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Celebrating African American History: The little-known story of America's first Black college graduate
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The UAB School of Nursing believes equity, diversity and inclusivity are the cornerstones of increased access to health care and improved population health across the globe. As we lead a new era in nursing and prepare the next generation of health system leaders, compassionate and highly educated nurse clinicians, scientists and faculty who will drive innovative health care solutions, we must embrace the diversity of ideas and experiences, and support a student body, faculty and staff representative of the patients and families we serve in order to bring a broader cultural perspective to the profession and ultimately improve the care we can provide.
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A new report on chief enrollment management officers (CEMOs) reveals that there has been little progress in diversifying this leadership role on U.S. college campuses despite high turnover rates in recent years.

CEMOs are responsible for “developing and implementing comprehensive strategic enrollment management efforts focused on retention, recruitment, and admissions,” according to the American Association of Collegiate Registrars and Admissions Officers (AACRAO), which produced the report based on a survey of 300 respondents.

The authors of the report note that despite having high levels of turnover, diversity among the CEMO profession has remained stagnant. The majority of survey-takers, at 56 percent, reported being in their current position for less than five years. Just over 80 percent of CEMOs in 2020 identified as White — a figure that is “virtually the same” as survey results from 2014 and 2017, the report states. Representation among other ethnic and racial groups also remained stagnant, with 12 percent of CEMOs identifying as African American or Black, 6 percent as Latinx or Hispanic, and 1 percent as Asian American.

The representation of women, who account for significantly fewer top leadership roles overall in higher education, fluctuated between 2014 and 2020. Women made up 40 percent of the CEMO profession in 2014, 48 percent in 2017, and 43 percent in 2020.

Nearly 40 percent of CEMOs reported that their responsibilities include participating on diversity committees. Yet only 4 percent of respondents included “understanding of diversity and inclusion issues” among the top three most important skills and attributes of their job.

Seven in 10 CEMOs say they are solely responsible for identifying their institution’s enrollment goals. Three in 10 are solely responsible for target market identification, while half say they delegate and supervise this responsibility. The majority of CEMOs, at 83 percent, also delegate and supervise the duties of new student recruitment.

Thirty percent of CEMOs delegate and supervise student retention, success, and completion efforts, while 50 percent say they participate in but are not in charge of these efforts.

Notably, the AACRAO predicts that there will be “several hundred” CEMO openings over the next three years.

IN BRIEF

HBCU Athletes File Discrimination Lawsuit Against NCAA Rules

On December 10, former and current athletes from historically Black colleges and universities (HBCUs) filed a class-action lawsuit that claims the NCAA discriminated against student-athletes at HBCUs when it considered race in its Academic Performance Program (APP).

Colleges and universities that earn low scores on the APP, which measures student-athletes’ academic progress, face penalties that can range from requiring additional practices to banning teams from postseason competition.

“The NCAA’s design and implementation of the APP perpetuates a system that punishes Black student-athletes at HBCUs because of the HBCUs’ unique and historical role in the education of Blacks within the systemic vestiges of discrimination,” the lawsuit states. “In fact, the NCAA has admitted that ‘a higher proportion of HBCU teams have been subject to APP penalties’ than Predominantly White Institutions (PWIs).”

The lawsuit points to the program’s metric system, which is designed to improve college completion rates by requiring teams to meet certain benchmarks.

“All schools are not created equal,” Manassa stated in an interview with NPR. “So how are you going to hold every school to the same standard if every school don’t have the means to live up to those standards?”

Manassa played basketball at Savannah State University, where he claims his athletic career was negatively affected by the implementation of a postseason ban on his team for failing to meet APP standards.

HBCU teams are 43 times more likely to receive a postseason ban than a PWI team, according to plaintiffs J’ta Freeman, Austin Dasent, and Troyce Manassa.

“[Graduation rates] for Black student-athletes were 20-30 percentage points lower than for [White] student-athletes,” according to plaintiffs J’ta Freeman, Austin Dasent, and Troyce Manassa.

“All schools are not created equal,” Manassa stated in an interview with NPR. “So how are you going to hold every school to the same standard if every school don’t have the means to live up to those standards?”

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HBCU teams are 43 times more likely to receive a postseason ban than a PWI team, according to the lawsuit.
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African American History Month

John Chavis: America’s First Black College Graduate

African American History Month 2021 is expected to be a remarkable time for commemoration and celebration following a year of heightened racial tensions. This year, INSIGHT Into Diversity commemorates this special month by sharing the little-known story of John Chavis.

Chavis, the first known African American to receive a college degree in the U.S., graduated from Washington and Lee University (W&L) in 1799.

Despite his landmark achievement, Chavis remains fairly unknown in U.S. history. Scholar Theodore C. DeLaney Jr. described him in a 2001 commencement address as “one of Washington and Lee’s best kept secrets. No one ever talked about him, and there were no plaques or buildings commemorating him. Yet, he is important and deserves a more visible place in the history of the institution.”

Some details of Chavis’ life are uncertain, but he is believed to have been born circa 1762 in North Carolina. He was born a free person, though some accounts have him listed as an indentured servant, according to NCPedia.com. Records show that he enlisted as a soldier in the Continental Army in 1778.

After serving in the Revolutionary War, Chavis enrolled in the College of New Jersey (now Princeton University) in 1792. There, he studied for the ministry under the tutelage of John Witherspoon, one of the signers of the Declaration of Independence. He transferred to Washington Academy (now W&L) in 1795 to finish his studies for the ministry. Chavis graduated with honors in 1799 and became the first Black preacher licensed by the Presbyterian Church in the U.S. in 1800.

As a minister, Chavis preached to both Black and White audiences and is believed to have served as a missionary to enslaved people.

In 1808, he opened a private school in North Carolina where he taught free Black children as well as White children. Though his classes were initially desegregated, the parents of Chavis’ White pupils pressured him into teaching the races separately. As he was personally connected to notable politicians and other highly influential men of the day, his students included children from some of the most prominent White families in the state.

Despite his reputation as a respected educator, Chavis was forced to leave the profession in 1832 after North Carolina passed a series of laws barring Black people from certain occupations and restricting other freedoms following Nat Turner’s 1831 rebellion. The state made it illegal to educate African Americans or for Black ministers to preach in public. Left without a profession, Chavis and his wife are believed to have spent the rest of their lives dependent on the Presbyterian Church for financial support. He died in 1838.

Historians are uncertain if Chavis, as some free African Americans did at the time, owned enslaved persons. Some sources describe him as an abolitionist who denounced Turner’s rebellion for his own safety as a prominent Black citizen, according to AfricanAmericanRegistry.org.

It is known that he believed in the “gradual emancipation of slaves” and was a leading voice for the education of Black Americans, including advocating for these causes among his elite political connections, according to W&L.

Other major details of Chavis’ life, such as the name of his wife, are also forgotten to history. Yet historians and scholars who came across his story in the years following his death have written that his life experiences and professional accomplishments were outstanding. In an 1888 government pamphlet on the history of education in North Carolina, historian Charles Lee Smith wrote of Chavis that “[h]is life finds no parallel in the South, nor, so far as the writer aware, in any part of our country.” A 1924 article in The New York Times called Chavis “without any exception the most remarkable [B]lack man who ever lived in the United States.”

A 1924 article in The New York Times called Chavis “without any exception the most remarkable [B]lack man who ever lived in the United States.”

In recent years, DeLaney and other scholars have sought to raise awareness of Chavis and his role in the history of higher education. In March 2019, W&L officially renamed Robinson Hall, a campus building originally named for slaveholder and university benefactor John Robinson, to Chavis Hall.
Cuyahoga Community College is fortunate to have a mosaic of people who contribute daily to create a dynamic learning and working environment. We are proud to be a 2020 HEED award winner.
On December 7, INSIGHT Into Diversity hosted a second conversation addressing the steps that White women must take to become true allies to Black women in higher education

By Lisa O’Malley

The second webinar in INSIGHT Into Diversity’s “Women of Color Need Courageous Allies in the Academy” series delved into the anti-racist work that White women must undertake to support their colleagues of color within the academy and beyond.

The virtual discussion was moderated by Holly Mendelson, co-publisher of INSIGHT Into Diversity, and featured three Black and three White panelists who participated in Part One. These women spoke openly and eloquently and represented a variety of perspectives. Panelists included:

- Shani Barrax Moore, CCDP/AP, director of diversity and inclusion at University of North Texas
- Laura A. Belmonte, PhD, dean of the College of Liberal Arts and Human Sciences and professor of history at Virginia Tech University
- Karen L. Dace, PhD, vice chancellor for diversity, equity, and inclusion at Indiana University-Purdue University Indianapolis
- Jennifer Laflam, professor at American River College
- Dreama Moon, PhD, professor at California State University San Marcos
- Menah Pratt-Clarke, PhD, vice president for Strategic Affairs and Diversity and professor of education at Virginia Tech University

The host and panelists began the conversation by challenging attendees to ask of themselves, “Why are you here? Why do you want to do this work?” The point, which was reiterated throughout the session, was to have attendees explore their own motivations regarding anti-racism advocacy, to better understand their readiness to commit, and to dive deep.

Several important topics were subsequently explored with the panelists during the two-hour discussion, all tying back to the original theme.

Whether it stems from a need to be praised or a “White savior complex,” White colleagues often engage in performative allyship. What are panelists’ experiences and feelings when dealing with performative allies?

Menah Pratt-Clarke responded that she used to get upset at White colleagues who showed up to anti-racist spaces but acted disingenuously about their intentions for doing so. She believes that those who are truly ready to engage in anti-racist work have undergone some experience that has affected them deeply.

“There has to be a transformative moment, or an encounter, or something, that touches and impacts someone’s spirit at the core and it causes them to show up at the door,” Pratt-Clarke said.

And while she isn’t as concerned about why someone shows up to anti-racist spaces, Pratt-Clarke says she does want to be assured that they are ready to put genuine and authentic effort into social and racial justice work.

As a White ally, what has your experience been when interacting with other White people who do not want to engage in or do not understand anti-racist work?

Dreama Moon responded that her own experience has been one of alienation from family and colleagues. She said that one accusation often lobbed at White allies, including herself, is that they “hate White people.” Moon attributes this backlash to deeply engrained ideas of White supremacy in our society and the unwritten rule that speaking about this subject is considered “treason.”

“What White people have to understand … is that speaking against White supremacy is a huge racial violation among White folks,” Moon explained. “It breaks the code of White silence, and that’s no mean feat because there are consequences for the codebreaker.”

What is racial identity development? Why is it so critical to informing anti-racism efforts?

Shani Barrax Moore described how
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At the University of Kentucky, art plays a central role in helping us create a more diverse, inclusive and accepting community.

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In partnership with Coca-Cola, Inc., UK is soliciting art to be featured regularly on the wall that will speak to the legacy of systemic racism and our ongoing efforts to eradicate it.

That is the power of art.

And at the University of Kentucky, it’s the power we are seeking to imagine anew what is wildly possible in a world committed to a greater sense of belonging and acceptance.
racial identity development — such as the Hardiman Jackson Identity Development Theory — is integral for White allies to understand. In her experience, it offers a window into other people’s identities and their relationship to oppression.

This knowledge helps White individuals engage with their own racial identity and understand the emotional labor and “racial battle fatigue” their colleagues of color experience every day in their personal and professional lives. By doing the work in understanding one’s self, Moore said, only then can allies truly prepare themselves to do racial justice work.

By its very nature, anti-racism work is challenging and uncomfortable; however, the presence of White allies is critical, Dace said. She pointed to the fact that this very conversation was happening because White women were finally sticking around.

Moon discussed how White people can take responsibility by teaching one another to understand racism and learn how to identify inequalities in everyday situations.

Jennifer LaFlam also pointed out that White people have a tendency to push away other White allies in an attempt to portray themselves as “the good White person.”

She further elaborated on the differences between allyship versus accompliceship. Allies are just beginning to dip their toes in and do the self-work necessary to be actively anti-racist. Accomplices, on the other hand, have done the work because they understand that others are not tasked with doing the self-work for them, she said.

Why is it so easy for White people to abandon anti-racist work?

Karen Dace said that she believes White women often feel the need to be perfect, which prevents them from engaging in work that is unfamiliar or uncomfortable to them for fear of making a mistake.

Dace then stated that the first thing she hopes White women will take away from the webinar conversation is that human beings make mistakes.

“The problem is making the mistake and never coming back to fix it,” she explained.

“We are not used to being seen or self-identified as a member of a racial group,” LaFlam said. “We’re used to being seen as individuals who can distinguish ourselves from other White people.”

LaFlam said it is essential that the moment a White ally feels themselves beginning to push away others is actually when they should make an effort to reach out.

Laura Belmonte added that being in a higher education environment, there is often an unrealistic expectation that White academics have that they should know better when it comes to racial issues.

Overall, the panelists agreed that resiliency is key to overcoming the challenges that come with anti-racism work.

“You can cry, you can hurt, but you have to get back up, put your face on, and do the work,” Pratt-Clarke said.

Lisa O’Malley is the assistant editor of INSIGHT Into Diversity.
COLLEGE INITIATIVES

The Project Engage Pharmacy Program (PEPP) is a three-day summer camp bringing underrepresented minority and first-generation student applicants from minority-serving institutions to The University of Texas at Austin campus and inspires those participants to consider careers in pharmacy. Activities include exposure to the diverse field of pharmacy, visits to college facilities and pharmacy practice environments, presentations from pharmacists in various fields, resume/CV review, and hands-on pharmacy exercises.

The college hosted and sponsored the Texas Association of Diversity Officers in Higher Education Fall State Meeting Reception on November 14, 2019. M. Lynn Crismon, Pharm.D. and Skyller Walkes, Ph.D. invited all affinity and university resource groups and diversity and equity professionals from across the state of Texas to attend.

The University of Texas at Austin College of Pharmacy established its Scaffolding Success for Future Pharmacists Road Show to nurture successful partnerships with educational institutions. The college maintains relationships with schools throughout the year through tabling, campus visits, email check-ins to interested students, and regular communication with campus administrators and faculty liaisons. Recipients of road show visits include Historically Black Colleges and Universities (HBCUs) Prairie View A&M University, Huston-Tillotson University, Jarvis Christian College, and Texas College, as well as Hispanic Serving Institution (HSI) Texas State University, Houston Community College, Sam Houston State University, and Lyndon Baines Johnson Early College High School in Austin, Texas.

"The diversity, equity, accessibility, and inclusion work that I lead in The University of Texas at Austin College of Pharmacy is genuinely borne of my philosophical charge that educators in all disciplines across the expanse of the K20 spectrum work to transform every space into an intentionally inclusive one—for our learners, for our colleagues, for ourselves."

Skyller Walkes, Ph.D.
Assistant Dean of Diversity and Inclusion
While Black people comprise about 13 percent of the national population, a recent report from the National Center for Education Statistics (NCES) shows that they represent only 6 percent of college and university faculty nationwide. Yet almost annually, many of the Black faculty that are hired become part of what diversity expert Daryl G. Smith defines as the turnover quotient — the percentage of people who are hired to replace faculty leaving an institution.

Some turnover is expected. Many Black faculty are doing great work and move to places that provide more professional fulfillment. Others leave for personal reasons that have little to do with their current employer. Still, too many leave because of what Harvard University psychiatrist Dr. Chester Pierce in a 1970 article called “black-white racial interactions [that] are characterized by white put-downs, done in an automatic, preconscious, or unconscious fashion.”

As the nation seeks to examine and redress discrimination against Black people, we should advocate for a better understanding of what colleges and universities can do to nurture and empower the Black faculty who are already on their campuses. New research in neuroscience shows that the social pain that characterizes microaggressions is not merely a social inconvenience, but a threat to the physical health of Black faculty. In a recent article in *Science* magazine, neuroscientists found that social pain activates the same brain circuitry as physical pain.

Additional research has found that “someone feeling threatened by a boss who is undermining their credibility is less likely to be able to solve complex problems and more likely to make mistakes,” according to an article in *The NeuroLeadership Journal*. Together, these findings show why microaggressions undermine the health of Black faculty as well as undermine their ability to be productive, ultimately leading to the high turnover rate that Smith cites in her research.

The problem that colleges and universities have in tackling these indignities is that they see microaggressions as individual actions over which they have little jurisdiction. In order to effect change, higher education institutions need to approach the problem of microaggressions similarly to the way that they approach sexual harassment and around which they have built some promising, though not impenetrable, barriers. Structures similar to those built around Title IX are needed. In this sense, remedies to microaggressions must be woven into existing institutional onboarding and disciplinary policies that have teeth.

I would like to share recommendations that elevate the status of microaggressions beyond individual slights to physical harms that demand institutionally sanctioned solutions.

While copious evidence has shown that the existence of microaggressions is not in question, many colleges and universities contend that First Amendment protections and academic freedom prevent them from doing much to curb these actions.

First, since many of the laws banning racial discrimination in education and the workplace were written in the 1960s, they tend to address racist actions that are far more blatant than the microaggressions seen today. Existing laws — with their focus on intent — thus make it more difficult to seek damages for violations of Title VI or VII, which are meant to prevent discrimination in education and employment.

Second, while laws protecting people of color from racial discrimination have basically remained the same, a growing case law of oppositional rulings enables claims of reverse racism. Colleges and universities view the possibility of a lawsuit as a rationale for reluctance to hold students, faculty, and staff accountable for microaggressions.

Third, institutional offices that are charged with redressing microaggressions underestimate the harm that these actions inflict upon recipients, and therefore do not seek remedies within the full context of the law.

To ensure the health of all employees, students, and the institution at large, colleges and universities must change the narrative around microaggressions and set expectations similar to those for Title IX. As Lani Guinier reminds us in the book *The Miner’s Canary: Enlisting Race, Resisting Power, and Transforming Democracy*, racial issues provide warnings about deeper problems that threaten the health of society. In this way, microaggressions are sonars for deeper ills that threaten to undermine the well-being for all in higher education.

The following recommendations will help colleges and universities achieve the important goal of effectively addressing microaggressions so as to improve Black faculty success and retention.

**Campus-wide Onboarding**

Colleges must implement skills
training regarding microaggressions for the entire campus community, establishing universal expectations as well as raising awareness of reporting mechanisms and resulting disciplinary actions. Onboarding will help to mitigate the impact of microaggressions and cultivate a culture in educational institutions that is safe and welcoming to all.

**Zero-tolerance Policy**
When universities are serious about ending bad behavior, they enact zero-tolerance policies. Similar rules have been established for sexual harassment, graft and corruption, and other behavioral violations. The same needs to be done for microaggressions in a way that also conveys expectations for creating climates that are empowering, respectful, and nurturing. The broadest possible language about discrimination should be used in creating these policies with regard to microaggressions.

**Leverage Existing Remedies**
In order to bring about change, Offices of General Counsel must pursue microaggressions under the severe or persistent mechanisms allowed under anti-discrimination laws. Where microaggressions are linked to gender and race, such complaints should also be filed through the Title IX office.

**Establish Incentives**
Develop innovation awards and incentive programs that recognize leaders, academic offices, administrative units, and others that create nurturing and empowering environments free of microaggressions and other demeaning language or behavior.

**Employee Benefits**
Provide benefits and resources aimed at addressing the harm that microaggressions create. In light of the scientific evidence that microaggressions are detrimental to physical health, colleges and universities must be innovative in ensuring that employee benefits provide access to sufficient mental and physical health resources.

If colleges and universities are to redouble their efforts to support and retain Black faculty, the necessary steps are clear. Now, institutions must summon the courage to act.

Kwadwo Assensoh is a program assistant in the Center on Diversity and Community at the University of Oregon.

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Battling High Dropout and Low Enrollment Rates Requires Proactive, Empathetic Measures

By Erik Cliburn and Mariah Bohanon

For many students, every academic year poses new challenges and uncertainties on the road to a college degree. In 2020, those challenges frequently became insurmountable, and students from all backgrounds began reversing course on their postsecondary plans at an alarming rate.

Of the 58 million American households that had at least one member planning to attend college in the Fall 2020 semester, nearly 36 percent either cancelled their enrollment or had withdrawn from classes by December, according to the U.S. Census Bureau.

Though many of the factors that contribute to students dropping out — such as financial hardship and a lack of family support — have remained the same, the pandemic has exacerbated the underlying struggles that many students already face, says Sarah Umbarger-Wells, PhD, associate director of First Scholars Initiatives at the Center for First-generation Student Success. Despite these challenges, she believes that colleges and universities that confront pandemic-related dropout rates head-on have the opportunity to create long-lasting, positive change in higher education.

“Students are having to work to support family members who have had COVID-19-related unemployment situations,” Umbarger-Wells says. “That has made it difficult. We already knew that first-generation students and students from minoritized populations … a lot of them work and go to school at the same time. It’s a difficult balancing act.”

At the University of Memphis (UofM), administrators utilized a portion of the university’s Coronavirus Aid, Relief, and Economic Security Act funds to support low-income student retention through innovative measures. They established a “buy-one-get-one” program that allowed struggling students to enroll in two classes for the price of one. While many schools cut employment opportunities, UofM increased on-campus jobs — which pay up to $15 per hour — for students, according to Karen Weddle-West, PhD, vice president for Student Academic Success at the university.

The school, which has 34 percent Black undergraduate enrollment, also increased educational efforts regarding COVID-19 and its effects on communities of color in hopes of limiting infection rates, she says.
“The same population that is historically underrepresented, meaning students of color, are also the greatest percentage of students who are on Pell Grants and the greatest percentage of students who are likely to be compounded,” Weddle-West says. “Those compounding variables [of the pandemic] really hit hardest for students of color.”

UofM and many other colleges have organized massive call and text campaigns to keep in touch with students, including those who are on the verge of dropping out or have already done so. Financial aid offices have increased outreach to help students access additional funds and to make sure they are aware of the financial implications of withdrawing from classes, such as having to return or repay student loans.

In a November 2020 survey by the U.S. Census Bureau, women were more likely than men to report cancelling plans to attend college in the fall semester. Nearly 12 million women reported either cancelling their enrollment or withdrawing from classes compared with 9 million men.

Students who are parents or who care for other family members experienced significant hardship during the pandemic, according to research by the Student Experience in the Research University Consortium. More than half reported a loss in income or reduced wages. One in five student caregivers lost wages from downsized on-campus jobs.

Megan Coval, vice president of federal relations for the National Association of Student Financial Aid Administrators, explained to INSIGHT that many financial aid offices have had to restructure since the start of the pandemic in order to meet increased demand. It is the duty of these offices — and higher education institutions at large — to ensure students are aware that they have options such as adjusting their amount of aid to make up for a loss in income, Coval said.

Many students, especially those who are from disadvantaged backgrounds, may be unaware of all of the economic resources available to help them stay enrolled in school. A summer 2020 survey by technology firm EAB revealed that “lower-income and minority households appear less likely than in years past to access the federal financial aid they need to afford college,” and that this decline will lead to greater inequities in educational access.

Perhaps most troubling is the fact that fewer students are even bothering to look into their financial aid options, as FAFSA submissions have decreased by 6.2 percent, according to a November 2020 federal report. This lack of awareness regarding financial resources may be especially problematic for colleges and universities in future semesters. Even as the nation prepares to distribute the COVID-19 vaccine, college application rates for the coming academic year continue to decline. Multiple states and institutions of higher education are already reporting lower application and enrollment numbers for 2021-2022.

In addition to financial aid outreach, many colleges may not be aware of the impact that other connections to the campus community can have on those who are struggling. While free virtual counseling, for example, is an important source of support for all students, it can be pivotal for those who are disadvantaged and facing issues such as imposter syndrome that have been exacerbated by the pandemic says Rochelle Plummer, executive director of student retention at Shippensburg University. A lot of these students already experience fear of the unknown when it comes to college, and the isolation from campus as well as the challenges of taking classes remotely can make them feel even more as if they don’t belong in higher education, she says.

“When we talk about underrepresented students, a lot of them come in from the start with imposter syndrome. You’re already doubting yourself and now you have this new piece that comes into play,” Plummer explains.

Colleges and universities that want to truly support disadvantaged students must consider these types of issues. Realizing that not everyone has equal access to the technology necessary for online learning, for example, was an important lesson for schools at the beginning of the pandemic, says Pummel. But truly supporting underserved students requires going farther than lending laptops and other tools to realizing that simply using this unfamiliar technology can be intimidating and amplify the sense of imposter syndrome.

Taking this type of empathetic approach to supporting vulnerable students is key to creating the more equitable future in higher education that Umbarger-Wells and other experts see a possible outcome of the pandemic. These significant changes to provide for students in need must come from the top down, explains Weddle-West, specifically university presidents and boards of trustees.

Erik Cliburn is a senior staff writer for and Mariah Bohanon is the senior editor of INSIGHT Into Diversity.
Universities Offer Mental Health Support to Vulnerable Student Populations During the Pandemic

By Mariah Stewart and Lisa O’Malley

When colleges and universities closed their doors last spring amid rising COVID-19 cases, many vulnerable student populations were left without critical campus resources. Being unable to access assistive technologies, Wi-Fi, or even basic essentials like food and housing have made it difficult for some underserved groups to continue on the path to a college degree. Many are in situations that can exacerbate mental health issues. Military and veteran students have reported feeling more isolated, while LGBTQ students have struggled with being forced back into sometimes unwelcoming households.

It is no wonder, then, that students of every background have been experiencing increased psychological distress during the pandemic. Even those who did not have preexisting symptoms of mental illness have found themselves feeling more depressed and anxious, according to a study by the University of California, San Francisco (UCSF).

Many higher education institutions have created programs and services to help students navigate the socioemotional challenges brought on by the pandemic. For some especially vulnerable populations — including military and veteran students, those who have disabilities, and those who are LGBTQ — unique services tailored to their specific needs can be crucial in ensuring academic and personal well-being during this difficult time.

Military and Veteran Students

In August, The University of Texas at San Antonio (UTSA) launched a campaign called Operation Buddy Check to personally contact military and veteran students. The campaign’s goal was to reinforce a connection to the campus community and ensure that these students had access to counseling services and other important resources.

Operation Buddy Check was staffed by volunteers from across the UTSA community, including faculty, staff, and students. The Rowdy-Warrior Military Veterans Alliance, an affinity group for UTSA community members who have served in the armed forces, and student groups like the campus PEACE Center, which advocates for the prevention of sexual violence, also volunteered to help. Campaign participants called each of the university’s 1,600 military members and veterans. In addition to mental health services, they helped these students connect with emergency housing, food pantries, and other vital services.

“Veterans as a group tend to be hesitant to reach out and initiate calls for support. They are kind of conditioned to tough it out on their own, which can lead to increased isolation,” explains Michael Logan, PhD, associate director of the UTSA Office of Veteran and Military Affairs.

Maintaining a connection to the campus community during times of social distancing can be crucial for this population, many of whom are especially prone to mental health issues when isolated, according to research by Sandra Morissette, a UTSA clinical psychologist and professor. After being commissioned by the U.S. Veterans Administration to study the mental health effects of the pandemic, Morissette found that veterans who exhibit severe symptoms of post-traumatic stress disorder and have low levels of social support experience higher levels of suicidal ideation. When they have higher perceived social support, suicidal thoughts diminish.

Logan says military members and veteran students often form tight-knit communities, despite the common perception that they are detached from campus life.

“Our own research has shown us that vets are very engaged, traditionally,” he explains, adding that many are nontraditional students with work and family obligations. “They’re employed, but veterans are very engaged, usually through online modalities.”

Because many military and veteran students have lost access to these groups during the pandemic, now more than ever is the time to reach out, says Logan. “It’s very important that we maintain contact on a semester basis so that we’re ... making sure nobody falls through any gap and that they all [understand] that there is a very strong veteran community at UTSA,” he says.

Operation Buddy Check was successful in contacting all 1,600 students connected to the armed forces and feedback has been “overwhelmingly appreciative.” The university plans to continue the program into the Spring 2021 semester.

Students with Disabilities

For students with disabilities, life under coronavirus restrictions has created numerous challenges. According to a study published by the Student Experience in the Research University Consortium, these students have experienced higher rates of food and housing insecurity during the pandemic and are also more likely to report experiencing symptoms of depression and anxiety.
In addition to providing traditional counseling services for this vulnerable population, some colleges and universities have taken extra steps to ensure they have the necessary tools and support to continue with their studies and are tailored to fit the specific needs of a wide range of disabilities, whether they be physical, learning, emotional, or developmental.

At The University of North Carolina at Chapel Hill, the Digital Accessibility Office created an online portal for faculty and students with a multitude of resources related to accessible remote learning. These include tools, consultations, and training for faculty members transitioning their course materials online. The portal also helps students with disabilities discover and learn how to use assistive technologies and provides free software and online tools.

Colleges and universities can also help students with disabilities by finding ways to increase their sense of stability and structure during uncertain times. These students generally fare better when their routines and environments, including educational settings, remain consistent according to researchers at the University of New Jersey.

The SUCCEED program at the University of Missouri–St. Louis, which educates young people with intellectual and developmental disabilities, helped its students keep a sense of structure by maintaining existing class schedules while transitioning to remote learning.

Tonya Haynes, the parent of an autistic student enrolled in SUCCEED, told AustimSpeaks.org that this was the most important factor in helping her child adjust to life during the pandemic.

SUCCEED staff also acted quickly in teaching students how to use Zoom for online classes and for socializing. Haynes told the website in an August interview. They made personal phone calls to families, held virtual meetings for parents, and distributed a digital newsletter to help everyone stay aware of current and anticipated changes to the program. Having this level of support and open communication has been crucial for her child’s success, according to Haynes.

**LGBTQ Students**

Researchers have discovered that LGBTQ students are another population disproportionately affected by the loss of academic resources and campus community.

“For some youth, college is an experience where they get to live on their own and be sort of their true selves, possibly for the first time ever,” says Kimberly Nelson, PhD, an assistant professor of community health sciences at Boston University. “Then, to have that very rapidly removed from them, and to have to return to a space where they may feel unsafe or unwelcomed ... has a substantial mental health burden.”

Nelson is currently studying the impact of COVID-19 on LGBTQ youth through a grant from the National Institutes of Mental Health. Providing these students with affirming social support will be critical to mitigating the psychological detriments of the pandemic, she says.

Colleges and universities can provide this affirmation and support even from a distance. Duke University’s Center for Sexual and Gender Diversity created a webpage for LGBTQ students that discusses financial aid, accessible counseling, and other basic resources. It also provides information on topics specific to LGBTQ youth, such as whether chest binding is safe for transgender people amid the pandemic. Students can also request a “virtual coffee chat” with a staff member.

Having this type of inclusive support from professionals who are well-versed in LGBTQ issues can be critical for students who are hesitant to reach out for help because of negative experiences in the past, according to Annessa Flentje, PhD, associate professor at the UCSF School of Nursing.

“If you have a bad experience with a therapist because they don’t understand what it is to be trans, or they misgender you, or they don’t show interest or sensitivity — which happens all the time — that can be a roadblock to getting the care you need,” Flentje says.

Higher education institutions can also help families learn how to support their LGBTQ students during this especially challenging period. The Family Acceptance Project (FAP) at San Francisco State University focuses on providing parents and other relatives with guidance in this area. Although created prior to the pandemic, its evidence-based model helps promote wellness, prevention, and care.

Developed in collaboration with San Francisco General Hospital and UCSF, the model helps “ethnically, racially, and religiously diverse families to decrease rejection and increase support to prevent risk and promote their LGBTQ children’s well-being,” according to the FAP website.

The project also provides multilingual resources to help young people and their families understand how to support mental and socioemotional wellness, even if the parents or caregivers believe that being gay or transgender is wrong.

Flentje encourages colleges and universities to consider how vitally important it is for students to know that these resources exist.

“One of the things that higher education institutions can do is really be proactive about making sure their students know how to access mental health resources and know how to access care,” she says, adding that the efficacy of programs and services tailored to vulnerable student populations depends on awareness.

Mariah Stewart is a senior staff writer for and Lisa O’Malley is the assistant editor of INSIGHT Into Diversity.
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Colleges Weigh Options for an Uncertain Spring Semester

By Erik Cliburn and Mariah Bohanon

As COVID-19 cases continue to rise across the U.S., colleges and universities have devised a range of methods for keeping their campuses and surrounding communities safe during the upcoming spring semester. Some higher education institutions plan to continue the alternative academic models implemented in fall 2020, especially the popular hybrid class model. Others have revised traditional course schedules, imposed unique housing policies, and eliminated or reduced student breaks.

As with the fall 2020 semester, colleges are likely to make last minute changes before the spring semester gets underway, according to higher education experts. Others that already announced plans may find themselves forced to reverse course if students returning from winter break bring with them a wave of infections. And, as in the fall, there is the possibility that students will ignore social distancing guidelines by attending parties and other super spreader events once they arrive on campus.

Some institutional leaders began disclosing their plans for spring 2021 early in the fall. The 23-campus California State University system announced in September that all of its classes would remain online through the spring. Other major institutions, including the University of California-Berkeley, Washington State University, and George Washington University, have since followed suit, according to USA Today.

Many have said they will cancel the traditional spring break vacation in the hopes of restricting student travel and to accommodate a condensed class schedule. A number of institutions have dispersed the five days traditionally allotted for a week's break over the course of the semester instead. Others are limiting the break to as little as one day.

Some schools have issued explicit restrictions when it comes to travel. Yale University has allotted students five days free from classes over the course of the semester, but undergraduates are forbidden from leaving the state on their days off without special permission.

Many institutions hope to discourage students from travelling by encouraging them to consider their days off not as vacation time but as “reading days,” as in the case of the University of South Carolina, or simply “break days,” as Purdue University has labelled them. At American University (AU), spring break has been changed to “Wellness Week” to encourage students to use their free time to relax and practice self-care.

AU is also one of the many colleges throughout the U.S. that have transformed campus housing policies. Though the university’s residence halls will be closed during the first half of the semester, 1,250 students will be allowed to move in to dorms during Wellness Week in March and stay through the end of the semester. Priority has been given to freshmen so that they can have some of the traditional college experience, albeit while staying in single rooms and practicing social distancing.

Another popular option for spring is to condense the semester by starting late and, in some cases, ending early. This is designed to limit the amount of time that campuses are open during colder months and the traditional flu season. It also provides for a longer window of time between holiday gatherings and the return to campus. Other colleges are beginning classes online according to a traditional schedule but opening campus at a later date.

Though the idea of late starts and canceled spring break are growing across higher education, there is no consensus on the exact timeline. Middlebury College in Vermont, for example, will not open campus until March 1, while others will delay only until the end of January, according to October 2020, some of the nation’s largest universities had already announced plans to cancel or shorten spring break, including: Baylor University, Carnegie Mellon University, Kansas State University, Purdue University, The Ohio State University, University of Florida, University of Kentucky, University of Michigan, University of Tennessee, and University of Wisconsin-Madison. Based on these institutions alone, nearly 363,000 undergraduate and graduate students will not have traditional spring breaks.
some opted not to finalize their spring schedules until the end of winter break; others remain uncertain amid changes in local infection rates.

A recent analysis by The New York Times illustrates what could affect how colleges determine the benefits versus the risks of opening campuses.

The analysis, released on December 12, shows that COVID-19 deaths are higher in counties with large numbers of college students. The newspaper looked at 203 counties where students made up at least 10 percent of the population and found that death rates had more than doubled in these areas since the end of August. By comparison, the rest of the country experienced only a 58 percent increase in deaths over the same time period. Most of the deceased were older residents and community members, which suggests that young college students — who are likely to experience no or mild symptoms if infected — were unknowingly transmitting the virus to vulnerable populations in surrounding communities. The Times noted that many students work in off-campus service and health care jobs, which could increase their exposure to the general public and the elderly or ill.

Furthermore, some college and university administrators are already under pressure from governmental leaders and public health officials to reverse plans to reopen campuses, even if intending to use a hybrid course model or impose other restrictions. On December 16, Pennsylvania Acting Secretary of Education Noe Ortega urged institutions in his state to delay the start of the semester due to a significant increase in coronavirus cases and “another surge expected to peak in January,” according to The Pittsburgh Tribune-Review.

“We are seeing an alarming increase in COVID-19 cases and hospitalizations, and these trends are expected to worsen in January at the time when students normally return to campus,” Ortega said in a statement. “By delaying students’ return to campus, our institutions of higher learning can help slow the spread of the virus, help businesses to remain open, and protect regional health care systems.”

Erik Cliburn is a senior staff writer for and Mariah Bohanon is the senior editor of INSIGHT Into Diversity.
When it comes to diversity, equity, and inclusion (DEI), colleges and universities have traditionally put their resources into recruiting and retaining diverse students and employees — however, there is a third leg of DEI that focuses on supplier diversity. There are trillions of dollars spent on goods and services by institutions of higher education every year, yet there is little recognition of the contributions colleges and universities are making to supporting diverse suppliers in their communities and beyond.

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About Jesse L. Moore
The INSIGHT Into Diversity Jesse L. Moore Supplier Diversity Award is named in honor of longtime advocate and economic development pioneer Jesse L. Moore. The first director of supplier diversity at Purdue University, Moore’s achievements include increasing the university’s diversity spending by more than 300 percent since 2005. Spanning a career of over 35 years, he began his work in 1985 for Community Action Against Poverty, Inc. Moore has served as a leader in promoting supplier diversity and the success of minority-owned businesses across a wide range of industries. His numerous honors include the Indiana Governor’s Award for Achievement in Civic Leadership and Community Service, the City of Lafayette Distinguished Citizen Award, the Purdue University Distinctive Service Award, and more.

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SPECIAL REPORT:
NURSING AND PHARMACY SCHOOLS

Nursing and pharmacy students step up to combat COVID-19 and prepare the nation for a healthier tomorrow

Students from the University of Maine School of Nursing participate in a simulation lab while wearing personal protective equipment
Yale School of Nursing DEI Director Resigns in Protest

Raven Rodriguez, the former Yale University School of Nursing (YSN) director of diversity, equity, inclusion (DEI), resigned from her position on October 22 in protest of what she alleges is an “oppressive status quo,” according to an email addressed to students.

“My hope is that each of you included in this message knows that despite how hard [W]hiteness has tried to center itself in anti-racism work, my work at YSN has always been about [B]lack people. I stayed at Yale for [B]lack people, and I am leaving Yale because of the way [B]lack people are treated,” Rodriguez wrote in the email, which was later shared on Medium.com.

Her resignation was motivated by the decision to prioritize her “physical, emotional, and spiritual well-being,” she wrote.

Rodriguez became YSN’s inaugural DEI director in July 2019. Students reported that while Rodriguez was a passionate advocate, her responsibilities within the school and the administration’s plans for addressing racism were unclear, according to the Yale Daily News (YDN), an independent student newspaper.

Three months before Rodriguez’s departure, YSN announced that it would be restructuring DEI roles in order to better fulfill the goals of an anti-racist statement released in June. The restructuring gave YSN dean Ann Kurth, who is White, a more prominent role in the school’s DEI efforts, according to the newspaper.

After Rodriguez’s resignation, Kurth announced in a statement that the school’s associate dean of global affairs and planetary health — who previously oversaw YSN’s DEI office — would “re-incorporate the work of DEI into his portfolio.” Students then promptly created a petition demanding that Rodriguez be replaced by a full-time employee rather than allowing Kurth to hold “the highest position of power related to DEI’s issues,” YDN reported.

“It’s terrifying,” nursing student Tayisha Saint Vil told YDN in a recent interview. “This feels like a really hostile environment for Black and [B]rown students to learn.”

Kurth held a forum on October 26 to address the students’ demands. More than 220 were in attendance, according to YDN. Among their concerns was a lack of diversity among employees and students, outdated curricula that focuses health care almost solely on White patients, and offensive remarks made by guest lecturers and professors. During the forum, Kurth acknowledged that more needs to be done to combat racism within the school.

The YSN held another online panel November 20 that focused on administrators and faculty listening to student concerns and demands. At the panel, Kurth announced the creation of a full-time associate dean of equity position for the nursing school, YDN reported. Over the next year, the YSN also plans to hire a full-time ODEI director, review the current curriculum and learning materials, and develop anti-racist and anti-discrimination guidelines for faculty.

“I have been pained by recent events, by the harms that have happened, and want to state that moving forward I am committed to going beyond rhetoric and bringing about positive change in partnership with the faculty, students, and staff,” Kurth said at the meeting. “I agree that YSN doing a better job [of] supporting Black students is needed.”

Kurth added that she is committed to improving the YSN culture and community through concrete action to address discriminatory attitudes.

The University of Maryland School of Pharmacy’s Medical Cannabis Program is the First of its Kind

In fall 2019, the University of Maryland, School of Pharmacy (UMSOP) launched the first graduate program in the U.S. dedicated to the study of medical cannabis. Now in its second year, school leaders say the program is growing in popularity among students looking to enter an in-demand industry.

The UMSOP Master’s of Science in Medical Cannabis Science and Therapeutics accepted 50 students out of 500 applicants worldwide in its first year. This fall, the program grew to 250 students.

Natalie Eddington, the school’s dean, was inspired to launch the program after reading research on the effectiveness of medical cannabis for managing pain, easing the side effects of chemotherapy, and more, according to a recent article in The Washington Post. Upon discovering that less than 10 percent of medical schools in the U.S. include medical cannabis in their curriculum, Eddington realized that UMSOP could help meet a gap in health care education.

The program’s coursework is entirely online, and students meet and interact with experts “in the science, therapeutics, and policy of medical cannabis” during in-person symposia, according to the UMSOP website. Students’ career interests range from medical consulting to studying the use of cannabis in treating post-traumatic stress disorder. Advocates say that UMSOP has helped to legitimize this form of medical treatment as more states legalize its use, according to the Post.
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A groundbreaking fellowship set to launch in 2021 will train nurse practitioners with the unique skills and cultural competency necessary to care for LGBTQ+ patients.

The fellowship will be the first of its kind in the U.S. It is supported through a partnership between the Callen-Lorde Community Health Center, a nonprofit provider in New York City specializing in LGBTQ+ care, and the Keith Haring Foundation, a nonprofit that supports AIDS care and prevention.

Two individuals will be accepted for the first year of the Keith Haring Nurse Practitioner Postgraduate Fellowship in LGBTQ+ Health. Applications open January 4, 2021, to candidates from across the U.S. The fellowship will be housed in Callen-Lorde’s new location in Brooklyn, New York.

The fellowship will be a full-time, 12-month program consisting of precepted and independent sessions, specialty rotations, and more. A strong focus of the program’s primary care training will be on topics such as the prevention and treatment of HIV and sexually transmitted infections, transgender health, alternative insemination and parenting options, and more.

The fellowship’s official mission is to “train postgraduate nurse practitioners to provide high-quality, patient-centered, culturally responsive, and compassionate primary care to LGBTQ+ communities in all of their diversity,” according to Callen-Lorde. The health center says it hopes that the program’s fellows will use this unique training to “help close the gap in health disparities for LGBTQ+ people.”

In addition to training and patient care, program fellows will have access to expert providers, mentorship, networking, and professional development opportunities.

Funding comes, in part, from a $2.5 million gift from the Keith Haring LGBTQ+ Health Equity Endowment. The “landmark grant” will “significantly impact culturally responsive, and compassionate primary care,” according to Callen-Lorde, in a press release.

First Nurse Practitioner Fellowship in LGBTQ Health to Launch in 2021

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The LGBTQ+ population has long faced substantial barriers to health care. Nearly 10 percent of LGBTQ+ individuals reported that a health care professional refused to see them because of their actual or perceived sexual orientation, according to a 2017 study by the Center for American Progress. Patients are often denied treatment, have difficulty finding culturally competent providers, or forgo care altogether due to concerns about mistreatment.

For more information about the Keith Haring Nurse Practitioner Postgraduate Fellowship in LGBTQ+ Health, visit callen-lorde.org/haringfellowship.●
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Pharmacy schools across the country are gearing up to assist in the distribution of the newly approved COVID-19 vaccine as it becomes available for public use. The University of Missouri-Kansas City School of Pharmacy (UMKC Pharmacy) recently announced that certified pharmacy students will support local clinics and hospitals with their immunization efforts. Medical professionals in the Kansas City-area reported that students will be vital in administering the vaccines, according to a December 11 article on UMKC’s website. Traditionally, third year UMKC Pharmacy students earn immunization certification to assist in administering annual flu vaccines. This certification will now also apply to COVID-19 vaccinations. Due to the anticipated high demand of the vaccine, many smaller community pharmacies will have to heavily rely on student assistance.

“Pharmacists absolutely are playing a huge role in trying to stem the epidemic,” Kashuba stated. “…Vaccine instruction this year is absolutely critical and our students are highly engaged in the process.”

AACP and UM to Host Equity, Diversity, and Inclusion Institute

Pharmacy educators will soon have an opportunity to expand their knowledge of equity, diversity, and inclusion within the pharmacy profession and higher education. Together, the American Association of Colleges of Pharmacy (AACP) and the University of Mississippi (UM) will host a three-day virtual Equity, Diversity, and Inclusion (EDI) Institute January 20-22.

“The University of Mississippi School of Pharmacy was eager to partner with AACP for this institute, as Ole Miss holds a unique obligation to do better in the area of inclusion, and we promote others to do the same,” David D. Allen, the school’s dean, said in a press release. “The goal of the institute is to encourage a system of improving the care we provide as both pharmacists and educators.”

Open to teams from pharmacy schools across the country, the institute will explore topics such as implicit bias in health care and erasing institutional biases. Participants will hear from a range of pharmacy education professionals throughout the event, which will be conducted entirely over Zoom. Attendees will have several discussions with their own teams and with those from other schools to develop an EDI action plan, according to the AACP.

This will be AACP’s first EDI institute since the organization’s House of Delegates passed new policies in July related to health care equity, structural racism, and pharmacy education. The new guidelines take the association’s stance “one step further by committing itself to anti-racism, seeking opportunities to eradicate structural and systemic racism, and addressing the social determinants of health,” according to the AACP.

Those interested in attending the January institute can learn more at aacp.org/event/equity-diversity-and-inclusion-institute.

Pharmacy Students Across the U.S. Prepare to Administer COVID-19 Vaccines

“This vaccine is going to hit, and people will still need their medications, so it’s going to be an additional workload. We normally staff up for flu season, so it’s kind of that staffing up, except we figure that this is going to be a very concerted effort, very quickly,” UMKC Pharmacy professor Sarah Oprinovich states in the December 11 article.

So far this year, UMKC Pharmacy students have participated in 160 clinic immunization events and administered more than 5,500 flu shots. Students at The University of North Carolina at Chapel Hill Eshelman School of Pharmacy will also be assisting in local coronavirus vaccination efforts, the school recently announced.

Immunizations are one of the most important aspects of pharmacy education, and now that the COVID-19 vaccine is available it will be more important than ever, Angela Kashuba, the school’s dean, recently told ABC 11. Student pharmacists can also play a significant role in combating vaccine misinformation and convincing the community to receive the vaccine, she said.

“Pharmacists absolutely are playing a huge role in trying to stem the epidemic,” Kashuba stated. “…Vaccine instruction this year is absolutely critical and our students are highly engaged in the process.”
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Nursing and Pharmacy Programs Continue to Tweak Learning Models in the Face of COVID-19

By Erik Cliburn

Though the COVID-19 pandemic has disrupted educational models across nearly all disciplines, health care education programs have been tasked with the unique challenge of figuring out how to provide necessary hands-on medical training while keeping students, faculty, and patients safe.

For most nursing and pharmacy colleges, this challenge requires continually restructuring their educational models in accordance with changing COVID-19 hospitalizations and as more information about the virus becomes available. Thanks to the teamwork and ingenuity of faculty, staff, students, and local health care partners, many of these institutions have thus far been successful at overcoming such exceptional hurdles.

The University of Maine School of Nursing

At the University of Maine School of Nursing (UMaine Nursing) in Orono, faculty and students have had to adapt to several restructures since March, when most U.S. colleges began shutting down their campuses. At the time, the faculty understood that their greatest challenge would be determining how their students could complete the nearly 750 direct care clinical hours and 200 simulation and laboratory hours that are required to graduate, says Kelley Strout, PhD, the school’s director and an associate professor.

Before devising a plan for going forward, however, they knew that ensuring their students were prepared to several restructures since March, when most U.S. colleges began shutting down their campuses. At the time, the faculty understood that their greatest challenge would be determining how their students could complete the nearly 750 direct care clinical hours and 200 simulation and laboratory hours that are required to graduate, says Kelley Strout, PhD, the school’s director and an associate professor.

Before devising a plan for going forward, however, they knew that ensuring their students were prepared for the months ahead came first.

“When [the faculty] met initially, we decided that our number one priority, no matter what, above academics and grades, was going to be students,” Strout says. “We’re putting our students’ circumstances first and foremost, and our priority is being compassionate and providing emotional support for students during the transition.”

Faculty and staff consulted with students to determine if they had essentials such as food and housing as well as computer and internet access they needed for remote learning. The school then moved all classes — in addition to clinicals and simulations — entirely online.

It soon became apparent, however, that some in-person hands-on experiences would still be necessary for clinical and laboratory hours.

When the university resumed in-person classes in the fall, nursing faculty decided to tweak the traditional timeframe for students to complete simulation labs. Rather than spacing these experiences out over the course of the semester, students spent six to 12 hours in labs each week before the end of September. This reduced the chances that they would have to continue labs online in case a COVID-19 outbreak forced the university to once more shut down campus, Strout explains.

When it came to clinicals, the school resumed in-person hours under a traditional timeframe. These on-site experiences are crucial for nursing education, especially when it comes to preparing students for an epic health crisis like COVID-19.

“So far, our approach … is that we will keep students in clinicals,” Strout says. “If not, we may have an issue on the back end where we don’t have the workforce that we need to respond to the pandemic.”

Because clinicals are arranged in partnership with local health care organizations, UMmaine Nursing has worked closely with local hospitals and clinics to determine the best course of action when it comes to keeping students and patients safe. Necessary measures include ensuring each student is provided with plenty of personal protection equipment (PPE) — some of which has even been 3D printed by UMmaine’s engineering students, Strout says.

The school also anticipates positive reform going forward from the pandemic. Condensing lab hours so that these requirements are completed within the first several weeks of the semester received unprecedented positive feedback from students.
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Though there will probably be some changes in future semesters, Strout says that the school will likely offer this approach to completing lab hours post-COVID-19.

**The Oregon Health and Science University School of Nursing**

At the Oregon Health and Science University School of Nursing (OHSU SON) in Portland, clinicals have also resumed in person. Given local infection rates, however, all classes and simulation labs remain online.

Unlike UMaine Nursing, which is located in a relatively small community, OHSU SON is situated in a metropolitan area with approximately 2.5 million people and in a state with escalating infection and mortality rates. In the two-week period after the Thanksgiving holiday, for example, Oregon’s COVID-19 death toll rose by 87 percent, according to *The New York Times*.

“Every step of this has been challenging. I think the continually evolving nature of the pandemic... has required that everybody has to deal with a lot of information coming in almost every day,” says Susan Bakewell-Sachs, PhD, OHSU SON’s dean, vice president for Nursing Affairs, and a professor.

The high risk of exposure means that limiting unnecessary in-person interactions as much as possible just makes the most sense, she says. Yet OHSU SON and its local health care partners have decided that some on-site training is crucial for maintaining educational standards for future nurses. Students are currently completing in-person clinical hours, and the school plans to continue holding remote courses and labs through the spring semester.

“One of the critical aspects of this has been nursing programs working very closely with their clinical partners to, wherever possible, make joint decisions,” Bakewell-Sachs explains. “We’ve always recognized the importance of academic practice partnering, but when you have this kind of an unfolding scenario, it just really emphasizes that.”

**Medical College of Wisconsin School of Pharmacy**

Many colleges of pharmacy are taking similar approaches when it comes to balancing safety and educational standards.

At Medical College of Wisconsin School of Pharmacy (MCWP) on-site labs and clinicals had to be cancelled last spring because there were not enough supplies available to keep students safe from exposure to the virus. “When the pandemic first hit, many practice sites closed to students. This was largely due to the need to preserve [PPE] for front line health care workers,” explains Sara Revolinski, PharmD, director of Experiential Education and an assistant professor at the college.

MCWP moved all instruction online until PPE became more readily available, at which time it began sending students to complete clinicals at practice sites where help was most needed to aid with the pandemic and staff shortages. “Student pharmacists provide valuable health care services and are an integral part of the health care team,” Revolinski says.

One silver lining of the pandemic for the school has been an increased focus on telehealth. The school recently added more training in this area as it grows in popularity.

“As I anticipate an increasing focus on telehealth in the coming years, which is being accelerated by the COVID-19 pandemic, we plan to continue to enhance our telehealth instruction as this skill will be highly relevant to health care provision upon graduation,” says Revolinski.

Erik Cliburn is a senior staff writer for *INSIGHT Into Diversity*. 
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Pharmacy Deserts Worsen Health Disparities for Vulnerable Communities

By Lisa O’Malley

Across the United States, many low-income areas are facing an often-overlooked health care crisis: the loss of community pharmacies and the vital resources they provide.

These businesses have closed at an increasing frequency in recent years. Between 2009 and 2015, one in eight pharmacies in the U.S. shut down, according to a recent analysis published in JAMA Internal Medicine. Most closures occurred at independently owned drugstores located in low-income urban areas. These neighborhoods often become what are referred to as pharmacy deserts. Akin to the U.S. Department of Agriculture’s definition for food deserts, the term refers to areas with a poverty rate of at least 20 percent and where at least a third of the population lives more than one mile away from a pharmacy.

The Consequences of Pharmacy Closures

The loss of a community pharmacy can significantly affect health care access for underserved populations.

“Neighborhoods that lose a pharmacy or are pharmacy deserts — which are disproportionately Black, Hispanic/Latino, or immigrant — are not only less likely to have access to medications, but also essential services,” says Dima M. Qato, PharmD, PhD, the Hygeia Centennial Chair and an associate professor at the University of Southern California Titus Family Department of Clinical Pharmacy.

In addition to selling essential items like hygiene and baby products, drugstores offer immunizations, diagnostic testing, and access to over-the-counter medications that may be lifesaving. These include emergency contraceptives and naloxone, a drug that reverses the effects of an opioid overdose.

In her previous role as an assistant professor at the University of Illinois Chicago College of Pharmacy, Qato led a three-year research project on pharmacy closures in Chicago’s West and South Sides, which are primarily home to low-income Black and Latinx communities. The research confirmed that vulnerable patients suffer significant negative health consequences when local pharmacies go out of business. Closures are associated with, for example, significant declines in older patients who take essential medications for heart disease and other conditions.

The coronavirus pandemic has exacerbated health disparities in pharmacy deserts, as these businesses play an integral role in combatting community spread. They provide sanitation supplies and personal protective equipment, and pharmacists are often responsible for administering COVID-19 tests. Without these services, people in lower-income neighborhoods are at an even greater disadvantage when it comes to reducing the risk of infection.

Despite the disproportionate rates of coronavirus infection in underrepresented communities, the federal government has yet to develop a plan to ensure the vaccine is distributed in these areas. Instead, organizations like the National Urban League are collaborating with health care providers to determine potential distribution plans.

THE LOSS OF BRICK-AND-MORTAR PHARMACIES

Multinational chains are beginning to suffer from the competition online prescription services present. In 2019, CVS shuttered 29 underperforming stores and announced an additional 22 locations would be closing in early 2020. Walgreens announced in 2019 that it planned to close approximately 200 stores, which make up approximately 2 percent of all of its U.S. locations.

Competition is expected to become even fiercer with the launch of Amazon Pharmacy, the online retail giant’s new prescription delivery service. Nearly three-fifths of the company’s 70 million Amazon Prime subscribers said they would consider using the service once it becomes available, according to a recent survey by Cowen & Co.

However, some experts warn that ordering medication through the mail can be precarious, as delayed shipping or delivery errors can prevent patients from accessing needed medications. Since the U.S. Postal Service slowed down delivery times in June 2020 in an effort to cut costs, there have been reports of difficulties with prescription deliveries.
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Why Pharmacies Are Closing
Business competition is one of the leading factors in pharmacy deserts becoming more common. Small community drugstores must vie against powerful retail chains such as CVS, Rite Aid, and Walgreens for customers. They have also faced increasing competition over the last decade from the rise in online drug retailers.

Qato states in a March 2020 article in Pharmacy Today that pharmacy benefit managers (PBMs) are another detriment to community drugstores. PBMs are third-party companies that negotiate prescription drug prices between insurance plans, drug manufacturers, and pharmacies. Medicaid and Medicare prescriptions receive lower reimbursement rates from these negotiations compared with those for private insurers. Thus, pharmacies that mostly serve publicly insured populations — which tend to be lower income — often make less profit than those that serve privately insured patients, Qato explained.

The health insurance industry has also contributed to the rise in pharmacy deserts by partnering with retail drugstore chains to offer customers lower prescription drug prices. Independent pharmacies are often excluded from these partnerships, known as preferred pharmacy networks, especially in urban areas, according to Qato.

How Pharmacy Schools Can Help
Colleges and universities have the power to serve as vital resources for communities that lack access to pharmaceutical services. The Albany College of Pharmacy and Health Sciences, for example, operates two nonprofit pharmacies in local underserved neighborhoods. Under the supervision of licensed pharmacists, students are able to develop clinical skills while providing vital care to people in need.

The University of Wisconsin-Madison’s MEDIc program offers free clinics throughout the city to meet vital health care needs, including pharmaceutical services. Other pharmacy colleges and schools across the country have similar outreach programs in which PharmD students gain real-world experience while helping to mitigate the loss of community pharmacies.

Qato believes that pharmacy schools that want to take an active role in combating health disparities should offer programs that explicitly address pharmacy deserts and closures. “[Schools] can ensure PharmD students and residents, as well as faculty pharmacists, have practice sites that extend medication access and other services to [underrepresented] neighborhoods,” she says.®

Lisa O’Malley is the assistant editor of INSIGHT Into Diversity.
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Launching a Nursing Career During COVID-19: Recent Graduates Share What They’ve Learned During the Global Pandemic

By Erik Cliburn

Early on in the COVID-19 pandemic, a number of state legislatures, colleges and universities, and state nursing boards allowed high-performing nursing students to graduate early to bolster the overburdened health care workforce — effectively enabling student nurses to begin their careers during one of the greatest public health crises in history.

Though the rules differed by state, those that offered nursing students this option generally required a high grade point average and proven competency in clinical settings. Among the institutions that permitted early graduation were the University Maryland School of Nursing (UMSON) and the University of Maine School of Nursing (UMaine Nursing).

Under normal circumstances, transitioning from nursing school to a professional setting is an intimidating and stressful experience. That challenge has been significantly magnified for many new nurses due to shortages in supplies and staff, less time for training, and ever-changing rules and procedures.

INSIGHT recently spoke with four nurses who made the decision to graduate early last spring in order to join the fight against COVID-19. Each has faced different challenges that exhibit the hardships health care workers have encountered during this crisis — including increased workloads, limited time to care for people in need, and the struggle to connect with new colleagues and patients during a period of intense stress. Each has also discovered the unique rewards of nursing that drew them to the field and motivated them to sign up early to be on the front lines of COVID-19.

On the Front Lines

After graduating from UMSON in mid-April, Debbie Sahlin went to work at the Baltimore Convention Center Field Hospital, which was created by the National Guard to handle the overflow of COVID-19 patients and to administer coronavirus tests.

Despite knowing that this chaotic setting would undoubtedly be a challenging introduction to the nursing profession, Sahlin says she felt a calling to work in the field hospital.

“IT was just one of those things where you have a feeling,” she says. “My rationale was that it’s what I’m trained to do. I just went to school and spent all this time and energy to learn, maybe I better go try this out.”

One challenge of the job is struggling to keep up with the high demand for COVID-19 testing. Sahlin recalls one particularly demanding July day in which she and her team conducted more than 1,500 tests within the span of four hours — all while dressed in full personal protective equipment (PPE) in the summer heat.

Still, she says that choosing to leave school early to work on the front lines was a positive career move because it gave her confidence in her abilities as a medical professional. All new nurses feel a bit uncertain when first starting out on the job, she says. Even if they are armed with an abundance of medical knowledge, it can be intimidating to know what to do in any given situation — but in a COVID-19 field hospital, there is no time to second guess oneself. “Really, [working in the field hospital] was the best thing I could have ever done, because it gave me that confidence. You don’t have a choice, you just do it,” she says.

Sahlin credits UMSON for giving
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her the necessary knowledge and skills to care for her patients, but she says that her own personal hardships have given her the resilience to work in such an intense environment. She went to nursing school as a nontraditional student after learning to care for her son after he suffered a traumatic brain injury. Now, while continuing to work full-time, she is taking classes in pursuit of a doctoral degree.

Though Sahlin says she was initially worried about potentially contracting COVID-19 from a patient and passing it on to her son, she now feels safer in the hospital, where PPE is readily available and everyone takes precautions, than she does in going to the grocery store. “It’s not even an issue that I think about, getting COVID-19 from work,” she says. “I think about getting it from somebody else who’s not protected.”

Overall, working during the pandemic has been a positive experience. For one, a majority of Sahlin’s patients have been incredibly kind and grateful, she says. She also knows that her team is making a huge difference.

“It’s just the best feeling,” says Sahlin. “People are going to ask me 10 years from now, ‘What did you do during the pandemic?’ And I’ll be able to say, ‘Oh, I worked at a field hospital.’ That’s kind of cool.”

Intensive Care
Nicole Chasse went to work at Northern Light Eastern Maine Medical Center (Northern Light) in Bangor, Maine in June after graduating early from UMaine Nursing. She was in the hospital’s intensive care unit but was recently transferred to the COVID-19 ward.

Fortunately for Chasse, the ward is extremely team-oriented, she says. “When you get thrown into something like that, you just kind of have to step up to the challenge and do as much as you can as well as you can. It was definitely overwhelming, but I felt as if I was really welcomed and supported,” she explains.

Since so many resources have been allocated to the COVID-19 unit, Chasse says there have been plenty of supplies and staff. However, one of the most challenging aspects of regularly working with coronavirus patients has been the loneliness that many patients experience while being treated.

“It’s definitely humbling and scary,” Chasse says. “You see people of all ages, and it’s so hard not being able to allow them to have family members present because that is so crucial to care in general. It’s a much different style of nursing.”

Another unique challenge for graduates who left school in the early stages of the pandemic is that so little was known about the virus initially. Chasse was not able to fully prepare for or understand how COVID-19 affected patients before she landed in the job.

“We had the best of the best,” she says, referring to her training at UMaine Nursing, “but I don’t think any program can really prepare you for what you’re going to see.”

Still, Chasse says that graduating early was the right decision. As someone who grew up in the Bangor region, she says it’s rewarding to care for patients who she may already know and to be able to see the positive impact she’s having on the local community.

Staffing Shortages
Nicole Brown and Sierra Austin also graduated early from UMaine Nursing last spring and went to work at Northern Light to help make up for staffing shortages caused by the pandemic. Though they do not directly treat COVID-19 patients, each is helping to fight the battle by alleviating the overburdened health care workforce.

Brown works in cardiac care and says that orientation to the job has been somewhat tenuous because of limited staff. She was accepted into the hospital’s nursing residency program, which helps recent graduates acclimate to the hospital environment. Generally, those accepted into the program would meet with doctors and surgeons in person, but those meetings have been moved online.

“It’s been overwhelming. Normally, there is more staff available to help with the transition to becoming an actual nurse,” Brown says.

Other significant challenges include a strain on time and resources. Supplies for Brown’s unit are sometimes backordered because coronavirus patients and the intensive care unit have first priority. “That has been the biggest change on my floor that I’ve seen. Our resources are so slim that we’re kind of having to pick and choose who gets what and which patients need stuff more,” she says.

Northern Light implemented a tier program that allocates resources to different areas of the hospital depending on the number of active COVID-19 cases. Because of a recent spike in infections in Maine, the hospital is currently at tier four. If infection rates continue to rise the cardiac floor where Brown works will have to begin accepting coronavirus patients, she explains.

Although Brown and other staff members are tested for COVID-19 symptoms daily, her biggest fear is contracting the virus and spreading it to her cardiac patients, many of whom are elderly. She must also contend
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As a Macy Faculty Scholar, Dr. Sumpter is developing a Toolkit for Anti-Racist Teaching (T-ART) that will equip health professions faculty with the resources and knowledge needed to infuse every course with anti-racist instruction in an effort to redress enduring racial inequities in this country.
with having as many as six patients under her care at any given time due to staffing shortages. It can be hard to decompress from these worries, says Brown, but she realizes that being a medical professional — especially in times of extreme crisis — necessitates having the strength to do the job despite the emotional strain. Her passion for nursing and health care is what keeps her going.

“I went into nursing because I care so much about people and their health,” she says. “So it’s hard to just kind of say, ‘Okay, I’m just going to forget about my patient that I just spent two hours with and found out she had a brain tumor.’ I went through all of these emotions with her. To let that go is really difficult, but I think you have to kind of force yourself to do it.”

Sierra Austin agrees that the pandemic has made it more difficult to build relationships with patients and their families, and that this feels like a missing piece of being a nurse. She has worked in neurology and orthopedic medicine at Northern Light since she completed orientation in August.

Another difficult aspect is that it is much harder to make connections with coworkers. Since everyone’s face is covered and they are much busier than normal, it is challenging to communicate and foster those relationships, Austin explains.

“I don’t have any family in Maine, so I was kind of looking forward to that work family,” she says. “But you really don’t get to have that as much.”

Yet working at a hospital during a global pandemic has mostly been a positive way to start her nursing career, says Austin. She is considering going to graduate school to become a nurse educator in the future and sees the COVID-19 crisis as an perfect lesson in the continuously changing nature of the discipline.

“Nursing is one of those things where you are constantly learning and you’re never going to know everything,” she says. “This is a perfect example of that. Just being in an environment like this is a good example to teach to future generations.”

Erik Cliburn is a senior staff writer for INSIGHT Into Diversity.
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Vascular Surgeon

The Division of Vascular Surgery at the University of Utah is seeking applications for a full-time board-eligible/certified vascular surgeon beginning in September 2021. Appointment will be at an Assistant/Associate Professor level in either a Clinical or Tenure Track commensurate with the candidate’s experience. The Division of Vascular Surgery is among 9 clinical Divisions in the University of Utah Department of Surgery. The Division currently includes 5 faculty members that provide care at our University hospital and affiliated Primary Children’s hospital and Huntsman Cancer Institute to patients throughout the intermountain west. This tertiary academic medical center provides care to patients in Utah and five surrounding states in a referral area encompassing more than 10 percent of the continental US.

The target candidate will have experience in all aspects of vascular surgery, including both open and endovascular surgery. Clinical time will be spent primarily at the University medical center along with satellite hospitals and clinics. In addition to providing patient care, the successful candidate will be involved in the teaching of vascular surgery fellows, residents, and medical students. The Division has a competitive 2-year Vascular Surgery Fellowship (5+2) with one trainee selected per year.

The target candidate will have a passion for research and academic vascular surgery. The Division has a solid infrastructure for undertaking clinical trials, health services/outcomes research, and translational investigation. The infrastructure includes two full-time research coordinators, along with access to research databases and statistical support. We actively participate in a number of industry-sponsored clinical trials, and maintain a strong working relationship with the major device companies. The Division also participates in multiple Vascular Quality Initiative procedure registries.

Interested applicants must apply at:
http://utah.peopleadmin.com/postings/109004

Prospective applicants should email or fax a letter of interest and curriculum vitae to:
Benjamin S. Brooke, MD, PhD
Associate Professor & Chief
Division of Vascular Surgery
Benjamin.Brooke@hsc.utah.edu
Fax: 801-581-3433

The University of Utah Health (U of U Health) is a patient-focused center distinguished by collaboration, excellence, leadership, and respect. The U of U Health 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 our mission.

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.

NEONATOLOGIST

Full-time tenure track position in an academic setting with the rank of Assistant Professor of Pediatrics. Duties will include the management and diagnoses of a variety of neonatal illnesses and conditions covering a broad spectrum of health issues. Duties include serving as attending physician in the Neonatal Intensive Care Unit; providing resident and student medical education as well as didactic teaching; and initiating and/or participating in specific research or other scholarly activities which are consistent with the educational background, training expertise, and interests of the physician.

Apply at the following link: https://marshall.peopleadmin.com/postings

Required Qualifications:
Requires medical degree or foreign equivalent.
Completion of pediatric residency and neonatology fellowship.
Must be board certified/board-eligible in Pediatrics and Neonatology.
Able to obtain a full and unrestricted WV medical license.

Visit careers. insightintodiversity.com for more information.

*Prices are based on student full-time enrollment.
The world is changing before our very eyes. This reality requires us to continually reevaluate how we live up to the principles of diversity, equity, and inclusion. For decades, Indiana University has been at the forefront of this work, striving for a learning environment to benefit people from all backgrounds.

Protests in the wake of the murder of George Floyd by Minneapolis police and the disproportionate impact of COVID-19 on Black Americans have renewed critical conversations about structural inequities in this country. It also serves as a powerful reminder of why colleges and universities must condemn intolerance and racism and do everything possible to ensure campuses remain places where differences are respected, valued, and protected.

Indiana University adamantly believes that the opportunity to live and work in a world that builds upon the contributions of everyone is not just a privilege but a right of life. This belief is why we are leading the way on anti-racist work in higher education, putting words into action by creating and funding initiatives that support racial justice research, explore issues of racial equity, and raise awareness about equality for all.

On this front, IU has taken significant steps to address social injustice and promote an anti-racist agenda. This work includes:

- **Racial Justice Research Fund.** Jointly supported by the offices of the Vice President for Diversity, Equity and Multicultural Affairs James Wimbush and the Vice President for Research Fred Cate, this fund provides grants for IU faculty, connects researchers, hosts an ongoing “Racial Justice Research Workshop” series, and much more.

- **Pandemic Health Disparities Fund.** With an investment of $1 million from the Office of the President, the fund focuses on a broad range of wellness needs for students on all IU campuses, especially COVID-19’s impact on African American and Hispanic communities.

- **HRSA grant to IU School of Medicine.** The IU School of Medicine was recently awarded a $7 million grant by the Health Resources and Services Administration to help the school educate medical students to better care for underserved populations. This grant is aimed directly at making the IU School of Medicine a leader in eliminating health care disparities.

- **Renaming of building.** Indiana University has renamed a Bloomington campus gymnasium named after a former trustee, Ora Wildermuth, who was against racial integration. The building is renamed for legendary IU basketball player Bill Garrett, honoring his contributions to the integration of athletics and the university.

- **Police Chief Community Advisory Board.** Designed to serve as a resource and connection between an Indiana University Police Department campus division and the students, faculty, staff and the communities the division serves, the Police Chief Community Advisory Board has four strategic objectives: awareness, communications, monitoring, and reporting.

- **University diversity programs and policies.** This work involves a thorough assessment of all diversity, inclusion, and inclusive excellence efforts and programs via diversity mappings across all campuses.

“Now is the time to stand up for what is good and right. Higher education, in particular, has a special obligation to do so. We believe Indiana University’s anti-racist agenda will be a key driver of our institution’s success against racism. It is a way of thinking about Indiana University’s approach to addressing racism—and one that describes how we do business, how we educate, and how we advance IU’s culture of belonging,” says IU’s James Wimbush.

Visit antiracist.iu.edu to learn more.
BUILDING MOMENTUM

Clemson University Men of Color National Summit

Thursday and Friday
November 4-5, 2021
Greenville, S.C.

High school and college students join business professionals, educators, government officials and community leaders from across the country to emphasize the importance of education, best practices and choices to increase graduation rates among men of color.

Though typically held in April, the 2021 Clemson University Men of Color Summit has moved to ensure safety and the same interactivity and engagement you have come to expect from this important event.

REGISTRATION OPENS FEBRUARY 1, 2021.

FOR MORE INFORMATION, VISIT CLEMSON.EDU/MENOFCOLOR.
Closing Out 2020

2020 has been one of the most challenging and turbulent years that most of us will ever experience in our lifetimes.

The raging COVID-19 pandemic, which has now claimed more than 300,000 Americans and 1.6 million lives worldwide, has ravaged communities of color at greater rates than any other. The heinous murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, among so many other African Americans, shined a light on the horrors of systemic racism that persist in American society and on college campuses across the U.S. The 2020 presidential election has deepened the country’s divide and threatened democracy in a historic way.

And yet, as we look to 2021, we feel hope. Hope that the coronavirus vaccine will allow us to forge a path back to health and “normalcy.” Hope that the protests for racial justice, commitment from institutional leaders, and the education of the American people regarding the centuries of injustice against People of Color will result in action and long-term change. And hope that the country’s new administration will unite Americans and allow the healing to begin.

Hope for peace, good health, and equity for all people. That is our wish for 2021 and beyond.

Happy holidays.

INSIGHT® Into Diversity®
The COVID-19 pandemic has highlighted the critical shortage of nurses in Texas and the nation. It is predicted that Texas will be nearly 16,000 nurses short by 2030. The Texas A&M College of Nursing is working to fill the gap—in just the last 10 years, enrollment in our nursing programs has increased 10-fold. We are training nurses at multiple locations around Texas with expanded recruitment, programs and facilities to serve the growing needs of our state and nation.

nursing.tamu.edu
Creating an Inclusive Experience for the Lives We Touch

Pharmacy Alumni Action Network

The College of Pharmacy at the Medical University of South Carolina is pleased to announce the launch of the Pharmacy Alumni Action Network (PAAN).

PAAN is a resource to provide support in addressing racial injustice and helps to ensure that the college is a safe space, where every member feels valued. It is a place where students, alumni and donors can share tools to be agents of change in their communities. The founding members of PAAN are African American alumni who have been actively engaged as advisors and mentors.

pharmacy.musc.edu

College of Nursing

Individually Unique – Stronger Together

Just as diversity in the nursing field is essential, so is the opportunity to incorporate strong diversity efforts within our college. The MUSC College of Nursing supports these vital initiatives through its Diversity and Inclusion Council and the Diversity and Inclusion Champions of Excellence committee. Both groups aspire to promote equity, access and inclusion among our students, faculty and staff so that we can all make our own distinctive marks and prints on MUSC and our communities.

nursing.musc.edu