align its policies (e.g., investigative timelines and required notifications) and practices (e.g., confidential care advocate) with respect to its treatment of claims regarding sexual harassment/sexual violence, and claims regarding other forms of discrimination. The systemwide anti-harassment/discrimination policy should be revised and applied with a comparable level of specificity and accountability as the sexual harassment/sexual violence policy, and those in violation of the policy should be held accountable.

15) Establish an anti-racism competency as a requirement for all faculty, senior administrators staff and learners who teach, are employed, and/or educated at UC health professional schools and clinical sites.

Proposed Actions:

15.1 UC health sciences faculty should redesign curricula that 1) recognizes racism as a public health crisis and a determinant of health outcomes; 2) requires courses designed to enhance cultural humility as part of the core curriculum rather than as electives; and 3) prepares students and residents to think about how to dismantle and redefine existing structures that characterize health care and health care delivery in ways that do not equitably serve all people and that lead to health inequities (structural competency).

15.2 UC health sciences deans and leaders should develop anti-racism standards that are linked to hiring, advancement, promotion and other assessments of performance that evaluates progress and achievement.

Recommendations to Improve Leadership Accountability

16) Develop an action plan at each UC health professional school to address anti-racism and diversity, equity and inclusion within 12 months.

UC health professional schools have been a model for innovation and continue to develop the most creative solutions to some of the world's most complex problems. In the same way, the University should strive to intentionally break down the barriers that preclude UC from achieving diversity, equity and inclusion across its missions and its student, resident and faculty communities. Applying quality improvement principles and metrics to address systemic racism, health inequity and improve DEI at UC health professional schools is necessary for real change to occur. UC health professional schools are trusted by the public to prepare well-trained future health providers to care for individuals and their communities. Developing a specific, results-oriented, multi-faceted action plan that addresses anti-racism and health equity will be critical for recruiting a diverse faculty and preparing a future health workforce that reflects the diversity of California. Specific, actionable steps with clear timelines should be defined to communicate expectations, track progress and avoid falling behind on goals and desired outcomes. Creating an action plan would help clarify objectives, provide focus and prioritize next steps and create ownership and accountability for measuring progress.

In order to move toward improving the health care education system, leadership should recognize that confronting systemic racism and health inequity is not a "one-off" assignment. To create and sustain the necessary changes across the UC health sciences, ongoing assessment of implementation, adoption and impact measures will be required. The matrix for accountability should be adapted to include metrics related to outreach, admissions process, hiring processes and climate of inclusion enhancements, as well as for developing clear and consistent practices with respect to the University's anti-discrimination policy, including violation, investigation and sanctioning.

17) Appoint a senior diversity officer each UC academic health center.

UC health sciences schools and academic health centers serve a critical function in training future health providers, producing innovative research and providing high quality health care. While beyond its initial charge, the task force recognizes that these efforts would benefit by having an intentional, comprehensive and coordinated diversity plan in order to minimize bias in education and patient care and to maximize the diversity and inclusion across UC missions. Many UC medical schools have an individual in charge of diversity, yet these responsibilities vary between schools. Some, but not all, UC academic health centers have a dedicated senior position focused on health-related DEI efforts. To maximize effectiveness, many academic health centers across the nation (including their associated medical schools) have teams of diversity specialists to address and coordinate strategies for achieving a truly diverse, equitable and inclusive environment.

In order to improve communication, coordination and collaboration between the educational programs in the UC health sciences schools and the patient care mission of the medical centers, each academic health center should have a senior diversity officer, along with adequate personnel, to work together with those individuals holding equivalent leadership roles for advancing diversity, equity and inclusion within their health sciences schools. The reporting structure of the diversity leadership, whether a senior diversity officer in the health system or vice dean in the medical school, should also have a direct reporting relationship to the leader (i.e., dean, CEO, or vice chancellor) of their respective organizations. For those UC medical centers that do yet have this position, moving forward to establish this role will help promote health equity in patient care and diversity and inclusion in clinical settings. Since many trainees and faculty function in the school as well as the health system, coordination of activities will be critical for success.

18) Appoint a senior leader for diversity, equity and inclusion in the UC Health Division of the Office of the President.

The UC Health enterprise, collectively, is extensive and encompasses the nation's largest health sciences instructional program, with nearly 15,000 students/trainees and 20 health professional schools on seven UC campuses. UC also has the largest academic health system in California, with five nationally ranked academic medical centers and 12 hospitals. One of the UC Health Division's stated "core values" is diversity and inclusion. In view of the size and reach of UC Health systemwide, the executive vice president for UC Health should appoint a dedicated senior leader/advisor in UC Health, who has primary responsibility for leading and coordinating matters relevant to DEI across health-related missions and who would work closely with colleagues in OP Academic Affairs, as well as with campus/medical center DEI leaders. Budgeting for such an individual and function would demonstrate UC Health's commitment to improving diversity, equity and inclusion. While each UC campus has a designated chief diversity officer (CDO), who typically reports to the chancellor, there is often a perceived disconnect between "the health sciences" and the general UC campuses. A senior diversity leader in UC Health could leverage and advance existing efforts on campus and across health-related systems to promote DEI in the health sciences.

Concluding Remarks

Many factors contribute to the historic lack of diversity in the health sciences, including inadequate pre-college academic preparation, poor advising, insufficient financial support, lack of mentoring and role models, peer and faculty discrimination, unconscious bias and social isolation.[87] Eliminating these longstanding disparities and improving the experiences of underrepresented individuals as they move along the health sciences education pathway will improve the racial and ethnic diversity of UC health professional students, residents and faculty. However, inclusion is necessary to leverage the value of diversity; and the actions that UC health professional schools take to advance diversity and inclusion will drive inclusive excellence and improve health equity.

The recommendations and promising programs/practices (see Appendix A for more information) outlined in this report are the result of a deliberative process that included input from diversity leaders across all UC health professional schools. Still, given the complexity and deeply entrenched history of these challenges nationally and within academia; the differences across professions; and the size and complexity of the UC health sciences instructional program, the task force acknowledges that this work is not complete. The recommendations in this report should be viewed as a starting point for moving forward with the short and long-term actions that are urgently needed to improve racial diversity, equity and inclusion across the UC health sciences educational system. The task force also recognizes that there are some recommendations that may have been addressed by some schools and that other efforts may be in various stages of progress. An assessment of both local resource requirements and those at the systemwide level will be an important next step for taking action.

The task force acknowledges that there are intersections of diversity and other areas that should be addressed such as those that focus on other marginalized and/or underrepresented groups and thus, recommends further review and identification of specific barriers for women, people who identify as LGBTQ+, individuals with disabilities and other underrepresented groups. The task force also recognizes that while beyond its charge, there is a pressing need to improve DEI efforts across the missions of the University and patient care settings. A high-level recommendation is included with the recognition that further assessment and leadership action in these areas is essential.

Although the work of the UC Health Diversity, Equity and Inclusion Task Force is complete, continuing to convene health sciences DEI leaders on a systemwide basis will demonstrate a commitment to advancing DEI across UC's health professional schools and will provide further opportunities to share best practices. Alignment in a shared understanding of the problem, accountability in clear and measurable ways and

moving forward with multilevel and campus-specific solutions, will help UC health professional schools become more inclusive institutions that will more successfully attract the best faculty, staff, clinicians and students who, in turn, will be better prepared to meet the future needs of the state and broader society. The current uprising around the world in response to racism and the COVID-19 pandemic has the momentum to change this institution. The University of California is called to meet this moment and rise to its reputation and standing as the world's greatest public university system. UC must also choose to lead in dismantling systemic racism. The time is now for disrupting the status quo and making room for new ideas, new structures, new policies, renewed leadership commitments and partnerships, and new voices in building a more equitable University system.

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Finally, we would like to acknowledge and thank colleagues in the following UC Office of the President departments who provided guidance and assistance in obtaining UC data: Academic Personnel and Programs; Graduate, Undergraduate and Equity Affairs; Institutional Research and Academic Planning; and UC Health Communications.

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Appendices

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Appendix A

Promising Programs and Practices for Increasing Diversity and Inclusion

The UC health sciences system has mission-driven programs designed to recruit and train health providers to meet the needs of California's increasingly diverse and aging population. The following three sections describe selected promising programs and practices to meet statewide needs and to enhance diversity among students, residents and faculty in the health sciences. The first section describes promising programs existing at UC campuses (in alphabetical order), for four focus areas: (1) students, (2) residents, (3) faculty and (4) climate. The second section lists other promising programs at other (non-UC) institutions. The third section provides a listing of promising practices for each of the four listed focus areas. When possible, hyperlinks are provided for additional information.

SECTION 1: Promising Programs at the University of California

1. Programs to increase undergraduate, graduate and professional student diversity

The University of California continues to make concerted efforts to increase the diversity of all of its undergraduate and graduate programs, including its health professions programs. Educational and community outreach programs are established elements of all UC health professions schools. Collectively, 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. Although there are well over 100 programs currently offered by UC health professions schools, the following are examples of model programs that continue to achieve success in increasing student diversity in UC health sciences programs.

K-12 Programs

UC Davis Summer Mathematics and Science Honors Academy
The Summer Mathematics and Science Honors Academy (SMASH) is a program hosted collaboratively with Level Playing Field Institute and UC Davis. SMASH UC Davis is a free, three-year summer residential college preparatory program for high school students from low-income or historically underrepresented backgrounds, or who will be the first in their family to attend college. This rigorous academy inspires and prepares students from the surrounding region to be college competitive in science, technology, engineering and math fields.

UCSF Fresno Latino Center for Medical Education and Research
The Latino Center for Medical Education and Research (LaCMER), based at UC San Francisco Fresno, is devoted to addressing the severe shortage of Latinx physicians and other health care professionals in the San Joaquin Valley. Its mission is to prepare culturally competent health care professionals who will return to the region to practice. The Center has developed a rigorous and comprehensive educational pathway within select public schools in Fresno County by recruiting, mentoring and tutoring economically and educationally disadvantaged students. The program has supported high school students for the last 20 years; 100 percent of those students have graduated from high schools at which the average graduation rate is under 50 percent, and all of these students have gone on to attend four-year colleges. Students from the program have high college graduation rates, and many have entered into health professions schools in medicine, nursing, public health, behavioral health, pharmacy and social work. The majority have returned to practice in the Central Valley.

UCOP's Mathematics, Engineering, Science Achievement (MESA) program
MESA is a college and career prep engine that propels student diversity and achievement in science, technology, engineering and math. MESA's mission is to help underserved and underrepresented students achieve success in STEM studies and careers. Their vision is to see California's STEM workforce reflect the diversity of its population. MESA serves students across the educational pathway through three complementary segments.

Undergraduate Enrichment Programs

UC Berkeley's Biology Scholars Program
The Biology Scholars Program (BSP) is an undergraduate program at UC Berkeley designed to promote the success of students from groups historically underrepresented in the biological sciences. Program components include academic workshops and study groups, professional seminars, research internships, and community service opportunities. The BSP challenges the traditional beliefs about who can or should pursue science. Over the past 28 years, more than 3,700 undergraduates have completed the program. Of these, 60 percent have been from underrepresented groups, 70 percent have been women and 80 percent have come from low-income backgrounds or were first-generation college goers. On average, 85 percent of BSP graduates — most of whom plan to pursue careers in health fields — are accepted to medical school. In terms of diversifying the STEM professoriate, at least 25 BSP alumni hold faculty positions at UC and other universities in California and the rest of the nation.

UC Berkeley's OptoCamp
Open to all, Opto-Camp is a five-day "in-residence" program offered by the UC Berkeley School of Optometry that provides participants with opportunities to learn about the profession of optometry and the process of becoming an optometrist. Developed in 2005, this summer-enrichment program is aimed toward underrepresented groups and first-generation undergraduate students. Traditionally, around 15 percent of the incoming Berkeley matriculants are Opto-Camp alumni, and 90 percent apply to national optometry programs. A goal of Opto-Camp is to provide in-depth information about optometry as a career track to those who are underrepresented in the profession and/or first-generation college students.

UC Davis School of Veterinary Medicine's Summer Enrichment Program
The Summer Enrichment Program (SEP) began over 25 years ago and has welcomed students from around the world. It is designed to provide disadvantaged students with activities that will enhance their veterinary school applications. The five-week intensive summer program accommodates 12 to 20 students and typically begins in late June (with orientation) and ends in July. Students obtain some veterinary experience through rotations at the UC Davis Veterinary Medicine Teaching Hospital. Rotations may include community medicine, small animal surgery, equine medicine, equine surgery, CAPE (exotics), behavior, dermatology, ophthalmology and more. Additionally, professionals in, but not limited to, the veterinary medicine field present on their specialties and career paths. SEP also provides opportunities to learn more about how to strengthen veterinary school applications through resume and personal statement workshops and GRE study sessions led by a current veterinary student. Students also participate in mock multiple mini interviews.

UC Davis/TPMG Preparando Estudiantes Para Ser Médicos (Prep Médico) Initiative
UC Davis and The Permanente Medical Group launched the Prep Médico Program five years ago to build the next generation of physicians committed to advancing Latinx health. The program provides holistic, comprehensive and longitudinal support for community college and undergraduate students who have the potential to provide culturally sensitive care to underserved communities with an emphasis on Latinx communities. Students start in a six-week residential pathway program aimed at developing their professional skills, mentorship network, knowledge of health inequities and ability to navigate their pathway to medicine. Students remain enrolled in the program afterwards to take advantage of mentorship, career guidance, assistance with MCAT preparation and opportunities to participate in research fellowships. Prep Médico students maintain a high level of motivation for health care careers years after the immersion

program, and those in community colleges transfer to four-year universities at more than twice the California rate.

UCLA/CDU Summer Health Professions Education Program (SHPEP)
The UCLA/CDU SHPEP is a program offered by UC Los Angeles and Charles R. Drew University committed to developing future leaders that will change the face of medicine, dentistry and nursing as well as to improve health care delivery, policy and research in underserved communities. The program's faculty advisors, caring staff, community members and supportive fellow classmates are part of a vibrant campus community that will enthusiastically support individuals to pursue personal goals and turn them into accomplishments. The UCLA/CDU SHPEP mission is to serve as a model learning community in which scholars examine a variety of health care issues affecting medically underserved communities through problem-based learning cases, lectures, clinical experiences, small-group discussions and a simulated health disparities project. Scholars will also improve their learning skills and strengthen their foundation in science. Upon completion of this six-week program, scholars will be more aware of the urgent need for health care professionals in medically underserved communities and of the educational pathways that lead to providing medical, dental and nursing services to underserved populations.

Post-Undergraduate Programs

Programs in Medical Education (PRIME)
UC Programs in Medical Education (PRIME) offer specialized education, training and support for UC medical school students who wish to acquire added skills and expertise as they pursue careers caring for underserved populations in both rural communities and urban areas. Each program has an area of focus that was selected based upon faculty expertise, the populations served by each school and its medical center and other local considerations. Areas of focus include: rural health and telemedicine (UC Davis); the Spanish-speaking Latinx community (UC Irvine); leadership and advocacy to address health care disparities in medically underserved populations (UCLA); health disparities and health equity (UC San Diego); the urban underserved (UC San Francisco); and the San Joaquin Valley (UC San Francisco). The PRIME program's focus on underserved populations continues to attract a more diverse group of students. Systemwide, 356 PRIME students were enrolled for the 2019–20 academic year, and approximately 64 percent are from groups that are underrepresented in medicine.

UC Davis Accelerated Competency-based Education in Primary Care (ACE-PC)
Since 2013, UC Davis School of Medicine (UCDSOM) has trained 29 primary care-bound students to complete their M.D. degrees in three years through their Accelerated Competency-based Education in Primary Care (ACE-PC) program. Students start medical school early, have a longitudinal primary care clinic starting in the first week, and complete a curriculum tailored for a career in primary care. Nearly 80 percent of ACE-PC students are from disadvantaged backgrounds, 60 percent are from a community underrepresented in medicine, and 75 percent speak a second language that is not English. ACE-PC students graduate with less educational debt and enter the primary care workforce one year earlier. All ACE-PC students receive scholarships worth from $20,000 up to $45,000 funded by the Permanente Medical Group and UCDSOM.

2. Programs to increase resident diversity

Residents are professional school graduates (i.e., from dental, medical, optometry, pharmacy and veterinary medical schools) who participate in specialty, post-graduate training programs after completing their professional degree programs. The term resident also includes medical fellows who pursue subspecialty training following completion of residency training. In additional to educating health sciences students in academic degree and professional degree programs, UC trains residents in several health professions. There are growing efforts focused on increasing resident diversity at UC, however more work is needed.

UC Davis Research and Education in Advanced Clinical Health (REACH) Fellowship Program
The Research and Education in Advanced Clinical Health (REACH) Program is a competitively awarded fellowship program intended to provide one year of stipend support for post-graduate veterinarians who have recently completed or are completing their clinical residency training program (with or without a Ph.D.) to conduct and/or participate in a translational research program. The REACH program can be used as a one-year post-doctoral experience or as a transition into a formal Ph.D. program. Many residents pursue board certification in a field of veterinary medicine in anticipation of employment as a clinical specialist in an academic setting. However, some of these residents are also interested in advanced education and training in scientific research to prepare themselves scientifically for an academic clinical career. Although professional clinical residency programs abound, there are few such research-intensive opportunities available. The REACH Fellowship Program is designed for individuals who would benefit from one to two years of intensive scientific research training, either through a post-doctoral experience or as an entry point into formal research training program (e.g., NIH T32).

UC Irvine Resident and Fellow Scholar Academy
The UCI School of Medicine Resident and Fellow Scholars Academy (RFSA) is designed for residents, specialty fellows and post-doctoral students who are interested in a career in academic medicine and serving underrepresented groups where the need for physicians is greatest. The program provides resources to guide scholars in pursuit of an academic career, including small-group training sessions and individual mentorship. The program can advocate for scholars as they apply to academic departments. It also serves as a support center for underrepresented groups in medicine. Applicants should be able to describe their ambitions with regard to underserved communities and academic careers. Candidates from underrepresented groups are especially encouraged to apply. Mentorships begin in September and continue through the academic year.

UC Los Angeles Graduate Medical Education Focus on Diversity
Leadership from the offices of Graduate Medical Education and Equity and Diversity Inclusion came together to develop several programs at UCLA to enhance resident diversity (https://medschool.ucla.edu/gme-edi). In addition to the visiting student programs that are available in multiple core fields in medicine and surgery, there is also an annual GME open house for EDI that welcomes candidates for the UCLA affiliated residency programs to the campus in order to discuss program-specific activities as well as opportunities across the UCLA system to enhance diversity and inclusion. The annual Road to Residency program also occurs. The Road to Residency program welcomes students from all medical student years and targets students from underrepresented groups and holds workshops such as Choosing Your Medical Specialty: Paving Your Own Road; Brick by Brick: Building Your Residency Application; and Mock Interviews: Tips and Tricks.

UC San Francisco Visiting Elective Scholarship Program
The Visiting Elective Scholarship Program supported by the UCSF School of Medicine was established to expose fourth year medical students who are underrepresented in medicine, committed to working with underserved populations, or interested in working with issues related to diversity, equity and inclusion to an academic training program. Participants are assigned a faculty advisor and have the opportunity to network with UCSF faculty, trainees and students. A diversity dinner with faculty and trainees are held during each rotation. In addition, all participants are invited to attend various seminars and lectures including those offered by the UCSF Office of Diversity and Outreach and the UCSF Multicultural Resource Center.

3. Programs to increase faculty diversity

UC has expanded its efforts to recruit, support and retain a diverse faculty at each of its campuses. Several recently initiated or expanded programs demonstrate real potential to increase diversity at UC.

UC Davis Center for the Advancement of Multicultural Perspectives on Science (CAMPOS)
The vision of forming a community of scholars who bring a range of gender and multicultural perspectives to STEM science became a reality at UC Davis through the creation of the Center for the Advancement of Multicultural Perspectives on Science (CAMPOS). The program initially prioritized the hiring of UC Davis faculty whose contributions to research, teaching, and service addressed issues affecting Latinas in STEM. Over time, the vision grew to include other underrepresented community perspectives. To date, 25 ladder-rank faculty comprise the CAMPOS community of faculty scholars.

UC Davis Health Faculty Excellence in Diversity Recruitment Program
This is an opt-in program on the UC Davis campus with close coordination between the associate vice chancellor (AVC) for academic personnel, the Office of Health Equity, Diversity and Inclusion and department chairs and search committees. Specialized bias training is provided for search committees in the program. The AVC serves as an equity advisor, and there is a sharing of best practices in identifying objective criteria for candidate selection and evaluation, and how to conduct structured interviews. The AVC conducts diversity and inclusion outreach (letter, email and phone) to encourage candidates to apply for positions, and funding is available for advertising in diversity venues. Two years since the start of the program, UCDH URG faculty have increased by 30 percent.

UC Davis Supporting Educational Excellence in Diversity (SEED) Workshop
The Office for Health Equity, Diversity, and Inclusion in coordination with the Office of Continuing Medical Education offers a four-part hybrid (online and in class) training for SEED: Supporting Educational Excellence in Diversity. Upon completion of this series, participants will be able to apply cultural humility to empower their teaching, identify the key elements of curricular content that contribute to the cultural microaggressions that impede learning, and develop self-management and communications skills to navigate difficult interactions that impact cultural safety.

UCOP Advancing Faculty Diversity (AFD) Grants
For four years, the State has funded UC's Advancing Faculty Diversity Grant program, in which campus academic units have competed for funding that can be used to support new efforts to diversify ladder-rank faculty. UCSF ran a successful program in the 2017-18 year and succeeded in recruiting accomplished new faculty who will make major contributions to diversity. In 2018-19, the School of Medicine at UC Davis is part of a campuswide program to increase faculty diversity, and the School of Public Health at UC Berkeley is focused on improving the workplace climate for underrepresented faculty and students. The AFD program was expanded in 2018-19 to include funding provided by President Napolitano for projects focused on faculty retention efforts, including programs targeted at improving department or school climate. Using State and presidential funds, UC awarded a total of $2,479,000 in 2019-20 to five AFD recruitment pilots and $1,253,804 to nine AFD improved climate and retention projects. Additional funds are typically used to support systemwide meetings with AFD project leaders, campus chief diversity officers, vice provosts and faculty equity advisors; and to support the President's Postdoctoral Fellowship Program (PPFP).

UCOP President's Postdoctoral Fellowship Program (PPFP)
The President's Postdoctoral Fellowship Program (PPFP) is a signature UC program that recruits top post-doctoral researchers to UC, scholars who are interested in faculty careers, and whose research, teaching and service will contribute to diversity and equal opportunity at UC. The program has a long-term strength in the life sciences, and many of the post-doctoral fellows in life sciences join labs in UC health sciences schools. Both UC San Diego and UC San Francisco have developed a culture of advocacy for PPFP fellows and their faculty principal investigators (PIs) often partially or fully fund the fellows from their grant money, allowing the program to increase its capacity. In 2017, President Napolitano and Provost Brown extended the eligibility for the Faculty Hiring Incentive to professional schools and PPFP fellows are now joining the health sciences ladder-rank faculty in increasing numbers.

UC-HBCU Initiative
Launched in 2011, the UC-HBCU Initiative is a faculty grants program that seeks to increase the number of HBCU graduates in UC PhD programs by investing in relationships between UC faculty and Historically

Black Colleges and Universities (HBCUs). At the graduate level, African Americans/Blacks are extremely under-represented in UC graduate and professional programs. The five-year average (2013–2017) for enrollment of African Americans in UC academic doctoral programs was 3.1 percent. Through the UC-HBCU Initiative, the Office of the President encourages UC faculty to actively engage in collaboration and cooperation with faculty and students at HBCUs. Such efforts serve to strengthen and enrich UC's mission of teaching, research and public service. An average of 38 percent of submitted proposals have been selected for funding. During the Initiative's first seven summers, UC hosted over 550 scholars across nine UC campuses. As a direct result of this Initiative, sixty Ph.D. students and four academic master's students are currently enrolled at UC; seven Ph.D. students and eight master's students have already graduated.

UC San Francisco Watson Scholars Program
The UCSF School of Medicine Dean's Diversity Fund was established in 2015 to support the recruitment and retention of faculty who share the University's commitment to diversity and service to underserved or vulnerable populations. Each year eight faculty members are selected. Those faculty are named the John A. Watson Scholars in honor of John A. Watson, Ph.D., a pioneer for diversity, an inspiring mentor and a tenacious scientist whose service to the UCSF School of Medicine spanned 46 years.

4. Efforts to improve campus and workplace climate

UC health professions schools are developing programs dedicated to fostering a more inclusive climate for all. UC Berkeley, UC Davis, UC Irvine and UC San Francisco have multicultural resource centers, and UCSF also has the LGBT Resource Center. The campuses also offer undocumented student support services and have advisory committees on campus climate, culture and inclusion. In addition, UC health professions schools provide education and training to support faculty and staff members to better understand diversity and inclusion issues in the workplace. Trainings include topics such as unconscious bias and cultural humility. For example, UCSF has started to work with its medical center to help reduce language and literacy-associated disparities in patient care.

UCOP Advancing Faculty Diversity Program to Support Improved Workplace Climate and Faculty Retention Outcomes.
In academic year 2018-19 the University of California allocated approximately $434,000 to support campus efforts to improve academic workplace climate and faculty retention outcomes. With these funds, UC launched a grant program to support efforts to develop interventions designed to improve faculty retention and climate in academic units. These awards built are a part of the Advancing Faculty Diversity (AFD) program. In all, UC made six awards totaling $433,200 to campus projects in 2018-19. The funded projects included a range of interventions and innovative activities: mentoring programs, speaker series on topics relevant to faculty career advancement, establishment of a career concierge, among others.

UC Campus Climate Surveys
From the fall of 2012 through the spring of 2013, the University of California took the unprecedented step of surveying its faculty and other academic appointees, students, staff, trainees and post-doctoral scholars about their experiences and perceptions of campus or workplace climate. More than 386,000 individuals were invited from the 10 UC campuses, the Lawrence Berkeley National Laboratory, the University's Division of Agriculture and Natural Resources, and the UC Office of the President to participate in this study – making it the largest project of its kind in the nation. By the end of the survey administrations, more than 100,000 responses were collected, and later tabulated and analyzed. This report provides the executive summaries for all 13 locations as well as all locations combined.

This study is one part of UC's ongoing efforts to foster a healthy and inclusive environment for all members of the University community. Each UC location has used the findings from this study to develop new actions or initiatives, or enhance existing efforts, that will improve the working, living, and learning environments at the University of California. UC campuses continue to conduct periodic climate surveys.

SECTION TWO: Promising Programs at Non-UC Institutions

Biomedical Honor Corps at Xavier University of Louisiana
The Biomedical Honor Corps at Xavier University of Louisiana is an academic year-long enrichment organization specifically designed to provide guidance to new freshman and new transfer students at Xavier who are interested in careers as physicians, dentists, veterinarians, optometrists, podiatrists and other types of health professionals.

Culturally Aware Mentorship
Speaker: Sherilynn J. Black, Ph.D. and Angela Byars-Winston, Ph.D.
Moderator: Dr. Hannah Valentine
This webinar is part of a series.
https://nrmnet.net/blog/2016/05/16/culturally-aware-mentoring-a-new-mentor-training-module/

Executive Leadership in Academic Medicine (ELAM)
Established in 1995, the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) program is a year-long, intensive one-year fellowship of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for executive leadership in academic medicine, dentistry, public health and pharmacy. The program is dedicated to developing the professional and personal skills required to lead and manage in today's complex health care environment, with special attention to the unique challenges facing women in leadership positions. More than 1,000 ELAM alumnae hold leadership positions in institutions around the world.

Harold Amos Medical Faculty Development Program
The Harold Amos Medical Faculty Development Program is a program of the Robert Wood Johnson Foundation. Formerly known as the Minority Medical Faculty Development Program, it was renamed and expanded in 2004 to honor Harold Amos, Ph.D., who was the first African American to chair a department, now the Department of Microbiology and Medical Genetics, of the Harvard Medical School. The program was created to increase the number of faculty from historically disadvantaged backgrounds who can achieve senior rank in academic medicine, dentistry or nursing and who will encourage and foster the development of succeeding classes of such physicians, dentists and nurse-scientists. Four-year postdoctoral research awards are offered to historically disadvantaged physicians, dentists and nurses who are committed to developing careers in academic medicine and to serving as role models for students and faculty of similar background.

Health Career Connection (HCC) Summer Internship Program
HCC was initially founded in 1990 and affiliated with the UC Berkeley School of Public Health. Now, HCC is a national non-profit that operates in 10 major regions across the United States. HCC inspires and empowers undergraduate students, recent graduates and HCC alumni, particularly those from underrepresented or disadvantaged backgrounds, to choose and successfully pursue health care and public health careers. HCC achieves this by connecting talented undergraduates and recent college graduates to real-world experience, exposure, mentoring and networking at host organizations across the United States. Interns work on meaningful projects and programs that address priorities of the host organization. Over the past 30 years, more than 3,600 students have participated in the Summer Internship Program.

Health Resources and Services Administration (HRSA) Minority Faculty Development Model
HRSA's Bureau of Health Professions (BHPr) developed a model that can be readily used and adapted by health professional schools to improve efforts to hire, retain, and promote underrepresented faculty. BHPr'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 BHPr describes as a "deficit model". The deficit model emphasizes the underachievement of underrepresented groups 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.

Johns Hopkins Bayview Medical Center, Medicine for the Greater Good Program
The internal medicine residency program sought ways to help improve inner-city neighborhoods in Baltimore, Maryland. They designed a program called Medicine for the Greater Good, which aims to increase awareness of medical residents to social and cultural factors that impact the health of their patients. The curriculum consists of 12 one-hour workshops on topics including behavioral counseling, epidemiology, health literacy, interprofessional care and medical journalism. Residents in this program must complete at least one community project during their three-year residency.

National Clinician Scholars Program
The National Clinician Scholars Program (NCSP) aims to offer unparalleled training for clinicians as change agents driving policy-relevant research and partnerships to improve health and health care. The goal of the program is to cultivate health equity, eliminate health disparities, invent new models of care and achieve higher quality health care at lower cost by training nurse and physician researchers who work as leaders and collaborators embedded in communities, health care systems, government, foundations and think tanks in the United States and around the world. (UCLA has such a program, as well as other non-UC campuses.)

National Institute on Minority Health and Health Disparities (NIMHD) Diversity Supplement
Achieving diversity in the biomedical research workforce is critical to the full realization of the nation's research goals. Research shows that more diverse teams that capitalize on innovative ideas and distinct perspectives outperform less diverse teams. The National Institute on Minority Health and Health Disparities (NIMHD) encourages and supports the development of a diverse and well-trained research workforce. A document has been prepared to assist principal investigators with active NIMHD grants and their prospective candidates, with the preparation of research diversity supplement applications.

National Institutes of Health's Initiative for Maximizing Student Development (IMSD) Program (T32)
IMSD is a graduate student training program for institutions with research-intensive environments. Eligible institutions must have a three-year average of NIH research project grant (RPG) funding greater than or equal to $7.5 million in total costs. The goal of the IMSD program is to develop a diverse pool of scientists earning a Ph.D., who have the skills to successfully transition into careers in the biomedical research workforce.

IMSD grants are institutional awards. Applications may be submitted by domestic public/state institutions of higher education, and private institutions of higher education that have a significant number of mentors with NIH or other extramural research support. The institution must award the doctoral degree in the biomedical sciences.

National Institutes of Health's Institutional Research and Academic Career Development Awards (IRACDA)
The purpose of the IRACDA program is to develop a diverse group of highly trained scientists to address the nation's biomedical research needs. The program promotes consortia between research-intensive institutions (RII) and partner institutions that have a historical mission and a demonstrated commitment to providing training, encouragement and assistance to students from groups underrepresented in the biomedical research enterprise of the nation. The IRACDA program combines a traditional mentored postdoctoral research experience with an opportunity to develop academic skills, including teaching, through workshops and mentored teaching assignments at a partner institution. The program is expected to facilitate the progress of postdoctoral candidates toward research and teaching careers in academia. Other goals are to provide a resource to motivate the next generation of scientists at partner institutions and to promote linkages between RIIs and partner institutions that can lead to further collaborations in research and teaching.

Native American Summer Research Internship (NARI) at the University of Utah
Started by Dr. Carrie L. Byington (the current UC Health executive vice president), the Native American Research Internship is a summer research opportunity for Native American undergraduate junior and senior students who are interested in health science research. The internship is located at the University of Utah in Salt Lake City, and students at University of Utah and undergraduate students at other institutions are encouraged to apply. NARI is a 10-week, paid summer internship, funded by the National Institutes of Health. Outcomes from the first ten years of the program include: 128 Native American graduates — all of whom have completed their bachelor degrees (compared to approximately 15 percent average graduation rate nationwide for Native Americans). Twenty-six (20 percent) NARI alumni have matriculated to medical school and 30 (23 percent) to graduate school. An additional 36 (28 percent) NARI alumni completed their undergraduate education and are employed in the biomedical research field. This program has won local and national awards.

Pacific Educational Group's Courageous Conversation
Founded by Glenn E. Singleton in 1992, Pacific Educational Group (PEG) is committed to achieving racial equity in the United States and beyond. PEG engages in sustained partnerships featuring training, coaching and consulting with organizations to transform beliefs, behaviors and results so people of all races can achieve at their highest levels and live their most empowered and powerful lives. COURAGEOUS CONVERSATION™ is PEG's award-winning protocol for effectively engaging, sustaining and deepening interracial dialogue. Through the Systemic Racial Equity Transformation, PEG is dedicated to helping individuals and organizations address persistent racial disparities intentionally, explicitly and comprehensively. COURAGEOUS CONVERSATION™ serves as the essential strategy for systems and organizations to address racial disparities through safe, authentic and effective cross-racial dialogue.

SECTION THREE: Promising Practices to Increase Diversity in the Health Sciences

Students:
- Leverage existing resources for outreach
- Use of holistic admissions
- Provide early and consistent messaging (e.g., "You belong here") during the educational experience
- Provide opportunities for students to join affinity groups (e.g., UCLA Students of Color for Public Health)
- Consider discontinuing or making the use of standardized tests for admissions optional. For example, UCSF School of Pharmacy discontinued the use of the PCAT, and some UC programs no longer require the GRE: https://pharmd.ucsf.edu/admissions/reqs.

Residents:
- Send ambassadors (residents and faculty) to outreach at national and regional meetings (e.g., Student National Medical Association, Latino Medical Student Association) for health sciences students from underrepresented groups.
- Diversity Day/Second Look event for underrepresented residency program applicants to learn more about the various residency training programs by creating an opportunity to meet with current residents and campus leaders committed to promoting diversity, equity and inclusion.
- In medicine, the USMLE program will change score reporting for Step 1 from a three-digit numeric score to reporting only a pass/fail outcome. A numeric score will continue to be reported for Step 2 Clinical Knowledge (CK) and Step 3. Step 2 Clinical Skills (CS) will continue to be reported as Pass/Fail. This policy will take effect no earlier than January 1, 2022.
  Summary Report and Preliminary Recommendations from the Invitational Conference on USMLE Scoring (InCUS), March 11-12, 2019
  https://www.usmle.org/pdfs/incus/InCUS_summary_report.pdf.
- Explore opportunities to improve existing tools for resident screening and selection process (use of Holistic Review).

Faculty:

- Early identification strategies that take a proactive approach to increase interest among URG students in a faculty career at earlier stages of the health professions pathway
- Targeted advertising that highlights inclusive excellence on campus
- Hiring search firms with a record of success in identifying diverse candidates and that has access to culturally diverse networks
- Use of equity advisors at schools and/or in departments to work collaboratively with the administration and search committees to identify and encourage best practices for faculty recruitment and retention
- Circulating job announcements for faculty positions in nontraditional publications
- Designating endowed chairs to support URG faculty
- Recruitment of doctoral students from Historically Black Colleges and Universities, Hispanic-Serving Institutions, and Tribal Colleges and Universities
- Require diversity statements at primary consideration phase for faculty recruitment
- Visiting professor programs in which URG faculty are invited to teach a course or give lectures on a short-term basis which could lead to a full-time appointment
- "Contributions to diversity, equity and inclusion" as a core metric for evaluation of performance and advancement

Climate:

- Diversity statements as part of the institutional/school profile and for use in position descriptions
- Theory of Change concept — Theory of Change is a specific type of methodology for planning, participation and evaluation that is used in companies, philanthropy, not-for-profit and government sectors to promote social change. Theory of Change is an organization's set of beliefs and hypotheses about how their activities lead to outcomes that contribute to the overall mission and vision of the organization. A fully articulated Theory of Change includes references to data that can be collected to use for reporting on metrics, or quantitative measures used to monitor progress and results of an organization's efforts.
- Annual Health Disparities Research Symposium highlighting the breadth and depth of faculty and trainee research on health disparities. This contributes to community-building and can help with retention and recruitment.
- Inclusion of a climate question to all course/faculty evaluation forms
    - Asking students and learners as to whether their instructor was respectful of all students' diverse experiences, perspectives and abilities, and provided a welcoming environment in regard to diversity.
- Add classroom climate paragraph to course description/syllabi
    - University of Washington Public Health included the following example:
        - *The UW School of Public Health seeks to ensure all students are fully included in each course. We strive to create an environment that reflects community and mutual caring. We encourage students with concerns about classroom climate to talk to your instructor, advisor, a member of the department diversity committee and/or the program director.*

Appendix B

Glossary of Terms

- **Anti-racism** — The policy and practice of actively opposing racism and promoting racial justice. This differs from the passive idea that we live in a "post-racial" world wherein Whites are absolved of responsibility for taking positive action, as long as they embrace Black people as equals and treat them with kindness. Anti-racism is a proactive commitment to eradicating racism and to exploring and accepting responsibility for one's own part in it.

- **Anti-racist** — One who is supporting an anti-racist policy through their actions or expressing an anti-racist idea.

- **Culture** — An evolving set of values, ideas, customs, traditions, beliefs, aesthetic sensibilities and practices that are shared by a group of people.

- **Diversity** — Variation among social groups, which includes differences in power, privilege and status. There are countless visible and invisible facets of social diversity, including, but not limited to, ethnicity, faith, gender, sexual orientation, age and political affiliation.

- **Equity** — A principle of fairness, with freedom from bias. It takes into account that people have different access to resources because of systems of oppression and privilege. Equity seeks to balance that disparity. Equality differs from equity, in that it attempts to objectively distribute finite resources. Equity could lead to equality.

- **Implicit/Unconscious Bias** — The stereotypes and attitudes people hold at an unconscious level toward specific populations in their social environment. Biases that are both favorable and unfavorable toward groups and are informed by the cultural norms and stigmas of an individual's social environment, and therefore can be activated unconsciously.

- **Impostor Syndrome** — A condition of feeling like a fraud due to the inability to internalize competence and success. This is prevalent among underrepresented learners and can be a predictor of mental distress.

- **Inclusion** — Embracing the strengths of our diversity in ways that make all people feel welcomed and valued for who they are, individually and systemically. Inclusion is not merely tolerating or overcoming differences to focus on "our common humanity." Inclusion seeks to make diverse groups feel not only welcomed, but their full participation and contributions are valuable, at all levels of an organization or a culture.

- **Inclusive Excellence** — A framework in which campuses integrate their diversity and quality improvement efforts, include and operationalize DEI as a core institutional function, and realize the educational benefits available to students and to the institution when this integration is done well and is sustained over time. Inclusive excellence re-envisions both quality and diversity. It reflects a striving for excellence in higher education that has been made more inclusive by decades of work to infuse diversity into recruiting, admissions, and hiring; into the curriculum; and into administrative structures and practices. It also embraces newer forms of excellence, and expanded ways to measure excellence, that take into account research on learning and brain functioning, the assessment movement, and more nuanced accountability structures. Likewise, diversity and inclusion efforts move beyond numbers of students or numbers of programs as end goals. Instead, they are multilayered processes through which we achieve excellence in learning; research and teaching; student development; local and global community engagement; workforce development; and more.

- **Microaggressions** — "Subtle insults," microaggressions are brief and commonplace verbal, behavioral, or environmental humiliations, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward someone from a historically marginalized or non-dominant group. They are small in themselves, but can have a cumulative, demoralizing effect on individuals. Microaggressions and racial trauma share symptoms with post-traumatic stress disorder such as re-experiencing trauma, avoidance, and negative moods or thoughts. Microaggressions contribute to impaired performance, burnout, moral distress and other physical and psychological harm.

    - Microaggressions have been categorized as microassaults, microinsults and microinvalidations with nine distinct themes: alien in one's own land, ascription of intelligence, color blindness, criminality/assumption of criminal status, denial of individual racism, myth of meritocracy, assimilating cultural values/communication styles, second-class status and environmental invalidation.

- **Minority Tax** — Defined as the tax of extra responsibilities placed on minority or underrepresented faculty, staff, students and trainees in the name of efforts to achieve diversity. These added activities, which are intensive and time consuming, are not viewed as scholarly activity for academic advancement and results in inequity in promotion.

- **One Health** — While the term One Health may be familiar to many veterinarians, it has only recently emerged in the public's consciousness – gaining momentum in the past decade. The concept behind One Health, however, has long been recognized nationally and globally. As noted in a 2014 Journal of the American Veterinary Medical Association News article, the One Health concept is broad in that it "unites veterinarians, physicians and other scientific health and environmental professions in a collaborative approach that recognizes the vast interrelationships between human, animal and environmental health." One Health reflects the understanding that humans are part of a larger ecosystem, and disease problems can more effectively be addressed through improved communication and collaboration across disciplines and organizations.

- **People of Color** — Populations in the United States who do not identify solely as White or Caucasian. This is currently considered to be the most inclusive term to collectively describe these population groups.

- **Privilege** — The unearned and often unchallenged access to resources possessed by an individual, consciously or unconsciously, by virtue of being part of a dominant social group, relative to other groups. Privilege affords the holder freedom from stress, anxiety, fear or harm related to their identity.

- **Race (versus ethnicity)** — Race is a socially constructed and ranked system of classification that historically and currently conflates physical attributes (e.g., skin color, hair texture, facial features), cognitive differences (e.g., intelligence) and ancestry with behavior and culture. However, although race is a social construct, its existence is a widely held assumption and has real consequences and privileges for all people.

- **Stereotype Threat** — Refers to the experience of being in a situation in which there is a negative stereotype about an individual's racial, ethnic, gender or cultural group and the individual is concerned about being judged or treated negatively based on that stereotype. Stereotype threat undermines performance through multiple mechanisms and can lead to belonging uncertainty and withdrawal. It can have long-term consequences for well-being.

- **Structural Competency** — Structural competency calls for a new approach to the relationships among race, class and symptom expression. It bridges research on social determinants of health to clinical interventions, and prepares clinical trainees to act on systemic causes of health inequalities. While many health care professionals, such as social workers and public health practitioners, have long addressed structural determinants of health, clinical care has been focused on the individual, and often restricts the scope of cultural competency training to the beliefs and behaviors of individual patients. Structural

competency aims to develop a language and set of interventions to reduce health inequalities at the institutional and policy level.

- **Structural Racism** — Structural racism in the United States is the normalization and legitimization of an array of dynamics — historical, cultural, institutional and interpersonal — that routinely advantage Whites while producing cumulative and chronic adverse outcomes for people of color. It is a system of hierarchy and inequity, primarily characterized by White supremacy — the preferential treatment, privilege and power for White people at the expense of Black, Latinx, Asian, Pacific Islander, Native American, Arab and other racially oppressed people. Scope: structural racism encompasses the entire system of White supremacy, diffused and infused in all aspects of society, including our history, culture, politics, economics and our entire social fabric. Structural racism is the most profound and pervasive form of racism — all other forms of racism (e.g., institutional, interpersonal, internalized, etc.) emerge from structural racism.

- **Systemic Racism** — Collective racial prejudice backed by legal authority and institutional control.

- **Underrepresented Groups (URG)** — Individuals from historically marginalized and underrepresented groups include African American/Black, Hispanic/Latinx and American Indian/Alaska Native.

- **White Fragility** — A state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves and behaviors. These moves include the outward display of emotions such as anger, fear and guilt, and behaviors such as argumentation, silence and leaving the stress-inducing situation. White fragility may be learned and often a subconscious emotional response, resulting from White people lacking the prior experience to develop the tools for constructive engagement across racial divides. It is nefarious in that it works to protect, maintain, and reproduce White privilege by centering the emotions of White people in dialogues about racism, thus impeding discussions about racist systems.

- **White Supremacy** — The underlying, often unspoken belief that White people are the norm and superior to other groups, including, but not limited to Black people, and should therefore be dominant over them. The term also refers more narrowly to an explicit political ideology that seeks to perpetuate social, political, historical and institutional domination by Whites over people of color.

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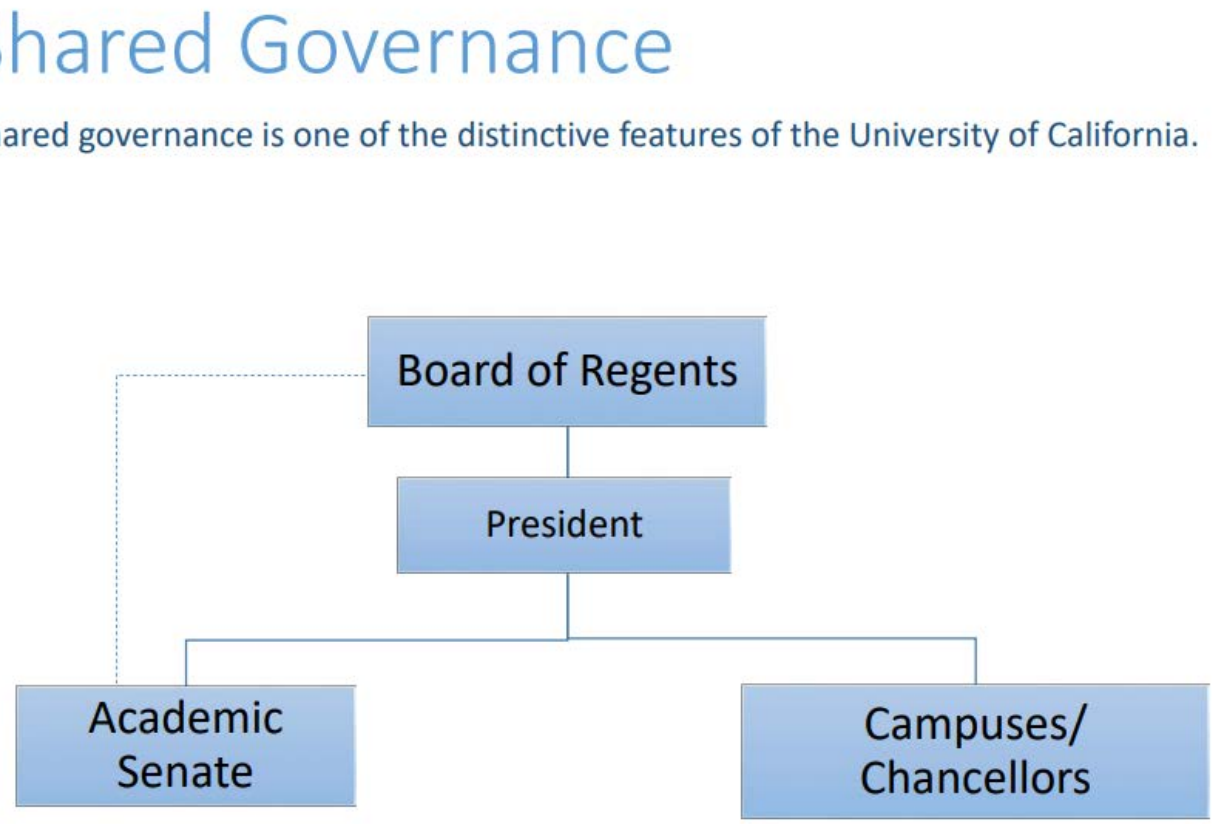
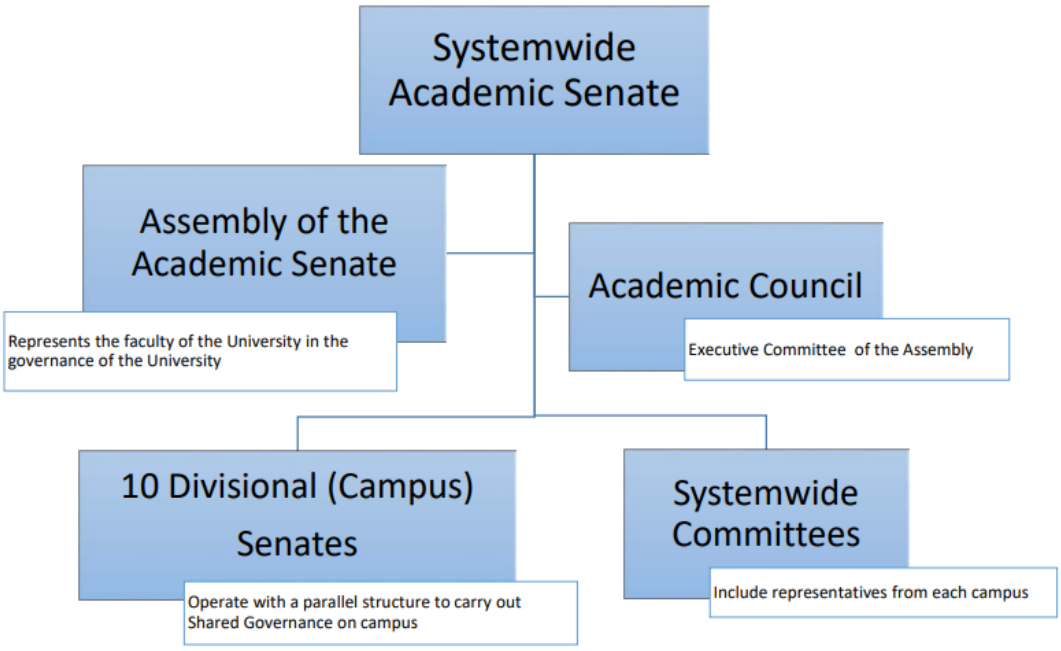
Appendix C

Graphic Overview of Shared Governance at UC



Overview of Shared Governance



Organization of the Academic Senate

Assembly of the Academic Senate

The Assembly of the Academic Senate is the highest authority in the University of California Academic Senate.

Academic Assembly Membership (60): President of the University; Chair & Vice Chair of the Assembly; Chairs of the ten campus Senate Divisions; Chairs of 8 UC Systemwide Committees: Educational Policy; Academic Personnel; Faculty Welfare; Graduate Affairs; Planning & Budget; BOARS; Research Policy; Affirmative Action, Diversity and Equity; and 40 Divisional Representatives, apportioned across the divisions based on an annual census of Senate faculty.

Academic Council

The Academic Council is the executive committee and administrative arm of the Assembly of the Academic Senate and acts in lieu of the Assembly on non-legislative matters. It meets monthly.

Academic Council Membership (20): Chair & Vice Chair of the Academic Council; Chairs of the ten Senate Divisions; and Chairs of 8 Systemwide Committees listed above.

Each UC campus is a Senate Division

- Berkeley
- Davis
- Irvine
- Los Angeles
- Merced
- Riverside
- San Diego
- San Francisco
- Santa Barbara
- Santa Cruz

The Chair of each Division is a member of the Academic Council.

UC Systemwide Standing Committees

- Academic Freedom (UCAF)
- Academic Personnel (UCAP)
- Affirmative Action, Diversity & Equity (UCAADE
- Board of Admissions & Relations with Schools (BOARS)
- Committees UCOC)
- Academic Computing & Communication (UCACC)
- Editorial (EDIT)
- International Education (UCIE)
- Educational Policy (UCEP)
- Faculty Welfare (UCFW)
- Coordinating Committee on Graduate Affairs (CCGA)
- Library & Scholarly Communication (UCOLASC)
- Planning & Budget (UCPB)
- Privilege & Tenure (UCPT)
- Research Policy (UCORP)
- Rules & Jurisdiction (UCRJ)
- Preparatory Education (UCOPE)

Appendix D

Additional Context – Task Force Recommendations and Proposed Actions

Students:

1. Expand and scale UC outreach/pathway programs to recruit and prepare students from underrepresented groups for health careers.

Rationale. Pathway programs are an effective means for introducing students to careers they may not yet have considered, and to provide college-level students with resources to enable them to be competitive applicants to health science programs. Effective programs provide students with mentorship, as well as academic, career, and psychosocial support. UC currently offers many highly successful programs, including UC Berkeley's Biology Scholars Program, UC Davis School of Veterinary Medicine's Summer Enrichment Program, UCOP's MESA program and UCLA's HIGH AIMS program and Summer Health Professions Education Program. By supporting and replicating model programs, UC health sciences schools will leverage resources and maximize impacts.

Proposed Actions:

1.1 All UC campuses should support undergraduates by assuring and/or providing stable funding to create and/or sustain a comprehensive health sciences-focused enrichment program with the following seven key elements:

i. Individual-focused
- Develop an individual academic plan and timetable for applying to a health profession school that recognizes the varied paths that students take

ii. Academic advising
- Staff and peer advisors with expertise in pre-health advising
- Community college transfer student support/transfer ambassadors
- Advising nights and other creative forums to engage students (open houses with professional schools)

iii. Mentoring
- Faculty/staff/peer mentors
- Coaching

iv. Academic enrichment
- Study skills workshops; note-taking techniques; reading for comprehension
- Academic coaches for science, math and writing review

v. Professional career development
- Career planning workshops
- Seminars and workshops on the graduate and professional school application/admissions process
- Leadership development
- Shadowing experiences or other exposures to practicing clinicians
- Paid summer research internship with campus faculty (UC Riverside program does this)
- Community service opportunities
- Seminars and speaker programs with faculty/clinicians on community medicine and health disparities; insights into medically underserved communities

vi. Focus on "life skills"
- Learn about financial aid, personal finances, stress and time management and other personal skills

vii. Community center for students
- Community meetings and student networking
- Location for independent and group study sessions

1.2 Each UC undergraduate campus should maintain or develop a dedicated Office of Health Professions Advising, modeled after UC Davis', to expand opportunities to improve the quality and consistency of advising for UC students interested in the health sciences.

i. Develop (if needed) a dedicated Office of Health Professions Advising at all UC undergraduate campuses with the following elements:

- Serve all campus undergraduates (if applicable), graduate students and alumni interested in pursuit of a career in any health profession
- Uses a holistic approach and provide support and feedback for academic and application preparation; goal is for individuals to become successful applicants
- Potential services: one-on-one advising, as well as a variety of small/large group sessions, mock Multiple Mini Interview (MMIs), test prep and application prep workshops, dinners with health professionals, club networking
- Promote linkages with other health/non-health advisors on campus
- Connect to current health professional students/clubs for peer mentorship
- Develop faculty mentorship program aimed at these future applicants

1.3 UC Health Division (within UCOP) should fund a dedicated position (The UC Health professions manager and liaison) to: strengthen health sciences pathway programs and improve awareness about them; bring together UC undergraduate advisors to understand and promote best practices; and to serve as a resource within the division (under the general direction of the vice president for health sciences) and for campus leaders who should be convened on a periodic basis to advance new initiatives and to sustain and measure progress. This individual would also liaison with OP's Graduate, Undergraduate and Equity Affairs Department on leveraging the success of existing OP programs (e.g., MESA program, EAOP, etc.) and educational partnerships. This position would work closely with UC Outreach and Educational Partnerships to develop a *roadmap* linking pathway programs through the various stages that start from pre-college, to undergraduate pre-health programs, to those that lead health professional students to residency on to careers in the academy.

1.4 The UC Health Division should work together with UC's state and federal government relations offices to proactively identify opportunities to improve and stabilize funding for health sciences pathway programs and to communicate and disseminate information about these programs and opportunities. This work should leverage partnerships with the California State University system and with California Community Colleges.

2. Partner with higher education institutions that enroll more diverse student bodies, including California Community Colleges and California State Universities, as well as Historically Black Colleges & Universities, Hispanic-Serving Institutions and Tribal Colleges and Universities to diversify the applicant pool for UC health sciences education and training programs.

Rationale. Historically, California's 116 community colleges (CCCs) and California State University's (CSU) 23-campus system enroll a higher proportion of underrepresented students (50 percent plus), as compared to the UC system (around 31 percent). Overall, enrollments at the CCC and CSU systems reflect the racial and ethnic diversity of California's high school graduates, and these institutions are key entry points in the State for African American, Latinx, lower-income and first-generation college students. However, helping all students to complete and graduate with a four-year degree in California remains challenging. While graduation rates at UC and most private nonprofit colleges are very high, unfortunately, most students who enter California community colleges with the intent to transfer to a four-year college oftentimes never end up doing so; and these rates are especially low for African American and Latinx students.

Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs) and Tribal Colleges and Universities (TCUs) are institutions that serve as dedicated access points for admission of underserved students. While their diversity has increased, HBCUs primary mission has been the education of Black Americans, and HSIs enroll at least 25 percent Latinx students in undergraduate institutions. There are 101 HBCUs in the U.S. (most located in the South and on the East Coast with Charles Drew University

of Medicine and Science the only HBCU in California), and in 2018–19, 539 institutions met the federal enrollment criterion for HSI (with 104 in California). Twenty-one of CSU's 23 campuses are HSIs. Nationwide, there are 37 Tribal Colleges and Universities, with most located in the Midwest and Southwest. All TCUs offer associate degree programs; 14 offer baccalaureate programs; five offer master's degree programs. There is currently no TCU in California. (Previously, Deganawidah-Quetzalcoatl University or D–Q University was a two-year college located in Yolo County, near Davis. It ended full-time enrollment in 2005).

Intentionally recruiting graduates from these California public higher education institutions, as well as from HBCUs, HSIs and TCUs in California and across the U.S., into UC health professional schools may be an effective strategy to increase student diversity.

Proposed Actions:

2.1 UC health sciences deans (or their designees) should connect with general campus chief diversity officers and early academic outreach program (EAOP) officers to understand the strategies that are being utilized to increase the number of community college transfer students into UC undergraduate programs.

- Community college graduates can transfer in certain UC health degree programs at the baccalaureate level (i.e., BS Nursing programs at UCLA and UC Irvine). Also, potentially public health undergraduate programs at UC Berkeley and UCLA.

2.2 The UC Health Division should reconvene the California Higher Education Health Professions Steering Committee (with UC, CSU and CCC representatives), initially assembled on a time-limited basis in support of the California Future Health Workforce Commission, for the purpose of ensuring more ongoing dialogue about the health sciences among the public higher education segments and address articulation across these colleges.

2.3 The UC Health Division and UC health professional schools, perhaps through admissions offices/deans, should develop and sustain partnerships with local CSU campus(es) to increase the number of CSU graduates who apply and matriculate into UC health science graduate/professional degree programs.

2.4 The UC Health Division and UC health professional schools should build or strengthen partnerships with HBCUs, HSIs and TCUs in California and across the country to increase applications into UC health science graduate/professional degree programs. UC can build on a model similar to the UC-HBCU Initiative for graduate studies.

2.5 The UC Health Division should task the new UC Health professions manger/liaison (from Recommendation 1.3) with developing and supporting systemwide and intersegmental efforts and to maintain other strategic partnerships, including with UC Berkeley's Health Career Connections (HCC) Program and the California Medicine Scholars coalition.

3. Increase the number of need-based scholarships for lower-income UC health science students from underrepresented groups.

Rationale. High Cost of Attendance. Pursuing education in a health professional school (beyond an undergraduate degree) can be very expensive. Increases in tuition and fees over the past decade have resulted in higher debt burdens for health professional degree students. In addition to tuition, many UC health sciences students also pay Professional Degree Supplemental Tuition (PDST) to support their instructional programs. During the State's fiscal crisis of the early 2000s, State support for UC's professional schools was substantially reduced and professional fees increased dramatically to offset lost State revenue. More recently, PDST has increased in order to maintain quality and academic excellence. At least one-third of the revenue from professional school fees is used to provide financial aid to help maintain the affordability of a professional school education. Some UC comparator institutions such as private universities with large

endowments are often in the position to offer full scholarships to students they admit to their programs. In these cases, UC schools often lose top students because of their inability to match these scholarship offers.

Average total charges for health professional degree students, Universitywide, 2008-09 & 2018-19

From UCOP 2019 Accountability report:
https://accountability.universityofcalifornia.edu/2019/chapters/chapter-11.html#11.3.2

	Dentistry	Medicine	Pharmacy	Optometry	Public Health	Nursing	Vet Med	Graduate Academic
08-09	31,426	28,421	25,919	22,772	16,795	14,695	27,445	11,711
18-19	45,791	39,697	39,715	35,775	24,864	28,657	37,472	17,371

Increasing student debt. Average student debt of graduates of UC schools of dentistry, medicine, nursing, optometry, pharmacy, public health and veterinary medicine (for those with debt in 2017-18) vary, and are representative of debt patterns for other health science professional programs.

The increasing educational debt burden for graduates of UC's professional degree health science programs raises concerns about the University's ability to recruit the most highly qualified students. Anticipated debt levels are also identified as a major concern by students who have previously expressed interest in primary-care careers and/or practicing in a medically underserved community or health professional shortage area.

2018-19 data for UC students — Average debt for those with debt: Dentistry: $183,753; Vet Med: $135,165; Medicine: $154,124; Optometry: $144,935; Pharmacy: $135,892; Nursing: $58,998; MPH Public Health: $45,748.

UC Tuition/Return-to-Aid policies. Allocation of resources generated by UC student fees varies to some extent across the system. Revenue generated by tuition paid by UC health professional students is, in most cases, retained by the general campuses and is not allocated back to the health professional schools. As an example, for all UC medical schools, at least two-thirds of tuition is retained by the general campus.

By contrast, the PDST, including the one-third return-to-aid, is returned to UC health professional schools and used to help fund educational costs and student financial aid. In fact, the PDST (less the one-third for financial aid) is the only source of revenue from all charges paid by health science students that is used to directly fund their education. Stated differently, of fees paid by students more than 60 percent of the total is not currently allocated to fund educational costs. While some portion of fee revenue is essential for general campus support (e.g., to support campus registrars, libraries, roads, emergency personnel, etc.), the current fee structure (and allocation of revenues) is not transparent for most students.

Increased reliance on philanthropic support. With reductions in state funding for UC professional degree programs (including the health sciences), there is an increased reliance on philanthropic support to fund student scholarships (e.g., David Geffen Medical Scholarship at UCLA School of Medicine; and the Gordon and Betty Irene Moore Foundation funding for initial cohorts of UC Davis nursing students). Developing and sustaining efforts to increase scholarship funds for students with financial need may be highly attractive to prospective donors. Since UC trains many health professionals practicing in the California workforce, it should consider opportunities to partner with large health employers or other providers in the state to increase full scholarships for URG students and those who have made significant contributions to diversity and inclusion work.

Proposed Actions:

3.1 UC health sciences deans should consult with their chancellors and provosts on strategies for increasing gifts for need-based scholarships to students in the health sciences given the high cost of attendance

and state need for these professionals. Schools should also consider prioritizing students with exceptional contributions to diversity, equity social justice and partnering with large employers to reach development goals.

3.2 The UC Health Division should work with UC health sciences deans (or designees) to understand/develop a systemwide methodology for calculating "100 percent need-based tuition support" for their student populations. Some of this work has been done at some campuses and could be helpful as a resource and strategy for increasing funding and philanthropy for this purpose.

4. Develop and sustain a "holistic student affairs office" at each health sciences school to ensure student success from admission to graduation from UC programs.

Rationale. Need for Holistic Student Affairs. Pursuing higher education, and graduate/professional programs in particular, is a challenging and expensive endeavor. Holistic review in admissions is a proven strategy that facilitates the purposeful inclusivity of metrics, experiences and attributes that better capture the mission-relevant characteristics of an applicant. It is critical to ensure that students have the resources they need to be successful and graduate. Similarly, a "holistic student affairs experience" is a comprehensive, multifaceted approach that includes not only academic or intellectual areas typical of what is in place in most student affairs offices, especially among health professional students, but a holistic approach that takes into account other areas in student development, including institutional infrastructure and support programs. This begins with developing strong pathways for students to enter an educational journey from health profession schooling into their professional careers.

In addition, having scholarships and fellowships to recruit and retain students but also staff and faculty will ensure a robust student affairs program. Retention begins with pre-matriculation programs for all health professional programs, and continues with tutoring services, wellness programs, advising services, mentorship programs, career services, and other services that address both the academic and social and emotional needs of our learners. Embedded in each school's curriculum should be training on allyship, implicit bias, addressing impostor syndrome, mental health and well-being with the goal of assisting our students in developing and exercising effective communication and leadership skills. Structural-level non-academic factors may include how the cultural values of the health professions create a hidden curriculum. Further, services, such as alumni services, should be instituted for our students to follow them from graduation throughout their professional career and assist them with such things as establishing businesses, licensure, fellowships or change in employment. A strong tenet in a holistic student affairs model is the belief that once a student is our student, they are always our student — and that relationship is fostered throughout the individual's continued educational and professional journey. These individuals may also go on to serve as role models and mentors to future students.

Proposed Action:

4.1 UC health sciences student affairs leaders should review current practices and resources and work to build and sustain programs and structures that include the following core elements that have proven successful in shifting the student experience from one in which they "survive" to one in which they thrive:

- Build a strong collaborative campus culture that includes administration, academics and student affairs.
- Establish shared personal and institutional responsibility of all key stakeholders for collective success within and between the health professional schools.
- Provide a framework of how schools can build, monitor, evaluate and sustain holistic models of student affairs.
- Convene the health professional schools to share best practices and collaborate on research efforts around school climate and student academic and social success.
- Develop curriculum through a social justice lens to ensure racism, classism, confronting unjust practices, social determinants of health and other topics are incorporated throughout all years of graduate and professional study.

- Normalize support and help-seeking behaviors as positive professional attributes.
- Provide financial support to institutionalize holistic student affairs practices.
- Assist health professional schools with evaluation measures (formative, process, summative, impact and outcomes). Tracking program efforts and outcomes is essential, but often student affairs practitioners lack the support or knowledge to do so.

5. Sustain and optimize the scale of UC PRIME programs and consider replicating the PRIME model for other UC health professions such as dentistry, nursing, optometry, pharmacy, public health and veterinary medicine.

Rationale. Success of PRIME for UC student diversity**.** UC Programs in Medical Education (PRIME) started in 2004; planning and development activities were made possible through a planning grant from The California Endowment. PRIME offers specialized education, training and support for UC medical school students who wish to acquire added skills and expertise as they pursue careers caring for underserved populations in both rural communities and urban areas. Each program has an area of focus that is selected based upon faculty expertise, the populations served by each school and its medical center, and other local considerations. Areas of focus include: rural health and telemedicine (Davis); the Spanish-speaking Latinx community (Irvine); leadership and advocacy to address health care disparities in medically underserved populations (Los Angeles); health disparities and health equity (San Diego); the urban underserved (San Francisco); and the San Joaquin Valley (San Francisco). The PRIME program's focus on underserved populations continues to attract a more diverse group of medical students. Systemwide, 356 PRIME students are enrolled for the 2019–20 academic year, and approximately 64 percent are from groups that are underrepresented in medicine. Following graduation, the majority of PRIME graduates have trained in residency programs serving designated health workforce shortage specialties (e.g., primary care, psychiatry, general surgery, emergency medicine). More than half have trained in primary care, over 60 percent of rural PRIME graduates are practicing in rural areas, and the majority of PRIME graduates are in California residency programs or are practicing in the State.

Challenges of state funding for PRIME. Early funding from the State helped expand the program but these investments have been inconsistent, resulting in rising costs being absorbed by the schools of medicine and limiting enrollment. Because PRIME students engage in training above and beyond the general medical school curriculum, the annual expense per student is higher. The lack of ongoing state support poses a risk to all PRIME programs and jeopardizes the ability of medical schools to recruit, train and graduate more new doctors who have a dedicated passion to work in underserved communities. For Fiscal Year (FY) 2019-20, approximately 250 medical student slots were unfunded by the State. Ongoing and new state instructional support will sustain these programs and help fulfill the commitment to grow enrollment to levels anticipated at the time these programs were launched.

Despite challenges in securing permanent state funding, the PRIME programs have been recognized by UC leaders, legislators, advocacy groups and the workforce development sector. PRIME has been recognized across the State and nationally for its creativity, alignment with state needs and record of success for diversity. Other health professions could benefit by developing their own programs within existing enrollment levels.

Proposed Actions:

5.1 The executive vice president for UC Health and vice president for health sciences should continue efforts to secure permanent state funding (as part of a future UC budget request to the State) for UC PRIME programs at originally planned enrollment levels.

5.2 In light of interests in other areas of focus, such as PRIME programs that focus on African Americans, Native American/Alaska Natives, people who identify as LGBTQ+ and other medically underserved populations, UC medical school deans should consider opportunities for further growth.

5.3 UC health science deans (in professions other than medicine) should consider developing new PRIME-like programs, contingent upon adequate funding (or consider creating new programs within existing enrollments) utilizing the PRIME framework and its six core elements:

- Program identity — there should be a clear identity for the program that names or links to the population/group that is the program's area of focus and builds community among learners, faculty and the broader community
- Student outreach — the program should have clear strategies for outreach to students who are from, or are members of, those communities
- Admissions — there should be a clear step in the school's admissions process to assess the fit of the applicant to the aims of the program
- Curricular enhancement — there should be some additional (didactic) content to help enhance knowledge/preparation for the student
- Clinical clerkship, if applicable — there should be relevant sites for clinical clerkships for students that expose and prepare students for future training/practice
- Mentorship — the school should have the capacity to provide faculty mentorship by the leaders in this area

Faculty:

10. Increase UCOP-sponsored funding for targeted recruitment and hiring incentives to increase diversity and improve the retention of faculty in the health sciences.

Rationale. Increasing faculty diversity and equity remains essential for creating a thriving and innovative institution that, with cultural humility and inclusion, sets the standard for excellence in higher education and provides the optimal learning environment for students across UC communities. Ongoing efforts to diversify the faculty are in place at all UC campuses and within the UC Office of the President. Since 2016, the State has provided UC with up to $2.5 million annually to fund the Advancing Faculty Diversity (AFD) program, which supports the development of innovative campus projects designed to increase faculty diversity. The program was expanded in 2018-19 to include funding provided by former President Napolitano for projects focused on faculty retention and improving the climate. The AFD program is intended to pilot best practices for advancing faculty diversity and provide useful information to help guide future allocations from the State to support the University's goal of increasing the diversity of its faculty.

Over the first four years of the AFD *Recruitment* program, each of the 16 pilot programs developed a set of coordinated interventions to recruit new ladder-rank faculty with an emphasis on identifying candidates who will enhance contributions to diversity in their teaching, research, service and outreach. In addition, the 15 *Improved Climate and Retention* projects to date have proposed a variety of innovative approaches to improve campus climate and retention for faculty members from underrepresented groups (URG). The program overall has allowed UC to identify successful recruitment and retention strategies that could be modeled across different campuses, departments and professional schools.

The President's Postdoctoral Fellowship Program (PPFP) is also a systemwide faculty recruitment program that offers postdoctoral research fellowships, faculty development and mentoring, and eligibility for a hiring incentive for faculty scholars in all fields whose research, teaching and service will contribute to diversity and equal opportunity. Since 2003-04, 226 PPFP fellows have been hired into tenure-track positions at UC campuses.

While the AFD and PPFP programs are achieving promising outcomes across the University, the focus on ladder-rank faculty significantly disadvantages health sciences programs given their heavy reliance on clinical faculty to fulfill teaching and patient care missions. According to the UC Corporate Personnel System, there are currently 20,657 total faculty FTE at UC's 10 campuses, of which 44 percent (8,997) are health sciences faculty FTE. Yet of UC's 7,984 ladder-rank faculty, only 1,440 (18 percent) are health sciences faculty, making roughly 84 percent of health sciences faculty ineligible for the PPFP hiring incentive program. In 2020-21, eligibility for the AFD program was expanded from being limited to ladder-rank faculty to include

other Senate series faculty, making 43 percent of health sciences faculty positions now eligible for the program.

Given the large number of UC faculty appointments in the health sciences and the significant roles that clinical professors and other non-Senate/non-tenure track faculty have in teaching thousands of students and residents in UC educational programs, there is a compelling rationale for additional resources to be allocated systemwide to advance DEI efforts, particularly for the recruitment and retention of health sciences faculty who better reflect the diversity of the State and who will be vital for addressing health disparities and advancing progress toward equitable care.

Proposed Action:

10.1 The EVP for UC Health should request the support and partnership of the UC president and provost for developing a systemwide health sciences faculty diversity and inclusion grant program that would complement and build upon the success of the Advancing Faculty Diversity program by providing funding to support innovative, equity-focused recruitment, retention and climate initiatives specifically in health sciences units for all faculty title series.

10.2 The EVP and VP for UC Health should work with the health sciences deans to assess the resource requirements and feasibility of developing a Faculty Loan Repayment Program for UC health professional schools modeled after similar programs administered by the federal government (i.e., Health Resources and Services Administration and the National Institutes of Health) and some states (e.g., Colorado and New York). These programs are targeted to health sciences faculty who are from disadvantaged backgrounds based on economic or environmental factors.

11. Make new salary support available to advance diversity among ladder-rank health sciences faculty

Rationale. Increasing the diversity of UC health sciences faculty will bring a wider range of interests, life experiences and worldviews that will enhance UC's mission. Greater diversity among faculty also helps to solve complex problems and creates more inclusive academic environments, which in turn attract other scholars and students from diverse backgrounds. However, despite UC's efforts to increase the diversity of its faculty, many departments in UC health professional schools do not have available faculty FTE to expand recruitment into the professor (ladder-rank) series and often risk losing talented and highly competitive underrepresented candidates to other institutions because of the lack of permanent salary support for new faculty FTEs.

Health sciences faculty appointments in the professor series (ladder-rank) are the only positions that are supported by state resources in the form of full-time equivalents (FTE), while appointments available in series such as Professor-in-Residence, Professor of Clinical X, Health Sciences Clinical Professor, and others are primarily funded by clinical revenue, extramural research funding and philanthropic support. At the University of California, increases in state-funded faculty positions are driven by increases in student enrollment. Although there have been some increases in enrollment that have occurred through the opening of new UC health professional schools, with these exceptions, UC has not seen very much growth in state-funded health sciences enrollment in more than 40 years. As a result, state support for faculty positions has not increased despite the high demand for educational opportunities at UC and documented health workforce shortages across the State.

The privilege of holding a ladder-rank position is something that should be possible for more people whose scholarly and creative contributions would bring diversity and distinction to the University over the long term and in new ways. The lack of new ladder-rank faculty appointments systematically disadvantages underrepresented hires who are primarily appointed to those series that are not eligible for tenure or Academic Senate membership. Because the careers of tenured faculty can last up to 40 years, the rate of change in the demographic profile of the faculty will remain slow if the allocation of faculty FTEs in the health

sciences remains flat. Innovative faculty recruitment practices used on the general campuses that reallocate or reserve existing campus FTE positions for new "clusters" of faculty (across disciplines or departments) whose research is relevant to or advances diversity, equity and inclusion may also work to expand the ladder-rank series in the health sciences.

Proposed Actions:

11.1 The UC Health Division should consult with the UC president and UC provost about establishing a program and fund that would provide grants to campuses for infrastructure support for faculty hired through cluster initiatives and to incentivize clusters focused on the health sciences.

11.2 The UC Health Division should work with UCOP Budget Analysis and Planning and State Government Relations to advocate for the development of new funding formulas to increase state funding to enable UC health professional schools to hire additional ladder-rank faculty whose research will examine the experiences, culture and contributions of diverse populations and accelerate efforts for reducing health disparities.

11.3 UC health sciences deans should meet with their respective chancellors to discuss strategies for increasing contributions and support from the donor community to fund additional faculty positions in the health sciences (e.g., endowed chairs, graduate fellowships, research support, etc.), prioritizing faculty with significant contributions to diversity.

12. Prioritize funding to support the retention and success of a more diverse health sciences faculty

Rationale. A thriving, diverse faculty is essential for creating and sustaining a dynamic learning and working environment that will prepare all students as future health providers for California's diverse communities. Multi-factorial strategies that support the retention of underrepresented faculty will have a positive impact on faculty success and will enhance the climate of inclusiveness systemwide:

Equity, Diversity, Inclusion, and Anti-Racism as a Core Competency for Faculty. Students bring unique differences in life experiences, cultural backgrounds, histories, linguistic competencies, political and religious affiliations, and sexual orientations. In response to this cultural change, colleges and universities have had to readjust traditional approaches to instruction, assessment and collaboration. As a result, faculty should demonstrate evidence of inclusion, empowerment and content integration within their courses to meet the academic and social needs of diverse groups. Diversity training that supports faculty in selecting content, assessment measures and instructional strategies that use students' various backgrounds as assets in educational settings is needed.

Mentorship and Professional Development Support. Mentors are an invaluable resource for junior faculty who are learning to navigate the institution, need advice regarding their professional development, or need someone to go to for social, emotional and sometimes cultural support. Faculty mentors help newer faculty members to acclimate to the norms of the department, school and university; further develop effective research skills and publishing strategies; receive support in progression toward promotion and tenure; and foster an atmosphere of collegiality and community. This support is especially important for URG faculty.

Leadership accountability and faculty engagement. Leadership is one of the most significant factors for effectively addressing faculty diversity. Strong leadership and active engagement on issues of equity and inclusion will advance progress and lead to development of effective programs. Accountability at the campus, division and departmental levels is essential for increasing faculty diversity and fostering a climate of inclusion.

Proposed Action**:**

12.1 UC Health sciences deans should require all faculty to participate in diversity, equity and inclusion training that includes topics such as implicit/unconscious bias, institutional racism, structural competence, cultural humility, microaggressions, and benefits of inclusive excellence.

12.2 UC Health sciences deans should develop and expand campus mentorship and inclusive leadership development programs for underrepresented faculty to meet their collective and individual needs (e.g., Harold Amos Medical Faculty Development Program and Executive Leadership in Academic Medicine Program) and provide training, development and support groups for mentors who support URG faculty.

12.3 UC health sciences school leadership and department chairs should annually produce an accountability "scorecard" on climate and faculty engagement. Progress reports on climate and faculty engagement indicators should be reviewed annually with the dean and/or campus leadership. Achievement and/or progress on diversity-related goals should be a factor in determining budgetary support for departments.

13. Address structural barriers that prevent non-Academic Senate faculty from fully participating in faculty governance

Rationale. The Systemwide Academic Senate and the 10 Divisional Campus Senates provide the organizational framework that enables the faculty to exercise its right to participate in the University's governance. In accordance with the tenets of shared governance, the Senate's responsibilities include authorizing, approving and supervising all courses and determining the conditions for admissions, certificates and degrees. Campus and systemwide officials regularly seek advice and review from the Senate on a wide variety of issues affecting faculty welfare and the academic environment. The Senate also has influence over career advancement through its recommendations to the chancellors, deans and chairs on appointments and promotions.

Membership in the Academic Senate is afforded only to faculty who are appointed in the Professor, In-Residence, and Clinical X series (along with certain lecturers). Faculty appointed in the Health Sciences Clinical Professor (HSCP), Adjunct, Lecturer, and Visiting Faculty series are considered non-Academic Senate faculty. The differences associated with having membership in the Academic Senate and not being a member create local and systemwide challenges. This is especially true in the health sciences as most health professional schools have more non-Senate faculty than faculty who are members of the Academic Senate, in comparison to the general campus. There are benefits available to Senate faculty that are not available to non-Senate faculty, such as the right to vote on important Senate decisions that impact curricula, admissions criteria, student and faculty promotion standards, and eligibility for resources such as Career Development Awards and Academic Senate Research grants.

Non-Academic Senate faculty represent the largest and fastest-growing group of faculty in the health sciences. They are also the most diverse with respect to race and gender. Yet faculty appointed in these series do not have their expertise and perspectives considered in decision-making by the Senate, which is a fundamental and structural barrier to shared governance and inclusive excellence. The University's non-Senate faculty have important insights and perspectives to contribute, including those related to faculty governance and issues of diversity, equity and inclusion. However, under the current structure, they are limited in terms of influencing decision-making in salient ways. History validates the negative impact and experience of unequal voting rights among all segments of society and these practices often perpetuate a feeling among many non-Senate/clinical faculty that they are "second-class" and disenfranchised with respect to the policies that determine the governance, academic structure, priorities and future of the University.

Proposed Actions:

13.1 UC health sciences deans should consider providing HSCP and Adjunct faculty a Clinical X appointment without salary to allow full participation in faculty governance at their respective schools. UC San Francisco has provided local Senate membership to all faculty. UC Regent Standing Order 105.1 stipulates that clinical faculty members of the Academic Senate may be restricted from voting on Senate matters outside of their school. This stipulation may address concerns about an imbalance of influence of health sciences faculty on non-health-sciences-related matters.

13.2 UC health sciences clinical faculty should engage with their campus Academic Senate colleagues to advocate for changing the bylaws of the systemwide Academic Senate as they relate to membership; UC Health should work with the Office of General Counsel, Academic Affairs and others to understand the path and process for proposing a change to UC Regents Standing Order 105.1 (Organization of the Academic Senate) to allow HSCP and Adjunct professors to join the Academic Senate.

13.3 The EVP and VP of UC Health should work with UCOP Academic Personnel leadership to examine the possibility of revising the policies and procedures for academic appointees set forth in the Academic Personnel Manual (APM 278-20a and APM 280-20a).

Appendix E

Additional Data Tables

UC Health Sciences DEI Task Force Data Request – Students (2018-2019)

Source: UC Health Sciences DEI Task Force provided this data in March 2019 for their respective schools.

	African American/ Black		American Indian/ Alaskan Native		Asian		Hispanic/Latinx		White		Two or More Races		Other/ Unknown		Total	URG %
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 — Master's	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 — Ph.D.	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 — M.D.	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 — Ph.D. 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 — Pharm.D.	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 — Ph.D.	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 — D.V.M.	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%

UC Health Sciences DEI Task Force Data Request – Residents (2018-2019)

Source: UC Health Sciences DEI Task Force provided this data in March 2019 for their respective schools.

	African American/ Black		American Indian/ Alaskan Native		Asian		Hispanic/ Latinx		White		Two or More Races		Other/ Unknown		Total	URG %
Dentistry — Residents	8	3.9%	5	2.4%	49	23.9%	10	4.9%	54	26.3%	52	25.4%	27	13.2%	**205**	11.2%
Medicine — Interns & Residents	206	4.3%	13	0.3%	1529	31.6%	291	6.0%	2049	42.3%	5	0.1%	749	15.5%	**4842**	10.6%
Optometry — Residents	0	0.0%	0	0.0%	12	66.7%	1	0.0%	3	22.2%	2	11.1%	0	0.0%	**18**	5.6%
Pharmacy — Residents	2	4.1%	0	0.0%	23	46.9%	0	0.0%	24	49.0%	0	0.0%	0	0.0%	**49**	4.1%
Veterinary — Medicine Residents	0	0.0%	0	0.0%	0	0.0%	0	0.0%	76	97.4%	0	0.0%	2	2.6%	**78**	0.0%
TOTAL	**216**	**4.2%**	**18**	**0.3%**	**1613**	**31.1%**	**302**	**5.8%**	**2206**	**42.5%**	**59**	**1.1%**	**778**	**15.0%**	5192	10.3%

UC Health Sciences DEI Task Force Data Request – Faculty (2018-2019)

Source: UC Health Sciences DEI Task Force provided this data in March 2019 for their respective schools

	African American/Black		American Indian/ Alaskan Native		Asian		Hispanic/Latinx		White		Two or More Races		Other/ Unknown		TOTAL	
DENTISTRY COMBINED																URG%
TOTAL	8	2.8%	0	0.0%	117	40.9%	16	5.6%	110	38.5%	20	7.0%	15	5.2%	286	8.4%
MEDICINE COMBINED																
TOTAL	262	2.4%	29	0.3%	2839	26.3%	568	5.3%	6151	56.9%	12	0.1%	953	8.8%	10814	8.0%
NURSING COMBINED																
TOTAL	12	4.8%	3	1.2%	45	18.1%	17	6.9%	163	65.7%	2	0.8%	6	2.4%	248	12.9%
SCHOOL: Optometry																
TOTAL	0	0.0%	0	0.0%	47	42.0%	2	1.8%	63	56.3%	0	0.0%	0	0.0%	112	1.8%
PHARMACY COMBINED																
TOTAL	2	1.5%	0	0.0%	33	25.0%	6	4.5%	84	63.6%	0	0.0%	7	5.3%	132	6.0%
PUBLIC HEALTH COMBINED																
TOTAL	22	6.0%	1	0.3%	45	12.2%	19	5.2%	247	67.1%	0	0.0%	34	9.2%	368	11.5%
SCHOOL: Vet Med																
TOTAL	4	2.2%	2	1.1%	9	5.0%	12	6.6%	149	82.3%	0	0.0%	5	2.8%	181	9.9%
OVERALL TOTAL	**310**	**2.6%**	**35**	**0.3%**	**3135**	**25.8%**	**640**	**5.3%**	**6967**	**57.4%**	**34**	**0.3%**	**1020**	**8.4%**	**12141**	**8.2%**

Health Sciences Faculty FTE by Title Series Compared to all UC Faculty FTE
University of California System
Fall 2019

	Series	HS FTE	Total FTE	% Health Sci
Senate Faculty	Professorial - Tenure & Equiv.[1]	1,440.92	7,984.32	18.0%
	Professorial - Non-tenure & Equiv.[1]	192.39	2,000.25	9.6%
	Recall-Senate	135.25	201.89	67.0%
	Acting Professor	3.93	38.00	10.3%
	Lecturer with PSOE and SOE	7.19	380.80	1.9%
	Professor in Residence	953.03	981.53	97.1%
	Professor of Clinical X	1,154.38	1,156.11	99.9%
Senate Faculty Total		**3,887.08**	**12,742.90**	**30.5%**
Non-Senate Faculty	LR Equiv. Series, Non-Senate[2]	0.50	12.25	4.1%
	Health Sciences Clinical Professor	4,252.71	4,258.07	99.9%
	Adjunct Professor	757.28	1,025.31	73.9%
	Visiting Professor	19.74	193.84	10.2%
	Lecturers and Instruc. Asst. (Unit 18)	80.08	2,425.42	3.3%
Non-Senate Faculty Total		**5,110.31**	**7,914.88**	**64.6%**
Grand Total		**8,997.39**	**20,657.78**	**43.6%**

Source: Corporate Personnel System (CPS) October 2019 Snapshot

Note:
Data include Health Sciences schools as well as UC Irvine programs in Public Health and Pharmacy
FTE are Base FTE
1. Includes FTE in Professorial Series, Agronomist and Astronomer appointments
2. Includes Clinical Prof. of Dentistry, Supv. of Physical Education, Acting Asst. Prof., and Acting LPSOE

FTE of Faculty in UC Health Sciences Schools and Programs
Fall 2019

Health Sciences Schools

	Faculty Series								
Campus and School	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Berkeley	**53.61**	**4.65**	**7.63**	**4.26**	**52.43**	**7.89**	**0.00**	**11.43**	**141.91**
SCHOOL OF OPTOMETRY	15.70	4.00	0.00	0.72	50.73	0.00	0.00	0.00	71.15
SCHOOL OF PUBLIC HEALTH	37.91	0.65	7.63	3.54	1.70	7.89	0.00	11.43	70.76
Davis	**289.70**	**256.75**	**72.30**	**15.84**	**422.94**	**40.85**	**7.88**	**1.95**	**1,108.20**
SCHOOL OF MEDICINE	181.95	199.15	67.91	12.71	396.75	32.34	7.13	1.62	899.55
SCHOOL OF NURSING	9.13	2.05	0.00	0.86	17.04	1.12	0.50	0.00	30.71
SCHOOL OF VETERINARY MEDICINE	98.61	55.55	4.40	2.27	9.15	7.38	0.25	0.33	177.94
Irvine	**158.29**	**63.31**	**23.35**	**8.88**	**450.12**	**13.27**	**0.25**	**1.00**	**718.48**
SCHOOL OF MEDICINE	146.64	63.31	23.35	8.55	439.12	12.27	0.25	0.00	693.50
SCHOOL OF NURSING	11.65	0.00	0.00	0.33	11.00	1.00	0.00	1.00	24.98
UCLA	**427.89**	**96.73**	**281.85**	**27.85**	**1,306.30**	**166.05**	**1.23**	**58.49**	**2,366.41**
DAVID GEFFEN SCHOOL OF MEDICINE	305.93	91.23	275.63	23.44	1,281.79	139.63	1.23	1.00	2,119.89
SCHOOL OF NURSING	29.50	0.00	0.75	2.89	0.00	10.50	0.00	23.39	67.03
SCHOOL OF DENTISTRY	34.50	5.50	1.00	0.00	24.51	6.20	0.00	31.11	102.82
FIELDING SCHOOL OF PUBLIC HEALTH	57.96	0.00	4.47	1.52	0.00	9.72	0.00	3.00	76.67
Riverside	**21.46**	**3.00**	**2.50**	**0.43**	**60.62**	**0.00**	**0.00**	**3.00**	**91.01**
SCHOOL OF MEDICINE	21.46	3.00	2.50	0.43	60.62	0.00	0.00	3.00	91.01
San Diego	**323.15**	**143.24**	**80.73**	**24.69**	**805.23**	**153.61**	**1.19**	**2.00**	**1,533.84**
SCHOOL OF MEDICINE	306.91	134.40	80.73	24.17	797.50	149.20	1.19	2.00	1,496.10
SCHL OF PHARMACY AND PHARM SCI	16.24	8.85	0.00	0.52	7.73	4.41	0.00	0.00	37.75
San Francisco	**324.67**	**586.94**	**485.28**	**52.20**	**1,154.47**	**375.38**	**9.19**	**0.30**	**2,988.41**
SCHOOL OF MEDICINE	224.62	557.73	474.00	42.47	1,048.46	340.32	9.19	0.30	2,697.08
SCHOOL OF NURSING	35.19	0.39	4.87	1.10	46.51	21.43	0.00	0.00	109.49
SCHOOL OF DENTISTRY	35.03	8.60	1.24	7.21	51.04	8.26	0.00	0.00	111.39
SCHOOL OF PHARMACY	29.82	20.22	5.17	1.42	8.45	5.37	0.00	0.00	70.45
Grand Total	**1,598.77**	**1,154.63**	**953.65**	**134.16**	**4,252.11**	**757.05**	**19.74**	**78.17**	**8,948.27**

FTE of Faculty in UC Health Sciences Schools and Programs
Fall 2019

FTE by Type of School - Sorted by Total FTE

	Faculty Series								
School Type and Campus	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
MEDICINE	**1,187.50**	**1,048.82**	**924.12**	**111.78**	**4,024.24**	**673.76**	**18.99**	**7.92**	**7,997.13**
San Francisco	224.62	557.73	474.00	42.47	1,048.46	340.32	9.19	0.30	2,697.08
UCLA	305.93	91.23	275.63	23.44	1,281.79	139.63	1.23	1.00	2,119.89
San Diego	306.91	134.40	80.73	24.17	797.50	149.20	1.19	2.00	1,496.10
Davis	181.95	199.15	67.91	12.71	396.75	32.34	7.13	1.62	899.55
Irvine	146.64	63.31	23.35	8.55	439.12	12.27	0.25	0.00	693.50
Riverside	21.46	3.00	2.50	0.43	60.62	0.00	0.00	3.00	91.01
NURSING	**85.48**	**2.44**	**5.62**	**5.18**	**74.56**	**34.05**	**0.50**	**24.39**	**232.21**
San Francisco	35.19	0.39	4.87	1.10	46.51	21.43	0.00	0.00	109.49
UCLA	29.50	0.00	0.75	2.89	0.00	10.50	0.00	23.39	67.03
Davis	9.13	2.05	0.00	0.86	17.04	1.12	0.50	0.00	30.71
Irvine	11.65	0.00	0.00	0.33	11.00	1.00	0.00	1.00	24.98
DENTISTRY	**69.53**	**14.10**	**2.24**	**7.21**	**75.55**	**14.46**	**0.00**	**31.11**	**214.21**
San Francisco	35.03	8.60	1.24	7.21	51.04	8.26	0.00	0.00	111.39
UCLA	34.50	5.50	1.00	0.00	24.51	6.20	0.00	31.11	102.82
VETERINARY MEDICINE	**98.61**	**55.55**	**4.40**	**2.27**	**9.15**	**7.38**	**0.25**	**0.33**	**177.94**
Davis	98.61	55.55	4.40	2.27	9.15	7.38	0.25	0.33	177.94
PUBLIC HEALTH	**95.88**	**0.65**	**12.10**	**5.06**	**1.70**	**17.61**	**0.00**	**14.43**	**147.43**
UCLA	57.96	0.00	4.47	1.52	0.00	9.72	0.00	3.00	76.67
Berkeley	37.91	0.65	7.63	3.54	1.70	7.89	0.00	11.43	70.76
PHARMACY	**46.06**	**29.06**	**5.17**	**1.94**	**16.18**	**9.78**	**0.00**	**0.00**	**108.20**
San Francisco	29.82	20.22	5.17	1.42	8.45	5.37	0.00	0.00	70.45
San Diego	16.24	8.85	0.00	0.52	7.73	4.41	0.00	0.00	37.75
OPTOMETRY	**15.70**	**4.00**	**0.00**	**0.72**	**50.73**	**0.00**	**0.00**	**0.00**	**71.15**
Berkeley	15.70	4.00	0.00	0.72	50.73	0.00	0.00	0.00	71.15
Grand Total	**1,598.77**	**1,154.63**	**953.65**	**134.16**	**4,252.11**	**757.05**	**19.74**	**78.17**	**8,948.27**

FTE of Faculty in UC Health Sciences Schools and Programs
Fall 2019

Other Health Sciences Programs

	Faculty Series								
Campus and Program	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Irvine	**37.94**	**0.00**	**0.00**	**1.24**	**0.83**	**0.38**	**0.00**	**2.00**	**42.38**
PROGRAM IN PUBLIC HEALTH	22.69	0.00	0.00	0.00	0.00	0.00	0.00	1.67	24.36
PROGRAM IN PHARM SCI	15.25	0.00	0.00	1.24	0.83	0.38	0.00	0.33	18.02

Faculty FTE, Health Sciences Compared to General Campus

HEALTH SCIENCES

Campus Name Abr	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Berkeley	53.61	4.65	7.63	4.26	52.43	7.89	0.00	11.43	141.91
Davis	289.70	256.75	72.30	15.84	422.94	40.85	7.88	1.95	1,108.20
Irvine	196.22	63.31	23.35	10.12	450.95	13.65	0.25	3.00	760.86
UCLA	427.89	96.73	281.85	27.85	1,306.30	166.05	1.23	58.49	2,366.41
Riverside	21.46	3.00	2.50	0.43	60.62	0.00	0.00	3.00	91.01
San Diego	323.15	143.24	80.73	24.69	805.23	153.61	1.19	2.00	1,533.84
San Francisco	324.67	586.94	485.28	52.20	1,154.47	375.38	9.19	0.30	2,988.41
Total	**1,636.71**	**1,154.63**	**953.65**	**135.39**	**4,252.94**	**757.43**	**19.74**	**80.17**	**8,990.64**

GENERAL CAMPUS

Campus Name Abr	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Berkeley	1,262.25	0.00	6.00	17.95	1.50	39.03	27.46	468.66	1,822.86
Davis	1,158.11	0.62	7.41	9.46	0.54	16.05	23.57	275.50	1,491.26
Irvine	1,126.11	0.69	4.64	9.26	2.19	10.83	30.34	240.56	1,424.63
UCLA	1,348.96	0.00	8.00	10.23	0.18	172.70	15.34	443.98	1,999.39
Riverside	746.77	0.00	0.00	2.77	0.00	8.25	22.50	166.63	946.92
San Diego	1,119.21	0.43	2.45	9.96	1.44	16.20	28.75	224.09	1,402.52
San Francisco	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total	**6,761.41**	**1.74**	**28.50**	**59.63**	**5.85**	**263.06**	**147.96**	**1,819.42**	**9,087.58**

TOTAL

Campus Name Abr	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Berkeley	1,315.86	4.65	13.63	22.21	53.93	46.92	27.46	480.09	1,964.77
Davis	1,447.81	257.37	79.71	25.30	423.48	56.90	31.45	277.45	2,599.46
Irvine	1,322.33	64.00	27.99	19.38	453.14	24.48	30.59	243.56	2,185.49
UCLA	1,776.85	96.73	289.85	38.08	1,306.48	338.75	16.57	502.47	4,365.80
Riverside	768.23	3.00	2.50	3.20	60.62	8.25	22.50	169.63	1,037.93
San Diego	1,442.36	143.67	83.18	34.65	806.67	169.81	29.94	226.09	2,936.36
San Francisco	324.67	586.94	485.28	52.20	1,154.47	375.38	9.19	0.30	2,988.41
Total	**8,398.12**	**1,156.37**	**982.15**	**195.02**	**4,258.79**	**1,020.49**	**167.70**	**1,899.59**	**18,078.22**

PERCENT HEALTH SCIENCES

Campus Name Abr	Ladder Rank and Equivalent	Clinical X	In Residence	Recalls (Senate)	Health Sciences Clinical	Adjunct	Visiting	Lecturers (Unit 18)	Grand Total
Berkeley	4%	100%	56%	19%	97%	17%	0%	2%	7%
Davis	20%	100%	91%	63%	100%	72%	25%	1%	43%
Irvine	15%	99%	83%	52%	100%	56%	1%	1%	35%
UCLA	24%	100%	97%	73%	100%	49%	7%	12%	54%
Riverside	3%	100%	100%	13%	100%	0%	0%	2%	9%
San Diego	22%	100%	97%	71%	100%	90%	4%	1%	52%
San Francisco	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total	**19%**	**100%**	**97%**	**69%**	**100%**	**74%**	**12%**	**4%**	**50%**

Source: Corporate Personnel System October 2019 snapshot

Notes: Ladder Rank and Equivalent includes Ladder Rank (Tenured and Non-Tenured), Acting, and Lecturer with (Potential) Security of Employment Series
FTE is Percentage of effort reflected in payroll records
Schools are identified by Organizational Unit (not Home Department). Some faculty may have FTE in non-Health Sciences departments that is not shown here

Health Sciences and All UC Faculty Headcount Percentages by Race/Ethnicity
University of California System
Fall 2019

Health Sciences Faculty		Race/Ethnicity				
	Series	URM[3]	Asian/ Pacific Islander[4]	White	Unknown/ Decline to State	Total
Senate Faculty	Professorial - Tenure & Equiv.[1]	8.0%	21.0%	70.0%	1.0%	100.0%
	Professorial - Non-tenure & Equiv.[1]	16.7%	26.4%	52.8%	4.2%	100.0%
	Recall-Senate	4.6%	6.4%	88.1%	0.9%	100.0%
	Acting Professor	*	*	*	*	100.0%
	Lecturer with PSOE and SOE	*	*	*	*	100.0%
	Professor in Residence	6.1%	25.2%	64.4%	4.2%	100.0%
	Professor of Clinical X	7.0%	28.0%	62.1%	3.0%	100.0%
Senate Faculty Total		**7.3%**	**22.2%**	**68.1%**	**2.4%**	**100.0%**
Non-Senate Faculty	LR Equiv. Series, Non-Senate[2]	*	*	*	*	100.0%
	Health Sciences Clinical Professor	9.0%	34.3%	51.6%	5.0%	100.0%
	Adjunct Professor	10.5%	25.2%	61.5%	2.8%	100.0%
	Visiting Professor	3.6%	28.6%	60.7%	7.1%	100.0%
	Lecturers and Instruc. Asst. (Unit 18)	10.9%	32.0%	52.7%	4.3%	100.0%
Non-Senate Faculty Total		**9.3%**	**32.8%**	**53.2%**	**4.7%**	**100.0%**
Grand Total		**8.4%**	**28.2%**	**59.7%**	**3.7%**	**100.0%**

All Faculty		Race/Ethnicity				
	Series	URM[3]	Asian/ Pacific Islander[4]	White	Unknown/ Decline to State	Total
Senate Faculty	Professorial - Tenure & Equiv.[1]	10.3%	18.1%	69.1%	2.6%	100.0%
	Professorial - Non-tenure & Equiv.[1]	18.1%	25.7%	48.4%	7.9%	100.0%
	Recall-Senate	5.7%	6.7%	86.3%	1.3%	100.0%
	Acting Professor	23.1%	25.6%	46.2%	5.1%	100.0%
	Lecturer with PSOE and SOE	10.6%	10.1%	75.1%	4.1%	100.0%
	Professor in Residence	6.3%	25.0%	64.4%	4.3%	100.0%
	Professor of Clinical X	7.0%	28.0%	62.1%	3.0%	100.0%
Senate Faculty Total		**10.6%**	**19.7%**	**66.2%**	**3.5%**	**100.0%**
Non-Senate Faculty	LR Equiv. Series, Non-Senate[2]	*	*	*	*	100.0%
	Health Sciences Clinical Professor	9.0%	34.4%	51.6%	5.0%	100.0%
	Adjunct Professor	10.3%	22.3%	63.2%	4.2%	100.0%
	Visiting Professor	8.3%	22.2%	52.8%	16.7%	100.0%
	Lecturers and Instruc. Asst. (Unit 18)	12.1%	15.9%	61.2%	10.8%	100.0%
Non-Senate Faculty Total		**10.4%**	**25.2%**	**56.9%**	**7.5%**	**100.0%**
Grand Total		**10.5%**	**22.1%**	**62.2%**	**5.2%**	**100.0%**

Source: Corporate Personnel System (CPS) October 2019 Snapshot

Notes:
Data include Health Sciences schools as well as UC Irvine programs in Public Health and Pharmacy
Percentages are based on headcounts
* indicates that percentages are not shown due to small cell sizes, to protect individual faculty data.
1. Includes Professorial Series, Agronomist and Astronomer
2. Includes Clinical Prof. of Dentistry, Supv. of Physical Education, Acting Asst. Prof., and Acting LPSOE
3. URM, or Underrepresented Minority, includes Hispanic/Latino(a), Black/African American, and Native American/Alaska Native. This category also includes individuals who identified two or more races, one of which was URM
4. Asian/Pacific Islander includes Asian/Asian American and Native Hawaiian/Other Pacifica Islander. This category also includes individuals who identified two or more races which included Asian/Pacific Islander and White

Health Sciences and All UC Faculty Headcount Percentages by Race/Ethnicity
University of California System
Fall 2019

Health Sciences Faculty		Race/Ethnicity				
	Series	URM[3]	Asian/ Pacific Islander[4]	White	Unknown/ Decline to State	Total
Senate Faculty	Professorial - Tenure & Equiv.[1]	125	328	1,094	16	1,563
	Professorial - Non-tenure & Equiv.[1]	36	57	114	<10	216
	Recall-Senate	25	35	480	<10	545
	Acting Professor	<10	<10	<10	<10	5
	Lecturer with PSOE and SOE	<10	<10	<10	<10	9
	Professor in Residence	62	255	652	43	1,012
	Professor of Clinical X	85	340	754	36	1,215
Senate Faculty Total		**334**	**1,015**	**3,107**	**109**	**4,565**
Non-Senate Faculty	LR Equiv. Series, Non-Senate[2]	<10	<10	<10	<10	1
	Health Sciences Clinical Professor	422	1,604	2,409	235	4,670
	Adjunct Professor	97	234	571	26	928
	Visiting Professor	<10	<10	17	<10	28
	Lecturers and Instruc. Asst. (Unit 18)	28	82	135	11	256
Non-Senate Faculty Total		**548**	**1,929**	**3,132**	**274**	**5,883**
Grand Total		**882**	**2,944**	**6,239**	**383**	**10,448**

All Faculty		Race/Ethnicity				
	Series	URM[3]	Asian/ Pacific Islander[4]	White	Unknown/ Decline to State	Total
Senate Faculty	Professorial - Tenure & Equiv.[1]	843	1,485	5,667	210	8,205
	Professorial - Non-tenure & Equiv.[1]	367	521	983	160	2,031
	Recall-Senate	49	57	740	11	857
	Acting Professor	<10	10	18	<10	39
	Lecturer with PSOE and SOE	41	39	290	16	386
	Professor in Residence	65	258	664	44	1,031
	Professor of Clinical X	85	340	754	36	1,215
Senate Faculty Total		**1,459**	**2,710**	**9,116**	**479**	**13,764**
Non-Senate Faculty	LR Equiv. Series, Non-Senate[2]	<10	<10	<10	<10	13
	Health Sciences Clinical Professor	422	1,606	2,411	235	4,674
	Adjunct Professor	139	301	853	56	1,349
	Visiting Professor	21	56	133	42	252
	Lecturers and Instruc. Asst. (Unit 18)	497	652	2,518	445	4,112
Non-Senate Faculty Total		**1,083**	**2,619**	**5,919**	**779**	**10,400**
Grand Total		**2,542**	**5,329**	**15,035**	**1,258**	**24,164**

Source: Corporate Personnel System (CPS) October 2019 Snapshot

Notes:
Data include Health Sciences schools as well as UC Irvine programs in Public Health and Pharmacy
Percentages are based on headcounts
Headcounts are not shown if the number is less than ten, to protect individual faculty data.
1. Includes Professorial Series, Agronomist and Astronomer
2. Includes Clinical Prof. of Dentistry, Supv. of Physical Education, Acting Asst. Prof., and Acting LPSOE
3. URM, or Underrepresented Minority, includes Hispanic/Latino(a), Black/African American, and Native American/Alaska Native. This category also includes individuals who identified two or more races, one of which was URM
4. Asian/Pacific Islander includes Asian/Asian American and Native Hawaiian/Other Pacifica Islander. This category also includes individuals who identified two or more races which included Asian/Pacific Islander and White

Appendix F

History of UC Diversity Studies and Initiatives (2006-2020)

Since 2006, the Regents and the Office of the President have undertaken a number of studies and initiatives related to University accountability on diversity, campus climate and inclusion. These include the following:

2006: UC President's Task Force on Faculty Diversity issues a report articulating that "diversity among our faculty, like diversity among students, enriches intellectual discussion, promotes understanding across differences, and enhances UC's responsiveness to the needs of an increasingly diverse workforce and society." https://www.ucop.edu/academic-personnel-programs/_files/faculty-diversity-task-force/report.pdf

2006: The President and Chair of the Regents form the Study Group on University Diversity to "identify actions the University can take to increase diversity in undergraduate and graduate enrollment and faculty hiring and to foster a climate on every UC campus that is welcoming and inclusive." https://diversity.ucsc.edu/programs/images/faculty_report.pdf

2007: Following the recommendations of the Diversity Study Group, the Regents adopt the Regents Policy 4440: University of California Diversity Statement. The policy states in part, "Therefore, the University of California renews its commitment to the full realization of its historic promise to recognize and nurture merit, talent, and achievement by supporting diversity and equal opportunity in its education, services, and administration, as well as research and creative activity. The University particularly acknowledges the acute need to remove barriers to the recruitment, retention, and advancement of talented students, faculty, and staff from historically excluded populations who are currently underrepresented." http://policy.ucop.edu/doc/4000375/Diversity

2007: The Regents endorse the finding of the Regents Diversity Study Group that, while "there are many pockets of success and innovation in seeking and supporting diversity, the University as a whole needs to focus greater sustained attention in this area." To monitor progress and ensure accountability, the Regents affirm that clear, consistent and regularly produced data are necessary to "shine a light" on the University's efforts to increase and support diversity.

2007: A report on Faculty Diversity in the University of California Health Sciences Schools is issued. https://www.ucop.edu/academic-personnel-programs/programs-and-initiatives/hsfaculty-equity-project/Appendix%20A-school-of-med.pdf

2008: The UC Staff Diversity Council convened by then-President Dynes issues a report stating that "staffing trends indicate that without concerted action to address the recruitment, retention, and career development of staff, the University will not have the skilled, knowledgeable, and diverse workforce needed to support its teaching and research mission." https://ucnet.universityofcalifornia.edu/working-at-uc/our-values/ucsdc_report.pdf

2010: The first annual accountability sub-report on diversity is presented to the Regents. Hereafter, the Annual Accountability Report includes a substantive chapter on diversity.

2012: The Office of the President forms the President's Council of Campus Climate and Inclusion. UCOP later commissions a University-wide Campus Climate Study. The largest known survey of its kind in American higher education, the survey was offered to over 400,000 UC faculty, students, staff, postdoctoral fellows and trainees.

2013: A joint Senate-Administration Workgroup issues the Independent Investigative Report on Acts of Bias and Discrimination Involving Faculty at the University of California, Los Angeles (the Moreno Report) that addresses incidents of ethnic and racial bias and discrimination affecting faculty at UCLA. https://www.ucop.edu/moreno-report/moreno-senate-admin-work-group-12-23-13.pdf

2014: In response to the Moreno Report findings, President Napolitano issues a letter to chancellors asking that they ensure that five measures are present on each campus to assure that incidents of discrimination, bias or harassment affecting faculty, students or staff are addressed in a robust, fair and transparent manner. http://www.ucop.edu/moreno-report/

2014: The results of the Campus Climate Study were presented to the Regents in 2014. The UC president, chancellors, LBNL director, and vice president for Agriculture and Natural Resources jointly issue a Statement of Ethos of Respect and Inclusion, that says in part, "We seek to create and nurture in every corner of the University — in lecture halls and laboratories, in dormitories and dining halls, in work cubicles and maintenance shops, in our hospitals and other outposts of community engagement, in the public commons and the virtual meeting grounds of social media — an ethos of respect for others and inclusion of all." http://campusclimate.ucop.edu/results/index.html

2014: The Systemwide Committee on the Status of Women submits a report to the president. The 2014 recommendations center on the professional development and leadership needs of UC women. http://sacsw.universityofcalifornia.edu/files/documents/2014-report.pdf

2014: President Napolitano forms the President's Task Force on Preventing and Responding to Sexual Violence and Sexual Assault, and establishes the goal for UC to be the national model in combating sexual violence and sexual assault issues on every campus. https://www.universityofcalifornia.edu/sites/default/files/report_9152014.pdf

2015: The President's Task Force on Preventing and Responding to Sexual Violence and Sexual Assault issues Phase 1 and Phase 2 reports and recommendations. The University adopts an Interim Policy on Sexual Harassment and Sexual Violence. http://policy.ucop.edu/doc/4000385/SHSV, https://sexualviolence.universityofcalifornia.edu/files/documents/svsa-phase2-report.pdfhttps://regents.universityofcalifornia.edu/regmeet/july15/e1attach.pdf

2015: The Office of the General Counsel issues Guidelines for Addressing Race and Gender Equity in Academic Programs in Compliance with Proposition 209. The guidelines are "intended as a resource for University administrators considering measures that the University can legally implement to support the University's commitment to diversity." http://www.ucop.edu/general-counsel/_files/guidelines-equity.pdf

2015: The Office of the President creates the position of Vice Provost for Diversity & Engagement. The position is established to oversee issues of diversity and inclusion and coordinate efforts in these areas across all levels of the university.

2015: The Regents form a working group to consider the development of a statement of principles against intolerance.

2016: The President's Advisory Committee on the African American Presence at UC was organized to provide input to UC leadership on approaches to African American preparation, retention and overall participation in UC. The Committee evaluates the challenges and issues facing African Americans and how UC can better engage with African American community members, students and their families, and diversify the UC faculty and improve campus climate generally.

2019: The President's Chicano/Latino Advisory Council was created to advise UC leadership on approaches to address the lack of representation of Chicanx/Latinx members in senior faculty and administrative positions and recommend strategies for improving Chicanx/Latinx student success along the educational pipeline. The Council identifies the most significant barriers to achieving greater Chicanx/Latinx student, faculty and staff presence at UC and works across the system with campus leaders to remove those barriers and advance UC as a national model of Chicanx/Latinx

leadership in higher education. https://diversity.universityofcalifornia.edu/programs/presidents-chicano-latino-advisory-council.html

2019: The President's Native American Advisory Council was created to advise senior UC leadership on a broad range of issues that affect and inform the experience of Native American students, faculty and staff at the University. Areas of focus include: treatment of Native American human remains and cultural artifacts; recruitment and retention of Native American students, faculty and staff at UC; academic and co-curricular issues related to UC's Native American community; and opportunities for University engagement with Native American communities in California. UC is currently updating its systemwide Native American Cultural Affiliation and Repatriation Policy. Through an updated policy, UC's goal is to strengthen practices and procedures to facilitate the repatriation of Native American and Native Hawaiian human remains and cultural items. https://diversity.universityofcalifornia.edu/programs/presidents-native-american-advisory-council.html

2020: The Extending Faculty Diversity Task Force was assembled by the systemwide Academic Senate in January 2020 to leverage the strengths of the 10-campus system in accelerating the diversification of UC faculty. The group was charged with "[developing] best practices and creative solutions for extending faculty through hiring and retention, as well as offering ideas for improving campus climate." https://senate.universityofcalifornia.edu/_files/reports/efdtf-report-july-2020.pdf

2020: The University of California Board of Regents unanimously endorsed Assembly Constitutional Amendment 5 (ACA 5) to repeal Proposition 209, which bans the consideration of race and gender in admissions.

(Adapted from May 2016 Regent Annual Accountability Sub-Report on Diversity at UC: Brief History of UC Diversity Studies and Initiatives.)

Appendix G

National Association of Diversity Officers in Higher Education — Standards of Professional Practice for Chief Diversity Officers in Higher Education 2.0

The National Association of Diversity Officers in Higher Education (NADOHE) has established standards of professional practice for chief diversity officers (CDOs) in higher education. Given the complexities of differing institutional types, missions, historical legacies, and current contexts and the varied professional backgrounds and trajectories of CDOs, institutions will inevitably differ in the details of the application of these standards in terms of critical features including, but not limited to, (a) the organizational structure in the portfolio of the CDO, (b) the allocation of human, fiscal, and physical resources, (c) the optimal degree of centralization versus decentralization of equity, diversity, and inclusion (EDI) efforts, (d) the processes of building institutional and organizational capacity, (e) the unique organizational manifestations of institutional change, and (f) the specific focus and metrics related to mechanisms of accountability. CDOs play the central administrative role in guiding, facilitating and evaluating these processes on behalf of the institution (Williams & Wade-Golden, 2007, 2013). The highest levels of commitment, responsibility and accountability reside throughout institutional leadership, in which cabinet-level CDOs serve as the principal administrators to advance mission-driven efforts through highly specialized knowledge and expertise. Through the standards of professional practice that follow, NADOHE provides guidance and support to individuals serving as CDOs, as well as to the institutions where they work.

More information about the standards of professional practice can be found here:

https://nadohe.memberclicks.net/standards-of-professional-practice-for-chief-diversity-officers
https://nadohe.memberclicks.net/assets/2020SPPI/__NADOHE%20SPP2.0_200131_FinalFormatted.pdf

Appendix H

UCLA Equity Advisor Expectations & Compensation Policy Memorandum, November 2016

In June 2014, all schools and academic units were asked to appoint an Equity Advisor who would take leadership on matters of equity, diversity and inclusion within their institution. Distributed throughout the University, these equity advisors leverage their direct experience with local culture and climate to advise their deans in strategy, policy, training, climate and accountability.

The core function of the equity advisor is to serve as a focal point for strategy, policy, and practice related to increasing diversity and fostering and maintaining a climate of inclusion within the school/division. Roles and responsibilities vary; however, many equity advisors play an important role in faculty training, monitoring the faculty search and other hiring processes, improving climate, and consulting on matters of equity, diversity and inclusion. Although equity advisors report directly to their deans, they also work closely with and provide invaluable advice to the vice chancellor for Equity, Diversity and Inclusion.

More information about the UCLA equity advisor expectations and compensation policy can be found here: UCLA Equity Advisor Policy and Compensation

Appendix I

Example of Response to Concerns About Use of Diversity Statements for UC Faculty Recruitment

Berkeley
UNIVERSITY OF CALIFORNIA

Benjamin E. Hermalin
Vice Provost for the Faculty

200 California Hall #1500
Berkeley, CA 94720
510 642-6474 phone
510 642-3359 fax
hermalin@berkeley.edu

January 9, 2019

Professor [redacted]
Department of [redacted]
Sent electronically

Re: Your concern about diversity statements

Dear Professor [redacted],

Chancellor Christ has asked me to respond to your email to her of December 21, 2019. The Chancellor and I agree that you raise important points, which warrant a response.

The University imposes no political litmus test with regard to who it hires nor in merit and promotion decisions. In its hiring and employment practices, the University endeavors to comply with all relevant federal and state law, including Proposition 209.

As a public university in one of the most diverse states in the country, the University has an obligation to create an environment in which all who come here can thrive and have a sense of belonging. As our distinguished colleague john powell has noted, belonging is not simply an antonym to exclusion. Creating an environment in which all can be successful and enjoy a sense of belonging requires intentionality on the part of all of us. To be effective in teaching *all* the students that are in their classes, professors at Berkeley must be attuned to the varying needs, expectations, preconceptions, etc. of what are typically very heterogeneous populations; heterogeneous in terms of preparation, knowledge of how universities work and the opportunities available to them, cultural reference points, interpretation and reaction to various topics and discussions, and so forth. A faculty member who comes into this environment and is ill-prepared for such an environment and either oblivious to it or unwilling to adjust to it will not be successful, where success means fulfilling our obligation to educate all our students, making efforts to ensure all students are aware of and given access to the opportunities that UC Berkeley offers, working to promote all of our students' success, and endeavoring to make all our students feel that they belong. Diversity statements, just like teaching and research statements, provide those assessing the merits of a candidate information that may prove useful for determining how successful that candidate will be at Berkeley.

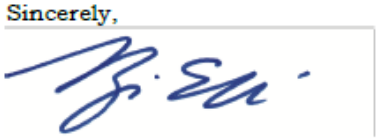
In holding this view, the administration seeks not only to be consistent with Berkeley's values, but also the rules and policies of the UC system. Regents Policy 4400, for instance, makes clear that issues of diversity, inclusion, equity, and belonging are important to the University of California system as a whole. In a similar vein, Section 210–1d of the Academic Personnel Manual, which also applies to the entire system, makes clear, in its second paragraph, that there are expectations concerning faculty members' efforts with regard to promoting equal opportunity and diversity. As noted, diversity statements, like teaching and research statements, can offer insights as to how well a candidate will do in meeting expectations as set forth in Regents Policy and the Academic Personnel Manual.

In your email of December 21st, you write that you "object to requiring a minimum score in a statement of past diversity activities and goals, 'below which a candidate would not be considered competitive and would not move forward regardless of their scores in other areas.'" Without in any way wishing to seem disrespectful of your opinion or your right to it, could I please ask you to reflect on the following: would you object if there was a minimum bar with respect to *scholarship*, so that a candidate judged to be below it was deemed uncompetitive and

would not receive further review even if the candidate were stellar on other dimensions (*e.g.*, had won notable teaching awards)? I suspect you wouldn't, reflecting that someone below a certain bar with regard to scholarship could not be successful at Berkeley—could not, say, earn tenure or promotion; would not be able to mentor graduate students appropriately; and would not be able to attract adequate research funding. In a similar vein, if success at Berkeley means being able to work in a diverse environment and having a willingness and aptitude for ensuring a world-class education for all students, coming from a multitude of backgrounds, might we not similarly want to set some lower bar?

Does the above mean that we should not review how we utilize and assess diversity statements? Of course not. In fact, I am currently in discussions with the leadership of the Academic Senate on how we can better use and assess diversity statements as part of a holistic assessment of job candidates. If you have thoughts about how we might improve or better use such statements, I would welcome hearing them.

Sincerely,



Benjamin E. Hermalin
Vice Provost for the Faculty

cc: Michael Brown, Provost and Executive Vice President, University of California
Susan Carlson, Vice Provost, University of California
Carol T. Christ, Chancellor, UC Berkeley
A. Paul Alivisatos, Executive Vice Chancellor & Provost, UC Berkeley

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