Medical, Dental, and Veterinary Disciplines: The Struggle to Improve Diversity

A roundtable discussion with CDOs from the nation’s leading organizations for health professions schools: the American Dental Education Association, the Association of American Medical Colleges, and the Association of American Veterinary Medical Colleges

ALSO IN THIS ISSUE:

LEAP supports the development of Asian and Pacific Islander leaders in higher education

Syrian students face many obstacles on their path to higher education
Founded in 1899, Philadelphia College of Osteopathic Medicine (PCOM) was one of the nation’s first osteopathic medical schools. PCOM is known for its spirit of collegiality and camaraderie. Student/faculty collaboration is common, with students working alongside faculty conducting research, coauthoring articles and presenting at professional conferences. Faculty work across departmental lines on innovative research through the College’s Center for Chronic Disorders of Aging.

PCOM students learn the importance of health promotion, education and service to the community and, through the College’s Healthcare Centers, provide care to the medically underserved populations in inner city and rural locations.

Georgia Campus – Philadelphia College of Osteopathic Medicine (GA–PCOM) is a private, not-for-profit branch campus of the fully accredited Philadelphia College of Osteopathic Medicine, a multi-program institution with a more than 100-year tradition of educational excellence. Offering students a high-tech, collaborative learning environment with hands-on educational opportunities, GA–PCOM features state-of-the-art classrooms and labs, along with an osteopathic manipulative medicine clinic which is open to the public by appointment.

PHILADELPHIA CAMPUS academic offerings:
- Osteopathic Medicine (DO)
- Biomedical Sciences (MS)
- Physician Assistant Studies (MS)
- Forensic Medicine (Pathway/MS)
- Clinical Psychology (PsyD, Post-Doc.)
- Mental Health Counseling (MS)
- School Psychology (PsyD, EdS, MS)
- Organizational Development & Leadership (MS)
- Applied Behavior Analysis (Certificate)
- Aging and Long Term Card Administration

GEORGIA CAMPUS academic offerings:
- Osteopathic Medicine (DO)
- Pharmacy (PharmD)
- Physician Assistant Studies (MS)
- Biomedical Sciences (MS)

LEARNING THROUGH HANDS-ON EXPERIENCE

PCOM_Insight_ad_3_2016.indd   1
4/12/16   10:24 AM
IN THIS ISSUE | May 2016

Special Report: Medical, Dental, and Veterinary Schools

38 A Chronic Condition: Diversity in Medical Studies Is Key to Reducing Health Disparities
By Alexandra Vollman

54 Health Professions CDO Roundtable
By Rebecca Prinster

44 Minority Health At a Glance

46 Driven by Commitment to Service, Veterinarian Evan Morse Volunteers to Help Animals, Pet Owners in Need
By Gary M. Stern

48 Improving Health Outcomes by Ensuring the Inclusion of Students with Disabilities in Health Sciences
By Elisa Laird-Metke, JD; Neera R. Jain, CRC; Lisa M. Meeks, PhD

62 Addressing Social Justice Issues at Academic Health Centers
By LeManuel Lee Bitsóí, EdD

EXTRA!

18 Asians and Pacific Islanders Are Scarce in Higher Ed Leadership, but a Strong Community Is Working to Change That
By Rebecca Prinster

22 The Path Forward: LGBT Retention and Academic Success
By Shane Windmeyer

28 Welcoming America: A Movement to Embrace Newcomers
By Darlene X. Rodriguez, PhD

30 EEOC Proposes Addition of Compensation Data to EEO-1 Form
By Shirley J. Wilcher, JD

32 The Plight of Syrian Students
By Alexandra Vollman

USI Dental Hygiene Students Connect with Veterans to Provide Individualized Care
By Alexandra Vollman

Certificate Program Focuses on Human Element of Animal Care
By Rebecca Prinster
Paving the way since 1851

More than 300 undergraduate, graduate and professional programs, including law and medicine

More than 41,000 undergraduate and graduate students in 16 colleges

More than 6,000 faculty and staff

A dynamic, competitive, elite research institution, Florida State University is world-renowned for the quality of its faculty, academic programs and a focus on developing graduates who are innovators and leaders.

Florida State is proud of its rich heritage and core values that champion excellence. From top national rankings in the sciences and a thriving technology transfer sector to internationally celebrated programs in the fine and performing arts, Florida State’s service-learning mission continues to be a model for the nation.

fsu.edu | hr.fsu.edu/diversity
In Every Issue

In Brief
6 Diversity and Inclusion News Roundup

New Directions
10 Diversity Leaders on the Move

INSIGHT Partner Profile
12 National Association of Medical Minority Educators Relies on Interprofessional Collaboration to Further its Cause
   By Rebecca Prinster

This Month’s Celebration
13 Celebrating Asian Pacific American Heritage Month

HEED Award Spotlight
14 University of Virginia School of Medicine Bridges Gap for Minorities in Healthcare Via Support, Research
   By Mrinal Gokhale

CDO Corner
16 Using a Sense-of-Belonging Approach to Support Young Men at Rochester Institute of Technology
   By Kevin McDonald, EdD, JD

Recruiter’s Corner
24 Attracting Diverse Employees Requires Improved Access to Cultural Amenities
   By Vicky Ayers

Careers
64 Job Opportunities

Closing INSIGHT
66 Voices of Compassion
Oil Industry Struggle Impacts Higher Education, Student Career Paths

Although U.S. oil prices have begun to rebound, now hovering around $40 a barrel, for some in the petroleum industry, this minor but positive increase is too little, too late. January 2016 saw the worst of the crisis, with prices plummeting to their lowest levels in more than a decade — dropping from their June 2014 peak of $105 a barrel to less than $27 a barrel, marking a 70 percent decrease. Yet most of the damage had already been done.

With oil production up and demand for it down, oil and gas companies have been forced to slash budgets and cut jobs. According to data from the U.S. Bureau of Labor Statistics, these companies laid off 100,000 people between October 2014 and January 2016, and dozens of companies have since filed for bankruptcy.

However, the effects of this volatile industry are being felt beyond the oil fields and boardrooms. Some states, along with their public colleges and universities, are experiencing the negative consequences caused by the oversupply.

In Alaska — one of eight states that receive at least 10 percent of their gross domestic product from oil — a $3.5 billion state budget shortfall this fiscal year, the university is slashing $20 million from its budget.

However, in the top oil-producing state of Texas — where it’s estimated that oil companies have shed at least 60,000 positions since December 2014 — not all institutions are being affected equally. At Texas A&M University, undergraduate enrollment in petroleum engineering has remained steady.

“Thus far, it has not had any significant effect on enrollment because our program has been in high demand,” says Dan Hill, a professor and head of the Harold Vance Department of Petroleum Engineering at the university. “We’ve been turning away twice as many students as we’ve been able to accept at the undergraduate level.”

With 500 undergraduate applicants every year, 200 of whom the department accepts, Hill says the program would have to lose 60 percent of its applicants before enrollment would be affected.

However, he says that the program’s placement rate has been affected. While in the past it was nearly 100 percent, last year that figure fell slightly to between 80 and 85 percent. This number includes both students who accepted permanent positions and those who chose to continue their education beyond the undergraduate level.

Hill says that currently, about 50 percent of Texas A&M petroleum engineering students have a job lined up for after graduation — a percentage that he says is “not great, but it’s not abysmal either.” And considering the lack of job prospects, some students are opting to go on to graduate school, with some deciding to explore other fields.

“We’re seeing a lot of the students applying to MBA programs and master’s of finance [programs], broadening themselves,” Hill says, “which is a natural reaction to a weak job market for our discipline.”

While Texas A&M has yet to experience funding cuts because of oil prices, according to Hill, he says that if current conditions persist, it’s likely the university will experience a decrease both in budget and enrollment.

But Hill doesn’t anticipate this happening.

“The last dramatic turndown of the industry like this was in the mid-’80s, and enrollment at Texas A&M in petroleum engineering dropped very dramatically, as it did everywhere in the country,” he says. “That could happen again if this goes on that long, but I don’t expect it to.

“When the price goes back up, these things will change pretty dramatically once again in the other direction.”

— Alexandra Vollman

At the University of Alaska Anchorage, many professors, anticipating layoffs, have already accepted positions at institutions in other states.
Cherokee Nation Plans Health Center Expansion to Meet Native Community’s Healthcare Needs

Cherokee Nation is partnering with the federal government on a multimillion-dollar project that will expand W.W. Hastings Hospital in Tahlequah, Okla., from 190,000 to 450,000 square feet. The health center is being established to meet the growing needs of the Native American community in the 14 surrounding counties and neighboring states.

Through the partnership, the U.S. Department of Health and Human Services’ Indian Health Service will provide $80 million a year for a minimum of 20 years, and Cherokee Nation will contribute more than $150 million to construction costs.

Cherokee Nation plans to break ground this spring and expects the project to be completed in 2019. In a statement, hospital CEO Brian Hail said the expansion is necessary for the number of patients the hospital now serves. W.W. Hastings Hospital was built in 1984 with the capacity to serve 60,000 patients a year; however, the hospital staff currently sees more than seven times that number.

The expansion will house a variety of clinics, including women’s health, pediatrics, dentistry, and optometry. The hope is that the current building will be used as a hospital and medical school, which will be connected to the new health center via a sky bridge. Cherokee Nation is in the process of securing a partnership with a local university to house a rural medical program within the old structure.

“We’re getting ready to hit a major healthcare wall with the lack of doctors all over the United States,” Hail said, “but we have a plan to grow our own doctors right here that will not only benefit our facilities, but it will also feed into northeastern Oklahoma.”

— Macy Salama

Constructive Campus Activism Can Lead to Broader, Positive Impact

With the recent spike in student activism, students’ tactics for shedding light on issues and effecting change are being scrutinized, and some experts are offering advice.

Christopher Broadhurst, assistant professor of higher education administration at the University of New Orleans, says that for students to have the greatest impact, they should consider the tactics they are using to raise awareness.

“How [student activists] fight to change the world is very important,” he says.

Broadhurst has studied 21st century student activism for the past eight years and categorizes activism into two groups: constructive and destructive. The former is the act of trying to rebuild the system by making improvements, while the latter is the process of destroying something already established.

He explains that both destructive and constructive activism can be nonviolent. However, certain destructive tactics — such as being disrespectful, vandalizing property, or using violence — can turn outsiders away and lead to their lack of understanding of the issues students face.

“Unfortunately, outsiders often connect tactics with causes,” Broadhurst says. “When student activists engage in behavior that some find immature, it can deter positive change.”

He suggests that students take advantage of the college setting by using educational outlets to spread awareness for their causes. He encourages constructive tactics like working with student government, utilizing the campus newspaper and social media, and holding public forums. In addition, he says, students should focus on strengthening their numbers by partnering with other student activist groups that fight for similar causes.

For additional support, Broadhurst recommends that students reach out to faculty members and administrators to gain allies who will help promote their causes. When administrators work with student activists to produce positive campus-wide change, he says, their partnership creates a more unified front.

Administrative allies and student affairs professionals can help guide students as they seek to raise awareness of issues on campus by gathering information, filling out paperwork, or establishing partnerships with educational outlets.

“We want to foster our students’ dedication to social change and their commitment to democratic education and civic engagement,” Broadhurst says. “We don’t want them to get mired in legal problems or threaten their academic career.”

If results are not immediate, students shouldn’t get discouraged. According to Broadhurst, small steps toward an overarching goal are key.

“It is very difficult to change organizational cultures,” he says. “Overcoming decades of institutionalized marginalization, as much as we want it to, can’t come quickly. To make lasting changes, we need to understand that, often, only incremental [ones] are possible.”

— Macy Salama
“Screen at 23” Campaign Emphasizes Need to Screen Asians for Diabetes Earlier

According to the World Health Organization, American Diabetes Association (ADA), National Institutes of Health, and the Centers for Disease Control and Prevention, Asian Americans are at risk of developing diabetes at a lower body mass index (BMI) than whites, African Americans, Hispanics, and Native Americans.

The community-based participatory research and academic studies done on this rapidly growing population have provided the literature that has caused these organizations to change their recommendations for screening diabetes in Asian Americans. The ADA’s “Standards of Medical Care in Diabetes 2015” report listed a BMI of 23 as a risk factor to consider for testing diabetes in Asian Americans. The former cut-point for risk was a BMI of 25, which researchers have said would leave approximately a third of a million Asian American diabetics — and even more prediabetics — undiagnosed.

While this small pocket of research has finally reached a larger stage, there remains a gap in awareness that, unless filled, will result in very slow implementation of these guidelines among providers.

The Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition was formed in 2011 by a combination of these same researchers, along with community and public health leaders, endocrinologists, diabetes educators, dietitians, and healthcare providers. Its objective has been to increase scientific knowledge of diabetes among Asian Americans, moving the science toward guidelines for diagnosis. Now, the goal is to make sure these guidelines are implemented.

The National Council of Asian Pacific Islander Physicians (NCAPIP) is a nonprofit organization composed of community-focused doctors advocating for the equitable health and well-being of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities. NCAPIP has coordinated the AANHPI Diabetes Coalition since 2011 and is spearheading the “Screen at 23” campaign, which emphasizes the need for healthcare providers to screen people in these communities who have a BMI of 23 or higher.

Since its launch in October 2015, Screen at 23 has led to a San Francisco County resolution and a statewide resolution in Hawaii; both resolutions call upon the local departments of public health and other health networks to screen Asian American patients appropriately, using a BMI of 23 as a risk factor. More than 30 organizations have formally endorsed the campaign, and NCAPIP has been able to disseminate information on the campaign through its networks and communication channels. In addition, Cal-Optima, a large Medicare and Medi-Cal provider in California, agreed to include information about the campaign in its newsletter to beneficiaries.

It is essential to continue to get the message out to young and future doctors to screen Asian patients at a BMI of 23 and to recognize it as a risk factor. To learn more about the Screen at 23 campaign, visit screenat23.org. For information about the National Council of Asian Pacific Islander Physicians, visit ncapip.org.

Call for Nominations

Nominations are now being accepted for women who are making a difference in STEM fields.

Visit insightintodiversity.com/STEM

The deadline is May 31.
“Building a diverse university community is not the work of a moment. It requires sustained commitment, concerted effort, and the attention of us all.”

—Lee C. Bollinger, President of Columbia University

A diverse University community is essential to achieving academic excellence. Fostering the uninhibited exploration of competing ideas and beliefs—expressed by people of different backgrounds and perspectives—makes possible the distinct brand of scholarship, learning, research, and public service that are Columbia’s reason for being.
ALABAMA
Jai Ingraham has been appointed the inaugural chief diversity officer and Title IX coordinator of Jacksonville State University. He was most recently assistant director of equal opportunity programs and diversity at Florida International University in Miami.

Reginald Sykes, EdD, has been named president of Bishop State Community College in Mobile. He was previously president of Alabama Southern Community College in Monroeville.

CALIFORNIA
Erika Beck, PhD, has been appointed president of California State University, Channel Islands in Camarillo. She had been serving as provost and executive vice president of Nevada State College in Henderson.

Gayle Hutchinson, EdD, has been named president of California State University, Chico. She was provost and vice president for academic affairs at California State University, Channel Islands in Camarillo.

Ebony Lewis has been appointed executive director of undergraduate admissions at the University of California, Davis. She had been serving as associate director of admissions at the University of California, Santa Cruz.

Joely Proudfit, PhD, has been named to the National Advisory Council on Indian Education. She is department chair of American Indian Studies and associate professor at California State University San Marcos.

INDIANA
Raj Acharya, PhD, has been appointed dean of the Indiana University School of Informatics and Computing in Indianapolis. He had been professor and director of the School of Electrical Engineering and Computer Science at The Pennsylvania State University in University Park.

Monica Green has been named director of the Neal-Marshall Black Culture Center at Indiana University Bloomington. She was director of the Haq Center for Cross-Cultural Education and associate director of student life for multicultural affairs at Hanover College in Indiana.

IOWA
Margo Foreman has been appointed director of equal opportunity at Iowa State University in Ames. She had been serving as associate director of the Office of Equal Opportunity at Indiana University-Purdue University Indianapolis.

Martino Harmon, PhD, has been promoted to senior vice president for student affairs at Iowa State University in Ames. He had been associate vice president for student affairs at the university.

MARYLAND
Tyson King-Meadows, PhD, has been named associate dean of the College of Arts, Humanities, and Social Sciences at the University of Maryland, Baltimore County. He is currently chair of Africana studies and associate professor of political science at the university.

Paula Whetsel-Ribeau, PhD, has been appointed vice president for student affairs at Mount St. Mary’s University in Emmitsburg. She had been serving as special assistant to the president, chief diversity officer, and liaison in governmental affairs at the university.

MICHIGAN
Ericka Jackson, JD, has been named director of undergraduate admissions at Wayne State University in Detroit. She was assistant dean of admissions and student affairs at Wayne State University Law School.
MISSOURI
Mariesa Crow, PhD, has been appointed vice provost for research at Missouri University of Science and Technology in Rolla. She is the Fred W. Finley Distinguished Professor of Electrical and Computer Engineering at the university.

Kevin McDonald, EdD, JD, has been named chief diversity, equity, and inclusion officer of the University of Missouri System. He had been serving as vice president and associate provost for diversity and inclusion at Rochester Institute of Technology in New York.

WASHINGTON
Isiaah Crawford, PhD, has been named president of the University of Puget Sound in Tacoma. He was most recently provost of Seattle University.

WASHINGTON, D.C.
Cheryl Holcomb-McCoy, PhD, has been named dean of the American University School of Education. She was most recently vice provost for faculty affairs and professor of counseling and human development at the Johns Hopkins University School of Education in Baltimore, Md.

OHIO
H. James Williams, PhD, JD, has been named president of Mount Saint Joseph University in Cincinnati. He was formerly president of Fisk University in Nashville, Tenn.

PENNSYLVANIA
Kenyon Bonner has been appointed vice provost and dean of students at the University of Pittsburgh. He had been serving in the role on an interim basis.

Yoshiko Harden has been appointed vice president of student services at Seattle Central College. She was vice president for diversity and chief diversity officer at Bellevue College in Washington.

Ekkarath Sisavatdy has been named director of the Asian American and Native American Pacific Islander-Serving Institution program at Highline College in Des Moines. He had been serving as program manager in the college’s advising department.

NEW YORK
Robin Lenhardt, JD, has been named the inaugural director of the Center on Race, Law, and Justice at the Fordham University School of Law in New York City. She is a professor of law at the school.

NORTH DAKOTA
Carmen Wilson, PhD, has been appointed provost and vice president for academic affairs at Dickinson State University. She was most recently chief executive officer and dean of the University of Wisconsin-Rock County in Janesville.

VIRGINIA
Andrew Daire, PhD, has been named dean of the Virginia Commonwealth University School of Education in Richmond. He was associate dean for research in the College of Education at the University of Houston.

Gregory Triplett, PhD, has been appointed associate dean for graduate studies in the Virginia Commonwealth University School of Engineering in Richmond. He had been an associate professor of electrical and computer engineering and associate director of the Honors College at the University of Missouri in Columbia.

TENNESSEE
Darryl Keith McGee has been appointed vice president for student affairs and chief budget officer at Lane College in Jackson. He had been assistant vice chancellor for student affairs and associate dean of students at the University of Arkansas at Little Rock.

Darryl Keith McGee has been appointed vice provost for admissions at Washington University in St. Louis. She was most recently associate vice president of enrollment and dean of admissions at Northeastern University in Boston.

WASHINGTON, D.C.
Cheryl Holcomb-McCoy, PhD, has been named dean of the American University School of Education. She was most recently vice provost for faculty affairs and professor of counseling and human development at the Johns Hopkins University School of Education in Baltimore, Md.

Has your campus recently hired a new diversity administrator? INSIGHT Into Diversity would like to publish your news. Please email: editor@insightintodiversity.com.
When a group of educators met at Howard University in 1975 to discuss what could be done to diversify the healthcare field, their focus was on medical training programs. But since its founding that year, the scope of the National Association of Medical Minority Educators, Inc. (NAMME) has expanded to include a breadth of health professions, among them allied health, pharmacy, optometry, nursing, and allopathic medicine.

NAMME’s primary objectives are to address the shortage of minorities in healthcare professions and improve access to training through professional mentoring and student development. Its hope is that an increase in the number of minority healthcare providers will alleviate health disparities among marginalized groups.

NAMME boasts 150 members — including health profession educators, administrators, practitioners, and students across the country — and partners with organizations like the American Dental Education Association (ADEA), the Association of American Medical Colleges (AAMC), and the American Association of Colleges of Osteopathic Medicine (AACOM). According to NAMME President Anika Daniels-Osaze, these partnerships allow the organization to spread its message, co-sponsor events, and expand its knowledge base.

Encompassing a wide range of health professions also allows for greater communication across professional divides, which Daniels-Osaze says is currently a critical issue in healthcare. “We’re seeing a nationwide change in curriculum to a team-based approach over a topical education,” she says. “Physicians increasingly don’t work in isolation and need to know how to work together as a team, maximize the skills they have in their field, and share resources with people in other fields.”

She says this shift toward interprofessional collaboration has been a topic of discussion at NAMME’s national conference, which takes place every fall. NAMME also offers professional development training programs for members, including tutorials on searching for grant opportunities. Daniels-Osaze says members have used grant funding to develop pipeline programs for K-12 students to shadow healthcare professionals and take part in enrichment programs that expose them to the field at a young age.

“There are so many detours that happen in a child’s life,” Daniels-Osaze says. “If we let them become disengaged, then they don’t see the need to understand math more than as a way to get them from step A to step B. They’re not understanding how this is important in their development as healthcare providers. We have to figure out how to make them love math and science for life.”

Exposing K-12 students to an array of professions is also key to the success of NAMME’s mission. Daniels-Osaze says that when children’s and teens’ knowledge of health professions is drawn from television, that experience can be limited. “When they don’t have images that look like them in the media, it’s not an option,” she says. “I didn’t know what an occupational therapist was until I was an adult, so how can we expect middle and high school students to know that these careers exist? But if we expose them earlier, they’re more likely to pursue these careers.”

In addition, NAMME provides eight $1,000 scholarships each year to students who have completed their first year of health profession training, are in good academic standing, and demonstrate financial need. Only NAMME members can nominate students, and nominees are selected in part based on their work in the community, a personal essay, and letters of recommendation.

Daniels-Osaze says NAMME’s goals include expanding memberships and partnerships with like-minded organizations and developing a student branch of the organization. She encourages those interested in learning about or joining NAMME to attend its national conference September 14-17 in Arlington, Va.

Rebecca Prinster is a senior staff writer for INSIGHT Into Diversity. To learn more about NAMME, visit nammenational.org.
An estimated 19.4 million U.S. residents in 2013 were Asian — either one race or a combination of two or more — comprising 6% of the total population.

Doris Ching is an emeritus vice president for student affairs for the University of Hawaii System and was the first woman of color and first Asian or Pacific Islander to be elected president of the National Association of Student Personnel Administrators. She is currently interim chancellor of the University of Hawaii-West O’ahu.

In 1964, Patsy Takemoto Mink (pictured with President Lyndon Johnson) became the first Asian American woman — and first minority woman — elected to the U.S. Congress. She also went on to become the first Asian American to seek the presidential nomination of the Democratic Party, in 1972. In 2002, the Title IX Amendment of the Higher Education Act, which Mink co-authored, was renamed in her honor.

There are three Asian or Pacific Islander college presidents in the California State University System. (See story on page 18)

California has the largest Asian population at 6.1 million people.

Of American-born Asians between the ages of 25 and 29, 59.3% have earned at least a bachelor's degree, compared to 28.2% of all Americans of the same age. But disparities exist across ethnic groups: 81.6% of Indian Americans hold a bachelor’s degree but only 23.9% of Native Hawaiian and Pacific Islanders do.

Jim Yong Kim was the first Asian American president of an Ivy League institution. A Korean American physician and anthropologist, he served as president of Dartmouth College from 2009 to 2012. He is now president of the World Bank.

Asians and Pacific Islanders originate from the Far East, Southeast Asia, the Indian subcontinent, Melanesia, Micronesia, and Polynesia, and they make up the fastest growing racial group in the U.S.

Sources: U.S. Census Bureau; Leadership Education for Asian Pacifics, Inc. (LEAP); National Center for Education Statistics; Wikipedia
With a shortage of minorities in the medical field, it’s no wonder the perception is that most doctors are white. However, the University of Virginia (UVA) School of Medicine is working to address this disparity one program at a time — and has been seeing results.

The UVA School of Medicine has exceeded the national average for minority enrollment for the past five years, according to Leah Beard, community outreach manager in the School of Medicine’s Office for Diversity.

For the 2015-2016 academic year, 46 percent of full-time students identified as female and 54 percent as male. Furthermore, according to Beard, 8 percent are African American, 10 percent Hispanic and Latino, 20 percent Asian American, and 15 percent multiracial.

“Our diversity survey monitors gender, ethnicity, and race among our students and faculty,” Beard says, “and we are going to expand that survey to also identify sexual orientation, veteran status, and students with disabilities.”

The medical school’s pipeline programs may be the reason behind its diverse enrollment — specifically, the Summer Medical and Dental Education Program (SMDEP) and the Summer Research Internship Program (SRIP), which are designed to encourage minority undergraduates to pursue medicine.

“All students can apply, but we target Latino, African American, and female students who are considering becoming doctors, as well as those from disadvantaged socioeconomic backgrounds,” says Beard.

The SMDEP aims to increase the number of culturally competent healthcare providers. This six-week program includes a clinical lecture series through which students learn about the medical field, as well as health disparities facing racial minorities. Each student works with a mentor to discuss career goals and the medical school admission process.

“They then learn to address these health disparities, along with the importance of physicians having cross-cultural understanding to more effectively treat patients,” Beard says.

The SRIP is for students who want to conduct medical research in labs, rather than treat patients, and internship opportunities are open to qualified undergraduates who are considering a career in biomedical research. The program targets, but is not limited to, racially and ethnically diverse students in their junior and senior years. Interns receive an eight-week living stipend to work with mentors in a lab researching topics of their choice.

“Interns can pick anything from stem cell research to chronic illnesses found among marginalized racial groups,” Beard says.

Beyond educating and supporting underrepresented minority students, UVA School of Medicine also encourages and supports faculty...
research on minorities and the health disparities they face.

The annual Dr. Martin Luther King Jr. Award, presented through the UVA Health System, recognizes one faculty or staff member each year who embodies King’s values and teachings in cultural competence, healthcare disparities, and fostering an environment of inclusiveness — in accordance with the UVA Health System’s mission and values.

Joel Anderson, a nursing fellow at UVA, received the award this year. His research focuses on the prevalence of dementia among Latinos and African Americans in the United States.

“My colleagues and I not only want to discover why Latinos and African Americans are disproportionately affected [by dementia] compared to their white counterparts, but also research the psychosocial impact among racial and ethnic minority families that care for loved ones with dementia,” says Anderson.

Right now, he says that he and his team are analyzing data related to caregiver burden, family quality of life, family resources, and surrogate decision-making. The purpose of this research is to examine potential differences between Caucasian and African American caregivers of dementia patients.

**Fostering Diverse Physicians**

In order to keep minority students engaged, the School of Medicine hosts chapters of the Latino Medical Student Association (LMSA) and the Student National Medical Association (SNMA).

“UVA’s Latino Medical Student Association is devoted to meeting the unique interests and needs of Latino medical students,” says Judy Pointer, program manager in the School of Medicine’s Office for Diversity.

The LMSA promotes health outreach to Spanish-speaking patients, helps students become approved for interpreting services, raises awareness about Latino health issues, and creates a sense of community among Latin American medical students. Pointer says that the LMSA also works to address health disparities in the Latino community by working with other student organizations to boost medical school enrollment among Latinos.

The SNMA, established in 1964, is the longest-running national independent student-run organization dedicated to minority medical students, and according to Pointer, most members are African American. At UVA School of Medicine, SNMA members work to introduce young people to science and are committed to increasing cultural sensitivity and competency in physicians.

“SNMA members serve as mentors for students from elementary school through college, improving the pipeline ... all the way to medical school,” Pointer says.

Over the last year, the Office for Diversity has undergone rebranding, one result of which is an increased focus on pipeline programs around diversity. According to Pointer, the office is now looking to hire recruiters focused on diversity, as well as implement bias training.

“We are in the middle of developing programming where our medical students, faculty, and staff can discover their unconscious biases, because learning this is the key to becoming culturally competent physicians,” Pointer says.

Beard, who implements marketing initiatives for the diversity office, says staff members are also conducting outreach at local elementary, middle, and high schools. Through health fairs and poster presentations, the Office for Diversity encourages children to tour UVA and learn about its STEM degree programs.

“We must teach minority children that there is indeed a way to get into medicine,” she says. “There is a barrier between the school and the community, and by going out to schools, [that] wall is broken down.”

---

Mrinal Gokhale is a contributing writer for INSIGHT Into Diversity. University of Virginia School of Medicine is a 2015 INSIGHT Into Diversity HEED Award recipient.
Using a Sense-of-Belonging Approach to Support Young Men at Rochester Institute of Technology

By Kevin McDonald, EdD, JD

The persistence, academic success, and graduation of college students are on the minds of college administrators and higher education researchers at institutions across the country. These elements are particularly salient when discussing students of color, but conversations surrounding the college success of this group often revolve around deficit-based approaches that focus on the challenges to educational attainment, the lack of preparedness, and the remedial support needed for this population to meet minimum institutional standards.

Researchers Shaun Harper and Terrell Strayhorn provide refreshing research perspectives on the needs of students of color to succeed in higher education. Harper’s “Anti-deficit Achievement Framework” inverts questions commonly asked about educational disadvantage, underrepresentation, insufficient preparation, academic performance, and attrition. In his report, “Success in These Schools? Visual Counternarratives of Young Men of Color and Urban High Schools They Attend,” he seeks to examine the support systems and assets of those who have successfully navigated from K-12 and postsecondary experiences to advanced degree attainment and good careers.

Strayhorn’s research has explored students’ sense of belonging, or their perception of affiliation and identification with their university’s community, as a basic human need, akin to those in Maslow’s hierarchy. In his book, College Students’ Sense of Belonging: A Key to Educational Success for All Students, Strayhorn discusses the feelings of marginalization, self-defeatism, obligation to family, and detaching oneself from one’s cultural background as some of the experiences of students of color. However, he also notes that participation in clubs, student government, and other group activities by these students creates positive environments, experiences, and feelings of being a valued member of society — which facilitates a sense of belonging in academic and social life on campus and ultimately contributes to their retention.

Given the growing body of data that reveals that women are outperforming men in college and the implications of this fact on men of color on predominantly white campuses, many institutions have created initiatives focused on the identification of supportive pillars for this constituency. Rochester Institute of Technology (RIT) joined this effort three years ago with the creation of its Men of Color, Honor, and Ambition (MOCHA) initiative. This yearlong program is open to all undergraduate men in their second through fifth years of study, but it was created with an emphasis on men of color.

MOCHA focuses on the academic, personal, and professional leadership development of its participants while using Harper’s anti-deficit approach to academically and socially connect participants in ways that build their self-efficacy and create the sense of belonging Strayhorn identifies as crucial to student retention.

The initiative is built on five pillars — ambition, achievement, integrity, service, and health and...
wellness — and it incorporates these pillars into the programmatic experiences of its participants. Each student is provided with two faculty and staff or local community leader mentors who meet regularly with their mentee and share life and career experiences. The mentors are matched by race and ethnicity or career interest.

In addition, in an effort to more meaningfully connect these young men to the local Rochester community, MOCHA partners with local nonprofit organizations and develops and implements strategies to meet the needs of each organization. These partnerships have opened these young men’s eyes to the needs of the community and spurred a desire in many of them to stay and work in Rochester after graduation.

The men are required to complete two Dale Carnegie executive leadership courses, which are focused on providing increased levels of confidence and developing important soft skills associated with desired T-shaped graduates and professionals (i.e., individuals who possess both subject matter knowledge and the ability to collaborate across disciplines).

Each semester, the men are required to meet regularly with professors in each of their classes and use three campus units that provide academic support. They also choose an accountability partner from within their cohort to support them and keep them focused, and they pledge to maintain a 3.0 GPA or better during their year of participation (although a 2.5 is all that is required to apply for participation in the initiative). If any of the men fall below a 3.0, the group is charged with helping their MOCHA brother reach and surpass the 3.0 threshold. MOCHA men who participate at high levels throughout the year receive professional attire from a local men’s clothing store.

To date, program participants boast a cumulative GPA well above 3.0 and a 100 percent graduation rate. Most important, the increased sense of belonging of the participants has created a familial association — a brotherhood, if you will — and that support system has played an integral role in their self-efficacy. RIT is now fully committed to incorporating more anti-deficit and sense-of-belonging-based efforts into additional initiatives that support students on campus.

Kevin McDonald, EdD, JD, is the vice president and associate provost for diversity and inclusion at Rochester Institute of Technology. He is also a member of the INSIGHT Into Diversity Editorial Board. For more information about the MOCHA initiative, visit rit.edu/diversity/mocha-men-color-honor-and-ambition.
Asians and Pacific Islanders Are Scarce in Higher Ed Leadership, but a Strong Community Is Working to Change That

By Rebecca Prinster

While it is unclear just how many Asians and Pacific Islanders (APIs) hold senior-level positions in higher education, some people may be surprised to learn how vastly underrepresented they are as college and university presidents and chancellors.

According to American Council on Education (ACE) data from 2012, only 1.5 percent of college and university presidents in the U.S. are APIs. At 7 percent, Asian Americans lead all other minority groups at the tenured-faculty level, but comprise only 3 percent of deans.

Audrey Yamagata-Noji says it’s difficult to get a grasp on the actual number of API presidents and chancellors. She is vice president of student services at Mt. San Antonio College in Walnut, Calif., and has been tracking the representation of Asian Americans in higher education, including at the senior administrative levels.

“What’s interesting is that there’s really no way to get a number, so we guess for the most part,” she says. “We’ve developed this wild network of people who send updates of who’s who and track them that way. … Is it that our numbers are so small that no one tracks it, or is it that we mean so little in the diversity conversation?”

Yamagata-Noji points out that many people assume Asian Americans are overrepresented in upper-level positions due to their relative academic success. And, in fact, Asian Americans are the best-educated — and fastest-growing — racial group in the U.S., according to the Pew Research Center.

Many of the reasons APIs are underrepresented as college presidents are believed to be related to cultural traditions and unconscious biases people have about Asian Americans, which prevent them from pursuing presidential positions.

“Faculty tenure has traditionally been the route to the presidency,” Yamagata-Noji says. “Many APIs work in science, and based on our interviews, they want to do their research and not get into the politics of being a college president.”

“We’ve also heard numerous times that APIs shoot themselves in the foot in interviews,” she adds. “They were raised humble, and they don’t like to brag about their accomplishments. And many people frequently think humility does not make for a good leader.”

Despite cultural norms that may hold APIs back in competitive environments, Yamagata-Noji thinks those same values can be an asset in senior leadership.

“Asian Americans are good listeners and great team players with a group-oriented mindset, and they have high standards of excellence,” she says. “An Asian American president is conscious of how best to work together and brings a lot to the table.”

Yamagata-Noji is also program director and lead facilitator for the Leadership Development Program for Higher Education (LDPHE), an
Accidental Presidents

The California State University (CSU) system has 23 campuses, and as of July 1 — when Judy Sakaki assumes the presidency at Sonoma State University — Asian American presidents will lead three of those.

All three say they never aspired to be in senior leadership but came into their positions through the encouragement of others, recognizing and taking advantage of opportunities, and calling upon their traditional Asian values.

Sakaki, who is currently vice president of student affairs in the Office of the President at the University of California, says growing up, she thought she would become a nurse or a preschool teacher. Instead, she was the first in her family to go to college and studied to become a high school counselor. She eventually landed a job as a part-time outreach coordinator at CSU Hayward (now East Bay), working to encourage African American and Latino students to pursue higher education.

Her grandparents were Japanese immigrants, and her parents were interred during World War II. Their example of taking advantage of opportunities, combined with the encouragement of others throughout her career, projected Sakaki up the ladder of higher education administration. But her path was not without challenges.

“Unfortunately, there are not many Asians or women of color at leadership tables,” she says. “It can be challenging and a bit lonely. There are questions about who you can trust and who can advise you when you hit a bump in the road or [encounter] a situation you’ve never experienced before. … It’s important to create a cadre of mentors who you can rely on and use, who will be willing to pick up the phone and respect your confidentiality.”

When she takes office, Sakaki will become the first Japanese American woman president of a four-year university in the U.S. and the first female Asian American president of a four-year university in California — two facts she was surprised to learn.

She says the designation brings with it a sense of responsibility to give back to the next generation of leaders and serve as a role model.

“We don’t boast enough about what we can do; we just do it,” she says. “[Because] people reached out to me when I was a young professional and asked what was next for me, I feel a responsibility to mentor undergraduates, graduates, young professionals, and especially women.”

She says although her path to the presidency did not follow the traditional dean-to-provost-to-president trajectory, Sakaki thinks her experience as a vice president has prepared her well.

Leroy Morishita, president of the East Bay (CSUEB) campus, similarly did not set out to become a university president. He grew up on a 40-acre farm in the Central Valley of California and attended a school where half the students were Chicano. Although his father dropped out of the ninth grade and his mother did not attend college, they instilled in him and his siblings the expectation of a higher education.

Initially, he aspired to become an attorney but instead earned a degree in psychology.

“I thought I would go into counseling so I could offer students the opportunities I had,” he says. “I thought about my Chicano buddies who were tracked into technical schools and not encouraged to go to college, who didn’t have the opportunities I had.”

Like Sakaki, Morishita says other people — colleagues and mentors — encouraged him to continue his education and pursue more senior roles in higher education. He says the thought of becoming a president never occurred to him.
“I’m not trying to brag, but it was not an issue of could I do the job of being president, but why would I want to,” he says. “I think a lot of Asians shy away from administration, and they prefer to do research because they’re more in control of their own destiny.”

Morishita says some people questioned his ability to lead effectively because of biases they held about Asian Americans. They were unsure that he could be outspoken and opinionated and questioned whether he would be able to fire people. Morishita said he was fortunate to have people around him at CSUEB who understood his values and could draw him out when they saw that he was not being forthcoming with his opinions.

He says by virtue of being an Asian president, he is a role model for all API students at his university — a feeling that Sakaki and Les Wong, president of San Francisco State University (SFSU), share.

The three presidents all actively volunteer with LEAP’s LDPHE and mentor rising API leaders. However, Morishita would like to see change happen faster.

“None of us has felt like a success in bringing in more Asian presidents,” he says. “When you know all of them out there, that’s kind of bad. Change is occurring, but it’s not as fast as I would like.”

Wong has about a dozen mentees — primarily deans who are “on their way to the presidency” — and takes his role as mentor seriously.

“A lot of people think Asian Americans don’t have the spine to be a university president,” he says. “You have to work through the initial stereotypes to get to the substance. I tell my mentees to honor their culture. … The skills we have in listening to people, the respect for our elders, and our ability to pay attention to what matters — these are all good traits for a president.”

Wong dealt with stereotypes when he became president of Northern Michigan University (NMU) in 2004, a position he held for eight years. He says the
rural community in the Upper Peninsula of Michigan expected a reserved, intellectual scholar but soon learned that he had more in common with them than they expected.

“When I went to Michigan, they were surprised to learn that my wife and I are backpackers, that I’m not afraid to shoot a gun, and that I like contact sports,” Wong says. “Once they saw that I could be like them and also be a scholar — I have never experienced the level of acceptance that I did in northern Michigan.”

During his tenure at NMU, Wong was the only Asian American in senior leadership at an institution of higher education in the upper Midwest, but he says he never felt isolated because of the large API community in Detroit and Grand Rapids.

Wong took office at SFSU in 2012, and although he participates in events in Chinatown and advocates for Asian American students on campus, his priorities remain with the greater university community.

“People thought I would be more ardent with API issues, but at times I wasn’t because it was counter to the entire community,” he says. “Any of us who are presidents have affinities with certain groups — whether that’s as female presidents or Hispanic or African American presidents — and our hearts run deep. We always kind of wrestle with balancing the personal with our duties.”

Recently, students and faculty in the College of Ethnic Studies at SFSU — the first freestanding school of its kind in the country — protested rumored budgetary cuts. Although the situation was trying, Wong says he welcomes the growing awareness he sees among students for issues of diversity and equity.

“Students have been quiet for far too long,” he says. This openness to the opinions of others that Wong espouses is another traditional value in Asian cultures and an important attribute for college and university presidents to have.

In time, as awareness of the dearth of Asians and Pacific Islanders in senior leadership within higher education grows, many hope their representation in those positions will as well. Fortunately, the tightknit community is one in which APIs can easily find allies who will advocate on their behalf and encourage them to pursue upper-level roles.

“Do not get deflated by fear of the unknown,” Yamagata-Noji tells participants of the LDPHE. “You’re not going to be out there on your own.”

Rebecca Prinster is a senior staff writer for INSIGHT Into Diversity. LEAP is a partner of INSIGHT Into Diversity. To learn more about LEAP and the LDPHE, visit leap.org.
The Path Forward: LGBT Retention and Academic Success

By Shane Windmeyer

The world is changing. That fact is a constant in life. Institutions of higher education need to constantly be evolving as a result, listening and responding to the needs of increasingly diverse student populations.

Today’s students, regardless of the identities they bring to campus, face many challenges that can hinder their movement toward graduation. For nearly a decade now, organizations like Campus Pride have been challenging higher education to hold administrators accountable for tracking LGBT retention and academic success, as is done for other populations.

In September 2010, Campus Pride released its report “2010 State of Higher Education for LGBT People.” The most comprehensive national report of its kind, it surveyed nearly 6,000 students, faculty, and staff respondents across all 50 states who identified as LGBT. Nearly a quarter (23 percent) of LGB respondents said they had been harassed based on their sexual identity, and an even greater percentage (39 percent) had experienced harassment based on their gender identity or expression. In addition, the findings revealed that more than a third of all transgender students, faculty, and staff respondents (43 percent), and 13 percent of LGB respondents, feared for their physical safety on campus. These percentages were higher for LGB students and LGB and transgender people of color.

The Campus Pride report notes the “chilly” environment in which more than half of all LGBT students, faculty, and staff hide their sexual identity (43 percent) or gender identity (63 percent) to avoid intimidation on campus. And when it comes to LGBT-inclusive policies, less than 13 percent of colleges and universities prohibit discrimination on the basis of sexual orientation, and only about 6 percent have explicit protections inclusive of transgender people. Even more troubling is the fact that 33 percent of LGB and 38 percent of transgender people surveyed said they seriously considered leaving their institution due to the challenging climate and the lack of on-campus support.

The decision to not track retention rates of out LGBT students is alarming when considering the high level of harassment experienced by LGBT populations on college campuses and the fact that LGB youth are at a higher risk for experiencing negative health effects when compared with non-LGB youth. A 2011 report by the Centers for Disease Control and Prevention on health risk behaviors among students in grades nine through 12 documented that gay and lesbian youth had higher prevalence rates for 49 to 90 percent of all health risks; specifically, they had higher rates for seven out of 10 health risk categories: violence, suicide, tobacco use, alcohol use, other drug use, and sexual behaviors. Bisexual students had higher prevalence rates for 57 to 86 percent of all health risks measured, with higher rates for eight out of 10 health risk categories: behaviors that contribute to unintentional injuries, violence, attempted suicide, tobacco use, alcohol use, other drug use, sexual behaviors, and weight management.

As we are aware from other work around retention, at-risk factors and harmful experiences can lead to a higher dropout rate among these students and can negatively affect their academic success and their well-being on campus. If we knew these statistics about any other diverse population, we would be tracking their retention. The only reason we do not know this information for the out LGBT population is that most campuses currently do not allow for an option to collect this data on college admission or post-enrollment forms.

This situation is changing, though, as some colleges are leading the way. In the last decade, a growing number of colleges and universities have been asking students to identify their gender identity and sexual orientation on admissions forms, either by adding a question to their own application or by adding a supplemental question to the Common Application. These institutions include Dartmouth College, Duke University, Elmhurst College, Elon University, Massachusetts Institute of Technology, Northeastern Illinois University, The Ohio State University, Purdue University, University of Iowa, University of Maryland, University of Rochester, and all two-year colleges in California and Washington. In addition, the Cooperative Institutional Research Program (CIRP), the most comprehensive source of information on college students, has also begun to ask questions about sexual orientation and gender identity.

If it is not clear to you why you should consider asking optional LGBT
identity questions, consider the following reasons:

- More and more LGBT students are living openly when they apply to college and want to be able to self-identify — just as they do with their race, ethnicity, and religion. Questions that are being proposed on gender identity and sexual orientation would be optional so that LGBT students who are not living openly or are not comfortable disclosing do not have to do so.

- A growing number of colleges and universities are seeking to track data related to openly LGBT students who are applying to, being admitted to, and enrolling in their institutions. The lack of questions around LGBT identity on the Common Application makes obtaining this data more difficult, which hinders colleges’ ability to address these students’ retention and success.

- LGBT youth, specifically LGB youth of color and transgender youth of all races, are much more likely than other students to struggle academically and personally in college. In order to positively affect their college experience, institutions must be able to identify these students.

- Some colleges and universities have scholarships for students from underrepresented groups, or specifically for LGBT students, or want to conduct special outreach to prospective LGBT students. Institutions would benefit from having an easier way to identify them.

- Title IX requires institutions to protect students from discrimination based on gender identity and expression. Giving students the option to identify as transgender may help colleges formulate materials and programs to support students of all gender identities.

Not all youth will be ready to answer the question, so that is why it should be optional. There are many more students today who are out, and all of them should have the ability to indicate their identity on admissions and enrollment forms if they wish. Failing to provide questions on sexual orientation and gender identity signals that these aspects of their identities are marginal and should be kept hidden, and that institutions do not support or care about individuals who identify as LGBT.

Shane Windmeyer is the founder and executive director of Campus Pride, the leading national educational organization for LGBTQ and ally college students and campus groups. He is also a member of the INSIGHT Into Diversity Editorial Board. Campus Pride is a partner of INSIGHT Into Diversity. This article was adapted and compiled using published articles, content, and resources from campuspride.org.
Attracting Diverse Employees Requires Improved Access to Cultural Amenities

By Vicky Ayers

When I was studying for my master’s degree, one of my professors reiterated Dr. Martin Luther King Jr.’s statement that Sunday morning is the “most segregated hour” in America. Nearly 30 years later, little has changed, and that ongoing division between religious communities is emblematic of employers’ difficulties with increasing the diversity of their workforces.

As a recruiter, I am often tasked with cultivating a diverse pool of candidates for important positions in higher education. In recent months — perhaps in reaction to the news that we are becoming a minority-majority nation — the demand from clients to identify qualified individuals from ethnic and cultural minorities has increased in intensity. The issue that often comes with an employer’s desire to attract culturally diverse candidates is a lack of access to cultural amenities.

Several years ago, I performed a presidential search for an institution in the upper Midwest. It was a nice place with a lot of great things going for it, and one of my client’s wishes was for a diverse candidate pool. I brought my client that — a high percentage of candidates from ethnic and cultural minorities. But, when it came down to the last man standing, he was white.

Before you jump to the conclusion that the employer discriminated against the minority candidates, let me be clear: The ethnically diverse candidates, with one notable exception, decided they didn’t want the job. One told me he didn’t want his kids to be the only African American students in the local school. Another wanted to know where the closest congregation of the African Methodist Episcopal (AME) Church or a similar denomination could be found. Several candidates checked census numbers and decided it wasn’t for them. And one person wanted to know specifically where he and his family could get their hair cut.

The one minority candidate who continued to want the job, and who was, in fact, a finalist for the position, came from an Asian nation. Rather atypically, there happened to be in that region a small community of immigrants from a different but nearby Asian country that had been sponsored by a mainline Christian denomination and among which he, also a Christian, was sure he could develop a social network.

Employers who are serious about hiring diverse employees, who are not satisfied with simply attracting candidates who are not likely to commit to the job, need to take a realistic look at what they have to offer candidates of varied cultural heritage.

Put yourself in your candidate’s shoes. Imagine you have to drive 35 miles to find a beauty shop that knows how to style your child’s hair or 60 miles to share in a familiar rite of worship. Imagine you can only get key components of the diet you are accustomed to through the mail, have to celebrate your traditions and festivities in isolation, or can enjoy and talk about the art, music, film, theater, and books that speak to your passions only by way of the TV, telephone, or Internet. Sounds unpleasant, yes? What if you knew when you went out to water your lawn on a nice summer day that not one other person in your neighborhood would look like you? What if you had to send your child out into a world where he or she was “the only one”? What would that feel like? If it were forced upon you, you would call it “exile.”
The frustration for me as a recruiter is there's not a thing I can do about this situation. No matter how effectively I advocate for your institution, I can make no assurances that the qualified, diverse professionals I cultivate, outside of their work for you, will even be safe and comfortable, let alone thrive, in your community.

The solution has to come from a mutual effort on the part of everyone affected. Institutions that want to expand their organizational culture to embrace variety need to spend time, thought, and resources on developing ways for members of minority groups to connect to the amenities that are integral to their ethnic identities. What does that mean? I have no idea, but I am willing to bet that if an employer bites the bullet and acknowledges that a particular candidate is a member of a minority group and proceeds to ask what it would take for the opportunity to remain interesting, he or she will quickly gain some genuinely helpful information. (If you don’t think this is difficult, walk up to the next person you see and state the obvious: “You are white.” Does your stomach turn over at the thought? Does it make you afraid? That’s how brave an employer needs to be to do this.)

On the other side of the equation is the candidate. It may sound ridiculous, but even now, in 2016, we need pioneers. It is not enough to sit in the center of a community in which you are accepted, comfortable, and successful and complain that the rural Midwest or the upper Northeast isn’t diverse enough. If you want to see diversity increase throughout the nation, in all the institutions that shape the future, you need to consider whether you have it in you to be a pioneer. Do you have what it takes to be the first — the first woman, the first African American, the first Muslim, the first naturalized citizen, the first American Sign Language user, or even the first white man? Do you have what it takes to hold the position or office and be successful at an institution that is otherwise homogeneous? If you don’t, that’s all right; not everyone is cut out to be a pioneer. But if you are — if you have the guts — together, with the right employer, you can make history.

Vicky Ayers is the senior director for executive recruitment at RPA Inc. She is also a member of the INSIGHT Into Diversity Editorial Board. If you have a question, email her at vayers@rpainc.org.

Institutions that want to expand their organizational culture to embrace variety need to spend time, thought, and resources on developing ways for members of minority groups to connect to the amenities that are integral to their ethnic identities.

“A truly exciting, inspiring and eye-opening experience.”
Constantinos Laskarides, D.M.D., D.D.S., Pharm.D., FICD

Build Your Academic Career
ADEA Summer Program for Emerging Academic Leaders
a dynamic education retreat for early-career faculty

Designed to provide early-career faculty the guidance, insight and skills needed to build an academic career, the ADEA Summer Program for Emerging Academic Leaders is a year in length, and kicks off in July with this highly interactive three-and-a-half day onsite session.

Take charge of your future in academic dentistry.
Register for the 2016 ADEA Summer Program for Emerging Academic Leaders:
• Expand your professional network of colleagues and mentors.
• Assess and develop your leadership competencies.
• Learn more about timely topics and trends in academic dentistry.
• Create a career plan to focus on activities that will build your professional capacity.

Vicky Ayers is the senior director for executive recruitment at RPA Inc. She is also a member of the INSIGHT Into Diversity Editorial Board. If you have a question, email her at vayers@rpainc.org.
Improving Access to Healthcare for Transgender Individuals

By Lisa McBride, PhD

When Caitlyn Jenner, formerly known as Bruce Jenner, unveiled her new name and appearance last year, the event shined a light on the transgender community. “Transgender” is a broad term used for people whose gender identity or gender expression differs from their assigned sex at birth. Much about this community, such as its size, remains unclear, yet knowing more about transgender people is important for policy-making in many areas including education, criminal justice, social services, sports, and the military — but particularly in regard to healthcare.

The transgender population, which has long been stigmatized, has also been thought to make up less than 1 percent of the total population. Recently, though, that number has been updated, and some insurance companies now place it as high as 4 percent of their total patient population. This is, indeed, a very large number of patients. However, there has been very little evidence-based research concerning transgender healthcare needs.

According to the Fenway Institute in Boston, the majority of transgender people experience various forms of derision, rejection, and animosity in their lives. As a result of this discrimination, transgender people are much more likely to be the victims of violent crimes, unemployed, maintain a low-income status, and have poor overall health. Furthermore, transgender individuals, particularly transgender youth, are disproportionately represented in the homeless population. Once homeless, they may be denied access to shelters because of their gender identity. Subsequently, many homeless transgender individuals turn to survival sex — the exchange of sex for food, clothing, shelter, or other basic needs — which increases the risk of exposure to sexually transmitted infections. It is, without question, a vicious cycle.

Transgender individuals face many barriers to receiving quality medical care. Too often they will avoid seeing a healthcare provider simply because they fear they will be humiliated, ostracized, or just plain misunderstood. The consequences of inadequate medical treatment are staggering. Fifty-four percent of transgender youth have attempted suicide, and 21 percent resort to self-mutilation. More than 50 percent of persons identifying as transgender have used injected hormones obtained illegally or taken outside of conventional medical settings. Additionally, such individuals frequently resort to the illegal and dangerous use of self-administered silicone injections to spur masculine or feminine physiologic changes. According to Anne Koch, DMD — senior fellow in the Division of LGBT Health at the University of Pennsylvania Health System and a professor of endodontics at the University of Pennsylvania School of Dental Medicine — when you see figures like this, it is immediately apparent that this is a public health issue.

Another barrier to quality healthcare for transgender individuals is the lack of adequate health insurance. Transgender people are still fighting for access to crucial health services despite the Affordable Care Act’s requirement that insurance companies not deny coverage based on gender or health history. While there have been great strides made in insurance coverage, most health insurance plans fail to cover the cost of mental health services, cross-sex hormone therapy, or gender affirmation surgery. The American College of Obstetricians and Gynecologists, therefore, urges public and private health insurance companies to cover the treatment of gender identity disorder. The issue stems from the fact that enrollees must check a single gender box when they sign up for a plan sold on the individual or small group markets. “What happens is that health insurance companies have specific codes, and they put you in as female or male; you only get services that go with that code,” Koch says.

However, someone transitioning from a woman to a man, or vice versa, may still have organs associated with the other gender, such as a uterus and breast tissue for someone born as a woman or a prostate for someone born as a man. As a result, they may still need annual mammograms or pap smears or require treatment for problems typically regarded as gender specific. “The idea that you have insurance and you’re still being denied basic care is ridiculous,” says Koch.

The insurance industry argues that the responsibility for clarifying health service needs should fall on healthcare providers, stating that doctors can explain that a patient is transgender in the notes section of a submitted claim.

The exceedingly high unemployment rate in the transgender community also has a direct impact on barriers to healthcare. The unemployment rate...
among this group is 14 percent — double the national average. For African American transgender individuals, this number is 28 percent. Consequently, the lack of health insurance is such a significant factor that many transgender people go to the Internet with their primary care questions and to the black market for their medications. Most transgender people have neither the resources nor the support from their family members that Caitlyn Jenner enjoys. In addition, it may take years to fully transition, which will likely involve surgery, hormonal therapy, and behavioral changes.

One of the biggest problems in transgender medicine is that with the exception of some large gender centers and institutions, there is no continuity of care. This issue could be alleviated by conducting more professional Continuing Medical Education (CME) courses for primary care providers (PCPs) and psychotherapists.

Recently, Philadelphia College of Osteopathic Medicine (PCOM) sponsored a CME Transgender Medicine Symposium that featured physicians and psychologists who have been recognized internationally for their expertise in establishing realistic treatment plans for transgender patients. These experts all agree that better transgender medicine starts with the PCP; the PCP is many times the first contact a transgender individual has with a healthcare provider. While the medical aspect is often simple — baseline laboratory testing and hormone administration — the management of the patient is not. PCPs should own the treatment plans. In other words, they should help patients navigate the minefield that is transgender medicine and ensure that they safely work their way through the system.

Many transgender people take lifelong hormone therapy, and for trans-women (people transitioning from male to female), this treatment includes estrogens and anti-androgens that block their body’s testosterone. The majority of transgender patients don’t go the surgery route, and the percentage of those who actually undergo full genital reconstruction is low. Approximately 100 to 500 genital surgeries occur every year in the United States as part of gender transition, according to the Encyclopedia of Surgery. The reality is that there are a very limited number of surgeons in North America who perform gender affirmation or gender confirmation surgery, and those who are experienced are booked years in advance.

In addition to medical doctors, transgender medicine needs properly trained psychologists to work with the transgender population in areas of mental health. These specialists need to understand not only the psychosocial and psychiatric aspects of transitioning, but also the various steps, processes, and issues (i.e., physical, medical, and economic) that arise for transgender patients. It actually may not be in the patient’s best interest to go through the complete gender reassignment surgery.

As hospitals create centers focused on transgender medicine, they are all facing the same issue of figuring out how to train their surgeons. Standardized training programs don’t exist, and surgeons need extensive experience before conducting gender reassignment surgeries. Most surgeons learn to do gender reassignment procedures primarily by watching other surgeons do it. The lack of able surgeons reveals the need to create one-year surgical fellowship training programs to improve the quality of care for transgender patients — as they deserve better.

Lisa McBride, PhD, is the chief diversity officer for the Philadelphia College of Osteopathic Medicine (PCOM). She is also a member of the INSIGHT Into Diversity Editorial Board. PCOM is a 2015 INSIGHT Into Diversity HEED Award recipient and a 2016 INSIGHT Into Diversity Diversity Champion.
When Pope Francis urged the United States and the world to view newcomers as people — seeing their faces and listening to their stories with the goal of responding to their current plight in the best possible manner — that rallying call was not just for the most recent wave of newcomers, but for all persons, both native- and foreign-born.

This rallying call forms a strong counter-narrative to current political discourse, one that is echoed at the local level. For instance, despite politicians’ ongoing ideological battle over comprehensive immigration reform and the admission of refugees into the U.S., there is encouraging news at local levels as some U.S. cities have been engaging their new neighbors through the “Welcoming Movement.”

David Lubell is the founder of Welcoming America, a national network of cities and communities that have spearheaded the movement to help governments, business leaders, and nonprofit organizations promote immigrant settlement and integration. He uses a powerful metaphor to emphasize the importance of the Welcoming Movement: “If you think of an immigrant as a seed making its way to a new garden, we’ve traditionally focused on the seed, but not on the soil.”

Consequently, one must think about both the immigrant community and the receiving community to have successful integration. In doing so, community leaders and local government officials have — according to Welcoming America and its affiliates — begun to adopt plans, committees, and resolutions with the explicit aim of making their communities more welcoming for all residents. Rather than focusing on the service needs of the foreign-born, which has historically been the approach, the welcoming movement concentrates on community-building and fostering relationships with their newest neighbors.

The premise is that knowing more about the experiences shared between native and newcomer can lead to increased levels of understanding and trust. This experience allows for difficult but constructive conversations in which reciprocity between natives and newcomers enables greater inclusion and integration of both groups’ needs.

Inclusion and integration are vital as there are about 40 million foreign-born people living in the United States today. Research has shown that immigrants have a positive effect on the local
Inclusion and integration are vital as there are about 40 million foreign-born people living in the United States today.

New American Economy, for every 1,000 immigrants who arrive in a county, 270 U.S.-born residents move there in response. Lubell and his colleague Rachel Peric, deputy director at Welcoming America, assert that a growing number of cities across the country are already experiencing “the welcoming effect” that comes from the social, cultural, and economic gains that communities more welcoming to immigrants experience. In short, creating an environment that is friendly toward immigrants not only makes economic sense, but common sense as well.

Nashville, Tenn.; Dayton, Ohio; Detroit; and Atlanta are just some of the many cities that have been able to improve job creation, economic growth, and social cohesion in their communities as a result of “welcoming city” initiatives.

Currently, more than 60 local governments have joined Welcoming America’s “Welcoming Cities and Counties” initiative. These cities’ leaders are committed to making their communities more inclusive and economically vibrant places for immigrants and all residents.

Through this initiative, city leaders empower newcomers to engage in their communities, as well as promote immigrant-friendly policies and practices that increase everyone’s quality of life. Leaders are also able to learn from their peers about best practices in immigrant integration and co-create tools that will facilitate successful integration.

So, what have those who are engaged in this movement learned? According to Welcoming America and its affiliates, communities that seek to be more welcoming should consider doing the following:

- Address the fears and misconceptions of residents in the community at the beginning. A failure to engage longtime residents before the arrival of newcomers may result in harbored resentment.
- Plan to welcome newcomers and invite everyone to the table. When people are invested in the planning process, they are more likely to help see that the plans come to fruition. Consequently, if communities are genuinely seeking to develop a plan that reflects the needs of all community members, including immigrants, then local support for the plan’s activities and initiatives will likely remain strong if all are involved.
- Market the benefits of welcoming during and after the implementation of your plan. Ensure that the benefits of new policies are communicated throughout your communities. Emphasize the cultural, economic, social, and political advantages. Doing so may aid stakeholders in reframing and examining the integration of immigrants as a way to showcase leadership in their communities, which can be used as an exemplar for other communities to follow.

Learning from other cities can help maximize opportunities for immigrants’ economic participation, cultural vitality, and civic engagement. Doing so also allows communities and their residents to live up to Pope Francis’ exhortation — that “building a nation calls us to recognize that we must constantly relate to others, rejecting a mindset of hostility in order to adopt one of reciprocal subsidiarity.”

Organizations like Welcoming America, and its “Welcoming Movement,” provide notable examples of how communities composed of both natives and newcomers can in time become neighbors and friends.

Darlene X. Rodriguez, PhD, is an assistant professor of social work and human services at Kennesaw State University. To learn more about Welcoming America, visit welcomingamerica.org.
EEOC Proposes Addition of Compensation Data to EEO-1 Form

By Shirley J. Wilcher, JD

On January 29, 2016, the Equal Employment Opportunity Commission (EEOC) announced that it is proposing to require the annual submission of pay data as part of the Employer Information Report, known as the EEO-1. This form must be submitted annually by employers with more than 100 employees and federal contractors and first-tier subcontractors with more than 50 employees and a contract or subcontract of $50,000 or more.

Currently, the EEO-1 must be submitted to the Joint Reporting Committee each year by September 30 and requires covered employers to include data on race and ethnicity, gender, and job categories. The 10 job categories are as follows: Executive- and Senior-Level Officials and Managers, First- and Mid-Level Officials and Managers, Professionals, Technicians, Sales Workers, Administrative Support Workers, Craft Workers, Operatives, Laborers and Helpers, and Service Workers.

In a fact sheet, the White House stated: “Policies that ensure fair pay for all Americans and that help businesses to attract the strongest talent can not only narrow the pay gap, but also boost productivity and benefit our economy. Yet today, the median wage of a woman working full-time, year-round in the United States is about $39,600 — only 79 percent of a man’s median earnings of $50,400. While the gap has narrowed slightly over the past two years, there is much more work to be done to ensure fair pay for all.”

The pay data collection report will cover more than 63 million employees, according to the White House’s estimate. The proposed regulations were announced as part of the January 29 commemoration of the seventh anniversary of the Lilly Ledbetter Fair Pay Act.

The EEOC’s proposed regulations would require employers, contractors, and non-contractors with 100 or more employees to provide aggregated data on pay ranges and hours worked beginning September 2017. The aggregated compensation data would also encompass 12 pay bands. Employers would identify employees’ total W-2 earnings for a 12-month period looking back at a pay period between July 1 and September 30. Academic institutions, which file the IPEDS Report with the Department of Education rather than the EEO-1 report, are not covered by this proposed rule.

In a news release, the EEOC stated: “The new pay data would provide EEOC and the Office of Federal Contract Compliance Programs of the Department of Labor with insight into pay disparities across industries and occupations and strengthen federal efforts to combat discrimination.”

According to the EEOC, the data would have an added benefit by enabling employers to conduct internal analyses of their compensation policies and practices. While the additional data collection requirement would impose more responsibilities on employers, it would use the existing EEO-1 platform, which the Obama administration asserts would minimize the compliance burden on employers and the implementation costs to the government.

That there is a wage gap has been established, although the extent to which discrimination is the cause has not been determined.

A 2016 report published by the Council of Economic Advisers (CEA), titled “The Gender Pay Gap on the Anniversary of the Lilly Ledbetter Fair Pay Act,” states: “When holding education, experience, occupation, industry, and job title constant, a pay gap remains. As mentioned above, some research has found that this unexplained portion is a substantial share of the total gap. By definition, one cannot explain the remaining part of the wage gap, but the impact of discrimination and biases contribute to the ‘unexplained’ portion of the gap.”

While women nationally earn 79 cents for every dollar earned by men, the wage gap widens based on race and ethnicity. According to the CEA, the typical non-Hispanic black woman made only 60 percent of a typical non-Hispanic...
white man’s earnings, while the typical Hispanic woman earned only 55 percent.

The wage gap also varies by state. According to a study by the National Women’s Law Center, in Washington D.C., women earn approximately 90 cents for every dollar a man earns. In Louisiana, women earn only 65 cents for every dollar earned by men.

The EEOC’s proposal is the latest of several attempts over the years to add a pay requirement to the reporting of equal employment opportunity data. In addition to the Paycheck Fairness Act and other legislative initiatives, the Office of Federal Contract Compliance Programs (OFCCP) published a Notice of Proposed Rulemaking in August 2014 to collect summary compensation data from contractors in a new Equal Pay Report. The rules would require covered federal contractors and subcontractors with more than 100 employees to submit an annual Equal Pay Report on employee compensation.

In 2000, the OFCCP succeeded in adding an Equal Opportunity (EO) Survey to its regulatory requirements for federal contractors. The survey required not only compensation data, but also information regarding personnel activity, including applicants, hires, promotions, and terminations. The EO Survey also used the EEO-1 categories as the format for the data collection. Before the survey was promulgated, the agency conducted a pilot survey and found that the race and gender wage gap reported in the civilian labor force was reflected in the establishments that participated in the pilot.

The reasons for the EO survey were not unlike those expressed by the EEOC: encouraging employer self-audits, focusing limited agency resources, and identifying potential wage disparities. The EO Survey was rescinded by the succeeding administration.

If the employer response to the addition of compensation data to the EEO-1 Form resembles the reaction to the Department of Labor’s proposed rule in 2014 and the EO Survey in 2000, the EEOC’s proposal will not be uncontroversial.

Shirley J. Wilcher, JD, CAAP, is the executive director of the American Association for Access, Equity, and Diversity. She served as director of the OFCCP from 1994 to 2001. Wilcher is also a member of the INSIGHT Into Diversity Editorial Board. For more information, visit eeoc.gov.
The Plight of Syrian Students

And the obstacles they face on their path to higher education

By Alexandra Vollman

Since the civil war broke out in Syria in the spring of 2011, more than 4.5 million refugees have fled to neighboring countries, while another 13.5 million remain in Syria needing assistance. Described by many as the most pressing humanitarian crisis of our time, the civil war and resulting refugee crisis in Syria is being felt most intensely in higher education.

With Syria’s higher education system largely shut down due to the five-year conflict, the country experienced a nearly 485 percent increase between 2012 and 2013 in the number of out-of-school adolescents (people between the ages of 18 and 22), according to data from the United Nations Educational, Scientific, and Cultural Organization. Figures from the U.S. Department of State’s EducationUSA initiative show that in the following 2014-2015 academic year, the number of Syrian students at U.S. colleges and universities rose to 792 — up from 424 five years earlier.

“We think around 350,000 [Syrians] were enrolled in higher education when the war broke out in 2011, and virtually all of them have had their education interrupted, if not ended,” says Allan E. Goodman, PhD, president and CEO of the Institute of International Education (IIE). “So here is a cohort of … people who were literate, smart, male and female, [who] now have no place to go to get more education because the system in Syria is not functioning at the moment.”

Yet, in light of the Paris terrorist attacks last fall — and the more recent attack in Brussels — and pressure from both politicians and the public to limit and even ban Syrian refugees from entering the United States, it seems likely that the number of Syrian students at U.S. colleges and universities will remain stagnant. This situation is similar to the nation’s reaction after 9/11, when it was discovered that one of the 19 hijackers entered the U.S. on an F-1 student visa.

The Paris attacks coupled with the Syrian refugee crisis have led to an ongoing debate over — and more scrutiny placed on — immigration and the process through which immigrants acquire visas. However, Goodman says, the problem isn’t with the current structure.

“There’s nothing wrong with the present system in respect to granting student visas. The system works. Not everybody gets a student visa; not everybody deserves a student visa,” he says. “The process of applying to college coupled with applying for a visa is about as strong and robust as you could hope for in trying to determine if a student [should be eligible for entrance to the U.S.].”

Applying for a visa, Goodman says, is in fact not the most difficult part of the process for international students. “The hardest thing a student does is apply to get into a college or university — because in many other countries, admission is determined by a national exam, a centralized process; the ministry of education says you’ve been admitted and you can go to X or Y school,” he explains. “In America, it’s not a federal responsibility, so every state university has different admissions requirements, [as does] every private university. So the hardest and most complicated thing a student has to do is apply for admission.”
International Admissions
At the Pennsylvania State University, undergraduate admissions for all students at all 20 campuses is conducted at the University Park campus. Mary Adams, associate director in the Undergraduate Admissions Office at Penn State, says the university’s admissions process is thorough and the requirements are essentially the same for all applicants, both domestic and international.

“We gather biographical information; we ask students where they want to study, what they want to study, when they want to begin. We invite students to provide us with a listing of their activities and a personal statement that might talk about their experiences and how those have prepared them for higher education,” she says. “Then we ask for high school records, standardized test scores — SAT or ACT — and then the only variation for an international applicant would be if [they] identify as a non-native speaker of English, then we look for some documentation of English language proficiency.”

This straightforward process may be easy for American students, but for Syrians — most of whom have been forced to cease their education because of the civil war — providing documents can be difficult. And gaining access to transcripts and the like can be especially difficult for those who are no longer in Syria.

According to a spokesperson from EducationUSA, many Syrian students who fled the country did so without any documentation.

A State Department organization, EducationUSA offers guidance to international students seeking to study in the U.S. With a counselor specifically designated to assist Syrian students, the organization advises them — via a variety of online platforms — on all aspects of the college admission process and how to apply for a visa. About half of the students they advise reside in Syria, while the other half are currently living in countries such as Lebanon, Jordan, and Turkey, the EducationUSA spokesperson says.

Should students overcome the documentation obstacle, they must then prove they are who they say they are.

Goodman believes that this process, the long and arduous application process, is good for American security.

“What it establishes is sort of the key security question that is on everybody’s mind: Are you who you say you are? Is that your real identity? Did you really go to this high school or that undergraduate college? As opposed to training to fight for ISIS in Syria,” he says. “And if you think about the stuff students submit, [they] can’t amass all that and have spent four years fighting for ISIS. At the core of the security issue is ‘who are you?’ And the college application process helps determine that with much greater certainty.”

U.S. immigration lawyer David Garabedian agrees. He says that anyone who has been admitted to a credible university stands a better chance of getting a visa.

“Even if you are coming from the Middle East, obviously the fact that you’re accepted by a certain school speaks a lot about who you are, because the school will accept you based on your merits,” says Garabedian, who works for private global services company Migration Expert. “If it’s a university or college that has a good reputation … then the ability to get an F-1 visa is much higher.”

At Penn State — which employs a need-blind admission policy, meaning the university doesn’t consider students’ financial situation in decisions — students who are high academic achievers, no matter their country of origin, are more likely to be admitted.

“When we see applicants from places that we typically don’t, we’re excited about it in a very positive way,” Adams says. “We’re looking at what they want to study, what their academic credentials are, and if there’s a match...
between their talents and that program. We don’t look at where they are from.”

**Funding and Intent to Return**

Once students are admitted, however, their finances come into play in a big way. And while Penn State may employ a need-blind policy, as Adams says, “the United States government is not need-blind when it comes to issuing student visas.”

All international students, regardless of the institution to which they are admitted, must prove they have sufficient funds to pay for their first year of study. Beyond that, they must show how they plan to cover the remaining years’ costs.

The calculated amount for Penn State international students—including tuition, room and board, textbooks, and fees, as well as money to cover living expenses during the summer months—is $60,000 for the first 12 months of study.

“We’re required by regulation to make sure that the student has the money to go to school so they don’t resort to illegal employment or to depending on the U.S. taxpayer to be here,” says Masume Assaf, director of International Student and Scholar Advising at Penn State.

Yet another one of the many challenges faced by prospective Syrian students is lack of access to funds—or an overall lack of funds.

“Finances is a huge thing, and studying in the U.S., especially as a foreign student, is very expensive because U.S. colleges and universities charge a different rate for international students,” says Garabedian. “You won’t even get to the interview at the embassy or consulate if the school doesn’t believe you have enough money to pay for the program.”

Should a student prove the ability to fund his or her education, the university will issue a Form I-20, also known as a “Certificate of Eligibility for Nonimmigrant (F-1) Student Status.” Students then fill out the F-1 visa form, Form DS-160, which is required of all foreign citizens who wish to enter the U.S. to study at one of many types of institutions: colleges or universities, high schools, private elementary schools, seminaries, conservatories, or other academic institutions, including language training programs.

After paying a nonrefundable application fee, students schedule an in-person interview at a U.S. consulate or embassy. According to Assaf, the consular office will run a student’s name through an array of international police databases. The office then looks at a range of factors in making its decision: finances, past military service in their home country, the credibility of the admitting institution, ties to terrorist groups or acts of espionage, a past criminal record, intended major, and intent to return to their home country.

According to the EducationUSA spokesperson, for Syrian students, demonstrating their ties to their home country and their intent to return is often the most challenging part of the interview. Many Syrians, who have immigrated to other countries, are considered “intending immigrants,” meaning the U.S. believes they are less likely to leave the country and return to Syria at the end of their studies.

This situation is complicated further by the lack of a U.S. consulate or embassy in Syria. Garabedian says this forces students to travel to a consulate office outside of their home country.

“If you leave your country and go to another country, the consulate there will have difficulty making a decision because it doesn’t have jurisdiction over you,” he says, “and it doesn’t have access to the local records or law enforcement agencies to be able to verify who [you are] or to even be certain that the documents [you] brought are valid.”

According to Garabedian, for students coming from areas of the world experiencing war or civil unrest such as Syria, the burden of proof often rests heavily on them.

“Any time you have a region that is in turmoil, … automatically the embassy or consulate is on much higher alert, and so it will take that into consideration and may issue a blanket rejection that indicates that it was not able to establish enough ties to [a student’s] home country,” he says. “It’s not that students from these countries are always denied; it’s just that they have to prove a lot more.”

Yet for students who have been denied a visa, there is still hope.

EducationUSA often encourages students who have been denied to re-apply. Although the organization cannot secure a visa for them or influence a consulate’s decision, it does help guide them by providing information on alternative documentation and scholarships, as well as access to other public resources.

In addition, EducationUSA counselors help students better articulate their reasons for applying to a specific institution or program and how it will help them accomplish their career goals. According to the organization’s spokesperson, the ability to do so can be helpful during the visa interview process.

All of the obstacles and scrutiny they face aside, international students’ presence in the U.S. has an enormous impact on the economy. During the 2013-2014 academic year, international students and their families created or supported 340,000 jobs and contributed $26.8 billion to the U.S. economy, according to an analysis by NAFSA: Association of International Educators.

In addition, international students bring academic and cultural value to their institutions and help build global connections.

To help these students, Goodman and IIE are doing their part. Through its Syria Consortium, IIE—in partnership with 50 universities both in and outside the U.S.—is providing Syrian students scholarships to study outside of Syria.

But doing so does little to ease Goodman’s worry that young Syrians, believing they have no other option, will turn to ISIS—a prospect that he believes should be everyone’s concern.

“We are facing a lost generation of Syrians,” says Goodman, “and none of us should want that.”

Alexandra Vollman is the editor of INSIGHT Into Diversity.
At UVA, we recognize that our greatest asset is our people - our faculty, staff, and students. We strive to empower them to do great work and to create an atmosphere of inclusion, collaboration, innovation, and lifelong learning. The result is a place where a great idea is only a starting point.

We invite you to learn more about our exciting environment.

UVA School of Medicine: medicine.virginia.edu

Staff and Faculty openings: jobs.virginia.edu

The University of Virginia is an equal opportunity and affirmative action employer. Women, minorities, veterans, and persons with disabilities are encouraged to apply.
INSIGHT Into Diversity is proud to announce its class of 2016 Diversity Champions.

Diversity Champions exemplify an unyielding commitment to diversity and inclusion throughout their campus communities, across academic programs, and at the highest administrative levels. INSIGHT Into Diversity selected institutions that rank in the top tier of past Higher Education Excellence in Diversity (HEED) Award recipients.

Columbia University
Florida State University
Kennesaw State University
PCOM
Penn State
Rensselaer Polytechnic Institute
Texas Tech University
University of Central Florida

To learn more about Diversity Champions, visit insightintodiversity.com/diversity-champions.
University Hospital of Brooklyn
College of Medicine
School of Graduate Studies
College of Nursing
College of Health Related Professions

SUNY Downstate Medical Center

Training America’s Urban Health Professionals

Office of Diversity and Inclusion
450 Clarkson Avenue ★ Brooklyn, New York 11203 ★ www.downstate.edu/diversity
A Chronic Condition:
Diversity in Medical Studies Is Key to Reducing Health Disparities

By Alexandra Vollman

Since the passage of the Affordable Care Act in 2010, 16.4 million uninsured Americans have gained healthcare coverage; the largest increases are in African American and Latino communities, with 6.5 million adults gaining coverage. But the extent to which these and other minority populations are benefitting from a healthcare system informed predominantly by research on people of white European backgrounds is up for debate.

The Centers for Disease Control and Prevention’s (CDC) 2013 report “CDC Health Disparities and Inequalities” cited socioeconomic status as playing a major role in an individual’s health. That health disparities continue to be a critical issue in the U.S. comes as no surprise, then, considering the persistent income gaps between whites and minorities. As of 2015, the typical African American household had just 6 percent of the wealth of the typical white household, while the typical Latino household had just 8 percent, according to a report by public policy organization Demos.

Many specific examples of health disparities exist across demographic groups. For instance, the rates of premature death (death before age 75) from stroke and coronary heart disease are higher among African Americans than whites. African Americans, Hispanics, and American Indians and Alaska Natives die from diabetes complications at a higher rate than whites. The infant mortality rate is highest for infants of African American mothers, at a rate 2.3 times that of white mothers; this rate is also higher among infants born to Puerto Rican and American Indian and Alaska Native mothers.

In addition, minorities remain underrepresented in the majority of medical studies and clinical trials, exacerbating and perhaps, in part, causing the issue. While African Americans and Hispanics make up 30 percent of the total population, they comprise just 6 percent of all participants in federally funded clinical trials — according to a report published in *PLOS Medicine* titled “Diversity in Clinical and Biomedical Research: A Promise Yet to Be Fulfilled.”

These statistics show that as the gap in healthcare coverage narrows, there is no similar effect on health disparities. Data reveal that minorities don’t often experience the same benefits of medical care as whites — and it’s costing all of us.

“The effects of health disparities on the U.S. healthcare system cost us about $300 billion a year. In contrast, the U.S. defense budget is about $610 billion per year, so we’re spending about half of our defense budget’s worth of money on health disparities — and everyone is affected,” says Sam Oh, PhD, co-author of the *PLOS Medicine* report. “There’s a significant chunk of the U.S. taxpayer base that is funding research that doesn’t directly benefit them.”

Oh — who is also an epidemiologist and researcher in the University of California, San Francisco’s Center for Genes, Environment, and Health — says that studying diverse populations in biomedical research not only makes for better science, but would also help reduce costs and improve the quality of
care for minority patients. Therefore, as positive as expanded healthcare coverage may be, it provides only a stopgap solution to a chronic condition. To truly reduce health disparities, Oh says, requires an emphasis on inclusion.

“We’ve been] taking a one-size-fits-all approach to medicine, but as a country, we’ve only really studied about half of the people we’re trying to reach,” says Oh. “Everyone has some bout with illness at some point or another, and the degree to which you benefit from scientific advances is shaped in part by how well you are represented in science.”

Because of significant physiological differences across racial and ethnic groups, certain diseases and medical conditions disproportionately affect different populations, and a treatment that works for one may not work for another. These differences, along with disparities in income, can have a dire effect on the health of some populations.

Cancer, for example, disproportionately affects African Americans. Data from the National Cancer Institute reveals higher cancer incidence rates in African American men than in white men, as well as higher cancer death rates for both African American men and women than white men and women. Also, according to the American Cancer Society, more than 150,000 African Americans were diagnosed in 2009, of whom 63,000 died. No other racial or ethnic minority in the U.S. has a higher cancer death rate, yet only 2 to 4 percent of African American cancer patients have participated in cancer research studies.

Low participation in medical studies and clinical trials by minorities makes assessing the efficacy of treatments in these groups difficult.

Many obstacles may be to blame for this issue, but for African Americans in particular, researchers often cite a fear of exploitation or distrust of researchers due to past medical mistreatment as a reason for their apprehension. Arguably, the most infamous example of this is the Tuskegee Syphilis Study, which took place between 1932 and 1972; medical professionals observed the effects of syphilis in African American men without informing them they had the disease or offering treatment.

“Biomedical research has a very big black eye, historically, particularly with the Tuskegee Syphilis Study,” says Oh. “Serious moral standards were breached, as well as the African American community’s trust in biomedical research — and those scars still exist today.”

Beyond a fear of exploitation, Oh’s report cites multiple factors that can affect minorities’ ability and willingness to participate in medical studies: access to specialty centers, time and financial constraints, cultural and language barriers, lack of transportation, access to childcare services, and more.

For biomedical researchers, who are trying to stretch smaller research grants farther, recruiting and retaining minority participants is a costly endeavor. “Minority recruitment tends to be more expensive because you might need to hire translators,” Oh says, “and you might have to hire staff that is more culturally sensitive and more diverse.”

Costly Recruiting
As the largest public funder of biomedical research in the world, the National Institutes of Health (NIH) invests nearly $33 billion in medical research annually; more than 80 percent of that is awarded through 50,000 competitive grants to 300,000-plus researchers at more than 2,500 universities, medical schools, and other institutions around the world.

The NIH Revitalization Act of 1993, signed into law by President Bill
Clinton, directed the NIH to prioritize the inclusion of women, minorities, and children in clinical research. Representation of these groups is now evaluated in the peer-review process for grant proposals; however, with a 22 percent decrease in federal funding for NIH since 2003, the inclusion of minorities is easier to overlook.

“Currently, the NIH allows for [the cost of recruiting minorities] to be part of the budget — and peer reviewers are not supposed to consider those costs — but because it’s getting harder and harder to get funding, grant applicants are trying to submit proposals that don’t have a huge budget,” Oh says. “One of the places where they try to cut costs is in recruitment.”

According to Oh’s research, which examined 30 years of NIH funding data, more than 95 percent of grant-funded studies focused on people of predominantly white European backgrounds.

Dr. Eliseo J. Pérez-Stable, director of the National Institute on Minority Health and Health Disparities at the NIH, says that the institution is aware of the problem and is in the process of examining possible solutions.

While the NIH does require every grant applicant to discuss the population he or she intends to target through a project — including plans for how to recruit minority participants, along with how many — holding grantees accountable is difficult. In addition, Pérez-Stable says that the inclusion of minorities is judged on an individual project basis.

“[Minority recruitment] doesn’t get weighed very much, if at all. It is a check box; did they address it — yes, no, and that’s it. In fact, if you say, ‘I live in Nebraska, and there are no minorities here, so I can’t really recruit any,’ they’ll say, ‘OK, that’s fine,’ because that project is in Nebraska,” Pérez-Stable says. “Or the investigator might say, ‘I’m going to recruit X number of minorities,’ and in the end, [he or she] may not quite meet that target. That’s just the normal research process.”

Pérez-Stable says that researchers must update the NIH annually on their progress toward recruiting and retaining minorities — information he believes is key to improving the inclusion of minorities.

Overcoming Bias
Minority representation is also low among those leading the research. Oh’s analysis of NIH data revealed that minority scientists are consistently less likely to receive NIH funding for projects.

Indeed, a 2010 analysis of the NIH peer review process — conducted by the Office of Extramural Research (OER) at NIH — revealed that only 1.1 percent of principal investigators on research project grants were African American, while 71 percent were white; 3.5 percent were Hispanic, 0.2 percent were American Indian or Alaska Native, 0.1 percent were Native Hawaiian or Pacific Islander, and 16.4 percent were Asian.

However, Pérez-Stable says that this disparity is due to fewer minorities applying for grants. “Only 2 percent of the grants that are submitted to NIH are by African American investigators, and another 2 percent or so are Latino investigators,” he says.

The OER’s analysis also determined that the percentage of white peer reviewers had very little influence on the success rates of applications from underrepresented minorities. Pérez-Stable says that this finding is the result of specific actions taken to deter bias in the grant-funding process.

“NIH asks investigators to self-identify, and most do, but then that information is separated from the grant [proposal]. It’s not shared with the reviewers, and it’s not even easy for me to access,” he says. “It’s in a separate, confidential database.”

Grant proposals receiving the highest scores from peer-review committees, along with reviewers’ assessments of them, are passed along to individual institutes within the NIH. Pérez-Stable says that his institute next considers a reviewer’s score and assessment, and then develops its own personal assessment to determine how, if at all, a project fits with the institute’s priorities. He believes this process provides an additional means of overcoming any biases exhibited by peer reviewers.

Engaging Communities
Jennifer H. Norbeck, a researcher at the NIH, is the clinical study manager on “Healthy Aging in Neighborhoods of Diversity Across the Life Span,” or HANDLS, an NIH 20-year longitudinal study...
focused on understanding the sources of persistent health disparities over individuals’ lifetimes.

Launched in 2004, HANDLS provides an example of how to successfully recruit and retain minority participants in medical studies. In three years, project staff was able to reach its goal of recruiting approximately 3,700 white and African American adults between the ages of 30 and 64, of varying socioeconomic backgrounds, from 13 neighborhoods in Baltimore. According to Norbeck, 59 percent of the study’s participants are African American, and she says the retention rate for all participants hovers around 80 percent.

She attributes this success to a number of factors — the most significant of which, she says, is a commitment to engaging and educating the communities they were attempting to recruit.

“When you engage a community and you explain what you want to do and why you want to do it — and that you want their help — it really makes a difference,” Norbeck says. “You don’t just want to tell them about [the study]; you want them to be part of it so they feel like they have an investment in it.”

As opposed to deferring to other scientists for advice on how to strategically recruit minorities only by addressing known barriers to their participation, Norbeck emphasizes the critical need to enter these communities. Although many barriers may be generalizable, she says that for members of minority groups, the road to participation is more complex.

“Most critical is [the need] to get out of the research institution and get to know the population being studied, the environment in which they live, work, and play; don’t assume what you have read is true for all groups,” Norbeck says. “What we found was that when we were trying to eliminate [barriers], [we] had to look at the whole picture; [we] couldn’t just look at the individual who couldn’t get there because he or she needed transportation or babysitting. It is a multifaceted problem.”

And while she admits that this hands-on approach takes a large amount of time, effort, and resources, she believes it is the best, if not the only, way to recruit minority participants.

For three years, Norbeck and her colleagues traveled in mobile units to meet with community members to learn about their concerns, answer their questions, and provide information.

During both the recruitment process and the subsequent study — participants meet with research staff every three years — researchers have maintained constant communication with participants via mailings such as birthday and holiday cards and appointment reminders. Along with providing regular updates as the study has progressed, this ongoing contact has also helped establish trust between researchers and participants. In addition, it has allowed researchers to address health issues as they
have come up, such as educating about the signs and symptoms of high blood pressure after learning that many participants experience this condition.

Norbeck says that opportunities have also arisen to increase the cultural competence of the staff.

“We noticed over time that there were several folks who were transitioning, transgender, and we didn't know a lot about [them],” she says, “so we had a panel of people who are transgender [conduct] a cultural competency session [to learn] what these folks need and what they want to be called.”

A focus on cultural competence may be key to retaining not just participants, but research staff as well. Norbeck says that awareness of personal biases and understanding of diverse populations have increased staff investment in the HANDLS study and its goals, which in turn has helped retain participants, who, she says, often remember and look forward to seeing staff members.

“The benefits of taking part in the study for some participants, many of whom have very little experience with medical professionals, are incalculable, Norbeck says.

“These are people who haven't been to the doctor in 15 years, sometimes never. The benefit to them is they get a whole day with medical staff who will answer their questions. They can ask whatever they want; they can take as long as they want — and they value that.”

Jennifer H. Norbeck, a researcher at the NIH

Overall, Norbeck says that engaging communities directly can uncover new, unexpected obstacles and thus lead to better success rates.

“The whole point is that you have to be committed to identifying barriers, and not just say, ’oh, it’s that,’ ’no that won’t work,’ or ’we sent someone there, and they decided they didn’t want to participate,’” she says. “[Go] one step further and you might actually get your answer.”

Solving a Complex Issue

Further down the line is the Food and Drug Administration (FDA), which regulates and supervises prescription and over-the-counter medications,

Clinical Trial Demographics and Efficacy

As part of its effort to increase the transparency of clinical trial data, the FDA provides the public information on who participated in certain clinical trials for drugs that it approved, as well as any differences noted in the benefits and side effects across races. Below is a look at the racial makeup of several clinical trials for drugs approved between 2014 and 2016, including whether any differences were observed.

Repatha is used for the treatment of certain patients with high cholesterol.

White - 84%
African American - 5%
Asian - 9%
American Indian/Alaska Native - < 1%
Native Hawaiian/Pacific Islander - < 1%
Other - 2%
Variations across race - Differences in response and side effects could not be determined because the majority of participants were white.

Zontivity is used to reduce the risk of heart attacks and strokes in high-risk patients.

White - 87.3%
African American - 2.6%
Asian - 4.5%
American Indian/Alaska Native - 0.2%
Native Hawaiian/Pacific Islander - 0.1%
Multiracial - 5.3%
Variations across race - Differences in response and side effects could not be determined because the majority of participants were white.

Cinqair is used for the treatment of a specific type of severe asthma, called eosinophilic phenotype asthma.

White - 73%
African American - 12%
Asian - 8%
American Indian/Alaska Native - < 1%
Native Hawaiian/Pacific Islander - < 1%
Other - 7%
Variations across race - The drug worked similarly among all participants.

Lonsurf is used for the treatment of advanced colorectal cancer.

White - 58%
African American - 1%
Asian - 35%
Not collected - 6%
Variations across race - The drug worked similarly among all participants, and the risk of side effects was the same across races.

Source: U.S. Food and Drug Administration, Drug Trials Snapshots
Charged in 2012 with examining the extent to which demographic subgroups were included in clinical trials for medical products, the FDA analyzed a cohort of 70 drug and biologic approvals from 2011. Dr. Jonca Bull, an ophthalmologist and the director of the FDA’s Office of Minority Health, says the findings revealed the FDA’s work to be “a bit uneven.”

She says her office is now working on improving data quality, raising awareness of clinical trials, and bringing greater transparency to data. However, because the FDA doesn’t conduct clinical trials in-house, its ability to affect minority participation in these studies is limited. The FDA’s efforts focus on ensuring that the populations most likely to use a drug are represented in clinical trials for that drug.

“The bottom-line question is: Are the right patients who will use the product in the trial, and are we getting data that a clinician is going to need to have confidence that when [he or she] writes a prescription, the product has been adequately characterized for safety and efficacy and … will work in this particular patient,” Bull says.

“There’s going to be some variability because we don’t believe that it’s useful to put hard numbers on this,” she adds. “There are some [diseases] that are similar in all populations, and the data is generalizable, and then there are others [that have] disproportionate impact.”

Bull recommends that researchers and commercial drug sponsors think strategically about who will be using a drug the most from the very beginning of the research process in order to recruit a more representative sample of participants.

While some believe that simply increasing biomedical research funding will lead to improvements in minority participation — because researchers will have the funds to dedicate to targeted recruitment and to spending more time in communities — Oh says this won’t solve the whole problem.

The NIH has yet to develop a specific action plan on how to address this complex issue, but Pérez-Stable says he believes there will be “movement in this area in the next couple of years.” One idea, he says, is to offer incentives to those who do a good job of recruiting minorities.

A review of the massive amount of data on this topic leads to one clear conclusion: The U.S. still has a long way to go.

Alexandra Vollman is the editor of INSIGHT Into Diversity.
Minority Health *At a Glance*

Data published by the Office of Minority Health show the incidence rates of diseases and medical conditions across racial and ethnic groups, revealing stark differences from one population to another. These health disparities indicate the need for further study, as well as specific areas for improvement.

### Cancer Incidence Rates per 100,000 (2008-2012)

<table>
<thead>
<tr>
<th></th>
<th>Cancer</th>
<th>Colon/Rectal Cancer</th>
<th>Stomach Cancer</th>
<th>Prostate Cancer</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>White Men</strong></td>
<td>540.0</td>
<td>48.4</td>
<td>8.3</td>
<td>133.4</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>White Women</strong></td>
<td>441.6</td>
<td>37.2</td>
<td>3.7</td>
<td>—</td>
<td>134.0</td>
<td>7.1</td>
</tr>
<tr>
<td><strong>African American Men</strong></td>
<td>590.1</td>
<td>61.2</td>
<td>14.6</td>
<td>214.5</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>African American Women</strong></td>
<td>401.2</td>
<td>46.0</td>
<td>8.4</td>
<td>—</td>
<td>124.4</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>Hispanic Men</strong></td>
<td>395.0</td>
<td>43.3</td>
<td>14.2</td>
<td>114.7</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Hispanic Women</strong></td>
<td>322.2</td>
<td>30.0</td>
<td>8.4</td>
<td>—</td>
<td>92.1</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native Men</strong></td>
<td>340.8</td>
<td>46.3</td>
<td>12.3</td>
<td>67.1</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native Women</strong></td>
<td>308.8</td>
<td>35.7</td>
<td>7.5</td>
<td>—</td>
<td>82.0</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Asian/Pacific Islander Men</strong></td>
<td>325.4</td>
<td>—</td>
<td>14.4</td>
<td>74.0</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Asian/Pacific Islander Women</strong></td>
<td>297.5</td>
<td>—</td>
<td>8.8</td>
<td>—</td>
<td>96.3</td>
<td>6.3</td>
</tr>
</tbody>
</table>

### Diagnosed Cases of Heart Disease in Persons 18 Years of Age and Over (2012)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>6.2%</td>
</tr>
<tr>
<td>African Americans</td>
<td>6.5%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>5.3%</td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
<td>8.1%</td>
</tr>
<tr>
<td>Asians/Pacific Islanders</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

### Percentage of Persons 18 Years of Age and Over Who Are Obese (2011)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>26.2%</td>
</tr>
<tr>
<td>African Americans</td>
<td>39.1%</td>
</tr>
<tr>
<td>Hispanics</td>
<td>31.8%</td>
</tr>
<tr>
<td>American Indians/Alaska Natives</td>
<td>40.8%</td>
</tr>
<tr>
<td>Asians/Pacific Islanders</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Detroit...
Large enough to matter in the world.
Small enough for you to matter in it.

– Jeanette Pierce

Advancing dental knowledge. Advancing dental care.

Visit us today at: www.dental.udmercy.edu
Driven by Commitment to Service, Veterinarian Evan Morse Volunteers to Help Animals, Pet Owners in Need

By Gary M. Stern

For the last 40 years, 71-year-old veterinarian Dr. Evan Morse, who runs the Warrensville Animal Center in Cleveland, Ohio, has operated the Free Animal Clinic Team (FACT) on street corners and in community centers and churches on a monthly basis. But volunteering to assist ailing animals isn’t just about the pets; it also helps pet owners.

“The overwhelming fact is that the health of both pets and humans are intertwined,” Morse says. “Many ailments in pets that aren’t treated end up affecting humans.” He cites ringworm, fleas, rabies, and a bacterial condition called leptospirosis as examples of ailments that can be transferred from animals to humans.

He and his former boss, Dr. David Rickards, launched FACT in 1976 to treat the pets of low-income people who offer proof of their financial situation; the focus is on providing free veterinary services such as vaccinations and consultations. Though Morse has been managing his own practice since 1972, the two vets have continued to operate FACT together.

Because there are so many people of limited means, FACT veterinarians limit appointments to 100 per day. Most participants start lining up at noon, before the 2 p.m. start time, to obtain one of the 100 coveted slots. According to Morse, about 70 percent of the animals treated are dogs and nearly 30 percent are cats, blended in with a handful of reptiles, guinea pigs, parrots, and canaries.

At noon, Morse sets up his equipment, including a stethoscope, vaccinations, syringes, and monitors.

He says that many of the dogs and cats he treats are suffering from parasites, ear mites, hepatitis, and rabies and many require antibiotics. If a pet needs surgery, Morse and his team advise the owner to visit an animal hospital.

Despite working an exhausting five to six days a week in his regular practice, Morse still finds time to volunteer and help those in need.

“There are so many people who can’t afford to help their pets,” he says. “Otherwise, these pets would be untreated and unvaccinated.”

Up until about 10 years ago, Morse also volunteered regularly to assist a variety of police K-9 corps in Cleveland and the surrounding suburbs. “I did anything that needed to be done for those K-9 corps, including surgery,” he says.

Volunteering also sharpens his skills. “I see things that I might never see otherwise, including tumors and abscesses,” says Morse. “It broadens my scope and expands my eye.”

Morse finds running his Warrensville Animal Clinic to be gratifying as well. Often, the waiting room is filled with the multicultural populace that resides in Cleveland and its suburbs. “We have African Americans, whites, Latinos, Asians, and Arabs who might never talk to each other in the general society, but...
they sit in my waiting room and discuss poodles,” Morse says.

It’s only fitting that his clientele is so varied, since his career began in what he says was a multicultural veterinarian practice. He came to Cleveland in 1968 from Richmond, Va. — where he was raised — after graduating from the Tuskegee Institute. In Cleveland, Morse began his veterinary career working for his current business partner, Rickards, at an animal clinic. An Englishman who spoke with a Cockney accent and wore a bow tie, Rickards contrasted greatly with the younger Morse, with his large Afro hairstyle and his experience marching in the civil rights protests in Montgomery, Ala.

Growing up, Morse seemed destined to become a veterinarian. When his friends went off to play baseball and football, he headed to the woods to find and collect salamanders and birds. “They called me ‘Nature Boy,’” Morse says of the nickname given to him by his friends.

When Morse opened his own practice, he says he was the first practicing African American veterinarian in Cleveland. He laments the fact that currently about 90 percent of veterinarians are white, and the number of African American veterinarians is well below their representation in the overall U.S. population.

“I didn't see or meet an African American veterinarian until I got to the Tuskegee Institute,” he says, alluding to the absence of black veterinarian role models.

“People want to see a racially appropriate number of veterinarians,” says Morse. “People like to see doctors who look like them.”

As a member of the American Veterinary Association’s Task Force on Diversity, he has recommended solutions to this disparity, but he admits that the issue is complex.

At age 71, Morse says he is not even considering retirement. “When you love what you do, it’s not really work,” he says. His dad, a barber, used to say, “Start where you are, use what you can, do what you can.” That motto inspired Morse to start the Free Animal Clinic Team and always strive to give back.

“Service is a basic tenet of all humanity; we have to serve our fellow humans,” he says. “It is in my core; it’s in my DNA.”

Gary M. Stern is a contributing writer for INSIGHT Into Diversity.
Improving Health Outcomes by Ensuring the Inclusion of Students with Disabilities in Health Sciences

By Elisa Laird-Metke, JD; Neera R. Jain, CRC; Lisa M. Meeks, PhD

The link between the number of healthcare providers who are members of minority and underserved communities and improved health outcomes for those communities is well established. Studies addressing racial, ethnic, and sexual minority communities provide clear evidence that when the demographics of healthcare providers reflect the demographics of the general population, healthcare and health outcomes are improved. In response, pipeline programs have been developed over the last couple of decades to promote the entry of underrepresented minorities and women into healthcare fields. Regrettably, these efforts to increase healthcare provider diversity have omitted a critically underserved population.

People with disabilities comprise the largest minority in the United States — nearly one in five Americans (56.7 million) identify as having a disability. With a large aging population, we can expect that number to increase significantly in the coming years. Mirroring other minority groups, people with disabilities have greater unmet healthcare needs than those without disabilities. Despite seeking more healthcare than non-disabled people, those with disabilities experience significant financial, programmatic, and systemic barriers to healthcare access. These obstacles are evidenced by harrowing personal accounts of medical errors resulting from inaccessible diagnostic medical equipment; health practitioners’ over-focus on the disability to the exclusion of other health issues, leading to misdiagnoses and the omission of general preventative care; and a lack of access to reproductive and sexual healthcare due to faulty assumptions about disability and sexuality.

Underpinning these barriers is a pervasive lack of understanding among health practitioners about the reality of the day-to-day lives of people with disabilities. As with other minority groups, the disability community benefits from health practitioners whose worldview is informed by their lived experience of having a disability. These healthcare providers often bring with them a history of fighting for access, a holistic view of patient care beyond the scope of a disability, an understanding of the “hidden work” that having a disability requires of individuals, and experience with ableism and microaggressions — all of which contribute to a deeper understanding of the health issues faced by patients with disabilities.

When describing why she chose a primary care physician (PCP) with a disability, researcher Alice Wong explained, “I did not choose my PCP because of my disability or in spite of his disability. I chose him for his excellence as a doctor who listens well and actually gets it when I communicate my access- and disability-related needs. My PCP may do these things well as a result of his training, his education, and his lived experiences as a person with a disability — one cannot separate these elements. And this is why diversity is so valuable.”

Despite the overwhelming need for medical practitioners with a personal understanding of disability, the number of graduate health science students with disabilities continues to significantly lag behind that of the general population. Although 11.1 percent of all U.S. undergraduates report having a disability, at the graduate level only 5.4 percent of those obtaining doctorate degrees in science and engineering report having a disability, and the mean number of U.S. medical students with disabilities is only 3 percent.

Students with disabilities have historically been excluded from healthcare education, but that has changed over time. In 1979, the U.S. Supreme Court ruled that a community college did not have to admit a nursing student with significant hearing loss; yet that same student went on to complete her degree at a nearby school — one that would admit her — and had a successful nursing career. Since then, the passage of the Americans with Disabilities Act and
improvements in technology that better enable disability access, as well as societal evolution regarding acceptance of individuals with disabilities, have largely done away with the baseline assumption that students with disabilities cannot become competent, safe medical professionals. Courts recently ruled that a deaf man must be admitted to a medical school and that a student with limited vision must be permitted to complete a chiropractic degree.

Schools can and must do more to recruit and retain health science students with all types of disabilities. To increase the number of healthcare providers with disabilities in order to address national health disparities, schools must do the following:

- **Actively seek applicants with disabilities.** Colleges must tap into existing pipeline efforts for students with disabilities at the high school and undergraduate levels and include institutional resources of interest to applicants with disabilities in application and website materials.

- **Encourage students to disclose disabilities and seek appropriate accommodations.** Written procedures for how to obtain accommodations should be made available on a school’s website and in class syllabi both to provide students with information and to normalize disability for the rest of the university community.

- **Include disability competency as part of the core cultural competency curriculum.** Essential to this component is training health science students on the kinds of barriers people with disabilities regularly encounter when seeking healthcare and providing opportunities for these students to interact with people with disabilities in ways that do not focus exclusively on their disability. These efforts must include individuals with disabilities.

- **Create an environment where disabilities are acknowledged and respected.** This means ensuring that faculty and staff are educated on the value of including students with disabilities and the best practices for working with, supporting, and communicating with students about disability-related issues. Training regarding faculty and school obligations under disability laws is also useful.

- **Exchange ideas and knowledge with peer institutions.** Resource groups like the Coalition for Disability Access in Health Science and Medical Education (housed within the University of California, San Francisco School of Medicine) and the Association of American Medical Colleges are working together to provide resources and guidance regarding students with disabilities.

Making these kinds of efforts to create a more diverse student body also results in immediate benefits for schools themselves. The National Institutes of Health has begun predicing its approval and renewal of research grants on schools’ efforts to recruit and retain students with disabilities. Increased disability diversity also has pedagogical benefits; working alongside their peers with disabilities in classrooms and clinics typically helps non-disabled students form a more nuanced understanding of and respect for people with disabilities, which informs future practice.

And if health science educators are not interested in doing the right things for the right reason, the courts are deciding that they need to do them anyway; as previously mentioned, schools that deny students with disabilities equal opportunities are having to defend those decisions to the Office for Civil Rights or in the courts, which are increasingly saying that

---

**The most important result of the inclusion of students with disabilities in health science education is the improvement of health outcomes for people with disabilities on a national scale.**

Elisa Laird-Metke, JD, is the director of the Disability Resource Center at Samuel Merritt University in Oakland, Calif. Neera R. Jain, CRC, is a disability consultant at the University of California, San Francisco (UCSF). Lisa M. Meeks, PhD, is the director of Medical Student Disability Services at UCSF School of Medicine.
The University of Florida College of Veterinary Medicine is proud to announce the selection of Louis Archbald, D.V.M., Ph.D., a professor emeritus of theriogenology at UF, as the inaugural recipient of the Southeast Regional Diversity Matters Symposium’s Zoetis Champion of Diversity Award.

The award was presented during the 2016 Diversity Matters Symposium, hosted by the UF College of Veterinary Medicine from April 22-24 in Gainesville.

A Diplomate in the American College of Theriogenologists, Dr. Archbald joined UF’s faculty in 1984 and retired in 2008 after a distinguished career. While at UF, he served as associate chairman of the college’s department of large animal clinical sciences and graduate studies coordinator. He also directed initiatives in support of increasing the representation of minority students and faculty. Through these initiatives, later known as multicultural and special programs, he continued to advise and mentor minority students, even in retirement. Dr. Archbald is a past recipient of the Iverson Bell Award, presented to him in 2001 by the Association of American Veterinary Medical Colleges. He also received the UF College of Veterinary Medicine’s Distinguished Service Award in 2009 for his career achievements.

Here are a few words about Dr. Archbald from his mentees and former colleagues:

“Dr. Archbald reinforced the importance of diversity. I made my ‘seek to understand’ my first priority.”

“Dr. Archbald was a true pillar for students of color at the UFVCM. A champion of diversity and inclusion before these issues were ‘mainstream,’ he supported our involvement in national diversity platforms in veterinary medicine and encouraged us to persevere even when faced with adversity.”
— Lauren Davidson, D.V.M., M.S., D.A.C.L.A.M.

“Dr. Archbald was a great collaborator on nationwide and regional efforts to recruit and retain qualified, exceptional students in veterinary medicine. He also was considered one of the key players in diversity in the veterinary medical profession and served as the primary diversity champion at UF for many years.”
— Christine Jenkins, D.V.M., D.A.C.V.I.M. (Small Animal Medicine)

“When I traveled from Argentina to the United States at the end of 1997, I left behind home, family and friends. Those were harsh times, learning the language, taking exams and adjusting to a new culture. Dr. Archbald was always there with a word of support.”

“In the 20 years that I collaborated with him, we published 22 papers together and trained four M.S. and two Ph.D. students. His influence on me and others goes beyond his example of the quintessential clinical scholar. He exhibits collegiality as well as high moral and ethical values.”
— Carlos Risco, D.V.M., D.A.C.T.

“Dr. Archbald played an instrumental role in developing the relationship between FAMU and UFCVM. I am grateful for all that he has done.”
— Glen Wright, D.V.M.

“Dr. Archbald was always there with a word of support.”

Here are a few words about Dr. Archbald from his mentees and former colleagues:
The AAVMC: A Transformational Agent Creating Diversity and Inclusiveness in Veterinary Medicine

DIVERSITY AND INCLUSION IN ACADEMIC VETERINARY MEDICAL EDUCATION

The Association of American Veterinary Medical Colleges affirms the principle of inclusive excellence in veterinary medical education. The Association is committed to advocating for policies and practices that serve to recruit and retain a diverse professional student and faculty community, which sustain inclusive institutional climates for students, faculty and staff, and curricula that produce culturally competent veterinarians. The Association believes that through these actions, the health and wellbeing of animals and humans will be best served.

www.aavmc.org

2016 Applications Are Now Available!

The Higher Education Excellence in Diversity (HEED) Award recognizes superior achievements and commitments to making diversity and inclusion a top priority on college campuses in the U.S.

INSIGHT Into Diversity is also proud to announce the first-ever national annual diversity award for Health Professions schools, colleges, and academic medical centers: the Health Professions HEED Award.

The 2016 HEED Award applications are available at insightintodiversity.com/heedaward. The HEED Award application deadline is June 15, and the Health Professions HEED Award application deadline is July 1.
USI Dental Hygiene Students Connect with Veterans to Provide Individualized Care

By Alexandra Vollman

For retired National Guard Sgt. Russell Sumner, dental care is a luxury not often reserved for people in the military.

“In the military, if your tooth hurts, you take two Motrin and keep on moving; if it falls out, it falls out,” Sumner says. “You just don’t go to the dentist in the military. You don’t think about it until [something] hurts.”

Even now, retired from the service after 22 years, Sumner — like most U.S. military veterans — isn’t eligible for dental benefits through the Veterans Health Administration. However, through a program offered by the University of Southern Indiana (USI), he’s been able to receive long-overdue dental hygiene services.

With a stand-alone dental hygiene school and an on-campus clinic, USI launched its Veterans Clinic Days program to provide dental hygiene services to U.S. veterans at no cost.

“Initially, we started looking at ways we could enhance the veteran experience for our student veterans, but as time went on, we found that student veterans and community veterans [have the same problems],” says Joel Matherly, manager of the Veteran, Military, and Family Resource Center (VMFRC) at USI. “[Being] a college campus, we have all kinds of students who need training, so when you put together the training aspect and the veterans in need, it’s a win-win.”

The program began in spring 2015, with faculty and students serving approximately 50 veterans in two days. The clinic hosted another two-day session in fall 2015 and, because of increased demand, expanded programming this spring to include two additional evening sessions — allowing the clinic to serve nearly 75 veterans.

“When you’re developing these programs, you hope that you’re answering the need, and it’s not until you execute it [that] you realize if it’s something they really want or if it’s something that just a few people need,” says Matherly, who is a 22-year Army veteran himself. “And we have filled every seat since we started.”

A collaborative effort by USI’s Dental Hygiene Clinic, VMFRC, and the Southwest Indiana Area Health Education Center (AHEC), Veteran Clinic Days offers services including X-rays, teeth cleanings, fluoride treatments, quadrant scalings, and sealants during pre-scheduled appointments each semester. The idea for this program came from a similar initiative developed by the Northwest Indiana AHEC.

“It was very comprehensive. They did X-rays, they did cleanings, they did everything you are supposed to do at a dentist’s office — and it was actually kind of enjoyable,” says Sumner, who participated in the program’s initial spring 2015 session.

He says he also enjoyed getting to know students. “You got to see where they were from, and they got to see where you were from,” he says. “It kind of bridged a gap between [us].”

Located in Evansville, Ind., USI works hard to support the area’s large veteran population, which, Matherly says, numbers around 20,000. But

Dental Hygiene Clinic Coordinator Jennifer Bartek has encouraged students to also engage with the veterans beyond providing them a much-needed service.

“I wanted them to find out something about their patients,” Bartek says of this year’s event, “and when I was walking around the clinic, I could hear them saying, ‘Tell me one thing about your life as a soldier. What did you do for the military?’ So that was my challenge to them this year.”

For Sumner, this involved talking about some of his experiences serving in Iraq, which, in 2005, included witnessing the country’s first democratic election in more than 50 years.

Lindsey Sermersheim, a 22-year-old senior in USI’s dental hygiene program, says that her experience treating patients as part of Veteran Clinic Days allowed her to get to know veterans on a more personal level.

“You get to hear their stories — and they love telling them,” she says. “You get to see how they are as [people], not just as veterans. It’s a really great time
Many identities. One community.

Be part of:

- a community working toward a more inclusive tomorrow
- a globally recognized institution committed to fostering an environment in which learning, development and discovery thrive

Join in the mission of advancing human health through outstanding clinical care, innovative research and the education of tomorrow’s leaders in biomedicine in a culture that supports diversity, inclusion, critical thinking and creativity.

View current opportunities at wumcnews.org/jobs

Alexandra Vollman is the editor of INSIGHT Into Diversity.
Health Professions CDO Roundtable

By Rebecca Prinster

Kim D’Abreu
Senior Vice President for Access, Diversity, and Inclusion
American Dental Education Association

Marc Nivet
Chief Diversity Officer
Association of American Medical Colleges

Lisa Greenhill
Associate Executive Director for Institutional Research and Diversity
Association of American Veterinary Medical Colleges
INSIGHT Into Diversity recently spoke with the chief diversity officers of the country’s leading medical, dental, and veterinary higher education organizations about their roles in diversifying these health professions, as well as supporting member institutions as they seek to build inclusive programs and reach diverse students.

**Kim D’Abreu** is the senior vice president for access, diversity, and inclusion for the American Dental Education Association (ADEA). In this role, she designs and implements programming to ensure the cultural competence of dental students and faculty. D’Abreu previously served as associate director in the ADEA Center for Educational Policy and Research, where she led education policy development and implementation.

**Lisa Greenhill, EdD,** serves as the associate executive director for institutional research and diversity at the Association of American Veterinary Medical Colleges (AAVMC). In addition to directing internal research on academic veterinary medicine, Greenhill manages the organization’s DiVersity Matters (DVM) initiative, which promotes diversity and inclusion in the veterinary profession and in curricula.

**Marc Nivet, EdD,** is the chief diversity officer for the Association of American Medical Colleges (AAMC), where he leads the organization’s Diversity Policy and Programs department. Nivet provides leadership on community engagement, diversity, and health equity issues to member institutions in the U.S. and Canada.

**Has the number of underrepresented minorities in your respective field changed in recent years, and if so, how has this change affected the tactics your organization and its member institutions employ in recruiting and retaining these students?**

**Greenhill:** Since 2005, when we launched our DVM initiative, we have seen the number of students of color in our U.S. [veterinary] schools more than double. In 2005, we had 951 students of color out of about 11,000 students, and now we’re just under 2,000. But there’s not an even distribution. Tuskegee is our only historically black university with a veterinary school, and frankly, a large percentage of our students of color remain [there], which means that many of our institutions have one or two minority students in each class, [if] at all. There’s still a lot of work to be done.

Historically, the profession has always had a wealth of applicants, and there wasn’t a lot of emphasis on diversity; schools always had more than enough applicants to fill the classes. Now, I think colleges realize they need to be a lot more strategic, whether they have a numerically deep pool of applicants or not. Schools have summer programs, and they’re doing things for very young kids — middle [and] high school kids — that they never did before.

In terms of improvements, not everyone is doing those things, so there’s still a lot of need in various areas of the country to do more recruiting. Funding for recruiting is limited, and the ability to do on-site programming is also sometimes limited because of [that]. But we’re really looking at ways of doing things differently and using technology differently, and then hoping that in the coming years we’ll see the fruits of those labors.

**Nivet:** We’ve been working on diversifying medical schools across the country for well over 50 years, and we’ve seen some improvement. Certainly we’re not near the level of success that I think we would’ve hoped for by now, but the challenge primarily has to do with the pipeline to medical schools and getting more minority students into high-performing K-12 school systems — and creating more science enrichment, medical field exposure activities, and mentorship opportunities for junior high and high school minority and low-income students.
Many of the medical schools in the country have those kinds of programs, but much more is needed to go further back in the pipeline to really reach these target populations. Partnerships with member institutions have been critical to increasing applications from diverse candidates; showing up at recruitment fairs run by organizations that are interested in recruiting diverse students to medical schools is critically important.

“The work I’ve done with our members is getting them to understand that in many of the communities they’re interested in targeting, winning the students is only 10 percent of the battle; it really is about convincing their support systems that this is a good choice for them and that they’ll be taken care of and supported in a meaningful way.”

Lisa Greenhill

D’Abreu: We’ve seen a modest uptick in both applications and the enrollment of first-year, pre-doctoral dental students entering the four-year DDS program. When you look at the subgroups, the increase can really be accounted for by an uptick in Latino students. We have seen over the last 10 years — and certainly within the last five years — a statistically significant increase in Latino students in particular. We haven’t actually done the analysis to look at that subgroup, but we can hypothesize perhaps that Latino students are increasing in the population, so maybe the increase [in dental programs] can be attributed to that.

Generally speaking, the approaches that have been yielding some good results are, first, having our dental schools engage in a holistic review in their admissions processes. Dentistry was part of an interprofessional study on admissions practices across health professions. In that study, 93 percent of our dental schools reported they were using some or many of the elements of holistic review in their admissions processes and that these were helpful in identifying and enrolling a more diverse student body. The second thing that has been successful is really investing in the pipeline into the profession. When I think about the most successful schools, they have pipeline programs that start in middle and elementary school and work their way up to professional programs.

Where I think we need work is in growing the diversity of faculty and addressing issues of climate. I think figuring out ways for diverse students to have mentoring and some research exposure while in dental school is also important. With the climate issue, at the graduate level, students are a lot more focused on what they need to do to get through, finish their work, and graduate on time. My guess is that graduate students would be less likely to push against climate issues that are really challenging, such as microaggressions, bias, and a hostile work environment. I think there would be graduate student support across the health professions campus for improving climate, but I don’t think you’re going to have the kind of scale and — for lack of a better word — notoriety as some of the undergraduate programs because of graduate students’ roles.

In February, 65 medical and dental students at Harvard — calling themselves the Racial Justice Coalition — staged a walk-out to protest the lack of diversity at the university. They also highlighted the goals of the national WhiteCoats4BlackLives organization, which include ending racism as a matter of public health.

In what ways can your member schools provide students an education grounded in social justice?

Greenhill: Veterinary medicine has been engaged in social justice issues, but because of the nature of our work, it looks a bit different. For many, it’s difficult to understand the relationship between social justice and veterinary medicine, but it is there. We know that the human-animal bond is important; for many people, their companion animal is a member of their family, providing support, companionship, and a pathway to better outcomes. Within those relationships, we know that access to veterinary care remains an issue here and around the world, and for some, the cost of care is prohibitive. For others, particularly those who are low-income or from communities of color, we see an inability to simply live with their animals. If they’re not homeowners, apartment living with a dog or cat can be very limited, and therefore, better health outcomes are limited. Much like there are maldistributions for human medicine and dentistry, there are also maldistributions of veterinary clinics.

Our member institutions are increasingly involved in programming; for example, [there are] shelter medicine programs that provide low-cost spay and neuter procedures and access to basic preventive care. Then there are some really great programs like at the University of Wisconsin-Madison. [It has] a program called WisCARES [Wisconsin Companion Animal Resources, Education, and Social Services], which is a collaboration between its College of Veterinary Medicine and the School of Social Work, and they focus on meeting very specific needs of the homeless
population in the surrounding area by making sure that social workers provide assistance to pet owners, while veterinarians provide basic pet care for their animals.

Our students are also involved in programs like WhiteCoats4BlackLives, and some of our student organizations have really led the charge in … finding ways of providing co-curricular coursework for students who have a specific interest in social justice.

Nivet: The first thing schools need to do is ensure that they have inclusive environments for all their medical students and that their curriculum is based on the eradication of biases and racism. Both the curriculum and the environment are critically important for producing the next generation of leaders who are leading the kinds of activities that are essential for … understanding the issues fully. Medical schools should try to work with students to make the necessary changes, whether it’s through the curriculum or through an inclusive environment for all students, … to be supportive of their students as they advocate for positive change.

“A very strong proportion of students in dental school had a very positive experience either shadowing a dentist or with their family dentist — and that started young. Particularly for dentistry, the visible role model piece [is] really important.”

Kim D’Abreu

D’Abreu: In 2013, ADEA’s accreditation standards changed to include more robust language pertaining to students’ participation in community-based education programs and to include cultural competence in the curriculum to prepare students to practice in underserved areas. So, how can we make sure that education is grounded in equity, social justice, and fairness? We promote [social justice] by encouraging our faculty to submit educational sessions at our annual meeting focused on health equity and social justice in the curriculum, and we have a repository for curriculum material that we ask people to submit to called MedEd PORTAL.

I think, many times, a health professions campus can be the front porch to the community. For example, one of our schools received calls from the principals of local elementary schools who said the number-one reason for kids being absent was toothaches from cavities, and how could the...
dental school become a partner in making sure that the kids in the community had care? Figuring out ways for dental schools to partner and have greater engagement with their communities is one of the things we’re trying to support at the national level.

How do your organizations work to strengthen the pipeline of underrepresented minority students from a young age?

Greenhill: Our applicants report that they express an initial interest in the profession before the age of 10. This is one of the reasons historically why the profession hasn’t had to do a lot of recruiting. You ask little children in kindergarten what they’re going to be, they’re going to say a fireman or a veterinarian. But our challenge now is to make sure they sustain that interest and stay in the pipeline.

“...The first thing schools need to do is ensure that they have inclusive environments for all their medical students and that their curriculum is based on the eradication of biases and racism. Both the curriculum and the environment are critically important for producing the next generation of leaders who are leading the kinds of activities that are essential for ... understanding the issues fully.”

Marc Nivet

I believe there’s a population of students of color, or from otherwise marginalized communities, who also [say] they want to be veterinarians at a very young age but for any number of reasons — lack of role models, lack of access to shadowing individuals, all kinds of things — get deterred or distracted from staying in that pipeline. So recruiting students and families is the way to curb that.

The work I’ve done with our members is getting them to understand that in many of the communities they’re interested in targeting, winning the students is only 10 percent of the battle; it really is about convincing their support systems that this is a good choice for them and that they’ll be taken care of and supported in a meaningful way.

Nivet: We primarily do our work through the support of our members’ interventions locally and in the community.

couple of our member schools [are focused on] … leveraging, building, and allowing workshops internally for students in the K-12 educational system, like providing materials on what it means to be a medical student, the journey, the pathway to becoming a medical student. Our work is really about exposure and creating excitement about medical careers among underprivileged youth.

D’Abreu: We know that the pipeline starts to leak even in those gateway courses — general chemistry and biology — in college. To the extent that you can back that up with good preparation in high school so that when they hit the college-level courses, they’re ready, that’s helpful. Academic preparation to bolster the numbers earlier pays dividends.

[Another factor] is exposure to what the career looks and feels like, which is much more the case for dentistry in some ways — and probably for veterinary medicine, too — than medicine. Dentistry doesn’t have a sexy TV show with a diverse cast to sell the profession. What you need are students with some exposure; you need students with a good relationship with their dentist. You need more dentists of color in the community, who are talking a good story about dentistry as a profession. A very strong proportion of students in dental school had a very positive experience either shadowing a dentist or with their family dentist — and that started young. Particularly for dentistry, the visible role model piece [is] really important.

As the chief diversity officer of your respective organizations, what role do you play in ensuring that member colleges and schools are advancing the cause of diversity and inclusion and preparing future doctors, dentists, and veterinarians to care for a diverse population?

Greenhill: I see my role as both the champion and the cheerleader. I provide opportunities for my members to convene national discussions, to collaborate across institutions on programming, and I really try to put the right people together at institutions. But I also provide independent programming for our members where maybe they don’t have the capacity to provide for themselves or where I see national gaps in programming that may be better filled by my office.

Last fall, I launched a program called “Diversity and Inclusion On Air”; it’s a podcast that we do through Google Hangouts that features individuals from the profession talking about all kinds of different diversity issues that our students and faculty need to know about, as well as practitioners out in the field who may not have been on campus in 20 years. We’ve covered everything from how they deal with cultural competence in Australia to sexual orientation and gender identity in the job search, and what kinds of things our students who identify as LGBTQ or beyond should be mindful of or know about as they prepare to graduate and look for a job. That’s not content that the
colleges can provide all the time, or you may see it at one institution, but it’s not available at all 30. My office takes on the responsibility of identifying that gap and trying to fill it nationally.

Nivet: The responsibility and the opportunity I’m afforded is to work closely on issues with the deans of our medical schools to really understand the effectiveness of their interventions. We provide lots of tools and resources to help their diversity efforts on the ground be more effective, whether that’s providing education and planning around diversity and inclusion, workshops on the holistic approach to admissions, or research to show them the effectiveness that a diverse physician workforce and a diverse faculty afford. Our work is to build a capacity member organization, leverage diversity and inclusion, and help our members be effective at driving diversity and inclusion through development and engagement to move the field forward.

D’Abreu: A big part of my work is providing professional development for our dental school faculty. For example, we offered a diversity workshop series in the past year. We did a webinar follow-up, and we helped faculty develop diversity action plans that they are going to be implementing over the next year. So we bring people together with workshops and conferences, put resources that we think will be helpful on our website, provide some technical assistance, and if schools need a consultant for a specific area like climate, then we try to direct them to those resources. We’ve also run a couple of scholarship programs for faculty of color and women to help advance their careers.

From a policy perspective, we try to make sure that ADEA policies are inclusive of language around diversity and inclusion. For example, we just updated the association’s policy statement to include stronger language in support of LGBTQ communities. Additionally, we do about four to six training workshops each year. We have two trainers come out and talk to schools about how to do holistic review, and we talk to various admissions committees. Lastly, we make sure that the leadership of the schools is aware of contemporary issues affecting higher education that could affect dental education. One example of that is the U.S. Supreme Court ruling on race-conscious admissions that is coming up. We’ll make sure that our schools have talking points and guidance needed to understand the results of that case. We’ll have our ear to the ground on national policy — health or education policy — things affecting our schools that they need to know about.

Rebecca Prinster is a senior staff writer for INSIGHT Into Diversity.
Certificate Program Focuses on Human Element of Animal Care

By Rebecca Prinster

In 2011, the North American Veterinary Medical Education Consortium (NAVMEC) of the Association of American Veterinary Medical Colleges (AAVMC) released its assessment of the state of veterinary medicine. NAVMEC's report drew on responses from 400 stakeholders in veterinary licensing, accreditation, and education and recommended ways of ensuring that the profession meets the needs of today's society. Key among the report's recommendations is the development of students' understanding of diversity and how belief systems affect the delivery of veterinary care.

The Center of Excellence for Diversity and Inclusion in Veterinary Medicine at Purdue University is making strides toward increasing cultural competence in veterinary medicine and ensuring that NAVMEC's recommendations are put into practice.

Established at Purdue University College of Veterinary Medicine (PVM) in 2013, the center is a partnership between the college, the AAVMC, and the American Veterinary Medical Association (AVMA). Since 2014, the center has offered an online certificate program in diversity and inclusion to give veterinary students, faculty, and professionals the intercultural knowledge they need to provide what the center calls “human-centered veterinary medicine.”

“Human-centered veterinary medicine recognizes that a veterinarian's relationship with an animal's caretaker is a crucial factor in optimizing that animal's health and well-being,” Kauline Cipriani and Sandra San Miguel, co-directors of the center, said in an email. “We believe the concept of human-centered veterinary medicine could advance the profession by promoting the societal impacts of the profession — advances in animal health improve human health — and how supportive and inclusive relationships among veterinary professionals, and between veterinary professionals and animal owners, positively impact animal health and well-being.”

Cipriani is also the director of diversity initiatives at PVM, and San Miguel is a professor of swine production medicine and associate dean for engagement at the college. They said that one reason for developing the center and the certificate program was the result of a book they co-edited, Navigating Diversity and Inclusion in Veterinary Medicine.

“We decided to establish the center in response to the call for action, as well as the need to provide [national] educational opportunities to multiple stakeholders within the profession,” they said. “The certificate program was developed to directly respond to the need for practical, veterinary profession-focused education in diversity and inclusion that could be a national resource.”

The certificate program is available nationally, and those who enroll complete a series of online modules focused on core competencies in diversity and multicultural awareness, on topics ranging from generational diversity to sexual orientation. Participants are also required to
complete one to three hours of community service, take part in cultural events in their community, attend national or local meetings related to diversity and inclusion in veterinary medicine, and submit an essay detailing how they will use what they have learned from the course in their career.

As of January, 257 veterinary faculty members, administrators, and professional veterinarians and technicians — as well as veterinary medical, tech, and pre-vet students — have participated in the online program. Cipriani and San Miguel said that faculty members from 29 of the 30 U.S. veterinary schools and from two international schools are involved with the program. Because the creation of the program was a collaborative effort that called upon experts in the field, they said it allowed them to build modules that mirror real-life situations veterinarians often encounter.

“Scenarios reflecting common occurrences in the classroom or workplace were added to illustrate topics such as microaggressions or stereotype threats,” Cipriani and San Miguel said. “The end goal is that participants will be able to recognize less inclusive climates, language, or behavior and also have the tools and language to respond in a meaningful way to create positive change within the veterinary profession.”

The program lasts one year, and those who complete all coursework earn nine hours of continuing education credits. The cost to enroll is $100 for students and $300 for faculty and veterinary practitioners; discounts are available for groups. And Cipriani and San Miguel said that feedback from program participants has been extremely positive.

“Most comments include that the program resulted in an expanded view of diversity beyond race and ethnicity,” they said. “Participants cite how the program has motivated them to improve their communication and leadership skills. Most importantly, participants report [that] they now feel better equipped to promote inclusion through teaching and mentoring in the veterinary profession.”

Cipriani and San Miguel hope to collect more data on participants’ cultural competence and develop a framework to further improve work and learning environments in the veterinary field. Additionally, faculty at many colleges have incorporated modules from the certificate program into their classes. Still, Cipriani and San Miguel said they would like to see even greater participation in the program.

Rebecca Prinster is a senior staff writer for INSIGHT Into Diversity.
The challenges of diversity, equity, and inclusion that we face in academe today can be traced back to the nine Colonial colleges that were established primarily for the privileged and elite: white European men in the upper class. This can also be said for the first medical schools that were created at the University of Pennsylvania (1765), Columbia University (1767), Harvard University (1782), Dartmouth College (1797), Yale University (1810), and Brown University (1811). Even though medical training programs for non-white students were established at historically black colleges and universities — Howard University (1868) and Meharry Medical College (1876) — limiting medical education to white men continued as the norm for most other institutions, including Johns Hopkins Medical School (1893). This is evidenced by well-known American educator Abraham Flexner in his 1910 report, “Medical Education in the United States and Canada,” in which he asserts, “Teachers of modern medicine — clinical as well as scientific — must, then, be men of active, progressive temper, with definite ideals, exacting habits in thought and work, and with still some margin for growth.”

While many inroads have been made since the Colonial era, academe is still awash with the vestiges of majority hetero-normative values and mindsets that hinder the advancement of diversity, equity, and inclusion in higher education today; that may include minority-serving institutions as well. Interestingly enough, Flexner later stated in his comparative study in 1925, “Scientific medicine in America — young, vigorous, and positivistic — is today sadly deficient in cultural and philosophical background.”

Was Flexner’s observation portending what is happening with the cultural and philosophical movements (e.g., White Coat Die-In, Black Lives Matter, and so on) taking place on college and university campuses today? If so, we should acknowledge how Flexner’s report continues to influence and shape academic health centers today, especially regarding how we are moving the needle forward for diversity, equity, and inclusion.

Recent events (i.e., protests, die-ins, sit-ins, marches, demands, and the like) are indeed moving the needle forward, and this renewal of social activism by people from all backgrounds is reminiscent of the movements in the 1960s and ’70s. It is also refreshing and inspiring to know that our students are not the passive learners we once thought they were. Today, our students are attuned to social injustices and health inequities more than ever. They are harnessing the power of technology, especially social media, to raise awareness of the institutionalized racism that is prevalent in society, namely in education and healthcare. This social justice movement is happening on undergraduate campuses, as well as in graduate and professional schools, including academic health centers.

To that end, the first nationwide White Coat Die-In — a demonstration in which people lie down as if they were dead — was held on December 10, 2014, which is also celebrated as International Human Rights Day. On that day, medical students across the country used social media to organize die-ins and protests. This unprecedented protest involved students at more than 70 medical schools — in New York City, St. Louis,
Philadelphia, Boston, Cleveland, Chicago, Los Angeles, San Francisco, Washington, D.C., and elsewhere — to protest the lack of indictments against police following incidents in Ferguson, Mo., and New York City. The protests were also intended to highlight racial bias as a public health issue.

In Chicago, students, faculty, and staff from Rush University and the University of Illinois-Chicago joined together and silently marched on both campuses in a show of solidarity. In addition, other medical schools in Chicago joined in protests on their respective campuses. Many of these institutions had already begun to address social justice, but this renewed students’ interest in having difficult conversations with their peers throughout the year.

This momentum carried over into the next year, and academic health centers began to deem racial injustices, especially police violence, as a public health crisis. On December 10, 2015, medical students throughout Chicago once again joined forces by donning their white coats to stage a die-in to protest the cover-up of police violence in the city. During the die-in, students lay down on the sidewalk for 16 minutes to represent each of the 16 fatal shots that police fired at Laquan McDonald. This protest joined the chorus of voices aimed at addressing police brutality and called on the mayor of Chicago to resign.

This activism was buoyed and inspired by local and national movements, as well as the website thedemands.org, which is a project of We The Protesters, a national collaborative of activists fighting to end racism and police violence in America. To address these sensitive and provocative issues, student affinity groups at Rush University began working with the Office of Student Diversity and Multicultural Affairs to develop a series of educational activities on the Rush University campus to continue the discussion of racial, social, and health disparities in Chicago and beyond. These topics include unconscious bias, cultural competence and humility, and structural racism — to name a few.

At Rush University, we support our students in their activism locally and regionally. On our campus, we strive to shape and sustain a positive multicultural environment for all community members. We accomplish this goal by fostering a climate that respects and appreciates the history, culture, and traditions of all students and faculty while providing programming and support for the Rush community. In particular, the Office of Student Diversity and Multicultural Affairs collaborates and partners with all four of Rush’s colleges — the Medical College, the College of Nursing, the College of Health Sciences, and the Graduate College — to support the intellectual, social, and poly-cultural development of all students for inclusive excellence.

Of note is the enhanced programming of co-curricular activities and the increase in membership of student affinity groups, which have increased from seven to 11 groups in the last year, with two more in development. Many academic medical center and health science university, is to make these resources as widely available to others as possible,” Goodman said.

With the support of and encouragement from the leaders at Rush University Medical Center, the Office of Student Diversity and Multicultural Affairs will continue to collaborate with students, faculty, and staff to prepare the healthcare leaders of tomorrow in an environment of compassion, commitment, and care that will benefit everyone.

As we collectively address social injustices, we must be ever mindful that the only truth is action. ⚫

LeManuel Lee Bitsóí, EdD, is director of Student Diversity and Multicultural Affairs and an adjunct faculty member in the College of Health Sciences at Rush University.

Today, our students are attuned to social injustices and health inequities more than ever. They are harnessing the power of technology, especially social media, to raise awareness of the institutionalized racism that is prevalent in society, namely in education and healthcare.
Academic Acute Care Surgeon

The Department of Surgery, Division of General Surgery at the University of Utah School of Medicine seeks to recruit a full-time ACS fellowship trained academic surgeon to specialize in acute care surgery (emergency general surgery, trauma, surgical critical care). Successful applicants should be qualified at the level of Assistant Professor, and possess excellent clinical skills. Board certified/board eligible in Surgical Critical Care is required. Candidates should have specialty training in public health research – with a focus on and experience in health services research, robust clinical training at a high volume, academic trauma center and a strong interest in teaching medical students and residents.

The University of Utah Hospital is an ACS-verified Level I Trauma Center serving a five-state referral area, with approximately 2,500 admissions yearly. The University of Utah also maintains ACGME-accredited training programs in general surgery and all surgical subspecialties.

Applicants must apply at: http://utah.peopleadmin.com/postings/50350

Please submit the following:
1. Curriculum Vitae
2. Cover letter
3. Please answer all required questions.
4. If you respond “Yes” to any of the posting questions, please include a written detailed explanation with your cover letter.

For additional information, contact:
Ram Nirula, MD
Associate Professor
Trauma Medical Director
University of Utah SOM
Phone: (801) 587-9367
Fax (801) 585-7392
E-mail: r.nirula@hsc.utah.edu

The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities.

The Department of Pathology is seeking an AP/CP or CP trained pathologist (board certified), with subspecialty training in Transfusion Medicine (board certified or eligible). The successful candidate will share responsibility with one other medical director for supporting the Transfusion Service at the University of Utah.

Hospital, the Huntsman Cancer Institute and Primary Children’s Hospital. The position will also support the Associated Regional and University Pathologists (ARUP) Blood Donor Center and Immunohematology Reference Laboratory. The successful candidate will be expected to support laboratory and hospital quality improvement, compliance, and accreditation initiatives, and to provide consultation to clinicians. Participation in teaching of medical students, pathology residents, and hematology fellows is also expected. Research in the area of applied transfusion medicine is encouraged. Academic rank and salary will be commensurate with experience.

Applicants should submit electronically to http://utah.peopleadmin.com/postings/50688 a curriculum vitae, a brief cover letter, and the names and addresses of three references. Please contact Allison.boyer@path.utah.edu with any questions.

The University of Utah Health Sciences Center is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The University of Utah Health Sciences Center values candidates who are committed to fostering and furthering the culture of compassion, collaboration, innovation, accountability, diversity, integrity, quality, and trust that is integral to the mission of the University of Utah Health Sciences Center.

The University of Utah is an Affirmative Action/Equal Opportunity employer and does not discriminate based upon race, national origin, color, religion, sex, age, sexual orientation, gender identity/expression, status as a person with a disability, genetic information, or Protected Veteran status. Individuals from historically underrepresented groups, such as minorities, women, qualified persons with disabilities and protected veterans are encouraged to apply. Veterans’ preference is extended to qualified applicants, upon request and consistent with University policy and Utah state law. Upon request, reasonable accommodations in the application process will be provided to individuals with disabilities. To inquire about the University's nondiscrimination or affirmative action policies or to request disability accommodation, please contact: Director, Office of Equal Opportunity and Affirmative Action, 201 S. Presidents Circle, Rm 135, (801) 581-8365.

The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.

VIRGINIA COMMONWEALTH UNIVERSITY MEDICAL CENTER
DEPARTMENT OF ORTHOPAEDIC SURGERY

The department is recruiting a full time fellowship trained surgeon in Orthopaedic Sports Medicine.

The applicant will join two current Orthopaedic Sports Medicine faculty and be a part of a service that includes residents. The applicant is expected to be an integral part of an active clinical, basic science program, and provide coverage on field at events. Applicant must also be board certified in sports medicine and Orthopaedic Surgery.

Demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU.

Qualified applicants should apply online at https://www.vcujobs.com. For additional information, please contact: Kevin O’Keefe, Administrator, Department of Orthopaedic Surgery, P.O. Box 980153; Richmond, Virginia 23298-0153, Email: kevin.okeefe@vcuhealth.org.

Virginia Commonwealth University is an equal opportunity employer, affirmative action employer. Women, minorities, and persons with disabilities are encouraged to apply.
This opportunity offers:

- Established electrophysiology lab
- New cath lab
- 100% EP focus
- Large established referral base
- Highly trained nursing and support staff
- Shared call
- Collaborative environment with your peers

Benefits to you include a competitive salary and a signing bonus. You and your family will have a generous benefits package including health, dental, retirement, and paid malpractice coverage. Academic rank for the position is open.

The community is vibrant and offers an excellent family environment, with unsurpassed recreational activities including: five star rated restaurants, private country clubs, cultural performances, golfing, tennis, white water rafting, skiing, kayaking, backpacking, hiking, minor league baseball and numerous events and festivals throughout the year.

For consideration, email CV and letter of interest to carol.wamsley@camc.org or fax to (304) 388-6297.

WVU is an EEO/Affirmative Action Employer – Minority/Female/Disability/Veteran

Webster University

Vice President and Chief Financial Officer

With its home campus in Webster Groves, a suburb of Saint Louis, Missouri, Webster University comprises an action-oriented global network of faculty, staff, students and alumni who forge powerful bonds with each other and with their communities around the globe. Founded in 1915, Webster is a private non-profit university with more than 17,000 students studying at campus locations in North America, Europe, Asia, and Africa and in a robust learning environment online. The university is committed to delivering high-quality learning experiences that transform students for global citizenship and individual excellence. The University is a recognized leader in international education, adult learning, and is acknowledged for success in diversity and inclusion.

Position responsibilities include ongoing strategic participation with the President and Provost in leadership of a dynamic, complex and innovative institution. The Vice President and Chief Financial Officer (CFO) provides oversight of financial policy of the University, participates in the university’s overall strategy, and provides direction for long-term budgetary planning, resource use, debt management, cost management, facility management, and investment opportunities in alignment with the University’s strategic plan. The selected candidate will collaborate with fellow members of the Administrative Council and Provost’s Council in aligning financial management, planning, and projections. The CFO presents reports to the Board of Trustees’ finance committee on issues, trends, and changes relative to financial management of the institution. This position is responsible for managing cash flow and forecasting; directing all financial, project-based, and departmental accounting; and coordinating with the Provost the oversight of budget establishment and management across the university. Additional responsibilities include managing and overseeing financial measurements and reporting, as well as coordinating internal audit activities with the Audit Committee. This position reports to the Provost, Senior Vice President and Chief Operating Officer, Julian Schuster, and work closely with the Board audit, finance, investment, and building & infrastructure committees.

The successful candidate will be a seasoned and mature leader with at least 7-10 years of broad finance experience, with experience gathering and evaluating financial information and making actionable recommendations to senior leadership. The candidate will ideally have experience managing finance (accounting, budgeting control, and reporting). A master’s degree in related discipline and CPA/CMA is required; an MBA is preferred. If coming from the for-profit sector, nonprofit board experience is preferred.

For a position description, please visit the Job Opportunities page at www.webster.edu/human-resources.

Procedures for Candidates: The search committee invites applications (cover letter that addresses the responsibilities described in the position description, full resume, and contact information for at least five professional references), to be submitted electronically to webstercfo@webster.edu. Candidacy review begins immediately and continues until appointment is made.

Webster University is an Equal Opportunity/Affirmative Action institution, committed to excellence through diversity in education and employment. We strongly encourage applications from those who identify as diverse in terms of gender, race, ethnicity, national origin, sexual orientation, disability, and/or veteran status.
“I hope to make people realize how totally helpless animals are, how dependent on us, trusting as a child. ... [They] are an obligation put on us, a responsibility we have no right to neglect or to violate by cruelty.”
— James Herriot, British veterinarian, surgeon, and writer

“The human body experiences a powerful gravitational pull in the direction of hope. That is why the patient’s hopes are the physician’s secret weapon. They are the hidden ingredients in any prescription.”
— Norman Cousins, American political journalist

“It is health that is real wealth, and not pieces of gold and silver.”
— Mahatma Gandhi

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”
— William Osler, Canadian physician and co-founder of Johns Hopkins Hospital

“My job as a physician is to make sure I have provided my patients with the best options to make the decisions that affect their lives.”
— Ami Bera, American physician and U.S. representative

“Our task must be to free ourselves ... by widening our circle of compassion to embrace all living creatures and the whole of nature and its beauty.”
— Albert Einstein, German-American scientist and mathematician
Diversity and inclusion are a vital part of support and tradition.

The Texas Tech University College of Agricultural Sciences and Natural Resources strives daily to promote and advance diversity on our campus.

During the year we’re active in Minorities in STEAM, a group that fosters and promotes agricultural sciences among ethnic minority students; and CASNR Scholastic Opportunity, which targets Panhandle and West Texas high school students that are first-generation, low-socioeconomic-status minorities that meet requirements to attend Tech and are interested in majoring in CASNR.

Every day, we’re building a diverse and inclusive community engaged in teaching, research and service opportunities. The best education develops in a vibrant, diverse community that actively affirms the differences among its members. As a result, the CASNR community values a wide range of opinions, cultures, communities, perspectives and experiences.
Targeting Cancer

“...My lab provides a great illustration of how the UCF College of Medicine is providing education, research and patient care in our community.”

University of Central Florida associate professor Annette Khaled is ATTACKING CANCER WITH CUTTING-EDGE TECHNOLOGY. The Burnett School of Biomedical Sciences researcher is developing drugs that seek out fast-spreading metastatic cells and destroy them with individualized treatments for specific types of cancer.

Diversity and inclusion are core values at the UCF College of Medicine. By embracing the dimensions of human difference, we train physicians and scientists who represent, understand and connect with the communities they serve. Learn more at med.ucf.edu.