

DIVERSITY POLICY

OF THE

JACOBS SCHOOL OF MEDICINE

AND BIOMEDICAL SCIENCES¹

¹ Faculty Council approved—11/30/2016



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1 DEFINITION OF DIVERSITY

The Jacobs School of Medicine and Biomedical Sciences, University at Buffalo (JSMBS) embraces diversity. Diversity means inclusion of individuals belonging to underrepresented races, ethnicities, genders, religions, socioeconomic statuses, gender and sexual minorities (GSM), as well as individuals with disabilities, those who have served in the military, and those with life experiences, employment and other talents and attributes that can bring added educational value to the scholarly and learning environment. The JSMBS also uses the term "under-represented in medicine" and endorses the AAMC recommendation that medical schools shift from a national perspective to a regional or local perspective to define under-representation.

For research grants and other purposes, the National Institutes of Health defines underrepresented as "racial and ethnic populations who are underrepresented in the designated health profession discipline relative to the number of individuals who are members of the population involved". For most biomedical and behavioral research disciplines, this definition would include Blacks or African Americans, Hispanics or Latinos, American Indians, Alaska Natives, Native Hawaiians and other Pacific Islanders. Recently, GSM have also been designated as a health disparity population for NIH research. "The term GSM encompasses lesbian, gay, bisexual, and transgender populations as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms".

In accordance with these guidelines, the JSMBS defines "under-represented in medicine" to include African Americans, Hispanic Americans and American Indians, along with citizens who were born and raised in rural or economically disadvantaged locales. The JSMBS also recognizes that in certain disciplines under-representation may also impact women, veterans and persons with disabilities.

2 RATIONALE: WHY THE SCHOOL OF MEDICINE SEEKS DIVERSITY

The arguments for diversity extend far beyond those that pertain to equity. Diversity programs encourage excellence and seek to enhance the learning environment for students; advance student and faculty achievement; strengthen the School's ties to nearby communities; and, contribute in measurable ways to improving the health of the community.

2.1 Enhancing Medical Education

AAMC Graduation Questionnaire data indicate that a majority of JSMBS respondents report that the diversity within their medical school classes enhances their training and



skills for working with individuals from diverse backgrounds. There is persuasive evidence that recruiting a diverse student body and faculty has strong, positive effects on the quality of medical education that is provided to learners. Among many important factors, the enhanced educational outcomes may include:

- a. Helping students break down stereotypes and challenge assumptions;
- b. Broadening students' understanding of the effects of language and culture on the delivery of medical care;
- Teaching students how differences in race, ethnicity and other cultural experiences might inform communication between doctors and their patients and the families who seek their help;
- d. Increasing students' awareness of health and health care disparities in the populations they will encounter as students and as physicians;
- e. Increasing students' interest in service to underserved communities and overall civic commitment;
- f. The preparation of a physician workforce that is more culturally aware and competent and better prepared to improve access to healthcare and address current and future healthcare disparities.

These "added educational values" strengthen medical education, improve student cultural competency and better prepare graduates to deliver health care services to an increasingly diverse population. These educational benefits accrue importantly to all members of the student body.

2.2 Reducing Health Disparities

Achieving a cadre of students, residents, faculty, senior administrative staff and staff that are representative of the diversity in society is indispensable for quality medical education. However, there are other compelling rationales. The landmark Institute of Medicine Report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, provided overwhelming evidence that broad disparities in health care quality and health outcomes exist. The most important is that in New York, and throughout the nation, there are growing disparities among racial, ethnic and socio-demographic groups in almost every measure of health status.

2.3 Informing the Research Agenda

The JSMBS seeks to attract a diverse investigator faculty, including basic and clinician scientists, in order to accelerate the pace of medical, scientific, public health and health services discoveries that bear directly on health disparities and other health concerns of under-served populations. We agree that much more research is needed to better explain



the well-documented race-associated differences in health outcomes. We endorse the Sullivan Commission recommendation that public and private funding agencies increase funding for research not only about racial disparities in health status and health care, but also about culturally competent care, ways to measure and eliminate racial bias and stereotyping and strategies for increasing positive health behaviors among racial and ethnic groups. Further, JSMBS endorses that these principals should be applied to all other aspects of diversity.

3 STUDENT DIVERSITY

The JSMBS acknowledges that there are a number of obstacles to recruiting a diverse pool of applicants. In an effort to continue to provide promising under-represented in medicine candidates the necessary tools for success in medical school and beyond, the JSMBS sponsors the Associated Medical Schools of New York- SUNY at Buffalo Post Baccalaureate Program. Additionally, an Early Opportunity Program in Medicine (EOPIM) has been instituted that enrolls talented under-represented in medicine college sophomores from our partner institutions to participate in a structured, mentored, program prior to entering medical school. To address financial barriers, a directory of available scholarship opportunities has been compiled and distributed to the incoming medical school class. Faculty, staff and medical students are available to provide mentorship and guidance to facilitate the admissions process.

3.1 Admission Goals

The JSMBS seeks to enroll a highly able and qualified student body, richly diverse across racial, ethnic, socio-demographic and geographic lines and reflecting a wide variety of experiences, personal interests and academic goals. Admission remains highly competitive. Students are evaluated on the basis of academic and personal achievement, intellectual promise, industriousness, obstacles overcome, commitment to service, compassion, communication skills, potential for leadership and other personal characteristics. The JSMBS considers all of these factors, along with Medical College Admission Test scores and grades, in an individualized, holistic evaluation of each applicant. Admission is offered to those applicants judged to have the most promise for success as medical professionals and leaders who can contribute most to the learning environment and intellectual diversity of the JSMBS.

The JSMBS Admissions Committee adopted a formal policy to guide the evaluation of medical school applicants and the selection of each incoming class (Admissions Policy; available on the JSMBS website). This holistic review employs a three-step process that includes an Admission Screening Sub-Committee, an Admissions Interview Subcommittee and an Admissions Selection Subcommittee. Each step in the process contributes to the selection of students who are well-positioned to contribute to and



benefit from a unique learning experience that will prepare them to meet the diverse needs and expectations of their future patients.

4 FACULTY, SENIOR ADMINISTRATIVE STAFF AND STAFF DIVERSITY

The JSMBS is committed to creating a workforce and a working environment dedicated to excellence, equity and mutual respect representative of the diverse community we serve. The commitment aims to ensure that all academic and support staff are treated fairly and equitably.

4.1 Faculty and Staff Diversity Goals

Mirroring the goals for student diversity, the JSMBS seeks to hire faculty, senior administrative staff and support staff members from diverse racial, ethnic, socio-demographic and geographic backgrounds, with a variety of personal experiences, interests and academic goals:

- a. The implementation plan for faculty, senior administrative staff and support staff diversity includes at least the following key practices;
- b. Communicating the diversity mission to the faculty at-large, faculty governance bodies, department chairs, program and center directors, administrators and search committee members:
- c. Training of search committee members and improved monitoring of faculty search activities;
- d. Development of programs for retention, mentoring and advancement of faculty, senior administrative staff and staff with particular attention to under-represented in medicine faculty and staff members;
- e. Strengthening institutional accountability for achieving greater diversity among faculty, administrative leadership and staff within the JSMBS;
- f. Measuring outcomes of success. This metric will be generated by the Office of Inclusion and Cultural Enhancement in coordination with the Diversity Committee and the Faculty Council.

To meet its diversity goals, the JSMBS focuses on both recruitment and retention. JSMBS supports and mentors faculty, especially early in their careers. Efforts are made to guard against isolation of under-represented in medicine faculty within the institution by creating a welcoming and inclusive environment where all have the same opportunities and are expected to meet their responsibilities with pride and enthusiasm. The JSMBS acts to ensure that resources are available to facilitate connections between under-



represented in medicine faculty with successful role models and mentors. The JSMBS offers leadership training which is essential at intermediate stages of faculty development, develops programs to ensure that under-represented in medicine faculty connect with their school, university and community. The JSMBS is committed to guarding against over committing under-represented in medicine faculty to task forces and committees that need "representation."

4.2 The Office of Equity Diversity and Inclusion (EDI)

The EDI at UB serves as technical assistant and historian in the procedure to recruit, select, and hire faculty and professional/non-faculty staff. The EDI continually expands and updates its resources of directories and bibliographies of publications and organizations that have the attention of under-represented populations and women. The EDI has assembled a variety of recruitment resources that are made available to search committees at the initiation of a search. The goal of all affirmative action searches at UB is to increase recruitment and hiring of diverse populations, including those who are under-represented in medicine and on the campus at large. These efforts supplement the traditional procedures of advertising through newspapers, professional journals, conferences, and form announcements. As a state institution, JSMBS complies with New York State civil service statutes and regulations and the relevant collective bargaining agreements in the recruitment and hiring of faculty and staff.

5 ONGOING REVIEW

The JSMBS Faculty Council supports the initiatives to increase diversity among students, faculty and staff through regular periodic reviews by the Diversity Policy Committee.