

University of Miami Miller School of Medicine Task Force on Racial Justice Executive Summary



October 5, 2020

Background

On June 4, 2020, in response to racial violence against the Black community, leaders of the Student National Medical Association and student government at the University of Miami Miller School of Medicine submitted a Call to Action to the Dean. It outlined several key areas of concern that included the need for wellness accommodations to address the deleterious effects of systemic trauma on the student body, improvements in physicianship, denouncement of race-based medicine, cultural inclusion in clinical practice, commitment to diversity, inclusion and community engagement, and a redefinition of the relationship with Miami Police Department.

Creation of the Task Force to Promote Racial Justice

The Office of Diversity, Inclusion and Community Engagement (ODICE) initiated facilitated conversations with medical students by hosting several town halls to create new levels of understanding, relating and action. More than 250 faculty, students, and staff from the medical, Coral Gables and Rosenstiel campuses participated in each virtual town hall. On June 23, 2020, Dean Henri Ford, MD, MHA created the Task Force on Racial Justice (TFRJ) to develop strategies to address issues of systemic racism at the University of Miami Miller School of Medicine (UMMSOM) in order to create a sustainable culture of diversity, inclusion and equity. The TFRJ comprised seven subcommittees that focused on the following areas:

- Admissions
- Student Affairs
- Curriculum
- Residents/Fellows
- Faculty Affairs
- Research
- Community Engagement

The Dean appointed two co-chairs to lead each subcommittee. A call for volunteers was communicated to the UMMSOM community and more than 350 people responded within 48 hours. On July 22, 2020, the Dean hosted a [Town Hall](#) to kick off the TFRJ. Judge Ellen Venzler served as moderator of the panel discussion. Hilarie Bass, Chair of the UM Board of Trustees, renowned civil rights attorney and community activist, H.T. Smith, and Distinguished Professor of History and Special Advisor to the President on Racial Justice, Dr. Donald Spivey, served as the other panelists.

Approach:

The subcommittees were asked to refine the charge based on the concerns articulated by the students and the perceived racial climate on the medical campus. They were given 12 weeks to: (1) assess the scope of the problem and identify indicators to demonstrate measurable progress on the issue; (2) identify the root causes of the issue (factors hindering or helping progress); (3) identify promising or best evidence practices from other academic institutions or workplaces; (4) generate strategies that could be implemented at UMMSOM; (5) prioritize the strategies into short, medium and long term timelines; and (6) provide budget estimates for the cost of each strategy. The subcommittees reviewed current literature, UMMSOM demographic data, and created surveys to understand the prevailing climate among students, residents/fellows and faculty. Several subcommittees also conducted interviews with various medical institutions around the country to gather additional insights into promising practices. The subcommittees conducted a comprehensive needs assessment by gathering information and then investigating the current processes and procedures at UMMSOM.

The subcommittees synthesized their findings into: (1) indicators of the problem; (2) root causes; and (3) a set of actionable recommendations. The TFRJ submitted a 157-page report to the ODICE. This executive summary reviews indicators of racial bias, root causes that have prevented or hindered progress and provides high-level recommendations to rectify the problem.

Subcommittee Overview

Admissions

Charge:

To identify and eliminate racial bias in the admissions process. To develop a pipeline of qualified students underrepresented in medicine (URM), especially Blacks, who will not only be competitive for admission to, but also, will ultimately matriculate at UMMSOM.

Indicators:

Nationally, the percentage of Black or African American students in medical school remains below 10% and has not changed appreciably during the past 5 years. At the most successful medical schools in recruiting URM (Black, Latinx, Indigenous) students, Blacks account for 13-15% of the student body, consistent with the percentage of African Americans in the United States.

- According to the AAMC, in 2015, Blacks or African Americans represented 6.1% of all U.S. medical students. By 2020, the percentage of Black medical students had increased to 7.3%, although the overall number of U.S. medical students had also increased by 7.2%.
- In 2012, UMMSOM accepted 66 URM students; 34 matriculated (51% yield). There were 10 Black students, representing 5% of the overall class.
- In 2020, UMMSOM accepted 174 URM students; 85 matriculated (49% yield). There were 31 Black students, representing 15.1% of the overall class, compared to the national average of 7.3%. Despite this significant improvement, the subcommittee on Admissions believes that UMMSOM can do even better by implementing the recommended interventions.

Root causes:

Recruitment: The University of Miami Miller School of Medicine is ranked 49th in the country, making it a top-tier medical school. This success is based, in part, on a very competitive applicant pool and its national recognition as a premier academic, research medical school. However, our collective findings suggest the absence of an established pipeline to recruit, mentor, sponsor and successfully matriculate URM students at UMMSOM.

Recommendations:

Based on the subcommittee's findings, recommendations will be discussed as short (1-2 years), medium (3-5 years) and long term (>5 years) goals.

Short Term:

- Establish an online presence for ODICE on the UMMSOM Admissions website that showcases its commitment to diversity on a national level. ODICE should serve as a flagship destination for URM students seeking admission information and scholarship opportunities by providing a range of services to help them navigate the medical school application process.

- Evaluate the Structure/Methodology of the Admission Process.

Medium Term:

Improve institutional outreach by recognizing that untapped talent exists not only in the Tri-County area, but also beyond. The Miller School should seek to broaden its sphere of influence at a state and national level. This objective can be achieved through active courtship of not only our undergraduate students at the University of Miami, but also, at the state and national levels via the acquisition of federal funding ear-marked to improve representation of URM students in medical institutions across the country.

- Establish an articulation agreement with Historically Black Colleges and Universities in the State of Florida.
- Strengthen pipeline program collaboration and expansion.
- Establish a relationship with the NIH-funded Post-baccalaureate Research Education Program
- Establish a post-baccalaureate program in conjunction with the graduate school – Master’s Degree in Medical Science.
- Increase local outreach by the ODICE

Long Term

- Develop a program that provides the most substantial return on investment and embodies the UMMSOM commitment to URM students and subsequent expansion and retention of a more diverse faculty.
- Establish the “Forever Miami” program that will serve as a career builder for select URM applicants who choose to attend UMMSOM and complete residency, fellowship and then spend at least the first 4 years of their professional career at UMMSOM, UHealth or UM/Jackson Memorial Hospital.

Student Affairs

Charge:

To ensure that our diverse students feel welcomed on the medical campus and the topic of racism is included in wellness programming.

Indicators:

The committee identified the following indicators of the problem that should be monitored to evaluate or measure progress:

1. Medical student-reported sense of belonging: assess progress through focus groups and surveys at key intervals during the academic year.
2. Inclusion of racism in wellness programming: conduct semi-annual review of offerings of wellness programming (curricular and extracurricular) to ensure that racism is addressed.

Root causes:

The Miller School of Medicine is home to more than 800 medical students and 503 graduate students. These students experience campus life differently, not simply because their programs are different, but because there is a disparity in services and resources available to the different groups. In most cases, these gaps evolved for various financial reasons over decades and were widened because the medical school and graduate studies program operated in their respective siloes.

Today, this disparity presents additional barriers to the success of URM students. Many of these students come to the medical campus accustomed to using a wide array of services and resources available to undergraduates only to find them missing or inaccessible.

The Needs Assessment project team recently took inventory of the Miller School's resources and support services related to URM students and discovered a range of inequities between services available to medical vs. graduate students on the medical campus (GradMed).

Well-being: The role and scope of support that should be provided by both ODICE and the Office of Student Services/Affairs is not clearly defined or communicated to students. As a result, more URM students identify with ODICE than any other office in medical education, and do not feel welcomed in other areas.

Mentorship: There is significant paucity of mentorship of URM students by URM faculty, which adversely impacts students' sense of belonging, and limits their exposure to opportunities that are crucial for success when applying to highly competitive medical specialties.

Recommendations:

Well-being

Short Term:

- Appoint an additional ombudsperson from an URM background
- Establish a committee to review medical campus financial aid opportunities for URM students and make recommendations for improving equity.
- Maintain telehealth options at the counseling center to ensure that students continue to have access to URM clinicians.

Medium Term:

- Restructure and increase support to expand the Academic Enrichment office so that all graduate students (including URM) can take advantage of these services.
- Create an office for Graduate Student Financial Aid on the medical campus or expand the current office with additional staff to support graduate students. This will allow URM students to discuss their individual financial aid situation with an expert.
- Work with current student leaders to establish liaisons between medical and graduate medical student organizations. Specifically, affinity groups dedicated to the support of URM students should expand to include membership from graduate students. Additionally, new organizations should be formed and opened to all students, whether they are enrolled in an MD or graduate program, to promote greater campus unity.
- Conduct a survey of URM students on the medical campus in conjunction with other Task Force for Racial Justice subcommittees. Questions should explore what resources students have used and which ones would be helpful to have.

Mentorship

Short Term:

- Create a formal mentoring program for URM students
- Establish small group mentoring sessions since we have few URM faculty.

- Schedule monthly meetings with URM students and faculty, hosted by ODICE, Student Services, and the Diversity Council.
- Improve individualized mentoring to include not only URM faculty mentors, but also allies who participate in faculty development to ensure culturally sensitive mentorship, free of bias.
- Organize monthly or quarterly meetings with URM students and faculty, in collaboration with ODICE, Diversity Council, Student Services, SNMA and other student groups.
- Build a list of opportunities and career resources specifically designed for URM students.
- Create an alumni database that students can search for mentorship opportunities.
- Build or develop the concept of Allyship.
- Send URM students to the annual Student National Medical Association medical conference along with a Dean or staff member to help network and bring best practices back to UMMSOM.
- Expand current student/student mentorship programs between medical and graduate students to ensure that URM students are connected.

Medium Term:

- Develop a robust Allyship program to promote curricular and extracurricular activities across the medical campus.
- Build a more robust pool of URM alumni mentors (e.g. Miller School alumni, James Wilson Bridges Society).
- Task each department to partner with SNMA, ODICE and Student Affairs to specifically increase and designate URM specialty mentors.
- Recognize the legacy of URM physicians on campus by naming spaces in their honor.
- Expand CANEWATCH to enable anonymous reporting of racial injustice or discrimination.
- Help identify allies in each department who can help address student issues and concerns.
- Consider revisions to the Physicianship Incident Report system to include reporting of unprofessional behavior due to racism, micro/macroaggressions.
- Protect students who, in good faith, report violations and microaggressions, from retaliation with the University Whistleblower Statement.

Long Term:

- Consider establishing a pre-matriculation, summer preparatory program to expand current academic enhancement offerings, including an introduction to research, for targeted students, including URM.

Curriculum

Charge:

To identify and eliminate racial bias, and to promote racial justice and equity in the curriculum while educating our students to effectively serve diverse communities.

Indicators:

Institutional: The annual AAMC graduate questionnaire is a credible source of information

regarding students' perception of racial bias in the curriculum (in the classroom, or in the clinical arena). Therefore, UMMSOM should establish a system similar to Cane Watch to report incidents of racism, and also consider the annual evaluation presented by White Coats for Black Lives. The Dean's office should monitor the diversity of students elected to Alpha Omega Alpha or selected for the Gold Humanism Society. We should examine the diversity of NextGenMD faculty (i.e. URM) including lead clinical educators and clerkship directors. We should also consider establishing an external oversight committee to monitor racial bias.

Structural: Measure and track the diversity of UMMSOM faculty in each class and in the curriculum leadership committee. Create formal structures to solicit URM students' feedback on curricular matters. Ensure that clinical simulations (example: Objective Structured Clinical Evaluations--OSCEs) include diverse populations.

Programmatic: Include specific items related to racial bias and anti-racism in student phase, course, and clerkship evaluations. Conduct surveys/focus groups with students, especially URM students, after each NextGenMD phase. Monitor the number of hours spent teaching how to serve diverse communities in the curriculum.

Faculty: Develop specific metrics to be included in annual reports for departments, centers, and institutes. Diversify NextGenMD faculty (i.e. URM) including lead clinical educators (LCE) and clerkship directors. Conduct performance reviews for deans, chairs, course/clerkship directors, and faculty members; include the findings in annual reviews and in promotion and tenure dossiers.

Students: Develop outcome measures to assess student achievement in defined competencies that are aligned to the phase (vertically) and course/clerkship/track (horizontally) - e.g. develop and implement OSCEs to evaluate racial bias, the ability to care for diverse patients, patient-provider trust, and cultural humility.

Root Causes:

Institutional: Racial justice and equity have not been proactive goals for the UMMSOM. Moreover, there has been a historical lack of systematic institutional effort to address these issues. The elimination of racial bias, and promotion of racial justice and equity are not explicit institutional objectives at the Miller School, unlike the pursuit of excellence in education, research, and clinical care. External drivers (departmental, institutional levels) do not recognize or support efforts to treat diverse communities that may have more challenging medical and social problems. There is a lack of assessment and mechanism designed to change institutional culture, leadership attitudes, and knowledge. There is also a lack of research/best practices in this area.

Structural: There has been a lack of curricular oversight leading to inadequate integration of medical school curricular reform with resident and fellow training, and other graduate programs. There are not enough community advocates or representatives on the curriculum committee and elsewhere (i.e. clinics, panels, core clerkship training). There is a lack of incentives to allow mentors to be available for training in community clinics and other outreach programs. There may be differences in learner styles, by racial groups, that need to be explored (e.g., active learning).

Programmatic/Content: Race is misrepresented as a biologic and genetic construct rather than a sociologic one in the curriculum, and it is pervasive in the hidden curriculum. Race is used as a risk factor for pathology instead of being used as a descriptive rather than prescriptive factor. In patient cases/clinical vignettes, there is imprecise wording to describe patient demographics. There has been a lack of racial inclusivity in the representation of patients throughout the curriculum (e.g., representations or images of different skin types).

There are disconnects between what is being taught about professional behaviors/attitudes and what is being demonstrated by faculty. Students are not seeing, in clinical rotations, what they are being taught in the preclinical years about cultural humility and anti-racism. There is a lack of attention to, and recognition of the hidden curriculum and its impact on medical student experience. Addressing racism is not seen as equally important in basic and clinical science courses or in the clerkships as it is in Physicianship.

Faculty: There is an institutional ignorance of historical factors leading to current issues, and there is a history of implicit bias among faculty. There is a lack of expertise among faculty and staff to address these issues, including a lack of empathy training, leading to too much focus on cognitive aspects of racism in the curriculum. There is a lack of understanding and commitment to the issues of wellness, burnout, and retention, that leads to loss of physician workforce, which disproportionately impacts Black physicians and others who work in inner city environments or with indigent or sicker patients.

Recommendations:

Short-term:

- The Miller School should adopt core competencies related to anti-racism. These should be vertically and horizontally integrated across each phase of the NextGenMD curriculum.
- Establish Institutional Oversight and Continuous Quality Improvement committees across all phases of the NextGenMD curriculum.
- Eliminate racism in patient presentations across all phases of NextGenMD and at all sites.
- Integrate anti-racism in the basic science curriculum as well as in the clinical and social sciences curricula.

Medium-term:

- Multiculturalism and racial equity must be the standard in every course taught at UM.
- Eliminate race as a biologic predictor/risk factor in curricular materials.
- Translate Racial Justice Curriculum to Clerkships and hidden Curriculum.
- Grow and expand our institutional values with regard to scholarly effort around racism.
- Equip our students to effectively serve diverse communities.

Residents/Fellows

Charge:

To increase the number of URM (especially Black) residents and fellows and create an inclusive, welcoming environment on the medical campus.

Indicators:

In order to monitor progress in reducing racial inequity in the representation of URM, especially Black, residents and fellows at UMMSOM, UHealth and UM/JMH, the Resident/Fellow Subcommittee (RFS) proposes a number of metrics that should be monitored annually. These metrics not only assess the current situation, but also, the adequacy of recruitment and retention of URM residents and fellows.

Data set 1: Diversity Snapshot data report card recommendation

- Data should be presented with three race variables: White; Black; and total URM (as defined by AAMC). We recommend assessing the racial distribution of the entire program as well as the trend of newly matched classes on a yearly basis. The percentages of women and Latinx residents and fellows should also be included.
- Comparisons with regional data- The AAMC has defined diversity as reflective of the “general population” surrounding the campus. The consensus is that the ethnic composition of the graduate medical education program should mirror the population of Miami-Dade County.
- The RFS recommends a concerted effort to collect resident information to ensure that the composition is consistent with local demographics (since this is the appropriate comparator).
- The following is the racial and ethnic composition surrounding the medical campuses as per the [US Census \(accessed 9/2020\)](#).

	Miami-Dade	Broward	Palm Beach	National
Black, alone	17.7%	30.2%	19.8%	13.4%
American Indian, Alaska Native	0.3%	0.4%	0.6%	1.3%
Asian, alone	1.6%	3.9%	2.9%	5.9%
Hawaiian, Pacific Islander	0	0.1%	0.1%	0.2%
2 or more races	1.3%	2.3%	1.9%	2.8%
Hispanic (may be any race)	69.4%	31.1%	23.4%	18.5%
White alone (not Hispanic/Latino)	12.9%	34.8%	53.5%	60.1%
% Women	50.7%	51.3%	51.5%	50.8%

Data Set 2: Recruitment data by program: At present, we do not consistently collect the same information from all programs to assess recruitment numbers.

- The taskforce suggests collecting recruitment data by programs and reporting them to GME.
- ODICE should provide the various subcommittees with the % URM in the undergraduate school who stay as medical students and match into UM Programs.

Data Set 3: Resident/fellow retention: At present we do not collect this information by race and ethnicity in the resident/fellow exit survey. The committee proposes collecting these data by race and ethnicity to assess the success of retention in our health system and in South Florida.

The available baseline data suggest that Black and Latinx trainees are underrepresented in the UM/JHS residencies. JFK is underrepresented for Black trainees, and Holy Cross is underrepresented for Black and White trainees.

	UM/JHS Residents (2020.2021)	UM/JHS Fellows (2020.2021)	Miami- Dade	National
Black, alone	9.7%	6.3%	17.7%	13.4%
American Indian, Alaska Native	0.7%	0.0%	0.3%	1.3%
Asian, alone	12.2%	16.3%	1.6%	5.9%
Hawaiian, Pacific Islander	combined w/Asian	combined w/Asian	0	0.2%
2 or more races	8.1%	0.0%	1.3%	2.8%
Hispanic (may be any race)*	20.1%	30.3%	69.4%	18.5%
White alone (not Hispanic /Latino)*			12.9%	60.1%
% Women	44%	42%	50.7%	50.8%

*UM/JHS demographics does not ask white alone (not Hispanic/Latino)

UM/HCH

	Internal Med	Transitional	General Surgery
White	26%	53%	17%
Black	11%	0	33%
Asian	28%	27%	50%
Hispanic	39%	20%	0
Women	57%	47%	67%
Men	43%	53%	33%
Total	46	15	6

Root causes:

To identify root causes for the lack of diversity and inclusion in our residencies and fellowships, the subcommittee divided into two subgroups and independently brainstormed root causes for the two problem areas: lack of diversity and a lack of inclusion and welcoming environment.

Lack of Diversity:

Pre-interview - No structured approach to expose URM medical students within/outside Miami to our residency programs (SNMA, LMSA, outreach to HBCUs, residency fairs)

- Lack of URM representation on review committees
- Implicit/explicit bias in screening applicants
- Lack of financial support

Interview - Lack of URM resident and faculty exposure during interview day

- Inconsistencies in URM representation among programs
- Implicit/explicit bias in faculty interviews with applicants

Post-Interview - Financial support for socioeconomically disadvantaged groups for moving

- Implicit/explicit bias in faculty ranking the applicants, for example limited number of URM in upper portion of rank list.
- Limited follow up via second-look days for interested URM residents

Pipeline - Lack of focused recruitment efforts and outreach

- Perceived lack of retention of URM students from UMMSOM and lack of opportunity to participate in their recruitment.
- Lack of dissemination of information regarding pre-existing pipeline programs.

Perception & Communication - Lack of structured support to navigate microaggressions experienced

- Lack of visibility of UM diversity office (ODICE) or GME subset
- Low activity in social media by UM programs for GME
- Lack of formal curriculum on cultural literacy, competency, microaggressions, and racism
- Lack of mentorship for URM and non-URM students, residents, and fellows
- Lack of trainee interaction with communities of color

Lack of Inclusion and Welcoming Environment:

The subcommittee deemed Institutional and Individual factors to be of higher priority than Social or Community factors. Within the Institutional and Individual factors, multiple causes were first rank ordered. The top half of these factors were then ranked in priority by the members of the subcommittee using the scale below.

- Societal Factors -Not accepted by the general population at large, unlike others (e.g. VA)
- Factors -Predominant white male/elitist culture in Miami
- Factors -Environment at UM is sexist, white male-dominated, and elitist, and not part of the URM pipeline.
- Factors -Discomfort with the ethnic mix of attendings and residents in the institution.

Recommendations:

Short-term:

- In conjunction with ODICE and the designated institutional official, develop a structured approach to expose URM medical students within/outside Miami to our residency programs.
- Work with program directors to diversify selection committee and ensure that qualified URM candidates are recruited and ranked within the top tier.
- Educate faculty about how interns feel when they begin residency: “we have to be on point,” “we have to perform,” “we have no room for error.” The interns feel significant pressure to perform, more so than others.
- The residents want their voices to be heard early in training. Organize small focus groups of Black residents to allow them to express their concerns. The same approach can be used for other URM groups.
- Increase numbers of Black chief residents and fellows.
- Curriculum in residency should include talks on inclusivity, cultural sensitivity.
- Community outreach to Black/brown areas of Palm Beach County-health fairs. Develop pipeline programs with high-school students using Black residents as mentors.
- Hospitals should make it clear where they stand on issues, including police brutality.
- Assigning Black faculty to see Black patients should not be the default practice.

Long-term:

- Increase number of Black faculty.
- Increase numbers of Black mentors in fields of potential interest (subspecialties).
- Provide ongoing education of faculty regarding differences among Black residents: “we are not all from the same backgrounds.”

- Address the culture at the VA: microaggressions from patients, for example, staring at the name tags.

Faculty Affairs

Charge:

To create a diverse medical faculty and medical school leadership by improving recruitment, mentoring, promotion, and retention of Black faculty. And to eliminate racism and microaggressions between faculty and learners.

Indicators:

As of October 1, 2020, only four percent (61) of the full-time faculty at UMMSOM identified themselves as Black or African American. There are three tenured Black Faculty; two hold the rank of professor (including Dean Henri Ford) and one the rank of associate professor. Of the 61 faculty, four hold the rank of professor, and 12 associate professors. There are no Black faculty in any of the basic science departments: biochemistry; cell biology; microbiology and immunology; molecular and cellular pharmacology; and physiology and biophysics. Thus, there are opportunities to improve recruitment, mentoring/development, promotion, and retention of Black faculty.

Recruitment: Monitor the total number of Black faculty at the Miller School, as reported to the annual AAMC Roster of Full Time Faculty, based on data prepared by the Office of Faculty Affairs and Professional Development. The data are based upon self-reported race and ethnicity information entered in Workday by faculty. Not all faculty self-report these data, which is a limitation.

Mentoring: Monitor the number of assistant professors who identify as Black/African American who answer YES to the question: “Do you have a mentor or mentoring committee?” on the Annual Faculty Evaluation. This will be supplied by the Office of Faculty Affairs and Professional Development.

Development: Assess the number and percentage of faculty who identify as Black/African American who hold positions of leadership, including but not limited to Department Chair, Center or Institute Director, Division Chief, decanal role, program director in the graduate medical education program, clerkship director, pathway director, director of graduate education program. This will be provided by the Office of Faculty Affairs and Professional Development. Monitor the number of faculty at the Miller School who participate in training on implicit bias, microaggression and allyship. These data are not currently available but should be tracked.

Promotion: Determine the percentage of Black faculty at the rank of professor or associate professor, and the percentage with tenure or on the tenure track, as determined by the data reported to the Annual AAMC Roster of Full Time Faculty prepared by the Office of Faculty Affairs and Professional Development. The data are based upon self-reported race and ethnicity information entered in Workday by faculty. Not all faculty self-report these data, which is a limitation.

Retention: Determine the number (percentage) of Black Faculty who have left the Miller School.

Root causes:**Recruitment:**

- Efforts to recruit Black faculty are minimal and are not viewed as a priority at the chair, center, and institute director levels, or by search committees.
- Search committees at UMMSOM have not included participation of current Black faculty, fellows, and residents to assist in recruiting.
- Starting salaries and start up packages are not competitive to attract excellent candidates. There is no cohesive plan or assistance regarding best practices for recruitment of Black faculty.

Mentoring:

- There is inadequate mentoring of Black faculty. Black faculty report feelings of invisibility, marginalization, hypervisibility related to issues of diversity, and lack of respect from colleagues, staff members, or students.

Development:

- Instead of career development opportunities, Black faculty are assigned service-oriented roles with low-perceived value by administrators or other faculty colleagues.
- It is difficult to determine whether subtle discrimination was race- or gender-based. Black faculty have to worry about their choice of clothing, hairstyle, manner of speech as well as strategies to address racial micro-aggressions.

Promotion:

- There is a lack of competitive salaries and career guidance for Black faculty.
- There is a lack of support for promotion and leadership opportunities that contribute to low morale amongst Black faculty.

Retention:

- Black faculty experience overt racism and discrimination as well as macro and micro-aggressions, and there is a lack of processes to report, and commitment to address these experiences
- During the last 5 years, 18 Black faculty have left the Miller School. Of the current faculty, at least 15 have considered leaving the University within the last two years. These numbers are reflective of the root causes stated above.

Recommendations:**Short term:**

- The Office of Diversity, Inclusion and Community Engagement and the Office of Faculty Affairs should develop a recruitment guide to assist department chairs, Center and Institute Directors, and Search Committees in the recruitment of Black faculty.
- Offer start up packages that have competitive salaries and other components to make it competitive: AAMC Median Salary guaranteed for three years along with an appropriate research/support package.
- Hire 10 Black clinician investigators and 2 Black basic science faculty researchers in the next 12 months.

- Establish a Vice Chair for Diversity (VCD) in each department responsible for education of all faculty on implicit bias and microaggressions, and identifying opportunities for development of existing Black faculty. The VCD would be responsible for monitoring and reporting the metrics for the proposed Chair's Diversity Score Card.
- Create a Society of Black Faculty at the Miller School, whose mission is to organize opportunities for Black faculty to gather together, address issues on an individual and collective basis, disseminate information about existing programs for career development and develop an annual symposium for Black faculty at the Miller School, similar to the Women in Academic Medicine.
- Improve dissemination of information regarding opportunities for career development through the Office of Faculty Affairs.
- Improve the working and learning environment. Many of the root causes and recommendations developed by the Faculty Affairs Subcommittee regarding reducing microaggressions, racism and implicit bias experienced by faculty and learners are addressed in other sections of the executive summary.

Medium Term:

- Hire 50 Black clinician investigators and 10 Black basic science faculty researchers in the next 5 years.
- Increase the percentage of Black faculty on the Appointment, Promotion and Tenure Committee and the Academic Personnel Board.
- Develop a Diversity Score Card for department chairs, Center and Institute directors to assess success in recruitment, mentoring, promotion, retention and leadership development of Black Faculty. These results should be tied to their annual performance evaluation.

Long Term:

- Ensure appropriate representation of Black clinicians and researchers on the Miller School faculty in 10 years (at least 13% of the faculty).

Research

Charge:

To create a diverse research workforce that provides mentoring and support for the next generation of researchers while creating an inclusive environment for URM researchers. And enhance opportunities for research to address health disparities and racial justice.

Indicators:

Currently, there is no Black faculty in the basic science departments at the Miller School (biochemistry, pharmacology, cell biology, physiology and biophysics, microbiology and immunology). Each basic science department should endeavor to recruit at least one Black faculty in the next 2 years. Monitor the number of researchers and research programs addressing health disparities.

Root causes:

Faculty

- Recruitment challenges: a) underrepresentation of Black candidates in applicant pool (extramural); b) lack of recruitment and retention efforts from within UMMSOM; c) paucity of identifiable mentors and limited number of Blacks on the faculty; d) lack of incentives for retention of minority and female faculty; e) perception that URM trainees (particularly Black graduate students and post-docs) are being held back to serve as part of the workforce rather than being considered for promotion to faculty (i.e., lack of recruitment from within); f) lack of support for faculty identified as potential role models for recruitment; g) lack of infrastructure to support recruitment.
- Challenges to advancement, promotion and retention of existing Black faculty and non-faculty scientists: contracts are rather vague. There is a lack of standardization; as a result, much inconsistency exists across departments/institutes. Faculty are unaware of the central role of the office of Faculty Affairs in rectifying issues, and there is fear of retribution should the faculty seek such assistance. Lastly, there is no clear process to address inconsistencies.

Research and Support Staff

- Lack of accessible data regarding the ethnic and racial make-up of the research staff.
- Recruitment resources are targeted through national websites such as CareerBuilder/Broadbean.
- Retention of qualified URM is a challenge.

Student and Trainees

- Socioeconomic and cultural factors, and the lack of diversity create barriers to recruitment
- Lack of oversight of the Admissions process
- Lack of a recruitment plan or strategy
- Racial discrimination, microaggressions, and implicit bias affect retention
- Lack of a training or mentorship plan

Recommendations:

Faculty

- Conduct detailed survey of existing non-tenure track scientists
- Conduct formal review of all existing faculty for possible advancement
- Consider some form of restitution process for those who have been held “in limbo” with unfulfilled promises of advancement
- URM faculty, especially Black faculty, must be represented equally on the APT, Faculty Council leadership, and in other key research leadership positions
- Formal training must be required for each individual in, and all future candidates for leadership positions at the level of Division/Section Chief or above, including all administrative leaders
- Convene a Microaggressions Committee through the Dean’s Office and Faculty Affairs
- Collect baseline data for institutional faculty and internal faculty applicant pool (including physician scientist, basic science graduate students, and post-docs). Carry out detailed survey of existing tenure-track URM faculty (Black and non-Black). List sources of data

and the process for “determining the denominator” to identify and create a robust pool of candidates.

- Survey basic science trainees (year 2 and above) for perceived obstacles to retention at UM as junior faculty.
- Faculty Council: institute formal criteria for retention and promotion of relevant and qualified trainees to ensure objectivity in the process.

Research and Support Staff

- Target the recruitment of URM and Black research staff by leveraging existing channels and developing new channels for recruitment. Provide resources for hiring managers to assess, in real time, diversity within the specific department.
- Improve UM and interdepartmental exit interviews to assess reasons consistently and systematically for departure, with specific questions about diversity and inclusion. Build a sense of community through staff networking events.
- Implement University “self-checks” for URM and Black research staff. Develop a survey to assess employee perception regarding diversity, inclusion, and racial justice.
- Develop and implement career development and growth opportunities, mentoring programs for new and current research staff and managers and develop a certificate program and/or Master’s program in research.

Students and Trainees:

- Recruitment - Establish a formal, multi-year recruitment, admittance, hiring and diversification strategic plan. Create the necessary infrastructure to support a recruitment plan for each of the various student and trainee programs. Conduct annual demographics audit of the medical campus’ students and trainee programs across all departments to monitor matriculation and retention of URM populations.
- Financial Assistance program - Invest in financial assistance programs for URM, especially Black, students and trainees (seed money). Create scholarships and/or fee waivers for application and entrance exam fees. Create fellowships and or grants to attract URM, especially Black, students. Conduct an annual evaluation of admission, retention, and funds utilization to assess overall URM, especially Black, student success (e.g. publications, poster/plenary research presentations at conferences and matriculating into jobs).
- Racial Bias and Sensitivity Training – Create a mandatory, annual university-wide diversity, social justice, and cultural sensitivity training program. Hire or designate trainers/teachers who specialize in these areas to teach these programs. Conduct an annual audit to measure compliance and penalize non-compliance.
- Racial Bias/Discrimination Reporting - Define/refine policies regarding how to report and handle racial/discriminatory behaviors. Establish reporting infrastructure, provide support for reporters, and determine appropriate discipline if indicated. Institute annual diversity and inclusion evaluations to assess campus, classroom, laboratory, and work climate.
- Re-evaluate demographics and racial climate on an annual basis to assess trends - Utilize annual demographic data to perform comparative analysis to assess trend in URM, specifically Black, student/trainee matriculation.
- Utilize annual racial climate survey as well as exit survey data to perform comparative analysis in order to determine if there is a downward trend in racial discrimination and non-inclusive behavior. Since the percentage of URM applicants is currently higher than the

percentage of URM within the respective programs to which they are applying, we should aim to equalize the percentage of URM, especially Black, students admitted with the percentage of applicants, or with the percentage of URM within the specific programs. Compare the number of URM, especially Black, applicants on an annual basis to determine if there is an upward trend, thereby assessing if the recruitment plan is effective. Use the national percentages of URM applicants and URM currently in the fields of biomedical sciences as a target. The ultimate goal should be for the percentage of URM, particularly Black, students/trainees to reflect or exceed the demographics of Miami.

Community Engagement

Charge:

- 1) To improve security and policing to ensure equitable treatment of URM students, residents, fellows and faculty.
- 2) To increase effective/supportive engagement of UMMSOM/UHealth with disenfranchised communities (e.g. Overtown, Liberty City, Allapattah, Coconut Grove, etc.) to promote health equity and wellness.

Indicators:

Community Engagement:

- All evaluation metrics are reported by goal and by activity and presented below under Strategies and Actions.

Security:

- UM security officer turnover rate and reasons for turnover.
- Data to collect in the future:
 - “Informal” incidents of discriminatory behavior by UM security.
 - Surveys measuring how UM community members perceive UM security

Root Causes:

Lack of Acceptance of Medicaid by UHealth: Increase the number of Medicaid patients accepted by UHealth. It is believed that patients experience superior care when managed within the UHealth system. UHealth and UMMSOM are committed to providing free care to the community (e.g. Gamechanger, Pedi Mobile Clinic, Mobile PrEP, DOCS Health Fairs, IDEA Wellness Clinic). Therefore, we need to increase awareness of these resources, support these clinics with commitment of faculty effort, and establish referral sources within our health system for members of our community who require follow-up care.

Poor communication of free healthcare resources to the community: The subcommittee noted that there is a lack of collaboration between groups providing free healthcare. An exception is the high-quality care provided under the umbrella of the Mitchell Wolfson Sr. Department of Community Service (DOCS), which serves the community through 10 health fairs annually, and 4 free clinics weekly. The committee identified the Community Health Needs Assessment (CHNA) as a possible vehicle to identify areas in which we can improve outreach by targeting services to communities in need and promoting access and utilization.

Lack of participatory engagement from community: The diversity of the community we serve is one of the greatest strengths of the UMMSOM. We have not satisfactorily engaged members of the surrounding economically, socially and otherwise disenfranchised communities by asking them what we can do to better support their wellness. We have some leaders in community-based participatory research at the Miller School, and the committee sees the potential to leverage this expertise and directly involve our patients in guiding our community and population health programs with ongoing qualitative feedback and process improvement. The Community Health Needs Assessment will be submitted this year and can serve as a starting point in directly answering the needs of the community we serve and promoting health equity.

Recommendations:

The community engagement subcommittee opted to use a framework from the University of Rochester Medical Center presented in *Academic Medicine* for “Evaluating Community Engagement in an Academic Medical Center.” The committee identified three overarching goals and outlined the activities that will lead to attainment of these goals and how progress will be measured.

Community Engagement

- Increase UMMSOM faculty and staff community engagement
- Improve health of minority communities
- Invest in minority communities

Police: The only agencies that have jurisdiction over changing laws and correcting behaviors of City of Miami and Miami-Dade County Police Departments are the state and federal government, and the police internal affairs department respectively. Despite the fact that both departments have undergone years of extensive training on the use of force, de-escalation, bias and community policing (following a consent decree issued in 2013 that is still in effect today), minority communities continue to experience the same conditions, which allowed George Floyd’s death - The committee believes that the only way to address the problems that exist between the community and the department is to focus on reasons why vulnerable populations encounter the police in the first place.

Policing

- Decrease criminalization of nonviolent activities (homelessness) in the areas surrounding UM medical Campus
- Re-imagine public safety and increase city/county funding for it, while also decreasing the burden of public safety on police.

Security Officers

- Improve transparency regarding how UM security officers are held accountable for their behaviors.
- Establish anonymous reporting mechanisms for experienced or witnessed events.
- Conduct anti-discrimination training for UM security.
- Communicate the roles of UM security and Miami Police
- Decrease turnover rate of UM security officers.