

***The Urgency of Now: Recruiting and Retaining Racially and
Ethnically Diverse Professionals in the Health Professions***

The Sullivan Commission Task Force on Racial and Ethnic Diversity within the
Schools of the Health Sciences at the University of Pittsburgh

Submitted to

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and Dean, School of Medicine

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Executive Summary

In 2003, the Sullivan Commission on Diversity in the Healthcare Workforce, headed by former Secretary of Health and Human Services Louis W. Sullivan, M.D., began formulating recommendations to bring about systemic change that would address the scarcity of minorities in health professions in the United States. Their 2004 report entitled, “*Missing Persons: Minorities in the Health Professions*,” documented the severe shortage of under-represented minorities, African Americans, Hispanics, and Native Americans, in the health professions. Although the Sullivan Commission focused solely on physicians, nurses and dentists, the lack of under-represented minorities is also a serious concern in pharmacy, public health and the allied health sciences. The issue will reach crisis proportion as the demographic composition of the United States shifts away from a white majority to a far more multi-ethnic society. By 2020, non-Hispanic whites will decrease to 61% of the population while African Americans will increase to 13% and other minorities, including Hispanics, will increase from 19 to 26% (HRSA). By 2050, Blacks are projected to be 14.6%, Hispanics 24.4%, and Native American/Alaska Natives, 1.8% of the US population (Mitchell and Lassiter, 2006). In contrast, in 2004, whites were 64% of medical graduates, 63% of dental graduates and 75% of public health graduates (Mitchell and Lassiter, 2006). This glaring problem will only be exacerbated in the future.

The Sullivan Commission framed their recommendations around three principles: 1) to increase diversity in the health professions, the culture of health professions schools must change; 2) new and nontraditional paths to the health professions should be explored; and 3) commitments must be at the highest levels of our government and in the private sector (p. 3). The Commission’s recommendations were congruent with central recommendations of the 2004 Institute of

Medicine report, *In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce* (Smedley, 2004).

Charge

With the support of the Senior Vice Chancellor for the Health Sciences and the deans of the schools of the Health Sciences (Pitt SHS), the Sullivan Commission Task Force on Racial and Ethnic Diversity in the Schools of the Health Sciences formed in late 2004. This Health Sciences-wide task force examined the barriers to the successful inclusion of under-represented minorities in our schools; conducted an inventory of current initiatives to address diversity in our schools; held focused discussions with key stakeholders; and actively explored promising partnerships to accomplish our goals. We identified strategic directions for increasing the diversity of our schools, including faculty and students. Our assessment has included interviews and discussions with minority faculty of the Pitt SHS, UPMC administrators and key administrators from the broader campus. In addition, we completed an assessment that examined student applications and enrollment, participation of faculty in activities critical to successful recruitment of under-represented minorities (search committees, etc), and support services within the schools.

Findings

Across the schools, the Task Force found a dismal record of recruitment and retention of under-represented minority (URM) faculty, and only a minimally better record with under-represented minority students. With regard to URM students, some individual schools have limited involvement in pipeline programs to increase the number of URM applicants. Although all schools have some efforts toward recruiting URM students, five of the six schools had no dedicated resources for this activity (Nursing, Dental Medicine, Health and Rehabilitation

Sciences, Pharmacy and Public Health). Only two schools explicitly reference diversity in their mission statements.

Although they do not meet the definition of under-represented minorities, some schools “count” foreign born faculty from African nations or Asia as their minority faculty. A 2007 study published in the American Journal of Education found that 27% of “minority” freshmen are, in fact, first or second generation immigrants from the Caribbean or Africa. Although the increase in these students and faculty is important to diversity in its broadest sense, it does little to address the issue of under-represented faculty and students who are native born US citizens and does not accomplish the goal of affirmative action, which is to provide a remedy for past exclusion (Massey et al, 2007). As with many of the national campuses, the Pitt SHS share this dilemma in our student bodies and our faculty.

Many faculty reported little sense of community, limited opportunity for mentoring, and few, if any, opportunities to move into leadership roles here at the university. Minority faculty lamented the lack of minority role models. Many reported that the culture of their schools was not welcoming and supportive, with the primary exception in Public Health. They acknowledged the need for cultural competence training for the staff, faculty and students within their schools. There is significant concern that faculty search committees have not been effective in including minority candidates in searches. Consequently, the Task Force discussed a variety of strategies, including expanding advertising, building more inclusive networks, and implementing cluster hires.

An area of major concern is the retention of successful minority faculty. Many are concerned that the limited successes that Pitt SHS have experienced in recruiting strong minority faculty have been undermined by the failure to retain faculty, and moreover, that the loss of minority faculty will seriously hamper recruitment of future young scholars. Finally, many interviewees believed strongly that institutional leadership was critical to increasing the number of minority faculty and students, improving retention of faculty, and creating a supportive climate in which all can succeed.

The Sullivan Commission, the Institute of Medicine and multiple health professions organizations emphasize the critical task of improving the diversity of the health professions workforce (Sullivan Commission, 2003; Smedley, 2004; <http://www.aamc.org/diversity/start.htm>; <http://www.adea.org/ced/default.htm>; Cohen, Gabriel & Terrell; 2002). Indeed, the Task Force asserts that addressing diversity is a critical component of becoming a world class academic health center. Furthermore, our experiences within our national organizations and competitor schools illustrates that we are far behind others in the programs, resources and institutional commitment necessary to enhance diversity on our campus. To truly achieve excellence, we issue an urgent call to action for a public and substantial commitment by the Schools of the Health Sciences and the University of Pittsburgh to make our campus a leader in diversity for the health professions and the broader academy.

Recommendations of the Sullivan Commission Task Force on Racial and Ethnic Diversity within the Schools of the Health Sciences

1. Create a Diversity Board for the Schools of the Health Sciences to provide high level oversight and accountability for change, and facilitate that board's interaction with the university's Board of Trustees' Affirmative Action Committee. Build that board from the membership of the existing Sullivan Commission Task Force and an appointment of one person from each school's Board of Visitors selected by the respective deans.
2. Create a position of Associate Vice Chancellor for Diversity in office of the Senior Vice Chancellor for the Health Sciences, and begin a search process immediately. The Associate Vice Chancellor would report directly to the Senior Vice Chancellor and the Diversity Board. This Associate Vice Chancellor will complete a diversity assessment of the Pitt SHS; develop a strategic plan with measurable goals and objectives for the Pitt SHS; identify a timeline for their accomplishment; create a system for evaluation and monitoring; and implement programs across the schools to recruit and retain minority faculty and students. The Senior Vice Chancellor would allocate sufficient budget for appropriate staffing and initiatives. We strongly suggest that members of the existing Sullivan Commission Task Force, as well as others, serve on the search committee. We also recommend that this position be held by someone qualified to be a senior faculty member.
3. Have the Associate Vice Chancellor for Diversity (AVCD) develop a "Diversity Support Team", an organization of Pitt SHS/UPMC personnel (staff, faculty and administrators) that help to recruit, acclimate, acculturate and create a social network for new under-represented minority faculty recruits. The AVCD's office would provide search committees with resources and pertinent materials for recruitment visits. For example, the university's report, Blue, Black and Gold, is one publication that could present a positive vision of the university to faculty candidates. The Diversity Support Team could introduce new faculty to Pittsburgh amenities (churches, social organizations, neighborhoods, etc.), help identify mentors for new under-represented faculty members, and include new faculty in social activities that help

integrate them into the fabric of their academic and residential communities.

4. Define under-represented minority faculty in a manner that is consistent with the Sullivan Commission's designation of under-represented minorities.
5. Within three months, have each school of the Health Sciences re-examine its values and mission statement and revise them to explicitly address the issue of diversity in students, staff, faculty and administration. Ensure that the school aligns its policies and procedures to create a more equitable environment.
6. Examine factors contributing to the loss of under-represented faculty members. This examination should include exit interviews with all under-represented minority faculty members who have left the Pitt SHS and university within the last five years. Develop and implement strategies to enhance retention. Work collaboratively with the UPMC Physician Division Diversity Retention Sub-committee.
7. Establish a 'Mentoring under-represented faculty' committee in Pitt SHS. The committee should include senior faculty members, regardless of race, who have been successful in research, service and teaching. The Senior Vice Chancellor for the Health Sciences and the Deans of the Pitt SHS should utilize discretionary funds to facilitate the professional development of under-represented minority faculty including providing incentives for mentors, financial support for advanced training, and financial and other support for minority faculty to participate in academic leadership and administration fellowships and programs. Establish a system that requires that chairs, division chiefs and/or deans meet with all new under-represented faculty members to help them establish a systemic career plan.
8. Have the Office of the Associate Vice Chancellor for Diversity examine successful models for cultural competence training being utilized on other campuses throughout the US. Develop a comprehensive set of cultural competence programs and evaluate their implementation and effectiveness over time.

9. Work with University Marketing Communications or other firms to design and target materials to promote the diversity of the Pitt SHS and the broader university community. Such materials will be consistent with university legal requirements.
10. Work with the current leadership of the African American Alumni Association to determine how to best re-connect under-represented alumni to the Pitt SHS. Dr. Linda Wharton-Boyd, president of AAAA, is actively committed to this issue.
11. Implement novel strategies for generating under-represented faculty candidates. These strategies include advertising positions in new venues, including minorities on search committees, using inclusive language in the advertisements, and using “special hire” procedures. These strategies will be consistent with university legal requirements.
12. Require that department chairs, division chiefs, and deans provide evidence of efforts to recruit under-represented faculty, administrators, students and staff in annual performance reviews. Identify and require evidence of their leadership on diversity initiatives within their responsibility areas, evidence of mentoring and support of under-represented minority faculty, and concrete efforts to improve the climate of their schools.
13. Work with existing consortium of local Pittsburgh colleges and universities to facilitate finding employment opportunities for the spouses and significant others of recruited under-represented faculty members.
14. Conduct a formal inventory of existing pipeline programs, such as *Investing Now* in the School of Engineering, to determine to what extent health sciences can be integrated into an expansion of these efforts.
15. Work with the Office of the Senior Vice Chancellor for the Health Sciences on the science education and science literacy efforts with the Pittsburgh Public Schools. Involve all Pitt SHS in these efforts to help ensure that they can become a pipeline for all health careers.

16. Explore how Pitt SHS may work with the broader university to increase the number of undergraduate students from community colleges. Many under-represented minority students begin their post secondary education in community colleges.

17. Create a Vice Chancellor for Diversity in the Office of the Chancellor and begin a search process immediately. Working closely with the Associate Vice Chancellor for Diversity from the Health Sciences, this Vice Chancellor will develop a campus wide, strategic plan with measurable goals and objectives and a timeline for their accomplishment; establish a process of evaluation; and implement programs across the campus to recruit and retain minority faculty and students. The Vice Chancellor would report directly to the Chancellor, and would have a budget and staff resources necessary for this position.

INTRODUCTION

The Sullivan Commission on Diversity in the Healthcare Workforce was launched in April 2003. Headed by former Secretary of Health and Human Services Louis W. Sullivan, M.D., it was comprised of 16 leaders in health, business, higher education, law and other fields. One of the honorary co-chairs of the Sullivan Commission was former U.S. Senate Majority Leader Robert Dole (2006, kaisernetwork.org). Funded by the W. K. Kellogg Foundation, this commission was administered by the Duke University School of Medicine. The Commission was charged with making policy recommendations to bring about systemic change that would address the scarcity of minorities in health professions in the United States.

On September 20, 2004, the Sullivan Commission released its report entitled, “*Missing Persons: Minorities in the Health Professions.*” The Commission found that although African Americans, Hispanics and Native Americans constitute 25% of the nation’s population, they represent 9% of the nurses, 5% of the dentists and 6% of physicians in the country. In health professions schools, the proportion are similar with 10% of nursing baccalaureate faculty, 8.6% of dental faculty and 4.2% of medical school faculty from under-represented minorities. In an Institute of Medicine report, some Southeast Asian (Hmong, etc) and Pacific Islander groups are also under-represented in health professions (Smedley, 2004). Other reports also demonstrate that the percentages of minorities in the public health workforce are far lower than desirable, including a study of local health departments, which found that the workforce was 92% white (APHA workforce brief; NACCHO, National Profile of Local HD, 2005; Mitchell and Lassiter, 2006).

Yet, societal factors make the compelling case for increasing the racial and ethnic diversity of the health professions (Smedley, 2004; Mitchell and Lassiter, 2006; Cohen, Gabriel & Terrell, 2002; HRSA). First, the changing demographics of the US population will mean that health professionals will look less and less like the face of America. By 2020, non-Hispanic whites will decrease to 61% of the population while African Americans will increase to 13% and other minorities, including Hispanics, will increase from 19 to 26% (HRSA). By 2050, Blacks are projected to be 14.6%, Hispanics 24.4%, and Native American/Alaska Natives, 1.8% of the US population (Mitchell and Lassiter, 2006). In contrast, in 2004, whites were 64% of medical

graduates, 63% of dental graduates and 75% of public health graduates (Mitchell and Lassiter, 2006).

Secondly, the elimination of devastating health disparities experienced by African Americans, Hispanics, some Asian/Pacific Islander populations and Native Americans/Alaska Natives is a moral imperative that demands that we increase the number of health care professionals from racial and ethnic minority groups. To complicate the challenge further are several factors: the increasing numbers of Americans who speak languages apart from English, the lack of access to care, and the impact of diverse cultural beliefs and behaviors on health (Smedley, 2004). The Sullivan Commission echoed the findings of the 1985 Secretary's Task Force on Black and Minority Health that called for increasing minority health professionals to address the long-standing gaps in health status. Many health professionals of color return to practice in severely underserved communities or commit to research focused on the elimination of health disparities. According to the Institute of Medicine's report, "greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, ..." (Smedley, 2004, p. 5). Cohen, Gabriel and Terrell (2002) also argue that increasing the diversity of the health professions workforce will strengthen the research agenda and improve the cultural competence of providers.

Although the case for increasing under-represented minorities in the health professions is compelling, the path to that goal is complex and long. One of the first challenges is the assessment of structural diversity, defined as "the numerical and proportional representation of under-represented minorities among students, faculty and administrators" (Hurtado et al, 1999). However, many caution that structural diversity is only one form that must be addressed to improve the diversity of our educational institutions. According to Smedley (2004), "structural diversity is an important first step toward enhancing the climate for diversity but is insufficient in and of itself to create an institutional climate that supports and values diversity" (p.145). Diversity of interactions, diversity initiatives on campus and the reflection of diversity in our pedagogy are also essential. These factors relate to the institutional climate for diversity, defined as "the perceptions, attitudes, and expectations that define the institution, particularly as it is seen

from the perspectives of individuals from different racial or ethnic backgrounds” (Smedley, 2004, p. 145).

The Commission’s report provided detailed recommendations for increasing the number of minorities in the nation’s medical, dental and nursing workforce. The Commission’s recommendations are based on three overarching principles:

- 1. To increase diversity in the health professions, the culture of health professions schools must change;**
- 2. New and nontraditional paths to the health professions should be explored; and**
- 3. Commitments must be at the highest levels of our government and in the private sector.** (Sullivan Commission Report Executive Summary, p. 3)

These three overarching principles provide a framework for the findings of the Sullivan Commission Task Force on Racial and Ethnic Diversity within the Schools of the Health Sciences at the University of Pittsburgh.

*The Sullivan Commission Task Force on Racial and Ethnic Diversity
in the Schools of the Health Sciences*

In November 2004, two faculty members from the Graduate School of Public Health, Dr. Sandra Quinn, Associate Dean for Student Affairs and Education and Associate Professor of Behavioral and Community Health Sciences and Dr. Stephen Thomas, Philip Hallen Professor of Community Health and Social Justice and Director, Center for Minority Health, suggested that a task force be formed of representatives from the Schools of Health Sciences to draft an institutional response to the Sullivan Commission’s report. Senior Vice Chancellor Arthur Levine and the Council of Health Sciences Deans gave their approval for the formation of this Task Force.

While the Commission focused heavily on medicine, nursing and dentistry, our task force recognized that minorities are sorely missing from all health professions. We proposed, and the deans, accepted the following as our mission and charge:

The Sullivan Commission Task Force on Racial and Ethnic Diversity within the Schools of the Health Sciences at the University of Pittsburgh (hereafter the Task Force) holds as a central value the critical importance of racial and ethnic diversity within the health professions, and recognizes that other factors, including gender and disability, may interact with race and ethnicity in critical ways. Our ultimate goal is to create an environment in the schools of the health sciences in which under-represented (African American, Hispanic/Latino and Native American) minority students and faculty can flourish. This health sciences-wide task force will assess the barriers to the successful inclusion of minorities in our schools; inventory current initiatives to address diversity in our schools; hold focused discussions with key stakeholders; and actively explore promising partnerships to accomplish our goals. We will determine strategic directions for increasing the diversity of our schools, including faculty and students. We will recommend directions, actions and programmatic activities to the deans and Senior Vice Chancellor of the Health Sciences.

Early on, we concluded that for the Schools of the Health Sciences at the University of Pittsburgh to be a world class academic health center, it is imperative that we address our own policies, procedures, resources and climate.

The Task Force met January through May 2005, recessed for the summer, and resumed in fall 2005. In 2005, the Task Force surveyed Deans and Department Chairs throughout the Health Sciences about their schools and departments' diversity practices (*e.g.*, number of minority students who applied, were accepted, enrolled, and graduated during 2002, 2003, and 2004). In December 2005, Dr. Quinn presented an interim report to the deans. During 2006, the Task Force conducted in-person interviews with minority faculty members in the six Schools of the Health Sciences.

This report incorporates information from interviews and minutes of meetings held by the Task Force. Where appropriate, we also draw upon the literature on minority faculty in higher education. Much of the focus for this report is on faculty. We have organized the report within the context of the three overarching principles of the Sullivan Commission's report.

The following table includes members of the Task Force:

Table 1 Members of the Task Force

Name	Title	Academic Unit
Sandra Quinn, PhD, Chair	Associate Professor of Behavioral and Community Health Sciences and Associate Dean for Student Affairs and Education	Graduate School of Public Health
Stephen B. Thomas, PhD, Co-Chair	Philip Hallen Professor of Community Health and Social Justice and Director, Center for Minority Health	Graduate School of Public Health
Carole Shimko Senter, PhD, RN, MN, MHA	Assistant Professor, Health Promotion and Development and Associate Director, Student Services, Graduate Programs	School of Nursing
Dennis N. Ranalli, DDS, MDS	Senior Associate Dean and Professor of Pediatric Dentistry	School of Dental Medicine
Joan M. Lakoski, PhD	Associate Vice Chancellor for Academic Career Development and Associate Dean for Postdoctoral Education	Office of Academic Career Development, Senior Vice Chancellor's Office, Schools of the Health Sciences
Marcia Borrelli	Director of Student Services, Office of the Dean	School of Pharmacy
Katherine Seelman, PhD	Associate Dean of Disability Programs and Professor of Rehabilitation Sciences and Technology	School of Health and Rehabilitation Sciences
Sondra Balouris Brubaker, MS, MPT	Instructor and Executive Director, Tech-Link Program of Pittsburgh	School of Health and Rehabilitation Sciences
Paula K. Davis, MA	Assistant Dean of Admissions, Financial Aid and Diversity	School of Medicine
Rachael J. Berget, MEd	Project Director, EXPORT Health and Doctoral Student, School of Education	Graduate School of Public Health

The members of the Task Force were proud to serve on this important task force and respectfully present their findings to the administration of the University of Pittsburgh Schools of the Health Sciences (hereafter Pitt SHS). However, we strongly emphasize the absolute necessity of addressing these issues now as our schools lose ground against efforts to increase diversity in other schools and universities.

METHODS

The Task Force created a quantitative assessment tool that was then distributed to each school. The assessment included data on students' applications, acceptances and enrollment; pipeline and recruitment activities; support services for minority students and faculty; faculty diversity; and participation by faculty in key school committees. Those data were reported to the deans in December 2005, and are summarized in the next section of this report.

The Task Force also conducted face-to-face interviews with 11 minority faculty from Pitt SHS, 1 minority university administrator, and 3 (1 minority, 2 white) UPMC administrators. The Task Force identified prospective interviewees through their knowledge of the existing faculty of Pitt SHS, UPMC administration, and university leaders. The Task Force asked all interviewees to speak candidly during their interviews, and therefore, the interviews represent the perceptions of the interviewees. However, the interviews were analyzed to determine common themes, and are presented below with specific quotations, when appropriate. We also integrate some key research from the literature as a means to further illuminate particular points.

The Task Force acknowledges that the assessment represents a particular point in time at the Pitt SHS, and a convenience sample of interviewees. However, we also recognize that many themes we heard from our interviewees reflect issues seen in the literature on minority faculty, students and campus diversity. We firmly believe that the key issues and concerns are vitally important to the Pitt SHS, the professions we represent, and more broadly, to the university.

Baseline Assessment of the Pitt SHS

The assessment by the Task Force generated interesting and useful baseline data on the status of minority and disabled students and faculty with Pitt SHS. Although all Pitt SHS adhere to university legal requirements for equal opportunity and non-discrimination, only two of the six schools specifically reference racial and ethnic diversity in their mission statements. All schools reported that their accrediting bodies required evidence of student and faculty diversity.

All Pitt SHS reported having recruitment activities in place that concentrate on under-represented minority or disabled students. All schools reported having existing partnerships that address diversity (e.g., with Historically Black Colleges or Universities (HBCUs) or with Minority Student Organizations). Two schools stated that they have student recruitment material aimed at minority students. Three schools reported having “pipeline” programs, i.e., outreach programs targeted at K-12 students to educate them about careers in their respective disciplines. Five schools stated that they have limited financial aid sources targeted to increase diversity.

Table 2 confirms the dismal representation of minorities on our faculties. In addition, we want to call attention to the challenge of retaining those successful minority faculty members we currently have in our schools. In February, the departure of the last African American pediatric surgeon, Dr. Ed Barksdale, was announced, completing the total loss of a team of nationally visible African American pediatric surgeons.

Table 2 Faculty, academic year, 2006-2007

Faculty	Nursing	SHRS	Dental Medicine	Pharmacy	GSPH	Medicine
Tenured African Americans	1	0	0	0	1	4
Tenured Hispanics	0	0	0	0	1	3
Tenured Native American/Alaska Natives	0	0	0	0	0	0
Total tenured under-represented minorities	1	0	0	0	2	7
Tenure Stream African Americans	2	0	0	0	1	3
Tenure Stream Hispanics	0	0	1	0	1	7
Tenure Stream Native American/Alaska Natives	0	0	0	0	0	0
Total tenure stream under-represented minorities	2	0	1	0	2	10
Non tenure stream African Americans	0	0	2	0	1 Full-time 1 Part-time	27
Non tenure stream Hispanics	0	0	2	1	1 Full-time 1 Part-time	30
Non tenure stream Native Americans/Alaska Natives	0	0	0	0	0	0
Total non tenure stream under-represented minorities	0	0	4	1	4	57
Overall total faculty for that school	111	86	88	88	166	2017

In all of the Pitt SHS, minority and faculty with disabilities are very poorly represented in membership on school committees including key areas such as faculty searches, admissions, and faculty appointment, promotion and tenure. Four schools reported having faculty that serve on

minority task forces in the community, government and professional organizations. Two schools have funds available for the recruitment of minority faculty. None of the schools have funds available to hire, or help place, spouses of potential faculty members. Minorities and disabled persons are again poorly represented among the ranks of administrators, such as deans and chairs, in Pitt SHS. There are no more than 2 minority or administrators with disabilities in any school.

In the area of training and education needs, all Pitt SHS have support services in place for minority students and faculty, including study skills (5), mentoring programs (4), information technology (3), social support/community acculturation (5), and career services (5).

Finally, we were concerned with the relationships and outreach to minority alumni. Five schools reported having a system that would enable them to track minority alumni and all schools conduct an outcome survey with all alumni.

In summary, the baseline data gathered by the Task Force illustrates the fact that the Pitt SHS have substantial room to improve their recruitment and retention of minority students and faculty.

Changing the Culture of Health Professions Schools

Results of Qualitative Interviews

Interestingly, the major themes from the interviews with faculty clustered under the umbrella of the first recommendation of the Sullivan Commission. In addition to presenting the data here, we also include themes that emerged over the course of many discussions by the Task Force.

Lack of sense of community/lack of social support

A number of African American interviewees reported the absence of a sense of community on campus. One interviewee said it bluntly, “There is an absence of community. The sense of community is at an all-time low.” He believes that the African American community at the University of Pittsburgh is “about to collapse.” The majority of minority faculty interviewed

lamented the fact there is no minority faculty organization in the Pitt SHS. Consequently, there are no consistent opportunities to meet other minority faculty to socialize, network or plan collaborations. If there were such a group, it could serve to orient new minority junior faculty to the expectations of the tenure track and life in the academy.

This lack of community is also felt during recruitment of potential minority faculty. Some interviewees noted that they had met no minority faculty during their recruitment visits, and observed that this remains true for many recruitment processes today. Some reported that they were given no introduction to the broader community, particularly focusing on social and cultural facets of life. In fact, one reported that a minority candidate for a faculty position described a conversation with a taxi driver, who was so negative about living in Pittsburgh that the candidate withdrew from the search. Whether this is an exaggeration or not is unknown, but clearly the Pitt SHS need to think more broadly when recruiting new faculty candidates. A potential candidate is assessing factors beyond the actual faculty position itself, including the sense of community, the extent to which she/he may feel comfortable in the city, resources for his/her family, and the broader social environment.

Lack of minority role models at the University of Pittsburgh

Several faculty members talked about the lack of minority role models at the University of Pittsburgh. One minority faculty said that he observed differential treatment between the way his minority division chief and white division chiefs were treated by the departmental administration. This young physician stated that he believed that minorities who have struggled so hard to achieve leadership status must be given the freedom to lead without having their decisions undermined or authority questioned. One physician said during his interview, “If you don’t let them lead, they will leave.” Many minority faculty members have overcome substantial obstacles to their success, and if given the opportunity to grow into leadership positions at the Pitt SHS, they see a responsibility to be role models that will likely attract additional minority faculty and students.

One faculty member who holds a leadership position told the Task Force that, upon arrival here, some white faculty were reluctant to accept her authority or cooperate with the direction she

wanted to take clinical research in her department. She had to recruit people who were willing to be led, who would follow the path she choose for the department, and who would not attempt to sabotage her. This leader also said that minority students and trainees need to “see people who look like them.”

The need for more minority clinical and graduate students

It is evident from the Sullivan Task Force interviews that minority faculty also look for the presence of minority students as an indicator of how inclusive an institution is. One faculty member stated that here at Pitt, she “didn’t see a lot of work studies [student workers] or GSRs [graduate student researchers] that were minorities.” Another faculty member, who is the only minority faculty in her program, told the Task Force that she believes that her school has difficulty recruiting minority students “because they feel like they won’t have any peers to interact with if they come here.” It was clear to the Task Force that achieving critical mass in minority faculty recruitment goes hand-in-hand with achieving critical mass in minority student recruitment.

One reason for the paucity of minority students may be that the Pitt SHS receive a relatively low percentage of their applications from minority applicants, and the acceptance rate for minority students in certain Pitt SHS, particularly in the Schools of Medicine and Pharmacy, is extremely low. The Task Force examined self-reported data from the Pitt SHS on the number of minority applicants (in the categories of African American, Hispanic, Native American, and Persons with Disabilities), the percentage of total applicants that these minority applicants represented, and the number of minority applicants accepted into these schools. The Pitt SHS were asked to provide these data for the years 2002, 2003, and 2004.

In 2002 and 2003, minority applicants accounted for an average of 2% of total applicants to the Pitt SHS. In 2004, minority applicants accounted for an average of 3% of total applicants to the Pitt SHS. There were no applicants who self identified with disabilities. The average acceptance rate (averaged over the three years) for African Americans, for example, ranged from 6.72% in School of Medicine Ph.D. programs, to 21.34% in the School of Pharmacy, to a high of 55% in

the School of Public Health. The average acceptance rate (averaged over the three years) for Hispanics, for example, ranged from 6.72% in the School of Medicine M.D. program, to 27% in the School of Health and Rehabilitation Sciences, to a high of 50% in the School of Public Health. Two conclusions can be drawn from these examples. First, the Pitt SHS must do more to attract more minority applicants. Additionally, the School of Public Health should be asked to share its best practices with other Pitt SHS to assist those schools in potentially boosting their minority student acceptance rates.

Minority students and minority faculty are two essential variables in the diversity equation. According to Allen et al. (2001), “research shows that the most persistent, statistically significant predictor of the enrollment and graduation of African American graduate and professional students is the presence of African American faculty members” (p. 113). Clearly, there is a need to increase the pool of applicants and target those accepted to increase the percentage that then become matriculated students.

Lack of mentoring

Mentoring was identified as a critical area in our interviews. One faculty member told the Task Force that diversifying the School of Medicine, or the entire campus, requires institutional commitment “and nurturing throughout the process.” Many faculty members described being called upon to mentor minority students, but who mentors the faculty members? Minority faculty development is complex because it must address multiple issues that confront minority faculty. In Task Force meetings, members discussed issues such as: 1) How do minority faculty perceive the challenges of being on the tenure track? and 2) Are they receiving adequate mentoring on how to progress through the tenure process?

One faculty member said that she would never have been able to succeed in research without the mentoring provided by a research support group led by a faculty member in the College of Arts and Sciences. Some interviewees shared the value and importance of having a mentor outside one’s own department in order to feel safe in sharing questions and vulnerabilities.

When the Task Force interviewed 3 UPMC/Health Sciences administrators, all three agreed that one of the most important aspects of retention is “connecting with people, making them ‘feel loved’, giving them a viable mentor relationship.” One African-born health professional interviewed told the Task Force that the reason he left Africa and came to the University of Pittsburgh is because his mentor, a white Pitt professor, encouraged him to do so. One young faculty member in GSPH told the Task Force that he only came back to the University of Pittsburgh (he received one of his degrees from Pitt) because a senior white administrator associated with the Center for Minority Health told him that Pitt and GSPH were becoming more inclusive, and that he would benefit from multiple mentoring opportunities. These two examples illustrate that mentors do not have to be in the same discipline or of the same race as the minority faculty member. Mentors can be found in many forms, and the Pitt SHS need to capitalize on the strengths of their existing faculty to train and support mentors who will reach out to young minority faculty.

A further consideration in the realm of mentoring is how to provide formal training in mentoring for department chairs, division chiefs, and senior faculty. Dr. Lakoski reported that the Office of Academic Career Development in the Health Sciences is developing a “Mentoring Academy”. The Task Force members believe that this will be a valuable resource for improving the quantity and quality of mentors in the Health Sciences. An equally important consideration is how to incentivize mentoring. The Task Force discussed ways to codify mentoring in annual faculty evaluations or in the tenure requirements for faculty being promoted from Associate to Full Professor. Another possibility is to create a mentoring fund that will allow faculty members who can document their mentoring activities to get a small increment to their salary, research funds, or travel budget. Such a fund would enable the Pitt SHS to offer fiscal incentives for mentoring, which may provide substantial motivation.

Climate and Cultural Competence

Across the nation, the extent to which universities create an inclusive and rich cultural climate on their campuses is the focus of much attention. In Pitt SHS, interviewees raised several concerns about the climate for minority faculty and students. These issues ranged from concerns about

teaching to reflections about being the sole minority faculty person. A sensitive area for some African American interviewees was the perception that some white students question their knowledge and authority in the classroom. Another faculty member questioned whether the race of the faculty member affects course evaluations in a negative manner.

One faculty member told the Task Force that students in her school have told her that the school is perceived as snobbish academically, and justified their perception on differential treatment of faculty members based on where they had received their degrees. Although there may have been other explanations, this faculty member pointed out that some minority students might mistake this phenomenon for racism. In response, she believes that the school needs to “get new and untraditional ways of changing that perception.”

Another faculty member reported that she has been told by some personnel in the school that she “is the token Black person,” and believes that even if that is not true, others will still see her in that way. Another faculty member reported that the combination of race and gender have presented challenges in her ability to lead faculty and staff.

One additional challenge raised by some interviewees focuses on the commitment of minority faculty to addressing health disparities and providing service to local communities. One faculty interviewee described the lack of support for her commitment to practice and research focused on health disparities, and believed that it related to a perception that there is not enough funding or prestige tied to health disparities. Another faculty member lamented that for many minority faculty, a heart-felt commitment to working with minority communities is not valued in the promotion and tenure process.

A number of interviewees spoke to the need for cultural competence training for students, staff and faculty. One faculty member observed that some white suburban students are visibly uncomfortable treating minority patients. She attributes their discomfort to their belief that they will not be seeing patients like these (welfare, uninsured, indigent) when they start practicing. The lack of cultural competence on the part of these students may set up a self-perpetuating

situation—young minority patients who perceive mistreatment may not choose to explore the health professions or may not choose to study it at the University of Pittsburgh.

The Sullivan Commission defined cultural competence as “a set of behaviors, attitudes, customs, policies and resources that enable a system, agency or professional to work effectively in cross cultural situations” (p.16). The Task Force concurs but offers this caution: cultural competence is not amenable to occasional, didactic education. We would suggest that our aim be to change our climate and culture, and that development, implementation and evaluation of effective and feasible cultural competence training, aimed at students, faculty and staff, be a critical task for the Pitt SHS. At the level of the institution, cultural competence includes “culturally appropriate design, development, maintenance and evaluation of policies, programs and processes that directly or indirectly serve racial and ethnic minority groups” (p.17). The Commission goes on to assert that in order for an institution to deliver culturally competent service, “it must commit to maximizing racial and ethnic diversity at every level” (p.18). The Task Force strongly supports this assertion.

Negative memories from earlier training at the University of Pittsburgh

One of the challenges identified is that negative experiences at the University of Pittsburgh can present obstacles to recruitment of faculty and students in several ways. Three of the faculty members interviewed by the Task Force were Pitt alumni. All three received their first professional degrees from Pitt. Two of these three faculty members (both of whom are much older than the third) had distinct memories of mistreatment during their earlier training periods; they had to be convinced to come back to Pitt. One faculty member remembered a white faculty member saying to him, “I don’t know why you people come to this city because there are no jobs for you here.” He said that he did not want any of today’s minority students to suffer the same kind of treatment he encountered.

Another African American, whose perception of treatment during training was very painful, returned to Pitt to have the chance to make a difference. One faculty member told the Task Force about African American alumni from her school she has met: “Most graduates don’t want

to have anything to do with the school. They won't give back. They say they were mistreated while they were here. They do not have warm feelings toward the University.” This kind of attitude toward the university has ramifications for the recruitment of minority students and faculty and for raising money from African American alumni.

More contemporary negative experiences also constitute a barrier to recruiting faculty. One interviewee described the challenge of engaging prospective faculty recruits or potential fellows when his own experience has been such a challenging one. Another faculty member reported that when a minority candidate asks for his opinion, he attempts to provide a neutral response, indicating that the candidate must judge for him/herself. This dilemma clearly sends a less than enthusiastic message to potential candidates.

These two reactions, although separate but related, require that the Pitt SHS address the issue of climate within the schools. This is absolutely essential to recruitment and retention of students and faculty.

Defining minority faculty

Another issue that emerged during interviews was how ‘minority’ is defined at the University of Pittsburgh. For the purpose of its Commission report, the Sullivan Commission defines “under-represented minorities” as “racial and ethnic groups who suffer health disparities and whose respective population is underrepresented in the health professions workforce” (p. 117). The Department of Health and Human Services defines “under-represented minorities” as: racial and ethnic minority groups that are underrepresented in biomedical research, such as Blacks or African Americans, Hispanics or Latinos, American Indians or Alaskan Natives, Native Hawaiians and other Pacific Islanders (NIAID website, <http://www.niaid.nih.gov/ncn/glossary/default7.htm>). The Task Force agreed with this definition, and explicitly included those with disabilities as another under-represented minority on our campus.

However, the Task Force interviewed 3 Native African faculty and one Filipino faculty who were sent to the Task Force as “minority faculty” by their schools. Clearly, this is in conflict both with the Sullivan Commission’s definition and represents a sensitive subject that often arises between native-born and foreign-born Blacks. African American faculty members were displeased that some departments and divisions recruit foreign-born Black faculty and count them as “minorities”. Many foreign-born Black immigrants have not experienced a history of racism and discrimination in a country controlled by a white majority, as have U.S. African Americans. Although we strongly support the inclusion of international scholars as faculty, their presence does not satisfy the need to have under-represented minorities within our faculties.

In summary, the issue of a climate that fosters the success of minority faculty and students is a critical concern. We looked explicitly to determine whether diversity is reflected in the individual missions of Pitt’s SHS, and found it was not. We looked for the inclusion of diversity in a broader mission statement for the Pitt SHS as a whole, and again, were disappointed. Finally, we examined the mission of the university, and again, found that diversity is not included within the mission. While inclusion of diversity within a mission statement is not the solution in and of itself, it is an explicit and visible commitment to the issue (Smedley, 2004; Mitchell & Lassiter, 2006). Its absence also speaks volumes about our schools and our university. We strongly suggest that we begin by creating mission statements that celebrate diversity for our schools, and more broadly, the academic health center. Furthermore, Pitt SHS must examine its systems to ensure that minority faculty receive adequate and appropriate support that enables them to thrive here, and thus, become ambassadors for recruiting other faculty members. With regard to alumni whose experiences were less than positive, schools must make a considerable effort to conduct outreach to minority alumni, and build a more contemporary and inclusive image of the schools.

Exploring New and Nontraditional Paths to the Health Sciences

The need to create pathways for minority students into the Pitt SHS was a source of substantial discussion among the Task Force members and our interviewees. Multiple interviewees mentioned the need for “pipeline” or “bridging” programs in the health professions that reach out

to minority students. One African American physician stated the health professions must begin engaging minority students at the *elementary* level. He said that high school is too late to start trying to interest them in becoming health professionals. Determining the focus and structure of pipeline programs for the Pitt SHS was an area of interest for interviewees and Task Force members.

The University of Pittsburgh has several long-standing “pipeline” programs, outreach programs aimed at educating middle and high-school students about math and science-based careers. As an example, Task Force members discussed *Investing Now*, an outreach program in the School of Engineering that was founded by former Vice Provost Dr. Jack Daniel. This program has been successful in teaching minority students how to develop effective study skills, take standardized tests, develop their college application materials, and manage personal finances. The Task Force believes that additional programs like *Investing Now* are needed in Pitt SHS.

Task Force members also discussed the *Medical Explorers Program*, a school-year program for local high school students. The high school students attend lectures given by minority physicians, meet and interact with minority medical students, do experiments in laboratories, visit the UPMC Operating Rooms, and shadow physicians. *Medical Explorers* is another successful outreach program, but Task Force members and minority faculty interviewed by the Task Force believe that the University must engage minority students even earlier to attract them to careers in the health professions. Minority student organizations at the University of Pittsburgh, like the *Freedom Honor Society* (for minority undergraduates) and GSPH’s *Minority Student Organization* (MSO) should be asked to partner with departments and schools to offer K-12 pipeline programs.

The Sullivan Commission Report echoes this recommendation. In fact, two of the Report’s recommendations are:

- 4.1 Health professions schools, hospitals, and other organizations should partner with business, communities, and public school systems to: a) provide students with classroom and other learning opportunities for academic enrichment in the sciences; and b) promote opportunities for parents and families to increase their participation in the education and learning experiences of their children. *and*

- 4.2 The U.S Public Health Service, state health departments, colleges and health professions schools should provide public awareness campaigns to encourage underrepresented minorities to pursue a career in one of the health professions. Such a campaign should have a significant budget, comparable to other major public health campaigns. (Sullivan Commission Report Executive Summary, p. 7)

Cohen, Gabriel and Terrell (2002) and the Institute of Medicine (2004) also raise the importance of developing the pipelines for the health professions. In March 2007, the Sullivan Alliance to Transform America's Health Professions held a symposium, The National Leadership Symposium on Increasing Diversity in the Health Professions. At that meeting, invited representatives from institutions with successful initiatives indicated that pipeline programs are a critical component necessary to increase the potential pool of underrepresented students. The Task Force believes that Pitt should offer more educational outreach programs that engage minority elementary and middle school students to begin building a "pipeline" of qualified minority students for all Pitt SHS. One avenue for accomplishing this may be the Senior Vice Chancellor's initiative with the Pittsburgh Public Schools.

Saliency of pertinent Sullivan Commission Report recommendations at the University of Pittsburgh

Three of the recommendations that appear in the Sullivan Commission Report are particularly pertinent given comments made by some of the minority faculty:

- 4.4 Baccalaureate colleges and health professions schools should provide and support "bridging programs" that enable graduates of two-year colleges to succeed in the transition to four-year colleges. Graduates of two-year community college nursing programs should be encouraged (and supported) to enroll in baccalaureate degree-granting nursing programs.
- 4.5 Key stakeholders in the health system should work to increase leadership development opportunities in nursing in order to prepare minority nurses with graduate degrees for roles as scholars, faculty and leaders in the profession.
- 4.6 Key stakeholders in the health system should work to increase leadership training and opportunities for underrepresented minority physicians and dentists (Sullivan Commission Report Executive Summary, p. 7).

Novel ways of generating minority candidates in searches

In 2003, the Institute of Medicine's report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, recommended increasing the number of minority health professionals, who are more likely to serve minority and medically underserved populations, as a key strategy for eliminating health disparities (Sullivan Commission Report Executive Summary, p. iv). Thus, there is not only an institutional imperative for increasing faculty diversity, but a national one as well. The Task Force discussed ways of generating more minority faculty candidates in Health Science searches. We will also incorporate some recommendations from the literature in this section of the Task Force report.

In recent years, Drs. Thomas and Quinn were able to recruit two young minority faculty members to the Graduate School of Public Health because: 1) They specifically knew people that may have been interested in these positions; 2) They belong to a “network” of minority health researchers who have successfully trained young minority health scholars; and 3) They have solid reputations for supporting minority students and young faculty. The Task Force members discussed the fact that Pitt SHS must look for new ways to recruit minority faculty. In doing so, we recognized that some avenues to achieving more diversity in searches here require attention at the broader university level: 1) **The importance of money**—having financial incentives in place for the recruitment of minorities and partners/spouses (*e.g.*, if a department identifies a qualified minority candidate during a search, it could get resources from the Senior Vice Chancellor to cover 25% of that person's salary for 3 years); 2) **Strategizing with key collaborators** – partnering with concerned philanthropic funders to identify qualified minority candidates, such as the W.K. Kellogg and Robert Wood Johnson Foundations, and partnering on campus with other schools and 3) **Using personal networks to advertise searches** —*e.g.*, the 50+ alumni of the CMH's 2005 and 2006 Summer Research Career Development Institute(s) (SRCDI), minority trainees from federally-funded projects here at the University of Pittsburgh (NIH T-32 training grants, the NSF-funded LSAMP [Louis Stokes Alliance for Minority Participation Program] at SHRS), and enlisting faculty from minority-serving institutions with which the University partners to advertise openings to their minority trainees.

The Task Force recommends that departments identify novel places in which to advertise faculty openings. Instead of merely advertising in the flagship journal of that discipline, advertisements should be placed in journals that may be read by minority faculty, such as the *Journal of the National Medical Association* and the *Journal for Minority Medical Students* for the SOM. A magazine such as *Diverse: Issues in Higher Education* is a channel to reach minority applicants. It is critical to utilize new media, such as listserves that include substantial numbers of minority scholars. Within public health, the American Public Health Association includes several caucuses (Black, Latino, and American Indian/Alaskan Native) that are also potential resources during recruitment. Other listserves that focus on minority health, community based participatory research, and social determinants of health are also useful tools.

Second, to the extent feasible, there should be a minority person on each search committee in the Pitt SHS. Additionally, we reiterate that there are some administrators who may have connections to potential minority faculty members, so they should not be overlooked as possible search committee members. One of the minority interviewees told the Task Force that “people use networks to find jobs”, so recruiting a well-connected minority person with a broad social network or white faculty with long histories of training minority scholars to a department search committee may open new avenues for reaching minority faculty candidates.

Third, research has shown that advertisements that specifically stipulate the desire for diverse candidates attract more minority applicants (Turner, 2006; Smith et al., 2004). Smith et al. (2004) discussed the following operational definitions for specific ad language: “department indicates diversity”, “subfield within a department indicates diversity”, and “other salient job qualification indicates diversity” (p. 138). Turner (2006) offers the following suggestions: “interest in developing and implementing curricula that address multicultural issues, demonstrated success in working with diverse students, and previous experience interacting with communities of color.” Smith et al. (2004) discussed using the following inclusive language in advertisements: a call for applicants who “engender a climate that values and uses diversity in all its forms to enliven and make more inclusive the work of the organization” and with “experience in community outreach in multi-cultural settings” (p. 138).

Smith et al. (2004) also recommend use of what they term “special hire” procedures. These involve intervention strategies that bypass normal search processes, including spousal hires, targeted hires for fields, and incentive funds of some sort (Smith et al, 2004). Spousal hires, of course, refer to hiring the spouse/partner of a recruited faculty member. Doing this could result in the cost-effective benefit of the University of Pittsburgh getting two minority faculty members for the price of one search. One of the minority faculty members interviewed by the Task Force said that she “thought it was important for the University to provide support to families, spouses and significant others.” She didn’t want her physician husband to give up his job to come here and “feel unwanted.” A “targeted hire” is when one institution recruits a specific faculty member away from another institution to increase the hiring institution’s stature in that field. Incentive funds would involve using private funds endowed upon the department, division, or institution for the specific purpose of recruiting minority faculty members.

Another special hiring strategy is “cluster hires” (for an example of this strategy, please go to http://wiseli.engr.wisc.edu/initiatives/clusterhire/clusterhire_main.htm). “Cluster hires” refers to hiring a group of faculty for research in an interdisciplinary area. For instance, if the University decided to do cluster hiring in a known minority health disparity area, like diabetes, that might give the institution the opportunity to hire several minority scholars at the same time. The Sullivan Task Force believes that the Pitt SHS should aggressively use special hire strategies more often to increase the number of minority faculty in the Health Sciences.

Need for leadership to facilitate the recruitment of minority faculty and students for all Schools of the Health Sciences

“The bottom line is that increased diversity in the medical profession will improve the overall health of the nation—not just for members of the racial and ethnic minority groups who will benefit most directly, but for the entire population, because diversity brings with it a wealth of ideas; it challenges assumptions, broadens perspectives, and ultimately enables all of us to better understand and care for the people of the increasingly diverse society that we, as physicians, are called to serve.” Dr. Levine in an address to the Allegheny County Medical Society, 2006

Although Dr. Levine was referring specifically to physicians, the Task Force asserts that this increased diversity is critical across all Pitt SHS. Many of the faculty members who were

interviewed spoke about the excellent job done by Ms. Paula Davis, Assistant Dean for Admissions, Financial Aid and Diversity in the School of Medicine. They talked about how the efforts of Ms. Davis and her staff had increased the number of minority medical students and applauded the amount of counseling and advising minority medical students receive from her office. However, the common lament was that, due to lack of resources, none of the other five schools have a staff person or office dedicated to diversity. Despite that limitation, the partnership between the Office of Student Affairs and the Center for Minority Health has contributed to the success of GSPH in recruiting minority students.

Therefore, the Task Force recommends the immediate creation of a new position, the Associate Vice Chancellor for Diversity, in the office of the Senior Vice Chancellor for the Health Sciences. This AVCD would report directly to the Senior Vice Chancellor. We strongly urge that a search begin immediately. This office would have responsibility for the development of a strategic plan with measurable goals and objectives, and a system of evaluation and monitoring. The Senior Vice Chancellor should allocate adequate resources for additional staffing of the office, programmatic initiatives, and ongoing evaluation. This office should have adequate staff to assist Health Science search committees with the recruitment of minority faculty.

With regard to faculty searches, the Task Force believes it to be essential that department chairs, division chiefs and deans prioritize the identification and recruitment of minorities in searches. Changes to search procedures, and the addition of a new staff person dedicated to minority faculty recruitment, would be pointless if there were no institutional enforcement of the requirement to use them. We recommend that providing evidence of efforts to recruit diverse faculty candidates be a component of the annual performance review of every department chair, division chief and dean in the Pitt SHS.

The Sullivan Alliance (2007) considers leadership and accountability as essential for change. They state, "...leadership, commitment and accountability are required at every level if an environment is to be created in which change is possible" (p.1). They go on to state:

Leadership needs to demonstrate a commitment to diversity by engaging the community, creating a culture within the institution that supports implementing a strategic plan that establishes goals which define success and mechanisms for accountability, disseminating best practices and outcomes, and developing the resources to support the financial requirements of related programs (2007, p.5).

Establishment of an educational consortium with other colleges and universities in the Pittsburgh area

The Task Force also discussed the possibility of forming a consortium for the recruitment of minority faculty with other colleges and universities in the Pittsburgh region. In so doing, the university would better be able to identify opportunities for employment for trailing spouses or significant others. Additionally, Pitt may be able to share the costs of recruiting a faculty member with another institution if the trailing spouse is being hired elsewhere. It is logical for institutions such as Carnegie Mellon, Duquesne, Chatham, Carlow, Robert Morris, Point Park, CCAC, Slippery Rock, and others to keep abreast of each other's opportunities so as to craft an attractive employment package for an academic couple. This consortium would constitute a competitive advantage for Pittsburgh-area higher education institutions. If PCHE (Pittsburgh Council on Higher Education) already has such a program, then the University of Pittsburgh should harness its power to serve its faculty recruits. We recommend that the Associate Vice Chancellor for Diversity explore this avenue for enhancing recruitment.

Commitment to Diversity Must Be At the Highest Levels

“We recognize diversity as an educational value, essential to the education of the whole person... We also recognize diversity as a social and economical value, because we know that our responsibilities include educating students who can and will be contributing citizens in an increasingly multiracial, multilingual, and multiethnic world.” Mark A. Nordenberg, Chancellor, 2006

Role of the Chancellor, Provost and Senior Vice Chancellor for the Health Sciences

The Sullivan Commission defined cultural competence at the system level as “culturally appropriate design, development, maintenance, and evaluation of policies, programs, and processes that directly or indirectly serve racial and ethnic minority groups” (p. 17).

Most of the minority faculty members and administrators interviewed by the Task Force said that the commitment to institutional diversity must come from the very top of the organization. One interviewee said that it takes a senior University administrator to say, “This shall be”, for deans, chairs, division chiefs and search committees to give priority to this issue. Using the institutional will behind the hiring and promotion of women as a current example, he wants to see a similar “buzz” created around the hiring of minority faculty.

A young female faculty member stated that she did not feel that there is an institutional commitment to diversity at the University of Pittsburgh. A senior physician said that the commitment to diversity “needs to be from the Chancellor for it to trickle down.” The drive for diversity requires commitment from top officials for multiple reasons. Commitment from the top leadership helps to ensure that appropriate educational initiatives about diversity are enacted, policies are enforced, and resources are allocated (Smedley, 2004; Hurtado et al, 1999).

It is expensive to fund cultural competency training, “special hire” procedures, minority and community outreach/bridging programs, and many of the other recommendations in this report. One solution the Task Force discussed was that the Chancellor, Provost, and Senior Vice Chancellor for the Health Sciences could partner to pool funds for these recommendations. The lack of faculty diversity is not an “upper” or “lower” campus problem—it is a campus problem that is worthy of joint campus resources.

A few interviewees and members of the Task Force discussed the appointment of a Vice Chancellor for Diversity. This suggestion is in keeping with the growing trend across the country toward the creation of high level positions focused on diversity and minority affairs. In contrast to positions created in the past, which may have been characterized as the “diversity gadfly”, these positions come with substantive titles (including Vice President, Vice Provost, Vice Chancellor, etc); report directly to the President or Provost; and control substantial budgets (frequently well into millions) and staff resources including Assistant Vice President level positions. The growth has led to the development of a professional organization, the National Association of Diversity Officers in Higher Education (NADOHE). According to the Chronicle of Higher Education and NADOHE, the creation of chief diversity officer (CDO) positions is

occurring in state and private institutions, ranging from major universities such as Harvard, University of Virginia, University of Washington, and UNC-Chapel Hill to smaller colleges around the nation (Gose, 2006).

The portfolios of chief diversity officer can include a variety of responsibilities including but not limited to: cultural audits or assessments; strategic planning; programming for students; cultural competency training; faculty recruitment and retention; and research and evaluation of the university's efforts to change. Creation of some positions has been an outgrowth of a campus assessment and planning process, and in some cases, the CDO may then assume responsibility for monitoring progress on other recommendations. In other cases, the CDO may be responsible for working with the leadership on campus to develop a strategic plan. While some may fear that the presence of a CDO may contribute to others on campus becoming less focused on efforts to increase diversity and equity, others suggest that inclusion of diversity and equity in the mission statements of the institutions, and the presence of a legitimate and high level office actually increases the attention and accountability to these issues.

At Washington State University, Kenneth Alhadeff, chair of the board of regents, asserts:

“Every university in this country should have a vice president of equity and diversity. There is no administration on any campus in American that will not say to you that they care about this issue and are committed to dealing with it. But you need to go the next step and create an irreplaceable structure that allows you to stay diligent” (Gose, 2006B).

Angela Davis, co-chair of the Presidential Commission on Diversity and Equity at the University of Virginia, goes further when she says, “This diversity issue has to be addressed by every university that's going to be in the top 20” (Fliegler, 2007). Finally, a 2005 report from the American Council on Education entitled “Leadership Strategies for Advancing Campus Diversity: Advice from Experienced Presidents” offered rich advice from which we draw two critical points we believe are relevant to our university: a committed and coordinated agenda is necessary and presidential leadership is essential to successfully creating a culture and climate that ensures success of minority faculty and students.

Based on their research on diversity in educational initiatives, Hurtado et al (1999) offer twelve principles, of which the first four are essential core principles for any successful effort:

1. *Affirm the goal of achieving a campus climate that supports racial and ethnic diversity as an institutional goal.*
2. *Systemically assess the institutional climate for diversity in terms of historical legacy, structural diversity, psychological climate and behavioral elements to understand the dimensions of the problem.*
3. *Develop a plan, guided by research, experiences at peer institutions, and results from the systematic assessment of the campus climate for diversity, for implementing constructive change that includes specific goals, timetable, and pragmatic activities.*
4. *Implement a detailed and ongoing evaluation program to monitor the effectiveness of and build support for programmatic activities aimed at the improving the campus climate for diversity.*

Therefore, the Task Force recommends that a new position, and office, be created for a Vice Chancellor for Diversity in the Office of the Chancellor. Making this a vice chancellor-level appointment would convey the importance of the incumbent's mission. It is essential, however, that this individual has genuine authority and ample resources to affect changes in all aspects of the climate at the University of Pittsburgh. We would strongly suggest that an important first step would be to examine some of the recent positions and offices created at institutions such as the University of Virginia, University of Washington, Washington State University, University of Wisconsin and others. We also suggest that this position be held by a senior faculty member who has the credibility to work directly with deans and chairs.

We recognize that this is a controversial recommendation and that one concern is that creation of such a position may be seen as absolving other administrators, faculty and staff of having any responsibility for the issue of diversity. However, we would advocate that instead of absolving them, in fact, a Vice Chancellor for Diversity can support their efforts, hold them accountable, and build sufficient infrastructure to assist the university as a whole to move forward.

The Challenge for the Schools of the Health Sciences at the University of Pittsburgh

We cannot say strongly enough that we believe our goal of being a world-class academic health center is in jeopardy unless we successfully address the issues of diversity. First, as a leader, we must address the compelling tragedy of health disparities, and increasing the diversity of our schools is essential to that effort. Secondly, the National Institutes of Health has threatened the loss of external funding for those research programs that have failed to recruit minority participants. Increasing the number of minority investigators is not a guarantee of recruiting minority participants, but unquestionably, it improves the institution's standing in minority communities. The National Science Foundation has increased its emphasis on diversity in its funding programs. For example, one of its strategic goals, as outlined in the Government Performance and Results Act Strategic Plan FY 1997-2003, is to "strive for a diverse, globally oriented workforce of scientists and engineers." The contributions to training the next generation of health professionals across our disciplines will be diminished by our continued failure to recruit and graduate a diverse student body.

Some schools have experienced minimal successes in recruiting minority faculty. However, our failure to retain them not only means the direct loss of those individual faculty members but also raises uncomfortable and damaging questions among fellows and potential faculty recruits about the climate in Pitt SHS. It is most damning and frustrating that those who have left did so not because they did not like the city but because they did not have the opportunities to advance in their school. Although the leadership of the Clinical and Translational Science Institute, within which the Minority K program is embedded, is committed to recruitment of minorities, there are few, if any, visible minority leaders within that program and few leaders across the broader Pitt SHS. Consequently, they are concerned that if they are able to recruit minorities, they will not be able to successfully retain them. We cannot over-emphasize the importance of retention to the Pitt SHS.

Leadership opportunities raise the question of career trajectory, and the extent to which faculty members feel that their only opportunity for advancement is to entertain offers from other institutions. In our schools, we can clearly see evidence of white faculty members who have

spent their entire careers here. However, we fear that we will lose those few minority faculty members we do have unless there is true attention paid to their career needs.

Recruiting minority faculty and students is an inter-related process. For example, in Dental Medicine, the school recognizes that despite its outreach efforts, the critical lack of minority faculty hampers their recruitment of students. The Graduate School of Public Health hired its first tenured African American faculty member in 2000, which has subsequently led to the recruitment of several minority faculty members, and has helped to increase the recruitment of minority students. The SOM has had real successes in its recruitment and pipeline activities, largely because of the highly visible and committed leadership of Paula Davis. However, we are deeply concerned that these efforts are dependent on one or two individuals in these cases, as opposed to an institutional effort to address diversity.

Members of the Task Force are greatly concerned that Pitt SHS are slow to respond to this issue while our competitors nationally have moved forward. Nationally, our respective professional organizations from the American Association of Medical Colleges (AAMC), the American Dental Education Association (ADEA), the Association of Schools of Public Health (ASPH) and the American Association of Colleges of Nursing are moving forward with programmatic activities to address diversity. For example, the ADEA has a Center for Equity and Diversity, which provides example strategies and programs to enhance opportunities for underrepresented minorities in dental education. ASPH currently has a Kellogg/ASPH Task Force on Schools of Public Health as Engaged Institutions to Eliminate Health Disparities (Dr. Quinn serves on this task force). That task force held a 2006 retreat with minority faculty members to examine their concerns, and address recruitment and retention.

Additionally, we are aware that many universities have created new high level, leadership roles to address diversity, and schools of the health sciences nationally are implementing new programs to recruit and retain minority faculty and students. Schools of Medicine across the country are at varying stages of progress in addressing issues of minority student and faculty recruitment and retention. For example, in medicine, competitor institutions (Duke, Stanford, Harvard, Hopkins, Rochester, Columbia, Cornell, Washington University - St. Louis, Case

Western Reserve, Yale, University of Pennsylvania and the University of Chicago) have offices of diversity/minority programs, which focus on initiatives designed to prepare, recruit and retain students from backgrounds underrepresented in medicine. Hopkins, for example, is currently advertising a Vice Provost for Diversity and Climate in the Chronicle of Higher Education.

The "gold standard" diversity and faculty development program, however, is Harvard's Office for Diversity and Community Partnership. Directed by Joan Y. Reede, MD, MPH, MS, Dean for Diversity and Community Partnerships, the Partnership encompasses Harvard's Minority Faculty Development Program, six pipeline programs for prehealth students, two foundation-funded Scholars in Health Policy programs, a Career Development Series, a Center of Excellence in Minority Health and Health Disparities, a health policy Summer Program (for minority undergraduates from MARC-funded institutions, HBCUs, Tribal Colleges and Hispanic-serving institutions), a Teacher's Institute and minority visiting clerkship program for medical students. Mentorship is a key focus at each step of programming, and students at each level of programming become eligible for successive programs - a true "pipeline" of development.

A number of schools of public health have created offices or senior leadership to address diversity, as well as adopted explicit mission statements on diversity. In nursing, there are numerous examples of nursing schools that have developed creative approaches to expand the pipeline of minority students into nursing programs. In dental medicine, many of our competitor dental schools have larger pools of scholarship funding from their parent institutions to successfully recruit minority applicants into their dental programs. Others have created internal structures and leadership to foster diversity. At Columbia, for example, there is an Office of Diversity and Multicultural Affairs in their College of Dental Medicine. At the School of Public Health at UNC-Chapel Hill, the dean recently named a faculty member as Special Assistant to the Dean for Diversity.

When we examine the list of top 20 universities in NIH funding for fiscal year 2005, several universities emerge that have made public and substantial commitments to diversity including, for example, Duke, University of Michigan, University of Washington and UNC. When we examine the list of universities with Clinical and Translational Science awards (CTSA), Duke

and Columbia emerge as examples of institutions with commitments to diversity infrastructure. Finally, when we look at the charter members of the new organization, the National Association of Chief Diversity Officers in Higher Education, we find that Washington, Duke, UCLA, UC-San Diego, UNC, Wisconsin-Madison and UC-Davis also appear on the top NIH funded institutions and/or the CTSA institutions. Clearly, a commitment of leadership, support and infrastructure to diversity can contribute to excellence in research and academic programs.

We do recognize that we have some key resources in the Pitt SHS that can assist in this effort to recruit and retain faculty, and recruit and successfully graduate students. The Center for Minority Health, which houses our Center for Excellence in Community Outreach, Research and Training on Minority Health, funded by the National Center for Minority Health and Health Disparities, NIH, is a highly visible center that has been a successful tool for recruitment. The Center's Summer Research Career Development Institute in 2005 and 2006 brought young minority scholars to Pittsburgh. In 2006, the SHRS, in partnership with Carnegie Mellon University and several HBCUs, were awarded a Quality of Life Technologies Engineering Research Center, have a specific role as change agents in the engineering world through their integration of research, education, diversity, outreach, and industrial collaboration.

However, the Pitt SHS still lag far behind the rest of the nation in resources, commitment, and activities to increase diversity. As one member of the Task force reflected,

What strikes me is how many institutions have aggressively approached the problem of minority recruitment and retention since 2001, when we are still in the discussion phase of what we should do about it. I think this provides the compelling evidence that if we do not get university support and a commitment of resources, we will surely be left behind.

The Task Force strongly recommends that leadership, from the Senior Vice Chancellor's and Chancellor's Offices, through deans, division chiefs and department chairs, is absolutely essential to successfully creating a diverse faculty and student body. We also firmly believe that the creation of the Diversity Board with the Pitt SHS, the Associate Vice Chancellor for Diversity in Pitt SHS and the Vice Chancellor for Diversity are critical steps that will ensure both the human and fiscal resources to be successful, and provide a system to ensure accountability

for our efforts. Therefore, we have created a table that specifies our recommendations, a timetable, and the office or bodies responsible for accomplishing each specific recommendation.

CONCLUSIONS

In their paper entitled, “*The Benefits of Diversity*,” Smith and Schonfeld (2000) discuss research findings on diversity and its impact on students. The authors state, “Studies on cognitive development show that critical thinking, problem-solving capacities, and cognitive complexity increase for all students exposed to diversity on the campus and in the classroom” (Smith and Schonfeld, 2000, p. 20). We believe that diversity in our classrooms is essential to training the next generation of health professionals prepared for the 21st century. Another important conclusion drawn by the authors is this:

The most successful efforts at managing and enhancing the benefits of diversity invite boundary crossing—between disciplines, student affairs and academic affairs, the institution and local communities. (Smith and Schonfeld, 2000, p. 21)

The Task Force believes that for our schools of the health sciences to be the best in the nation, we must invest in the recruitment, retention and success of a diverse faculty and student body now. Clearly, the imperative of changing demographics necessitates that we prepare a new generation of health professionals who represent the racial and ethnic diversity of our nation. Implementation of our recommendations will move the schools of the health sciences, and to some extent, the larger university, toward becoming a more culturally competent system and supportive environment. We also believe that if we pool our intellectual, social and financial resources, we increase the likelihood that we can successfully recruit and retain strong minority faculty, and graduate stellar minority students. We invite members of the University of Pittsburgh community—faculty, department chairpersons, division chiefs, administrators, students and the University’s top leadership—to join us in crossing boundaries to create a more diverse campus.

Recommendations of the Sullivan Commission Task Force on Racial and Ethnic Diversity within the Schools of the Health Sciences

1. Create a Diversity Board for the Schools of the Health Sciences to provide high level oversight and accountability for change, and facilitate that board's interaction with the university's Board of Trustees' Affirmative Action Committee. Build that board from the membership of the existing Sullivan Commission Task Force and an appointment of one person from each school's Board of Visitors selected by the respective deans.
2. Create a position of Associate Vice Chancellor for Diversity in office of the Senior Vice Chancellor for the Health Sciences, and begin a search process immediately. The Associate Vice Chancellor would report directly to the Senior Vice Chancellor and the Diversity Board. This Associate Vice Chancellor will complete a diversity assessment of the Pitt SHS; develop a strategic plan with measurable goals and objectives for the Pitt SHS; identify a timeline for their accomplishment; create a system for evaluation and monitoring; and implement programs across the schools to recruit and retain minority faculty and students. The Senior Vice Chancellor would allocate sufficient budget for appropriate staffing and initiatives. We strongly suggest that members of the existing Sullivan Commission Task Force, as well as others, serve on the search committee. We also recommend that this position be held by someone qualified to be a senior faculty member.
3. Have the Associate Vice Chancellor for Diversity (AVCD) develop a "Diversity Support Team", an organization of Pitt SHS/UPMC personnel (staff, faculty and administrators) that help to recruit, acclimate, acculturate and create a social network for new under-represented minority faculty recruits. The AVCD's office would provide search committees with resources and pertinent materials for recruitment visits. For example, the university's report, Blue, Black and Gold, is one publication that could present a positive vision of the university to faculty candidates. The Diversity Support Team could introduce new faculty to Pittsburgh amenities (churches, social organizations, neighborhoods, etc.), help identify mentors for new under-represented faculty members, and include new faculty in social activities that help integrate them into the fabric of their academic and residential

communities.

4. Define under-represented minority faculty in a manner that is consistent with the Sullivan Commission's designation of under-represented minorities.
5. Within three months, have each school of the Health Sciences re-examine its values and mission statement and revise them to explicitly address the issue of diversity in students, staff, faculty and administration. Ensure that the school aligns its policies and procedures to create a more equitable environment.
6. Examine factors contributing to the loss of under-represented faculty members. This examination should include exit interviews with all under-represented minority faculty members who have left the Pitt SHS and university within the last five years. Develop and implement strategies to enhance retention. Work collaboratively with the UPMC Physician Division Diversity Retention Sub-committee.
7. Establish a 'Mentoring under-represented faculty' committee in Pitt SHS. The committee should include senior faculty members, regardless of race, who have been successful in research, service and teaching. The Senior Vice Chancellor for the Health Sciences and the Deans of the Pitt SHS should utilize discretionary funds to facilitate the professional development of under-represented minority faculty including providing incentives for mentors, financial support for advanced training, and financial and other support for minority faculty to participate in academic leadership and administration fellowships and programs. Establish a system that requires that chairs, division chiefs and/or deans meet with all new under-represented faculty members to help them establish a systemic career plan.
8. Have the Office of the Associate Vice Chancellor for Diversity examine successful models for cultural competence training being utilized on other campuses throughout the US. Develop a comprehensive set of cultural competence programs and evaluate their

implementation and effectiveness over time.

9. Work with University Marketing Communications or other firms to design and target materials to promote the diversity of the Pitt SHS and the broader university community. Such materials will be consistent with university legal requirements.
10. Work with the current leadership of the African American Alumni Association to determine how to best re-connect under-represented alumni to the Pitt SHS. Dr. Linda Wharton-Boyd, president of AAAA, is actively committed to this issue.
11. Implement novel strategies for generating under-represented faculty candidates. These strategies include advertising positions in new venues, including minorities on search committees, using inclusive language in the advertisements, and using “special hire” procedures. These strategies will be consistent with university legal requirements.
12. Require that department chairs, division chiefs, and deans provide evidence of efforts to recruit under-represented faculty, administrators, students and staff in annual performance reviews. Identify and require evidence of their leadership on diversity initiatives within their responsibility areas, evidence of mentoring and support of under-represented minority faculty, and concrete efforts to improve the climate of their schools.
13. Work with existing consortium of local Pittsburgh colleges and universities to facilitate finding employment opportunities for the spouses and significant others of recruited under-represented faculty members.
14. Conduct a formal inventory of existing pipeline programs, such as *Investing Now* in the School of Engineering, to determine to what extent health sciences can be integrated into an expansion of these efforts.
15. Work with the Office of the Senior Vice Chancellor for the Health Sciences on the science education and science literacy efforts with the Pittsburgh Public Schools. Involve all Pitt

SHS in these efforts to help ensure that they can become a pipeline for all health careers.

16. Explore how Pitt SHS may work with the broader university to increase the number of undergraduate students from community colleges. Many under-represented minority students begin their post secondary education in community colleges.

17. Create a Vice Chancellor for Diversity in the Office of the Chancellor and begin a search process immediately. Working closely with the Associate Vice Chancellor for Diversity from the Health Sciences, this Vice Chancellor will develop a campus wide, strategic plan with measurable goals and objectives and a timeline for their accomplishment; establish a process of evaluation; and implement programs across the campus to recruit and retain minority faculty and students. The Vice Chancellor would report directly to the Chancellor, and would have a budget and staff resources necessary for this position.

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<i>Recommendation</i>	<i>Timetable</i>	<i>Who is responsible for this action?</i>
1. Create a Diversity Board for the Schools of the Health Sciences to provide high level oversight and accountability for change, and facilitate that board's interaction with the university's Board of Trustees' Affirmative Action Committee.	Immediate	Senior Vice Chancellor for the Health Sciences and Deans of Pitt SHS
2. Create a position of Associate Vice Chancellor for Diversity in office of the Senior Vice Chancellor for the Health Sciences, and begin a search process immediately.	Within three months	Senior Vice Chancellor for the Health Sciences
3. Have the Associate Vice Chancellor for Diversity (AVCD) develop a "Diversity Support Team."	Within six months	Associate Vice Chancellor for Diversity and Diversity Board
4. Define under-represented minority faculty in a manner that is consistent with the Sullivan Commission's designation of under-represented minorities.	Within six months	Associate Vice Chancellor for Diversity, Senior Vice Chancellor for the Health Sciences and Deans of Pitt SHS
5. Have each school of the Health Sciences re-examine its values and mission statement and revise them to explicitly address the issue of diversity in students, staff, faculty and administration.	Within three months	Deans of Pitt SHS
6. Examine factors contributing to the loss of under-represented faculty members.	Within six months	Associate Vice Chancellor for Diversity, Deans and UPMC Physician Division Diversity Retention Sub-committee
7. Establish a 'Mentoring under-represented faculty' committee in Pitt SHS.	Within nine months	Associate Vice Chancellor for Diversity and Deans for Pitt SHS
8. Have the Office of the Associate Vice Chancellor for Diversity examine successful models for cultural competence training	Within twelve months	Associate Vice Chancellor for Diversity
9. Work with University Marketing Communications or other firms to design and target materials to promote the diversity of the Pitt SHS and the broader university community.	Within twelve months	Associate Vice Chancellor for Diversity
10. Work with the current leadership of the African American Alumni Association to determine how to best re-connect under-represented alumni to the Pitt SHS.	Within nine months and ongoing	Associate Vice Chancellor for Diversity, Diversity Board and Deans of Pitt SHS
11. Implement novel strategies for generating under-represented faculty candidates.	Within six months and ongoing	Associate Vice Chancellor for Diversity, Diversity Board and Deans of Pitt SHS

12. Require that department chairs, division chiefs, and deans provide evidence of efforts to recruit under-represented faculty, administrators, students and staff in annual performance reviews.	Immediate	Senior Vice Chancellor for the Health Sciences, Deans, Associate Vice Chancellor for Diversity, and Diversity Board
13. Work with existing consortium of local Pittsburgh colleges and universities to facilitate finding employment opportunities for the spouses and significant others of recruited under-represented faculty members.	Within six months and ongoing	Associate Vice Chancellor for Diversity and Deans of Pitt SHS
14. Conduct a formal inventory of existing pipeline programs, such as <i>Investing Now</i> , to determine to what extent health sciences can be integrated into an expansion of these efforts.	Within one year	Associate Vice Chancellor for Diversity
15. Work with the Office of the Senior Vice Chancellor for the Health Sciences on the science education and science literacy efforts with the Pittsburgh Public Schools.	Within twelve months	Senior Vice Chancellor for the Health Sciences, Deans, Associate Vice Chancellor for Diversity, and Diversity Board
16. Explore how Pitt SHS may work with the broader university to increase the number of undergraduate students from community colleges.	Within eighteen months	Associate Vice Chancellor for Diversity, Diversity Board and Deans
17. Create a Vice Chancellor for Diversity in the Office of the Chancellor.	Within nine months	Chancellor and Board of Trustees