

DIVERSITY & INCLUSION

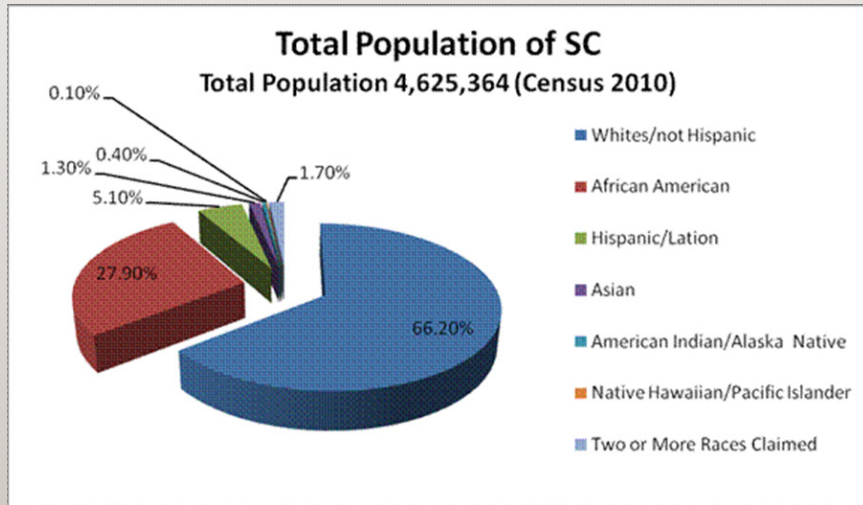
RECRUITMENT | ADMISSION | MATRICULATION

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SOMC BACKGROUND

- 1995 LCME accreditation recommendation
- **1996 Office of Minority Affairs** created to expand diversity:
 - Improving public perception of the SOM
 - Recruiting students from under-represented minority groups
 - Offering academic preparation
 - Identifying avenues of financial assistance
 - Providing guidance, a student home (inclusion)
- **2016 Office of Diversity and Inclusion**
 - Consistent with parent university
 - Covers broader issues: cultural competence, unconscious bias
 - Embraces divergent geographic, socioeconomic, educational backgrounds
 - Recognizes important role differences/different people bring to medical education and medical practice
- **2016 Comprehensive strategic planning** with a focus diversity and inclusion
 - Expand development
 - Create new pipeline programs
 - Work to eliminate health disparities

GENERAL CENSUS DATA



<http://www.scdhec.gov/health/minority/population.htm>

- US 308,745,538 (↑ from 2000)
- SC 4,625,364 (↑ from 2000)
 - 66.2% White alone
 - 27.9% Black alone
 - 5.1% Hispanic
 - 1.3% Asian alone
 - 0.4% Native American (or Alaskan native)

<http://2010.census.gov/2010census/data/=&startPage=1>

HISPANIC/LATINO AMERICANS

- OMB defines Hispanic or Latino as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Hispanic means Spanish-speaking origin
- Latino means Latin American origin
- Fastest growing segment of population (SC & US)
- Comprised of people from:
 - Mexico
 - Central America (Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama)
 - South America (Venezuela, Colombia, Guyana, Suriname, Ecuador, Peru, Bolivia, Chile, Argentina, Paraguay, Uruguay)
 - Caribbean Islands (Cuba, Puerto Rico, Dominican Republic)
- Diverse national ancestry → cultural, political, historical, social, economic differences & experiences

ASIAN AMERICANS

- *East Asia*: China, Tibet, Japan, Korea, Mongolia, Taiwan
- *North Asia*: Russian Federation
- *South-Central Asia*: Afghanistan, Bangladesh, Bhutan, India, Iran, Kazakhstan, Nepal, Pakistan, Sri Lanka
- *Southeast Asia*: Brunei, Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor, Vietnam
- *Western Asia & Middle-East*: Armenia, Bahrain, Cyprus, Georgia, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen
- *Pacific Islands*: Fiji, Guam, Marshall Islands, Micronesia, Palau, Samoa, Solomon Islands, Tonga



DIVERSITY STATEMENT – UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE

Diversity is a fluid and evolving concept, not simply a numerical goal. The University of South Carolina School of Medicine – Columbia recognizes that its very creation was to reflect and serve the people of South Carolina. Therefore, state demographics and cultural history guide the school's diversity efforts.

Diversity not only enriches the School of Medicine community, but also serves to improve patient care and outcomes. To that end, diversity is the responsibility, not solely of one individual or office, but of all members of the School of Medicine community including administrators, faculty, staff, residents and students.

Given its history and ideals, the School of Medicine will put special emphasis on the following **diversity dimensions: race, gender, socio-economic status and origin from rural/underserved areas**. This means the school will focus efforts in recruitment, retention and inclusiveness of these individuals for the betterment of service to the local and regional community. The School of Medicine also recognizes that there are many other aspects of diversity, all of which enhance the institutional culture and provide added value to education, research and clinical practice.

The School of Medicine is committed to building a more diverse and inclusive community through these efforts.

RECRUITMENT

- Pipeline Activities:
 - MCAT Institute (1997)
 - Participation in:
 - HCOP and AHEC sponsored programs
 - College science clubs and pre-medical organizations
 - Benjamin E. Mays Academy for Leadership Development
 - Graduate & Professional School Fairs
 - Mid-Carolina Coalition for Diversity in Healthcare
 - Nurturing the Pipeline
 - Initiative for Maximizing Student Development (IMSD) and Post-Baccalaureate Research Education Program (PREP)
 - Post-Baccalaureate Certificate Program
 - SNMA outreach activities – undergraduate MAPS chapters and annual minority pre-medical conference, youth science enrichment program (YSEP)
 - High School for the Health Professions
 - UofSC-Claflin University combined 5-year BS-MS program

RECRUITMENT

- Pipeline Activities:
 - PRISMA Health Family Medicine and Diversity Task Force 4th year elective for URM resident and faculty development
 - Dean Initiatives:
 - Sponsorship of junior URM faculty participation in AAMC Minority Leadership Development Seminars
 - Basic Science faculty diversity hiring strategy
 - Post-doctoral fellow diversity hiring strategy

WHERE ARE WE

- Impediments to admission: money, mentors, MCAT
- Impediments to matriculation: money, mentors, milieu
- Funding sources:
 - SOMC Dean's Diversity Scholarships
 - Commission on Higher Education Access & Equity Program
 - Dargan Scholarship
 - Hospital Scholarships
 - Corbett Scholars Program
- Collaborative efforts to grow our own because the doctor you get is the doctor you make

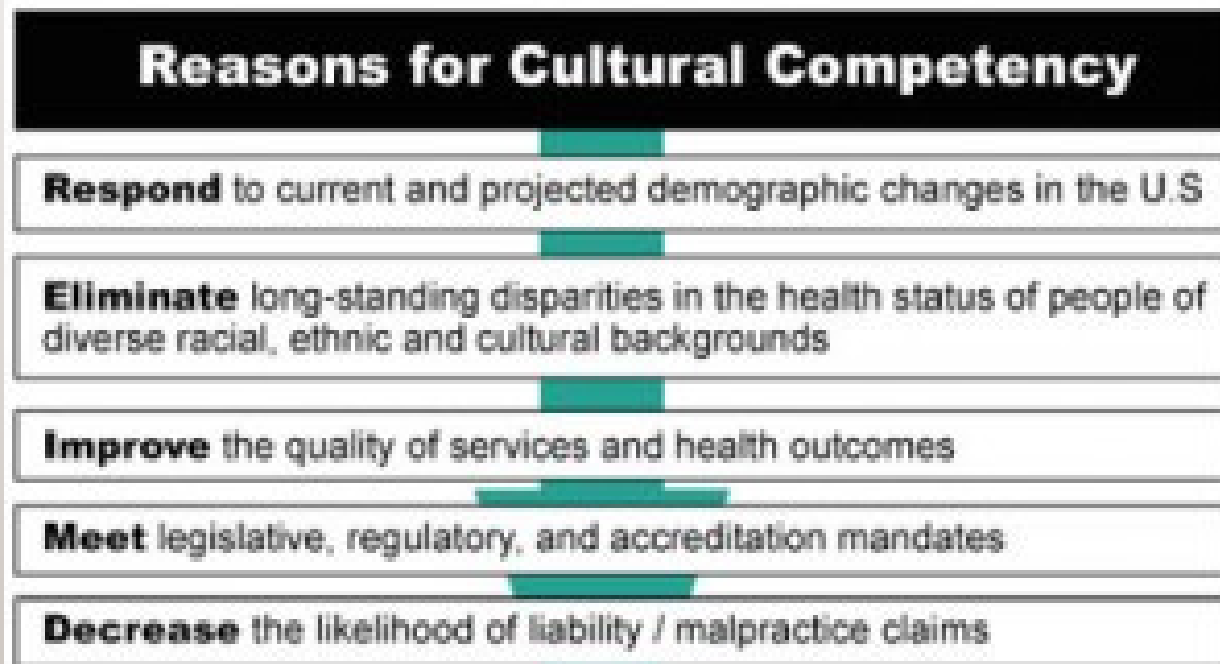
DARGAN SCHOLARSHIP

- Initiated in 2005 to generate scholarship funds for under-represented minority medical students in the face of rising tuition and waning state resources
- Campaign chose to honor a minority physician, well known/well respected in both the local medical and minority communities.
- Dr. Everett L. Dargan agreed to allow the School to honor him as the face of this important effort which was launched with a fundraising dinner gala (~800) on June 16, 2005
- After two similar dinners, a targeted reception to known donors, and outreach to then Palmetto Health Richland, the \$500,000 goal was reached in November 2010
- Thirteen Dargan scholarships have been awarded since 2011

WHERE ARE WE

- Diversity seminars
- Search committee participation and bias training
- Curriculum:
 - Health Systems Science (HSS)/ Health and Society
 - Application of Clinical Evidence (ACE)
 - Summer Diversity Training and M-I orientation
- UofSC VP for Research and VP for Diversity, Equity & Inclusion launching *Racial Justice and Equity Research Fund* to support research centering on race, racial justice and racial equity through ASPIRE Program funds

WHY: CULTURAL COMPETENCE



Requirement for accreditation (JCAHO, UGME, GME, licensure)

WHY: CULTURAL CHANGES IN MEDICINE

PAST

- Disease
- Hospital based
- Physician centered

FUTURE

- Health
- Multiple venues
- Patient centered

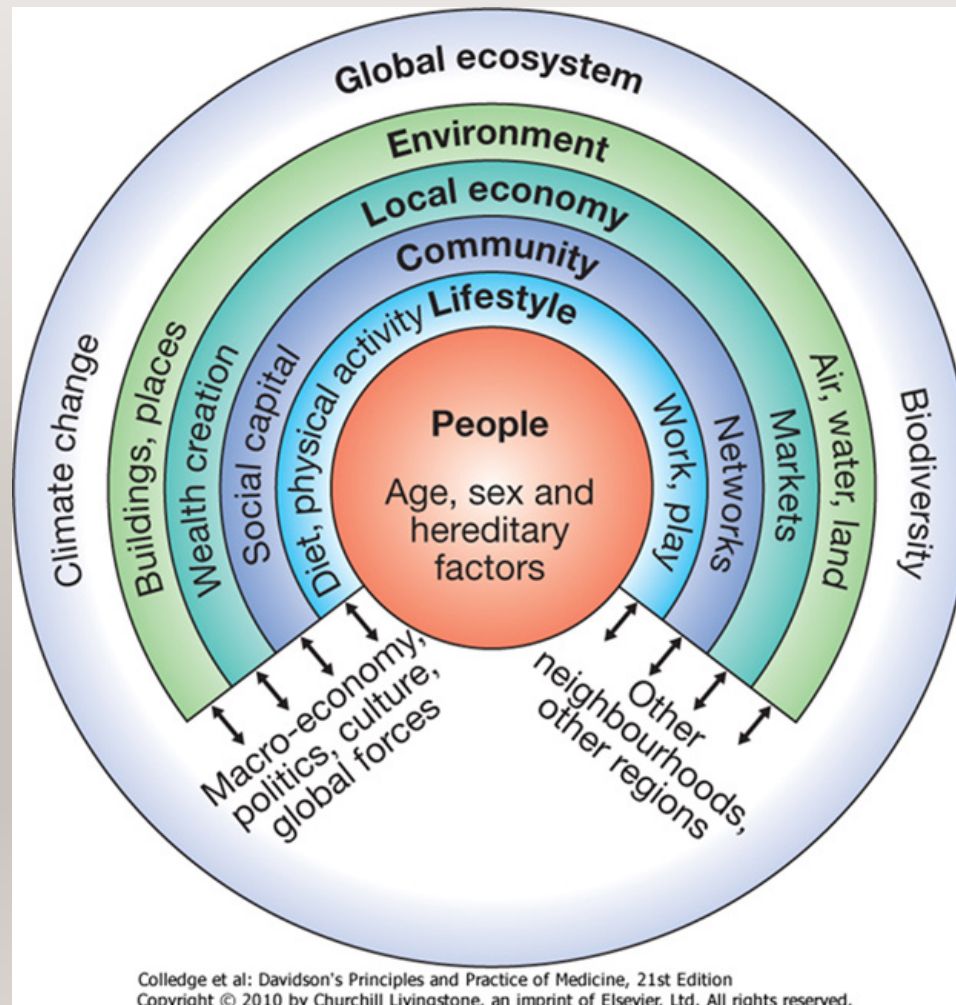
HEALTH ISSUES

- Childhood-early adulthood: accidents and injury
- Middle age: chronic disease (HTN, DM), CA
- Old age: chronic/multiple disorders → polypharmacy; deterioration in function



WHY: HEALTH DISPARITIES

Health is affected by factors from the cellular to the societal level



WHY: HEALTH DISPARITIES

- Disproportionately poor health status and outcomes based on gender, age, race, education, income, social class, disability, geographic location, sexual orientation
- Socioeconomic status, education, living environment, working conditions, culture shape:
 - who is born healthy
 - who grows up healthy
 - who has access to quality health care
 - who sustains health throughout life
 - who survives disease
 - who maintains a good quality of life after diagnosis and therapy



WHY: TO AVOID CONSEQUENCES

- MISCOMMUNICATION
- MISDIAGNOSIS
- MISTREATMENT
- MISTRUST

