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Race Inclusion Diversity & Equity: The RIDE Report

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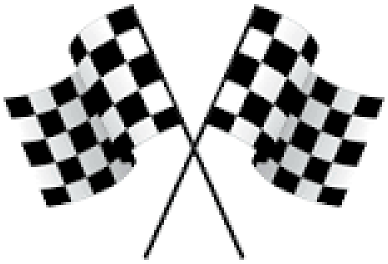
Race Inclusion Diversity & Equity

THE RIDE REPORT



The Ideal Campus

Diverse, Inclusive and Welcoming With Equitable Opportunities for All to Thrive & Succeed

Labor Day

September 5, 2016

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THE RIDE REPORT:

The **Race, Inclusion, Diversity & Equity (RIDE) Report** is presented as a resource to augment, strengthen and support existing and future diversity, inclusion & equity efforts at the University of Nebraska Medical Center (UNMC). It is organized into 7 sections and highlights the voices, perspectives and ideas of over 150 UNMC administrators, students, faculty, staff and community partners (key stakeholders).

The **collective voice of the RIDE Report** represents a cross-sectional snapshot of the current UNMC campus climate, ideal campus climate and proposes action oriented recommendations to achieve the ideal:

"A UNMC campus that is diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed."

The RIDE Report incorporates an **"equity lens"** (defined below) to depict a diverse spectrum of stakeholder experiences that reiterate the message that **dedication to diversity, inclusion & equity are essential until all administrators, students, faculty, staff and community partners, regardless of their gender, race, ethnicity, sexual orientation, ability, religion, socioeconomic status, geographic origin or nationality, are beneficiaries of inclusion and equity at UNMC.**

The RIDE Report incorporates **"terminology"** like race, inclusion, diversity and equity along with other terms like power, privilege and oppression. In order to establish a common language, **a living glossary of terms**, adapted from CommonHealth Action and used by the Association of American Medical Colleges (AAMC), is provided in the appendix.[1] **Definitions for words used repetitively are listed below.** Of note, **there is no consensus on the definition for race.** Therefore, the socio-cultural definition of race is used to be consistent with health disparities research and the Human Genome Project terms.[2]

Race: Any of several extensive human populations associated with broadly defined regions of the world and distinguished on the basis of inheritable physical characteristics, (e.g. pigmentation, hair texture, and facial features. The number of genes responsible for such physical variations is tiny in comparison to the size of the human genome where **most scientists now consider race to be primarily a social construct rather than a scientific concept.**

Inclusion: Active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging of every stakeholder.

Diversity: The collective mixture of differences and similarities that includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behaviors. It encompasses personal and professional histories that frame world perspectives, collaborate with colleagues and serve communities.

Equity: Providing all people with fair opportunities to attain their full potential to the extent possible.

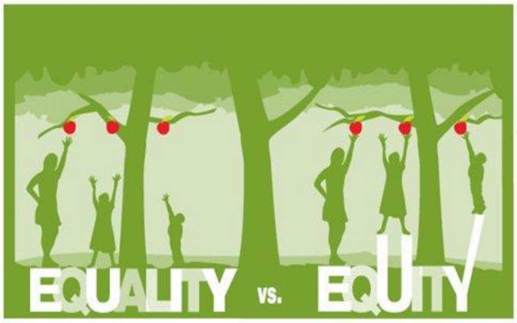
Equity Lens: The "lens" through which you view conditions and circumstances to understand who receives the benefits and who bears the burdens of any given program, policy, or practice.

DISCLAIMER: THE RIDE REPORT IS NOT INTENDED TO:

- ✓ **Be all-encompassing or comprehensive thus welcoming additional perspectives and ideas.**
- ✓ **Fully account for the many diversity, inclusion & equity efforts currently underway at UNMC.**
- ✓ **Fulfill the roles of administrators or councils accountable for diversity, inclusion or equity at UNMC.**

The RIDE Report proposes multiple action-oriented recommendations for consideration, prioritization and implementation. They are proposed to the Chancellor, Vice Chancellors, Deans, Directors, Chairs and all other UNMC leaders with the power, authority and influence to address and expeditiously advance diversity, inclusion & equity on and off campus.

BACKGROUND:



The Center for Reducing Health Disparities (CRHD)
is committed to achieving Healthy People 2020 goals:

"To eliminate health disparities, achieve health equity and improve the health of all populations."

The CRHD team works collaboratively within the UNMC College of Public Health (COPH) with key stakeholders to "**make Nebraska the healthiest and most equitable state in the nation**" through a robust research, education and community engagement portfolio.

CRHD MISSION:

"Promote equity and social justice in health and health care by leading efforts to generate and disseminate evidence based, policy relevant solutions."

CRHD VISION:

"Become a nationally recognized Center of Excellence for promoting health equity through quality research, education, community engagement and outreach.

The UNMC campus is located in one of the most diverse counties in Nebraska (Douglas County). **Yet, some of the most profound health disparities are observed only blocks away.** Innovative strategies are needed to reduce health disparities and improve overall population health; especially as US and Nebraska populations becomes more diverse.

Future health care models and public health initiatives will require a talented, diverse, culturally competent, linguistically proficient and racially concordant workforce to serve all Nebraskans.

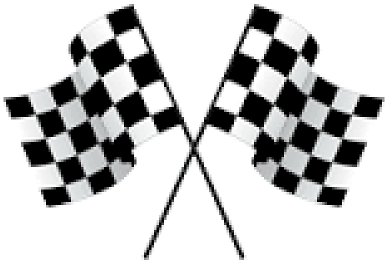
In order to recruit the most **talented, diverse, culturally competent, linguistically proficient and racially concordant** future researchers, health care professionals and public health practitioners, efforts are needed to consider the entire **intellectual pool of candidates from across the nation and globe with limited restrictions.** The National Institutes of Health (NIH)[3,4], American Academy of Medical Colleges (AAMC)[5,6], American Public Health Association (APHA)[7,8], American Medical Association (AMA)[9,], National Medical Association (NMA)[10], Institutes of Medicine (IOM)[11] and United States Department of Health and Human Services (DHHS)[12] consistently recommend diversification of the medical and public health workforce as effective strategies to rapidly solve health disparity challenges, serve diverse patient and community populations and improve overall population health.

"Diversity" often implies the inclusion of **women and minorities, particularly underrepresented minorities (URMs).** The NIH recognizes URMs as racial and ethnic groups underrepresented in biomedical research and includes African Americans, Hispanic Americans, Native Americans/Alaska Natives, Hawaiian Natives and U.S. Pacific Islanders[13]. An emphasis on women and underrepresented minorities (URMs) is absolutely necessary. However, for Nebraska to become the healthiest and most equitable state in the nation, **diversity must also encompass and embrace all underrepresented and socially disadvantaged groups** (e.g. sexual and gender minorities (LGBT), disabled, geographically underrepresented and economically disadvantaged populations.) Furthermore, as a state institution, it is **imperative to distinguish between international and domestic diversity** among UNMC students, faculty and staff to best serve the health care and public health needs of all Nebraskans. **Therefore, diversity and inclusion, promoted through an "equity lens" is paramount as an institutional priority and investment with campus wide leadership, stakeholder engagement, accountability and ongoing evaluation.**

UNMC trains over 50% of the Nebraska health care workforce. As the only state-funded academic health center in the state, UNMC is accountable for training talented, diverse, culturally competent, linguistically proficient and racially concordant researchers, health care professionals and public health practitioners. UNMC is committed to the motto **"Serious medicine. Extraordinary care"** and strives to improve diversity, inclusion & equity across campus but **still face challenges.**

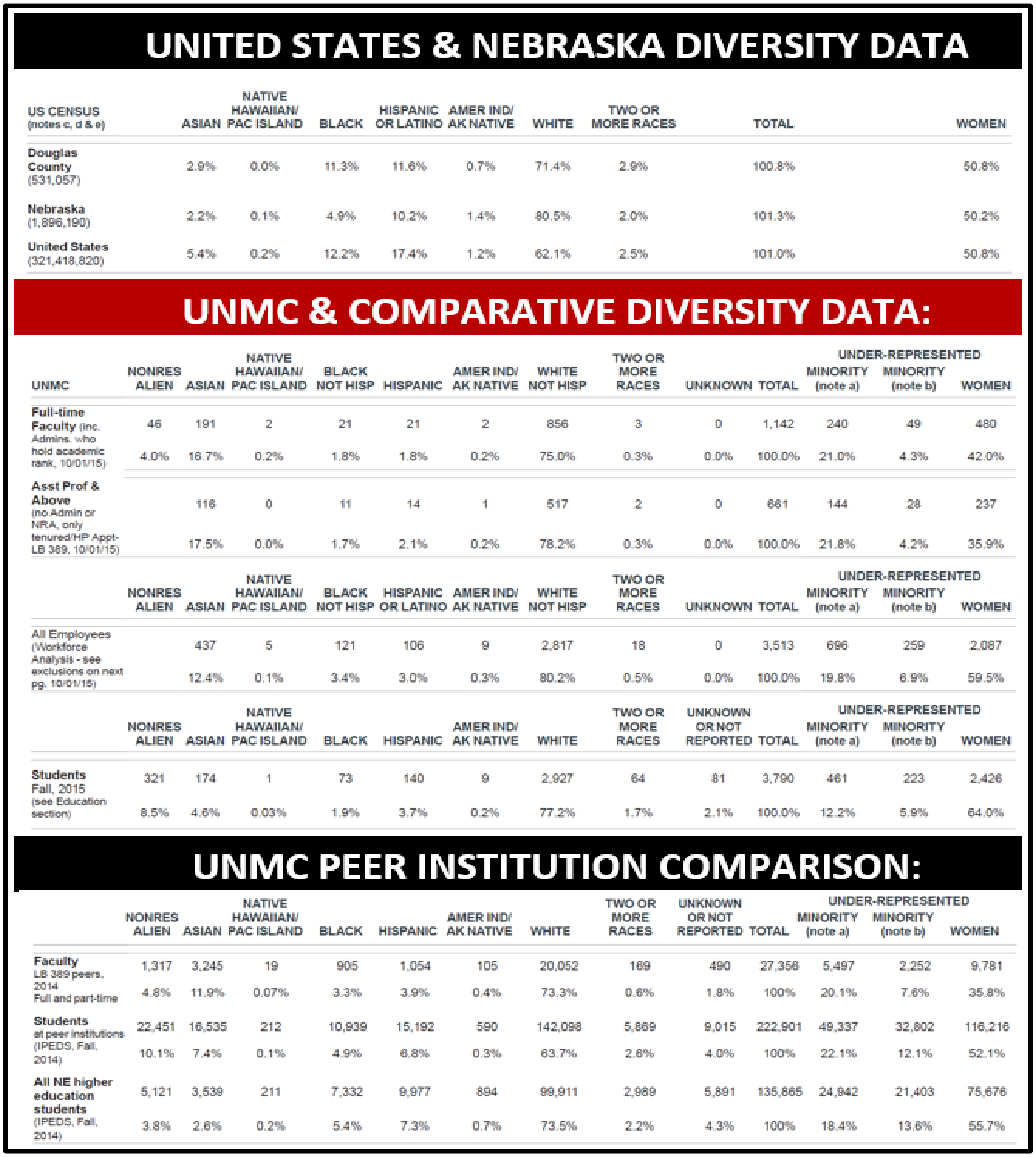
This is not due to a lack of effort but exemplifies that diversity, inclusion & equity are complex, multilevel and multifaceted issues requiring complex, multilevel and multifaceted solutions.

UNMC DIVERSITY TRENDS



UNMC TODAY:

Data in this section is compiled from the **2016 UNMC Planning Information and Quality Indicators Report**.[14]



UNITED STATES & NEBRASKA DIVERSITY DATA

US CENSUS (notes c, d & e)	ASIAN	NATIVE HAWAIIAN/ PAC ISLAND	BLACK	HISPANIC OR LATINO	AMER IND/ AK NATIVE	WHITE	TWO OR MORE RACES	TOTAL	WOMEN
Douglas County (531,057)	2.9%	0.0%	11.3%	11.6%	0.7%	71.4%	2.9%	100.8%	50.8%
Nebraska (1,896,190)	2.2%	0.1%	4.9%	10.2%	1.4%	80.5%	2.0%	101.3%	50.2%
United States (321,418,820)	5.4%	0.2%	12.2%	17.4%	1.2%	62.1%	2.5%	101.0%	50.8%

UNMC & COMPARATIVE DIVERSITY DATA:

UNMC	NONRES ALIEN	ASIAN	NATIVE HAWAIIAN/ PAC ISLAND	BLACK NOT HISP	HISPANIC	AMER IND/ AK NATIVE	WHITE NOT HISP	TWO OR MORE RACES	UNKNOWN	TOTAL	UNDER-REPRESENTED MINORITY (note a)	MINORITY (note b)	WOMEN
Full-time Faculty (inc. Admins. who hold academic rank, 10/01/15)	46	191	2	21	21	2	856	3	0	1,142	240	49	480
	4.0%	16.7%	0.2%	1.8%	1.8%	0.2%	75.0%	0.3%	0.0%	100.0%	21.0%	4.3%	42.0%
Asst Prof & Above (no Admin or NRA, only tenured/HP Appt-LB 389, 10/01/15)		116	0	11	14	1	517	2	0	661	144	28	237
		17.5%	0.0%	1.7%	2.1%	0.2%	78.2%	0.3%	0.0%	100.0%	21.8%	4.2%	35.9%

	NONRES ALIEN	ASIAN	NATIVE HAWAIIAN/ PAC ISLAND	BLACK NOT HISP	HISPANIC OR LATINO	AMER IND/ AK NATIVE	WHITE NOT HISP	TWO OR MORE RACES	UNKNOWN	TOTAL	UNDER-REPRESENTED MINORITY (note a)	MINORITY (note b)	WOMEN
All Employees (Workforce Analysis - see exclusions on next pg, 10/01/15)		437	5	121	106	9	2,817	18	0	3,513	696	259	2,087
		12.4%	0.1%	3.4%	3.0%	0.3%	80.2%	0.5%	0.0%	100.0%	19.8%	6.9%	59.5%

	NONRES ALIEN	ASIAN	NATIVE HAWAIIAN/ PAC ISLAND	BLACK	HISPANIC	AMER IND/ AK NATIVE	WHITE	TWO OR MORE RACES	UNKNOWN OR NOT REPORTED	TOTAL	UNDER-REPRESENTED MINORITY (note a)	MINORITY (note b)	WOMEN
Students Fall, 2015 (see Education section)	321	174	1	73	140	9	2,927	64	81	3,790	461	223	2,426
	8.5%	4.6%	0.03%	1.9%	3.7%	0.2%	77.2%	1.7%	2.1%	100.0%	12.2%	5.9%	64.0%

UNMC PEER INSTITUTION COMPARISON:

	NONRES ALIEN	ASIAN	NATIVE HAWAIIAN/ PAC ISLAND	BLACK	HISPANIC	AMER IND/ AK NATIVE	WHITE	TWO OR MORE RACES	UNKNOWN OR NOT REPORTED	TOTAL	UNDER-REPRESENTED MINORITY (note a)	MINORITY (note b)	WOMEN
Faculty LB 389 peers, 2014 Full and part-time	1,317	3,245	19	905	1,054	105	20,052	169	490	27,356	5,497	2,252	9,781
	4.8%	11.9%	0.07%	3.3%	3.9%	0.4%	73.3%	0.6%	1.8%	100%	20.1%	7.6%	35.8%
Students at peer institutions (IPEDS, Fall, 2014)	22,451	16,535	212	10,939	15,192	590	142,098	5,869	9,015	222,901	49,337	32,802	116,216
	10.1%	7.4%	0.1%	4.9%	6.8%	0.3%	63.7%	2.6%	4.0%	100%	22.1%	12.1%	52.1%
All NE higher education students (IPEDS, Fall, 2014)	5,121	3,539	211	7,332	9,977	894	99,911	2,989	5,891	135,865	24,942	21,403	75,676
	3.8%	2.6%	0.2%	5.4%	7.3%	0.7%	73.5%	2.2%	4.3%	100%	18.4%	13.6%	55.7%

In 2015, according to the report:

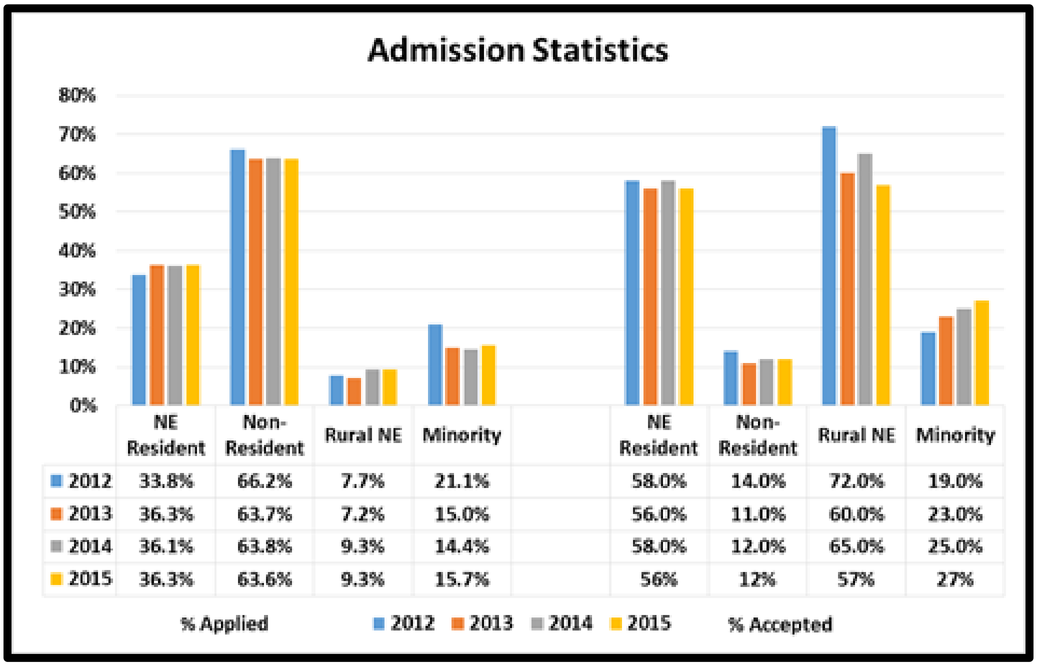
- An estimated **1.9 million people resided in Nebraska.**
- Majority of the population was White (80.5%).
- Hispanics represented the **2nd largest population** (10.2%) followed by African Americans (4.9%), then Asian Americans (2.2%), then Two or More races (1.7%), then American Indian/Alaskan Natives (1.4%).
- Native Hawaiian/Pacific Islanders (0.1%) were the **least represented population** in the state.
- Majority of UNMC faculty and students were White (75% and 77.2%) respectively.
- The **second largest** represented faculty group were Asians (17.5%) and Non-Resident Aliens for students (8.5%).
- Among all UNMC employees, White employees represented the **largest population** (80%) followed by Asian employees (12.4%).

Innovative strategies are necessary to recruit and retain the most talented, diverse, culturally competent, linguistically proficient and racially concordant future researchers, health care professionals and public health practitioners at UNMC. The US Department of Health and Human Services (DHHS) suggests in ***"The Rationale for Diversity in the Health Professions: A Review of the Evidence"*** that **workforce diversity mirror the demographics of the state;** especially for state institutions like UNMC.[15]

TRENDS OVER TIME: (2012-2015)

The **mission** of the University of Nebraska Medical Center (UNMC) and Nebraska Medicine is to "lead the world in transforming lives to create a healthy future for all individuals and communities through **premier educational programs**, innovative research and extraordinary patient care." Students are a vital part of the UNMC mission. They are the future researchers, health care professionals and public health practitioners for the state and play pivotal roles in advancing diversity, inclusion & equity efforts across campus.

Figure 1: UNMC Student Admissions (2012-2015)



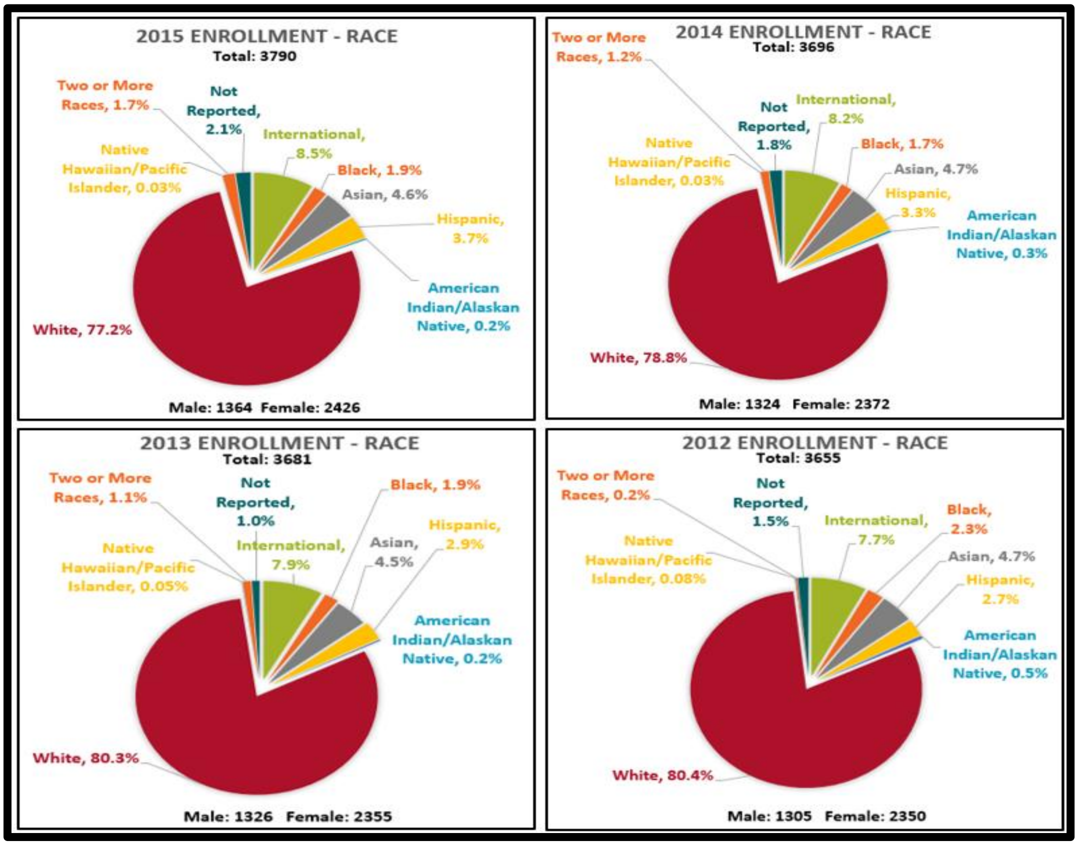
	% Applied				% Accepted			
	NE Resident	Non-Resident	Rural NE	Minority	NE Resident	Non-Resident	Rural NE	Minority
2012	33.8%	66.2%	7.7%	21.1%	58.0%	14.0%	72.0%	19.0%
2013	36.3%	63.7%	7.2%	15.0%	56.0%	11.0%	60.0%	23.0%
2014	36.1%	63.8%	9.3%	14.4%	58.0%	12.0%	65.0%	25.0%
2015	36.3%	63.6%	9.3%	15.7%	56%	12%	57%	27%

From 2012-2015, on average:

- 35.6% of UNMC student applicants were Nebraska residents and **57% were accepted**.
- 64.3% of UNMC student applicants were Non-residents (including international students). **Only 12.3% were accepted. (lowest acceptance rates).**
- The percentage of student applicants from rural Nebraska was consistently less than 10%.
- Rural Nebraska students had the **highest acceptance rates at an average of 63.5%.** This may be due to UNMC's investment in initiatives to recruit and retain rural Nebraska students like the Rural Health Opportunity Program (RHOP) and Rural Health Education Network (RHEN).
- The percentage of minority students (both underrepresented and non underrepresented) that applied over the past 4 years ranged from 14.4-21.1% with moderate acceptance rates of 19-27%. Based on this data, an expedited way to increase diversity at UNMC would be to seriously consider and accept talented and qualified non-resident and minority applicants, particularly URMs.

UNMC STUDENTS (2012-2015):

Figure 2: UNMC Students by Race (2012-2015)

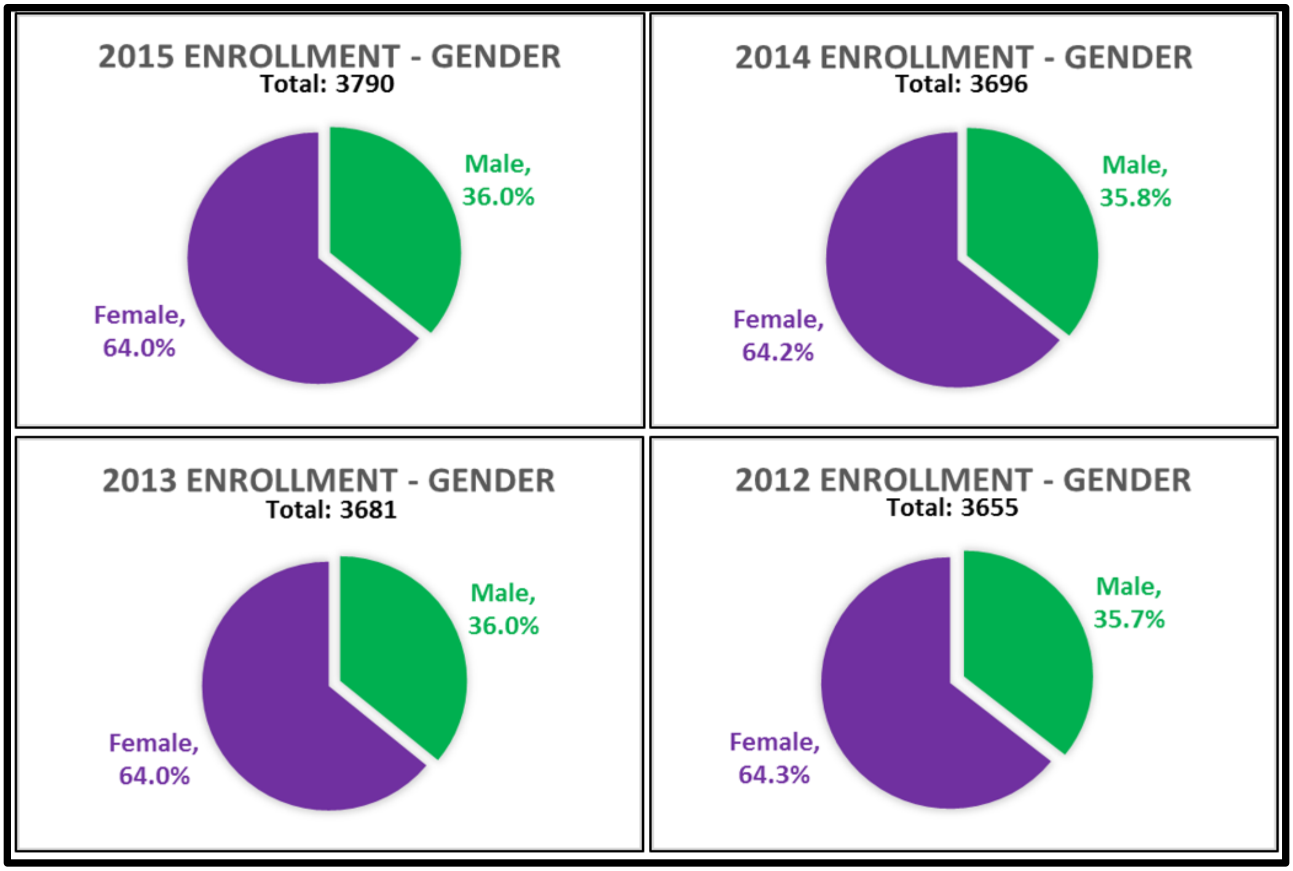


According to data from the 2013, 2014, 2015 and 2016 **UNMC Planning Information and Quality Indicators Reports,** White students represented the **largest population** on campus. In 2015, out of 3,790 students enrolled at UNMC, 77.2% were White. International students accounted for the **second largest** group at 8.5%. **All racial/ethnic minority groups represented less than 5% of the total student population.** The **largest** racial/ethnic minority group represented was Asian students (4.6%), followed by Hispanic students (3.7%), then students Not Reporting race (2.1%), then Black students (1.9%), then Two or More races (1.7%). The racial/ethnic groups **least represented** on campus were American Indian/Alaskan Native (0.2%) and Native Hawaiian/Pacific Islander students (0.03%).

From 2012-2015, on average, the acceptance and enrollment of:

- **White** student representation has **decreased** from 80.4% in 2012 to 77.2% in 2015.
- **International** student representation has **increased** annually starting at 7.3% in 2012 to 8.5% in 2015.
- **Hispanic** student representation has **increased** from 2.7% in 2012 to 3.7% in 2015.
- **Not-Reported** student representation has **increased** from 1.5% to 2.1%.
- **Asian** student representation has **remained steady** at an average of 4.5%.
- **Black** student representation has **decreased** over time from 2.3% in 2012 to 1.9% in 2015.
- **American Indian/Alaskan Native** and **Native Hawaiian/Pacific Islander** student representation **remained** < 0.05%.

Figure 3: UNMC Students by Gender (2012-2015)

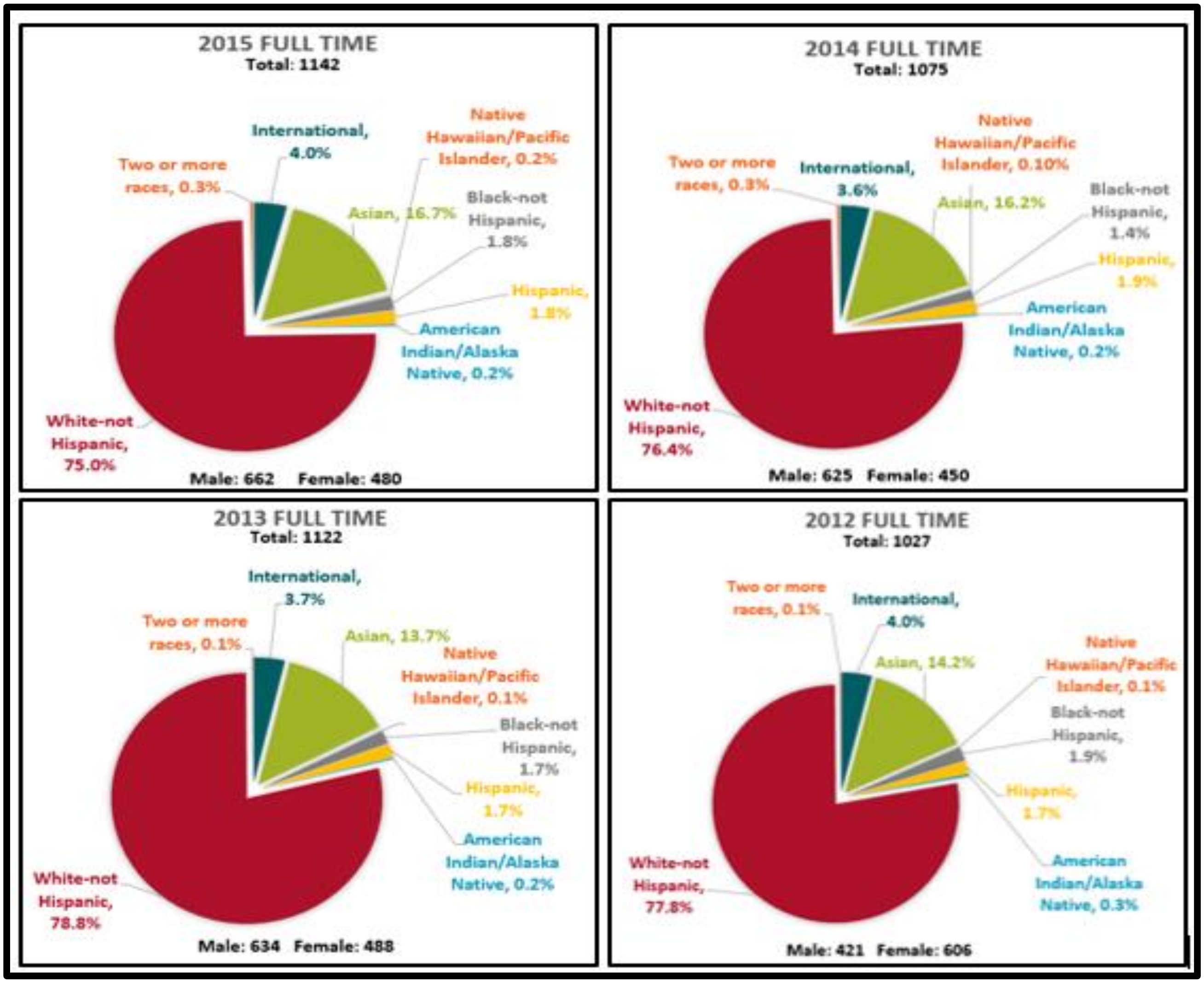


Gender diversity among UNMC students remained relatively constant from 2012-2015.

Majority of UNMC students were female (64%), almost double the percentage of males (35%). This may be due to the distribution of females and males across UNMC colleges. Some health professions, **like nursing**, attract more female students. Understanding student demographics through an equity lens requires additional surveillance to evaluate student gender ratios for each college and among each racial/ethnic group.

UNMC FACULTY (2012-2015):

Figure 4: UNMC Faculty by Race (2012-2015)

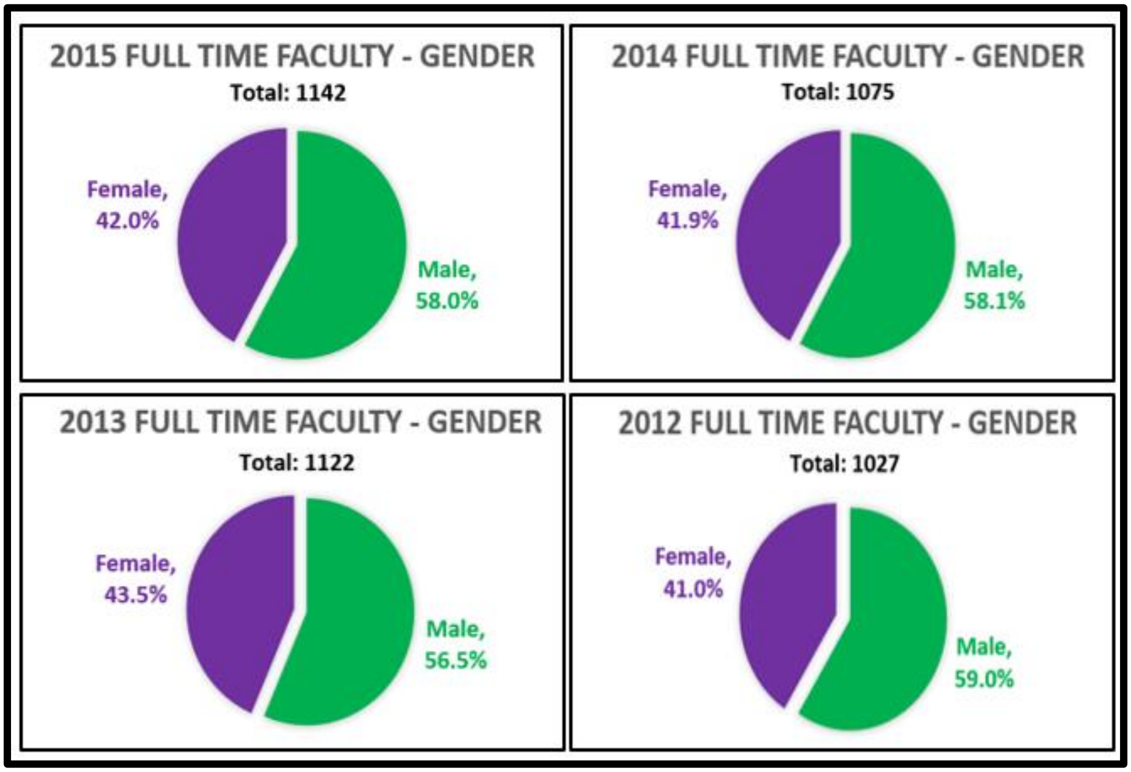


According to data from the 2013, 2014, 2015 and 2016 **UNMC Planning Information and Quality Indicators Reports,** White faculty represented the **largest population** on campus. In 2015, out of 1,142 full time faculty appointed in the Colleges of Allied Health, Dentistry, Medicine, Nursing, Pharmacy and Public Health, 75% were White. Asian faculty accounted for the **second largest** group at 16.7%. **All racial/ethnic faculty groups represented less than 5% of the total faculty population.** International faculty represented the **third largest** group (4.0%), followed by Black and Hispanic faculty (both 1.8%). The racial/ethnic groups **least represented** were Two or More races (0.3%), American Indian/Alaskan Native and Native Hawaiian/Pacific Islander faculty (both 0.2%,). There were no faculty categorized as Non-Reported.

From 2012-2015, on average, the acceptance and enrollment of:

- **White** faculty representation has **decreased** from 80.4% in 2012 to 77.2% in 2015.
- **International** faculty representation has **increased** annually starting at 7.3% in 2012 to 8.5% in 2015.
- **Hispanic** faculty representation has **increased** from 2.7% in 2012 to 3.7% in 2015.
- **Asian** faculty representation has **remained steady** at an average of 4.5%.
- **Black** faculty representation has **decreased** over time from 2.3% in 2012 to 1.9% in 2015.
- **American Indian/Alaskan Native** and **Native Hawaiian/Pacific Islander** faculty **r**representation **remained <** 0.05.

Figure 5: UNMC Faculty by Gender (2012-2015)

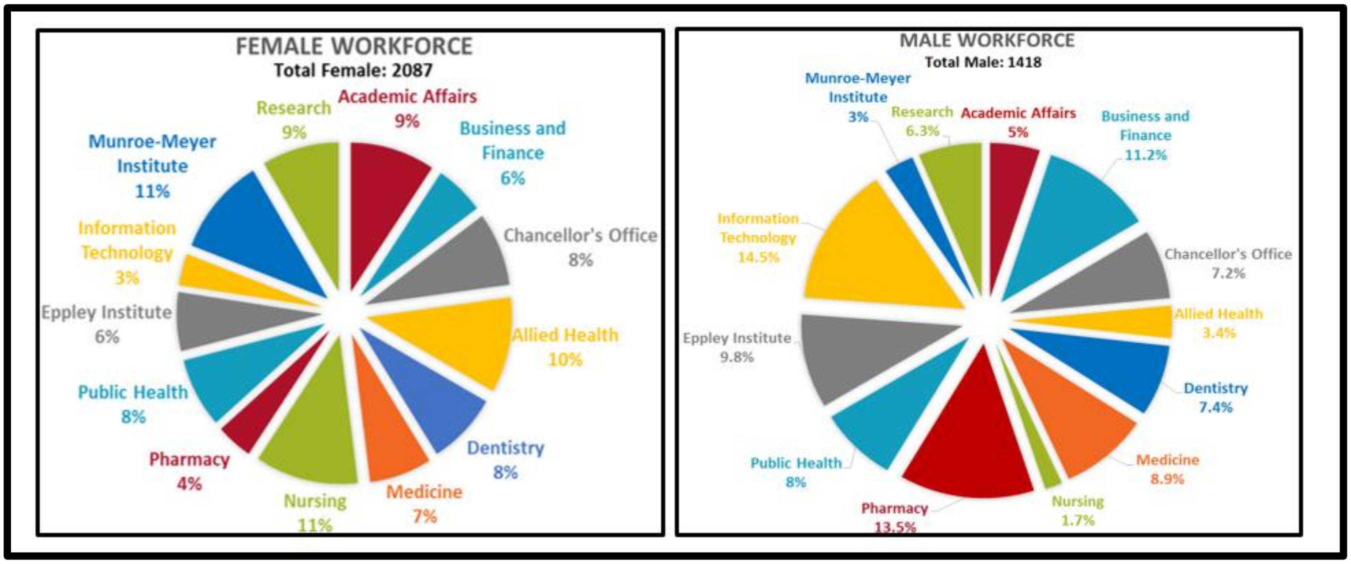


Gender diversity among UNMC faculty remained relatively constant from 2012-2015

Majority of UNMC faculty were male with an average of 55% male and 45% female. Understanding faculty demographics through an equity lens requires additional surveillance to evaluate faculty gender ratios for each college and among each racial/ethnic group. It also requires additional surveillance of rank, title, benefits and pay for males in comparison to females.

UNMC TOTAL WORKFORCE: (2015)

Figure 6: UNMC Female & Male Workforce Distribution Across Campus

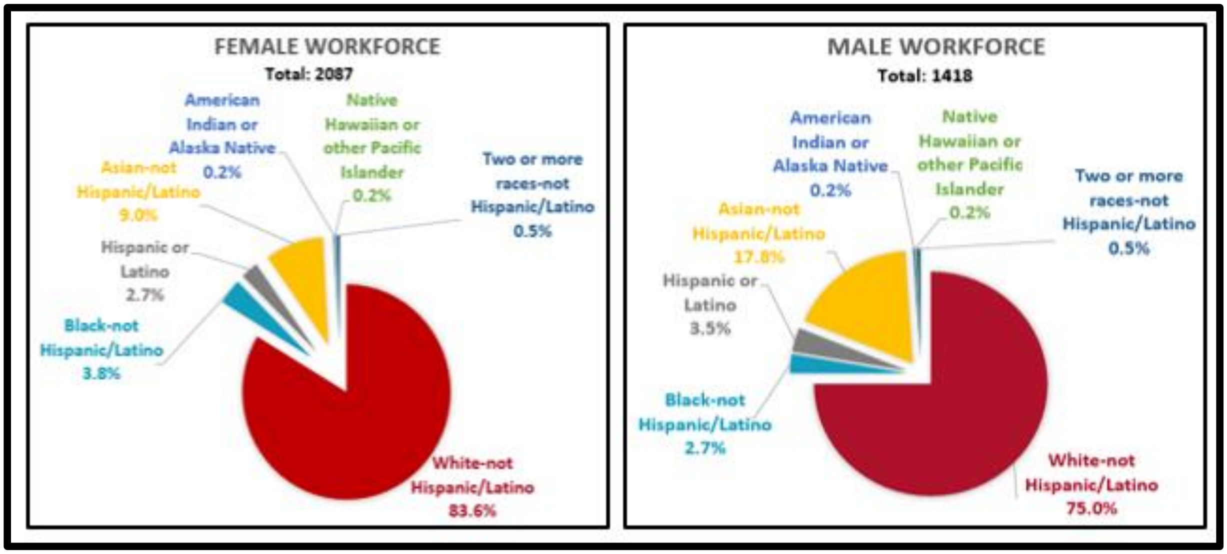


According to data from the **2016 UNMC Planning Information and Quality Indicators Report**, the total number of employees at UNMC in 2015 was 3,505. **Majority of UNMC employees were female.** (Females = 2087; males=1418)

- The **total female employee** population of 2,087 was dispersed across multiple UNMC units. **Two UNMC units** accounted for over 10% of the total number of female employees on campus. Nursing (11%) and Munroe-Meyer Institute (11%) accounted for almost a quarter of the female employee population. The **lowest female representation was in the Information Technology unit (3%).**

- The **total male employee** population of 1,418 was also dispersed across multiple units. **Three UNMC units** accounted for over 10% of the total number of male employees on campus. Information Technology (14.5%), Pharmacy (13.5%) and Business and Finance (11.2%) accounted for over 40% of the male employee population. **The lowest male representation was in the Nursing unit (1.7%).**

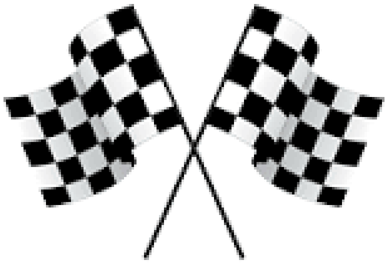
Figure 7: UNMC Female & Male Workforce Distribution by Race



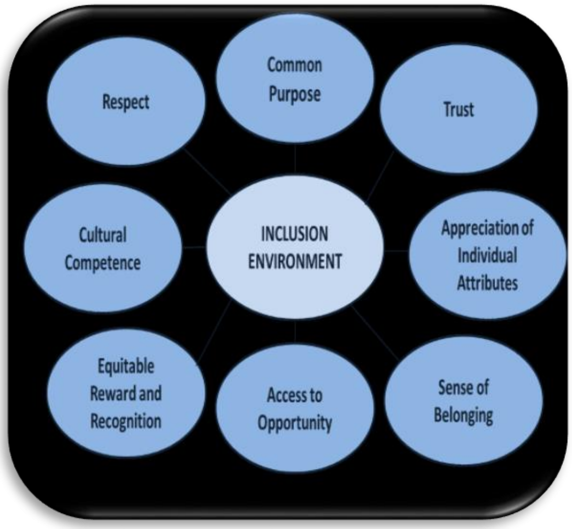
- White females represented the **largest group** (83.6%) of the total female workforce**.** Asian females accounted for the **second largest group (9%)**. **All other female, racial/ethnic groups were represented at less than 4%** of the total UNMC female workforce. The **largest racial/ethnic group** was Black females (3.8%), followed by Hispanic females (2.7%). The **least represented** racial/ethnic female groups were Two or More races (0.5%), American Indian/Alaskan Native and Native Hawaiian/Pacific Islander (both 0.2%).

- White males represented the **largest group** (75%) of the total male workforce. Asian males represented the **second largest group (17.9%). All other male, racial/ethnic groups represent less than 5%** of the total UNMC male workforce. The **largest racial/ethnic group** was Hispanic males (3.5%), followed by Black males (2.7%). The **least represented** racial/ethnic male groups were equivalent to the female workforce trends; Two or More races (0.5%), American Indian/Alaskan Native and Native Hawaiian/Pacific Islander (both 0.2%)

2015
UNMC DIVERSITY & ENGAGEMENT SURVEY



UNMC DIVERSITY & ENGAGEMENT SURVEY:



Over time, diversity trends at UNMC have improved. However, **diversity alone is not sufficient!** Inclusion and equity are paramount to achieve the ideal campus climate and serve the health care and public health needs of all Nebraskans. To this regard, UNMC launched the **AAMC Diversity & Engagement National Benchmarking Survey** in 2015. The AAMC survey is designed to measure the inclusiveness of academic medical environments and associated levels of engagement. [16] The survey has been implemented at 14 other academic medical centers with response rates ranging from 1 to 17%. The UNMC **response rate was 22%.** The online survey included 25 questions **linked to 8 inclusion categories** (see left).[17] The AAMC proposes specific recommendations to improve diversity and inclusion across the 8 inclusion categories. These recommendations are listed in the RIDE Report recommendation section.

The Executive Summary can be found on UNMC's website:
http://www.unmc.edu/academicaffairs/_documents/DiversityEngagementSurvey_ExecSummary.pdf

Table 2. UNMC demographics for faculty, students and staff electronically invited to participate:

	FACULTY		STUDENTS		STAFF	
White	1004	78%	2914	79%	1705	86%
Black	16	1.2%	61	1.7%	86	4.3%
Hispanic/Latino	20	1.6%	121	3.3%	69	3.5%
Asian	194	15%	175	4.7%	86	4.3%
Women	571	45%	2372	64%	1385	70%
TOTAL	**1281**		**3696**		**1979**	

Overall, the results were similar to the mean of the 14 benchmark institutions
With the exception of two categories ranked low by all respondents.

Vision/Purpose and Camaraderie

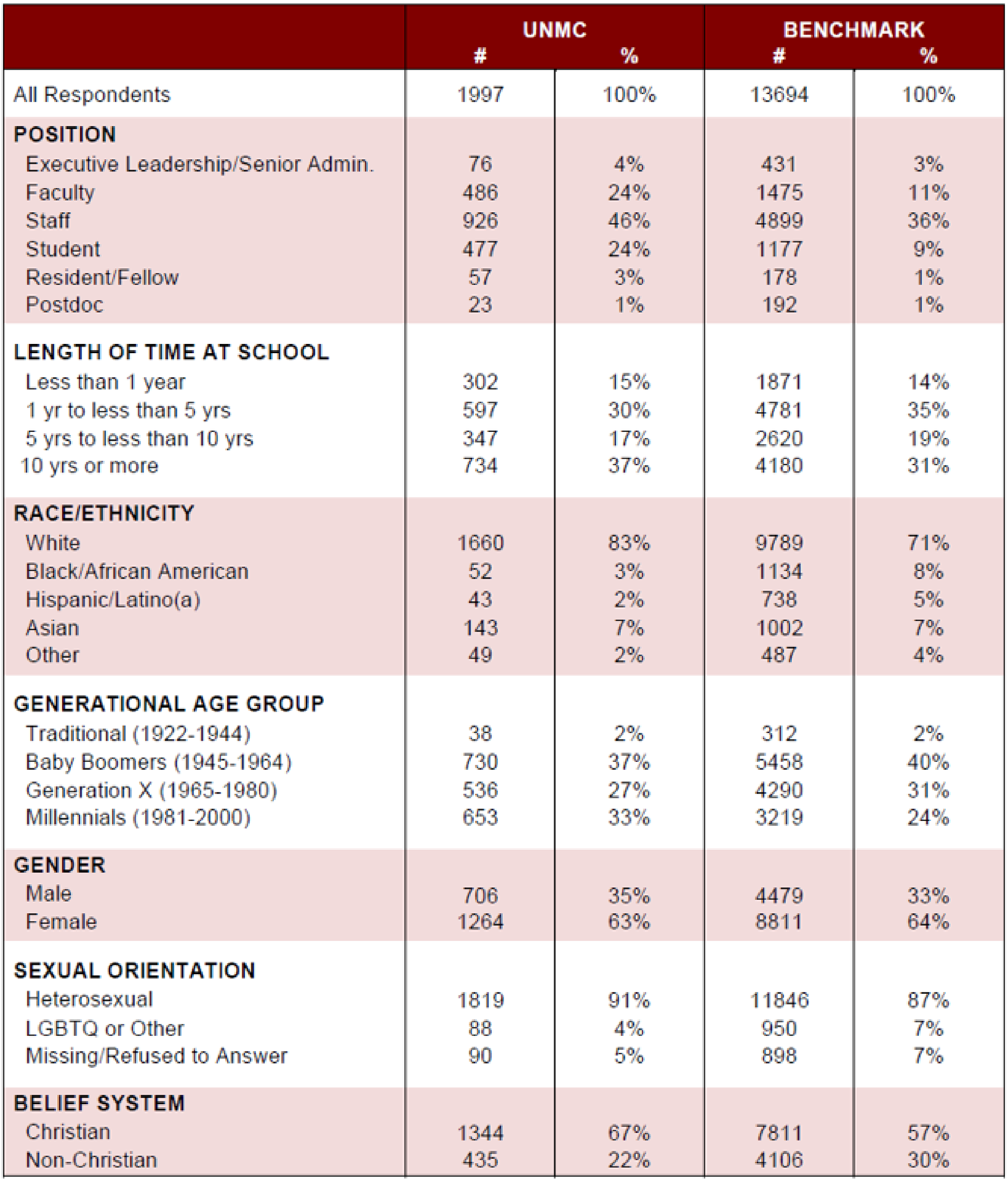
According to the AAMC these results suggest:

> ***"UNMC may have a broad or loosely defined definition of diversity, and the institutional goals are not well communicated or understood"***
>
> ***"UNMC students, faculty and staff contacts are limited to a select few diverse individuals, and mentoring practices are limited."***

Most notably, Black/African American respondents ranked majority of the 8 inclusion categories low, especially vision/purpose and cultural competence and may be explained by the 2008 ***"Minority Faculty Voices on Diversity in Academic Medicine"*** article published in the Journal of the Association of American Medical Colleges. The article reports a gap between minority perceptions of intention and implementation of diversity in which diversity was not perceived as **"an institutional priority."**[18] The article recommends the engagement and involvement of minorities as "*an excellent resource for identifying strategies to improve diversity*."

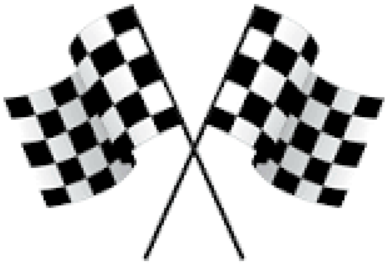
It is important to note **that any real or perceived lack of diversity, inclusion or equity among key stakeholders warrants further exploration, validation and attention** to better understand underlying causes and explore salient solutions. This approach ensures that all faculty, students and staff at UNMC feel included and are afforded equitable opportunities to thrive and succeed.

Table 3. UNMC Respondent Demographics for AAMC Survey

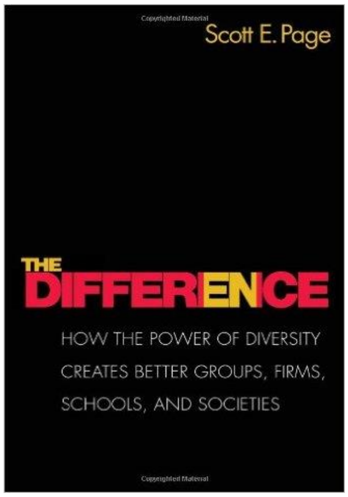


	UNMC		BENCHMARK	
	#	%	#	%
All Respondents	1997	100%	13694	100%
POSITION				
Executive Leadership/Senior Admin.	76	4%	431	3%
Faculty	486	24%	1475	11%
Staff	926	46%	4899	36%
Student	477	24%	1177	9%
Resident/Fellow	57	3%	178	1%
Postdoc	23	1%	192	1%
LENGTH OF TIME AT SCHOOL				
Less than 1 year	302	15%	1871	14%
1 yr to less than 5 yrs	597	30%	4781	35%
5 yrs to less than 10 yrs	347	17%	2620	19%
10 yrs or more	734	37%	4180	31%
RACE/ETHNICITY				
White	1660	83%	9789	71%
Black/African American	52	3%	1134	8%
Hispanic/Latino(a)	43	2%	738	5%
Asian	143	7%	1002	7%
Other	49	2%	487	4%
GENERATIONAL AGE GROUP				
Traditional (1922-1944)	38	2%	312	2%
Baby Boomers (1945-1964)	730	37%	5458	40%
Generation X (1965-1980)	536	27%	4290	31%
Millennials (1981-2000)	653	33%	3219	24%
GENDER				
Male	706	35%	4479	33%
Female	1264	63%	8811	64%
SEXUAL ORIENTATION				
Heterosexual	1819	91%	11846	87%
LGBTQ or Other	88	4%	950	7%
Missing/Refused to Answer	90	5%	898	7%
BELIEF SYSTEM				
Christian	1344	67%	7811	57%
Non-Christian	435	22%	4106	30%

THE CASE FOR
DIVERSITY
INCLUSION & EQUITY



THE CASE FOR DIVERSITY, INCLUSION & EQUITY: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Scott E. Page
THE DIFFERENCE
HOW THE POWER OF DIVERSITY CREATES BETTER GROUPS, FIRMS, SCHOOLS, AND SOCIETIES
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The results from the 2015 AAMC Diversity & Engagement Survey and UNMC demographic trends provide substantial justification for continued dedication to diversity, inclusion & equity. Additional surveillance is needed to evaluate objective factors of equity including but not limited to salary comparisons, promotion, tenure, leadership titles, etc. stratified by gender, race, age, nationality and other variables of interest. **Diversity and inclusion challenges are not unique to UNMC.** This phenomenon is prevalent at other academic health centers across the nation.

Nonetheless, this cannot serve as an exemption to accept the status quo but as an opportunity to accept the challenge; to become pioneers to serve as a national model for diversity, inclusion & equity among our institutional peers.

This can only be accomplished collectively with engagement and investment of all key stakeholders.

But…does diversity, inclusion & equity matter and if so, why?

Diversity definitely matters to the Association of American Medical Colleges (AAMC) where Chief Diversity Office, Marc Nivea, Ed.D stated "*diversity is the engine pushing the 'excellence' locomotive along the tracks: Excellence cannot be achieved without diversity*."[19] **Diversity definitely matters** to our national partners at the NIH. In 2015, former Stanford Professor, Hannah Valantine, MD, was appointed as NIH's first Chief Officer for Scientific Workforce Diversity. **Francis Collins, MD, PhD, and Director of NIH stated:**

"recruiting and retaining the brightest minds regardless of race, ethnicity, gender, disability, and socioeconomic status, is critically important not only to NIH, but to the entire U.S. scientific enterprise." [20]

Diversity definitely matters because it has the power to create better groups, firms, schools and societies as evidenced in Scott Page's book: **The Difference**. Studies consistently show that heterogeneous groups working collectively outperform homogenous groups working together essentially proving that the *"collective wisdom of a group exceeds the sum of its parts*."[21] Page concludes that organizations with cognitively diverse teams exhibit better decision making, innovation and success. The reason may reside in the Proceedings of the National Academy of Sciences report ***"Ethnic Diversity Deflates Price Bubbles"*** which suggests that diversity:

"May be beneficial not only for providing variety in perspectives and skills, but also because diversity facilitates friction that enhances deliberation and upends conformity."[22]

Diversity definitely matters because the ***"friction that enhances deliberation and upends conformity"*** may reduce inherent, implicit and unconscious biases that perpetuate discrimination, oppression and preferential treatment. Biases can impact decision making including those with power, authority and influence which can significantly impact promotion and tenure of faculty and the graduation of students.

In the 2016 Planning Information and Quality Indicators Report, UNMC eludes to these inherent biases stating:
"We are working at continuing previous inclusivity and diversity efforts, searching for improved outcomes with renewed vigor and has launched a number of new initiatives. Shedding unconscious biases and addressing any bias incidents is essential."[23]

Diversity definitely matters but alone is not sufficient; inclusion and equity are paramount! Numerous studies demonstrate that the experiences of minorities in academia may differ significantly from their White counterparts. Minority faculty at predominately White institutions are more likely to encounter the following inequities: [24]

- **Disproportionately obliged to serve on time-consuming committees**
- **Mentor students with complicated non-academic problems**
- **Engage in community service activities that are not recognized for promotion and tenure**
- **Promoted at lower rates and less likely to attain senior faculty rank**
- **Experience intense scrutiny and constant pressure to validate their abilities**
- **Experience more bias and discrimination**
- **Report lower career satisfaction scores**

Fortunately, there is encouraging news. Best practices exist to limit implicit and unconscious bias. Published studies like ***"The Impact of Blind Auditions on Female Musicians"*** proved that blind audition procedures (the use of a screen separating the musician from the evaluator) eliminated gender biases and increased the number of women in symphony orchestras.[25] Other studies have been shown to limit implicit and unconscious biases at academic institutions like the cluster randomized, controlled trial "***Effect of an Intervention to Break the Gender Bias Habit for Faculty at One Institution"*** published in the Journal of Academic Medicine."[26]

The aforementioned examples represent a few poignant reasons why diversity, inclusion & equity definitely matter. Specific examples of why they definitely matter at academic health centers like UNMC include but are not limited to:

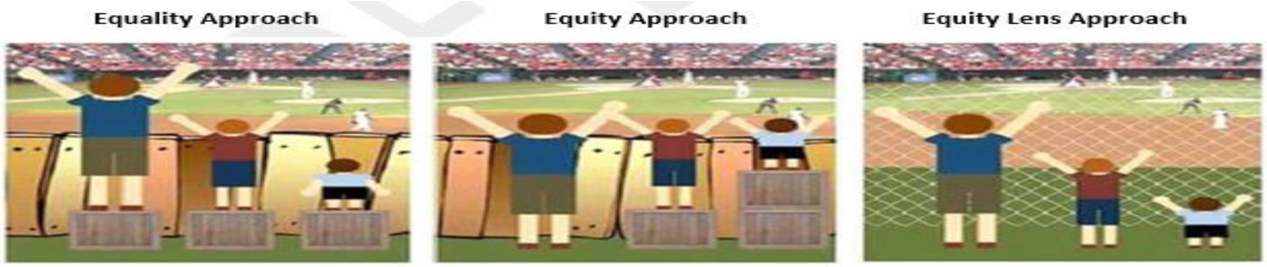
- **Minority health professionals are more likely to serve minority and medically underserved communities and improve minority patient health care delivery.** [27]
- **Racial and linguistic concordance of patient and health professional is associated with greater patient participation in care processes, follow up, higher patient satisfaction, and greater adherence to treatment.** [28,29]
- **Minority health professionals may also be more successful recruiting minority patients for clinical trials and tailoring preventive health and primary care programs and services to minority populations, thereby reducing associated costs.**[30]

Lastly, and of critical importance, **diversity definitely matters to national academic accreditation bodies** including but not limited to the Liaison Committee on Medical Education (LCME), Accreditation Council for Graduate Education (ACGME), the Joint Commission and the Council on Education for Public Health (CEPH). Many of these accrediting bodies mandate evidence of institutional commitment to diversity, inclusion & equity.

An Equity Lens:

Strategic efforts at UNMC to address diversity, inclusion & equity may benefit from applying an equity lens. As presented in the Introduction, an equity lens is the "lens" through which you view conditions and circumstances to **understand who receives the benefits and who bears the burdens** of any given program, policy, or practice.

Figure 8: An Equality, Equity and Equity Lens Approach[31]

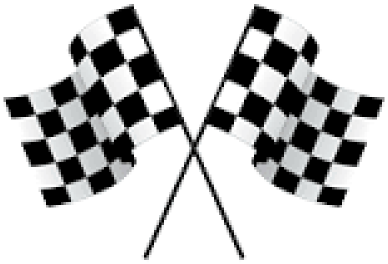


In the first image, individuals are given the exact same supports. It is assumed that everyone will benefit from the same supports. They are being treated **equally**.

In the second image, individuals are given different supports to make it possible for them to have equal access to view the game. They are being treated **equitably**.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. **The systemic barrier has been removed.**

THE RIDE INITIATIVE



THE RIDE INITIATIVE:

The RIDE Initiative was launched in April 2016 as the first campus wide and inclusive initiative dedicated exclusively to exploring issues of **race, inclusion, diversity and equity (RIDE)** at the University of Nebraska Medical Center (UNMC).

The RIDE Initiative's mission is multifold and includes multilevel approaches to collect the voices, perspectives and ideas of UNMC administrators, students, faculty, staff and community partners at UNMC. The overarching goal of the RIDE Initiative was to increase awareness of the importance of **diversity, inclusion & equity at UNMC** and a serve as a **call to action** to achieve the following four goals:

1. **Identify the ideal UNMC campus climate and recommendations to become the ideal campus in regards to diversity, inclusion and equity.**
2. **Diversify the health care and public health workforce in efforts to make Nebraska the "healthiest and most equitable state in the nation."**
3. **Advance Healthy People 2020 goals to "eliminate health disparities, achieve health equity and improve the health of all populations."**
4. **Become a nationally recognized model for successfully implementing effective diversity, inclusion & equity efforts among our institutional and academic peers.**

The **RIDE Initiative was created by Renaisa S. Anthony, MD, MPH,** Deputy Director of the Center for Reducing Health Disparities and Assistant Professor in the College of Public Health with the support of co-investigators**, Todd Wyatt, Ph.D.,** Professor in the Colleges of Public Health and Medicine and **Chad Abresh, M.Ed.**, Executive Director of CityMatch. The trio successfully competed and received grant funding in the amount of $10,000 from the College of Public Health Innovation Fund in February 2016.

The RIDE Initiative was originally entitled ***"It's About Time: A 21st Century Dialogue on Race"*** and ***"Race Matters: A Solutions-Oriented Mastermind****."* The title was revised with input from the Minority Health Advisory Board which included administrators, students, faculty, staff and community partners.

The RIDE Initiative convened the following events with key stakeholder input:

1. **An Intimate Dinner Discussion on Race Through The Eyes of Rachel Dolezal (invite only)**
2. **The Face of Race, Inclusion, Diversity and Equity at UNMC**
3. **The Race, Inclusion, Diversity and Equity World Café**
4. **The Pit Stop Session**
5. **RIDE Initiative Online Comment Page**

All RIDE Initiative events were designed to be inclusive and interactive and encouraged frank and candid discussions about race, inclusion, diversity and equity. Over 150 UNMC administrators, students, faculty, staff, and community partners participated and provided insight into the current UNMC campus climate, ideal campus climate; and provided action oriented recommendations to achieve the ideal:

The ideal UNMC campus climate according to RIDE participants is:

"Diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed."

AN INTIMATE DINNER DISCUSSION ON RACE WITH RACHEL DOLEZAL:

In 2015, **Katherine Brooks**, a White, female, medical student at Brown University published **"A Silent Curriculum"** in the Journal of the American Medical Association (JAMA) bringing attention to the silence of the academic medical community during high profile race related events across the nation. Brooks shines a flashlight on the role of academic medical institutions to address issues of race and social justice by leveraging her acknowledged White privilege stating:[32]

> ***"I must mention that I am White.*** *I know that my words are less likely to be disregarded and labeled as angry, that I may be more likely to receive praise for my observations than words of doubt. I have watched my peers experience racism as trainees of color and know* ***my privilege is as powerful as my stethoscope****."* She concludes *"if we refuse to deeply examine and challenge how racism and implicit bias affect our clinical practice, we will continue to contribute to health inequalities in a way that will remain unaddressed in our curriculum and unchallenged by future generations of physicians."*

Race in the 21st century is becoming more complex with self-identified categories like "transracial" and census groups like 2+ races. Moreover, one only needs to read a national newspaper, turn on the television or follow social media to know that contrary to some beliefs, **race still matters in America.** Race related, **Black Lives and All Lives Matter** rallies, police brutality and riots have transpired across the nation. **The University of Missouri (Mizzou) led national headlines in 2015** when racial protests erupted on campus and Black football players went on strike until the President of the University, Tim Wolfe, resigned.[33] This fall, student enrollment was down by over 2,000 students costing significant budget constraints for the institution.[34] Other protests have occurred on campuses across the nation calling attention to diversity, inclusion, equity and social justice. **Race is even a "hot topic" for the upcoming US Presidential election.**

Fortunately, UNMC has not been subjected to such campus protests and efforts are currently underway to ensure the campus is indeed a No Tolerance Zone for racism, oppression and discrimination.

Creating diverse, inclusive and equitable climates require high levels of comfort discussing "controversial" issues like race, racism, discrimination, oppression, social justice and implicit and unconscious bias.

The first RIDE Initiative event launched on April 19, 2016 was dedicated to just that!

"An Intimate Dinner Discussion on Race: Through the Eyes of Rachel Dolezal" was an invitation only event planned under the guidance of the Minority Health Month Advisory committee. Rachel Dolezal is a civil rights activist, artist and former instructor of black studies, race and culture. In 2015, she served as Chapter President (a volunteer position) for the Spokane, Washington, National Association for the Advancement of Colored People (NAACP). She made national headlines when her "estranged and biological" parents revealed that she was born "White." **Ms. Dolezal racially identifies as "transracial" and culturally identifies as "African American."** She was invited to share her "own" story and **to engage in a thought provoking conversation on controversial issues including race, inclusion, diversity, equity and social justice.**

Invitations were extended to approximately 50 UNMC administrators, students, faculty, staff and community partners representing diverse backgrounds**. The first 25 to accept the invitation were confirmed as dinner guests.** The "secret dinner location" was revealed only a few hours before the event in efforts to avoid undesired media or general public attention and interruption. Ms. Dolezal attended the dinner with her then 2-month old infant. She and dinner guests engaged in a candid discussion about race, historical trauma and social justice. Questions like ***"does race matter and why", "are we a post racial society", "what is the role of academic medical centers for social justice"*** and **"what is the real Rachel Dolezal story"** were answered. The dinner extended beyond the allocated time in which guests shared their personal experiences related to race, inclusion, diversity and equity. The evening ended with hugs and a group picture.

The following comments were received via email, after the event from multiple dinner guests.

- ***"Thank you again for the invitation to the intimate dinner discussion on race, inclusion, diversity, and equity. It was humbling to hear Ms. Dolezal's experience in her own words, and to hear a moving story of how privilege + power = oppression."***
- ***"Thank you for the opportunity to participate at yesterday's dinner. It was great to hear and be heard."***
- ***"I am excited about the upcoming RIDE discussions on campus because I feel that myself and other students from different racial backgrounds will participate in conversations that have somewhat been ignored, or tend to induce fear and hesitance among both students and professors."***
- ***"Thank you for your courage in giving the topic(s) of RIDE a place to begin these conversations."***
- ***"Thanks a lot for inviting me for the dinner. The issue is so close to my heart and it will be good for me and my soul to work on this issue."***
- ***"A special thanks to you for having the foresight to bring Rachel to Omaha and having an engaging conversation on race. Thanks for carrying the torch and I'm willing to assist you along this course."***
- ***"Thank you so much for the opportunity you provided for us to sit down and listen to Rachel's side of her story. I can honestly say that it has changed my perception of what the media portrayed her intentions to be. I admire that she put the needs of her family first and that she recognizes that the discussion about race should not focus on her, but should focus on those who do not have the platform to talk about the difficulties they face due to the color of their skin."***

Not surprisingly, the event also spurred some controversy among the general public. These sentiments were shared on social media and focused on the Dolezal scandal. Two Omaha World Herald articles: ***"UNMC Professor Draws Backlash After Inviting Rachel Dolezal to Speak at Event"*** by Christopher Burbach on April 22, 2016 [35] and ***"Grace: By inviting Rachel Dolezal to Talk, UNMC Professor Wanted to Start Conversation on Race — 'The Big Elephant in the Room"*** by Erin Grace on April 27, 2016.[36] The event also generated positive support in the form of emails, visitors, letters and social media posts. **Conversations are catalysts for change** and thought provoking conversations are a part of the academic milieu. To truly conquer issues of discrimination, bias and oppression, academic institutions must be bold, innovative and novel in its approaches. Rachel Dolezal is a part of the "race" discussion and there are lessons to be learned.

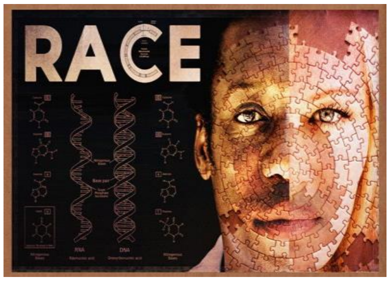
Only when we are able to sit across the table and engage in respectful dialogue with people who think, behave, choose and live differently will we ever eliminate the "isms" including racism, sexism, ageism and others.

The notion that "great minds think alike" is outdated and perhaps a more inclusive philosophy like "great minds think different" is timely. Stated best by **UNMC Dean of Nursing, Juliann Sebastian, Ph.D.** in the 2016 UNMC Planning Information and Quality Indicators Report:

"We should bring to light issues that ***in the past may have been difficult to talk about"*** *Sebastian* further states *"That we should be* ***brave enough to do this*** *because we must create a safe, healthy environment for everyone on campus to do the work they have come here to do. Bringing things to light, including* ***asking ourselves if we hold unconscious biases*** *about how we should function and who we should be, and helping one another are fundamental to our values here at the university"*

Yes. The RIDE Initiative agrees Dean Sebastian…Conversations are indeed the catalysts for change.

THE FACE OF RACE, INCLUSION, DIVERSITY & EQUITY AT UNMC:



The **second RIDE Initiative, *The Face of Race, Inclusion, Diversity and Equity at UNMC*** was launched on April 25, 2016 from 12:00-1:30 pm and convened in Watson Hall Auditorium at UNMC. The event was initially planned as a student, faculty, staff and community partner panel. It was revised with input from the advisory council to an **interactive presentation using automated response systems (polling clickers) and facilitated by Renaisa S. Anthony, MD, MPH.** The event was publicized on the UNMC campus calendar, email invitations and UNMC Today. Lunch was catered by Panera.

The presentation highlighted Healthy People 2020 goals *"to eliminate health disparities, achieve health equity and improve the health of all populations"* UNMC goals to *"make Nebraska the healthiest and most equitable state in the nation"* and national recommendations to diversify the health care and public health workforce as a way to expedite these goals. Polling questions were integrated into the presentation to assess participant's awareness and perspectives on multiple issues related to health disparities, race, racism, inclusion, diversity and equity at UNMC, in Nebraska and nationally. The Face of RIDE PowerPoint presentation is provided in the appendix.

Quantitative data was collected from up to 90 participants. Over 100 were in attendance but only 90 clickers were available. The data provided on the next pages represent the responses from participants.

It is important to note that Dr. Anthony and the internal RIDE Team did not participate in the polling.

The number of respondents per question varies from 74-90 respondents for the following reasons:

- The questions were asked in sequential order starting at 12:00 pm and ending at 1:00 pm. Some participants came late or left early;

1. **All questions were voluntary in which some chose not to answer.**

2. **These two major reasons contribute to the differences in response. Each N is included in the graphs to reflect this reality.**

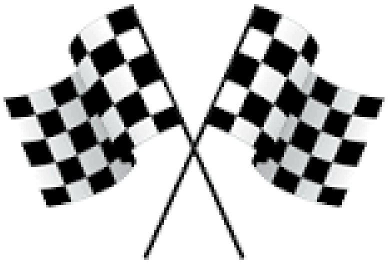
- Respondents were asked a question and given a 1-minute voting period. At the conclusion of the 1 minute or when there were 90 respondents, the polling option was closed and results were immediately revealed to the audience in "real time".

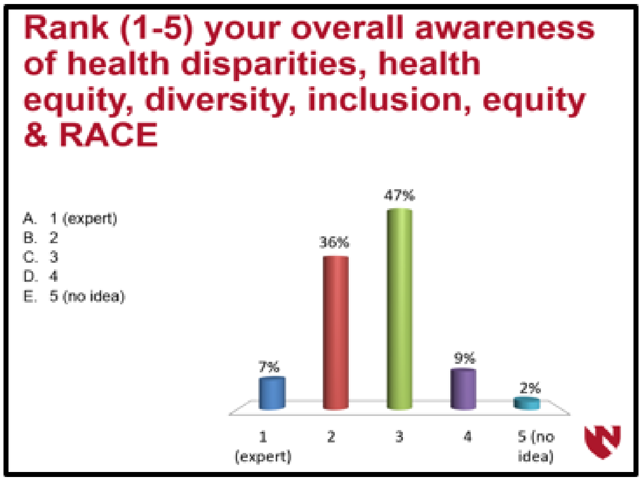
- Responses represent a cross sectional (snapshot) of awareness and perspectives of 74-90 participants and may or may not be generalizable to the entire campus.

- However, those with a vested interest, as demonstrated by their self-selection to participate represent a unique campus cohort. Nonetheless, **perspectives and experiences of any UNMC administrator, student, faculty, staff or community partner that is not aligned with the UNMC mission warrants further attention.**

Variables	%
Gender (N=85)	
Male	32.9
Female	67.1
Race (N=88)	
Asian	10.2
Native Hawaiian or Pacific Islander	1.1
Black – Not Hispanic	29.5
Hispanic	3.4
Native American	1.1
White – Not Hispanic	50.0
Other	4.5
Area of Residence (N=90)	
International	30.0
Domestic	70.0
Sexual Orientation (N=89)	
Heterosexual	95.5
LGBTQ	4.5
Age (N=90)	
18-24	3.3
25-35	28.9
36-45	30.0
46-50	10.0
50-65	24.4
65+	3.3
UNMC Affiliation (N=74)	
Student	25.7
Faculty	21.6
Staff	35.1
Administrators	10.8
Community Partners	5.4
Other	1.4
UNMC Department (N=82)	
College of Public Health	35.4
College of Medicine	28.0
College of Pharmacy	2.4
College of Allied Health	3.7
College of Nursing	2.4
Other UNMC Department	20.7
UNMC Community Partner	7.3

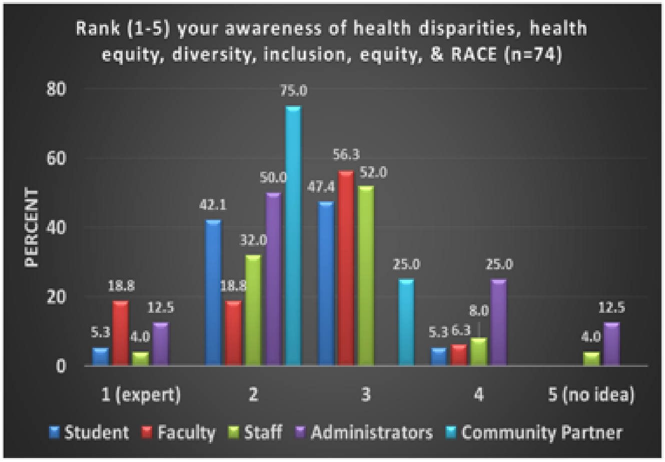
THE FACE OF RIDE DATA

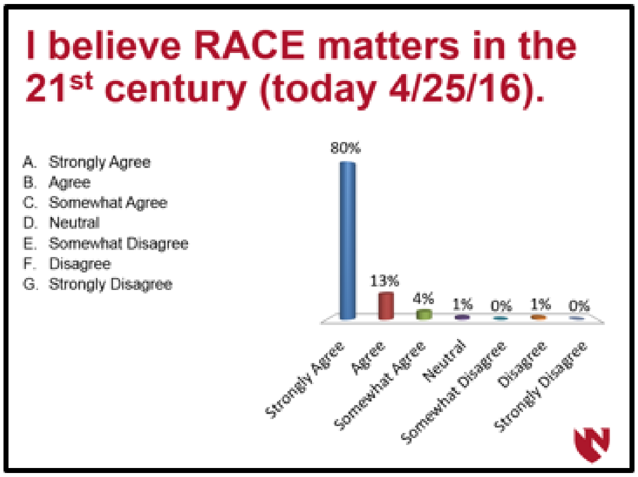




Rank (1-5) your overall awareness of health disparities, health equity, diversity, inclusion, equity & RACE

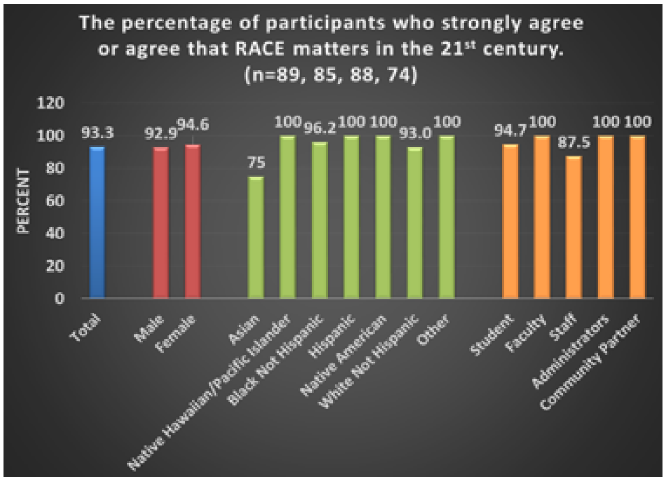
A. 1 (expert)
B. 2
C. 3
D. 4
E. 5 (no idea)

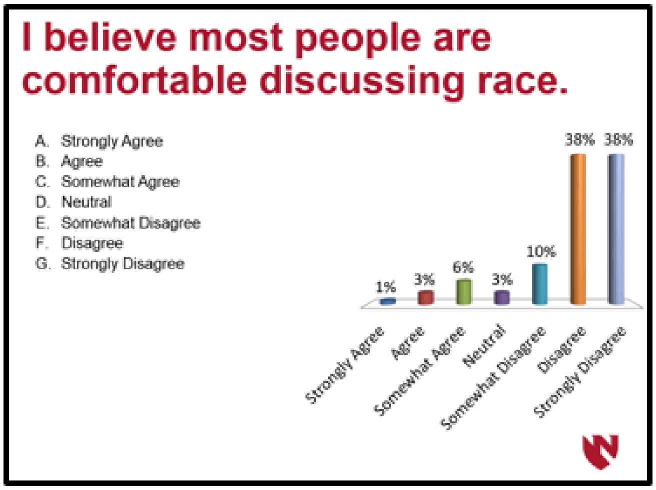




I believe RACE matters in the 21st century (today 4/25/16).

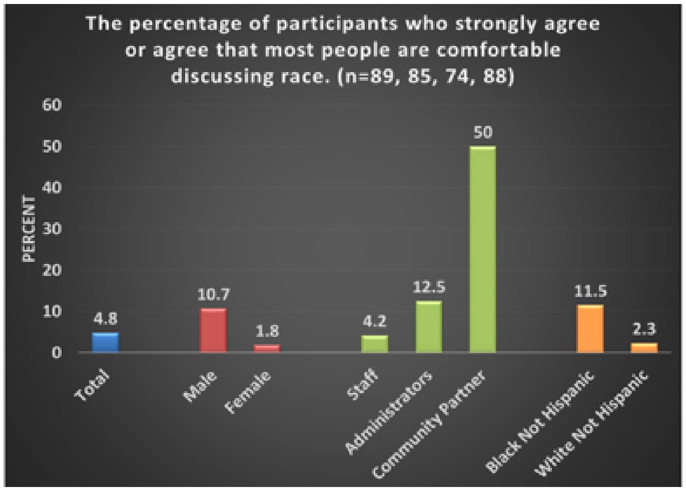
A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



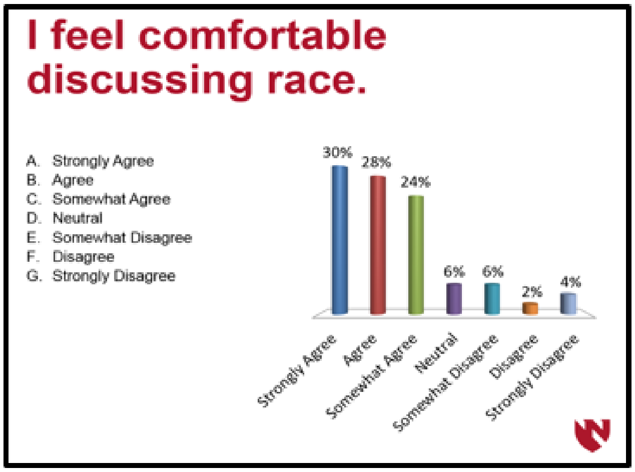


I believe most people are comfortable discussing race.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



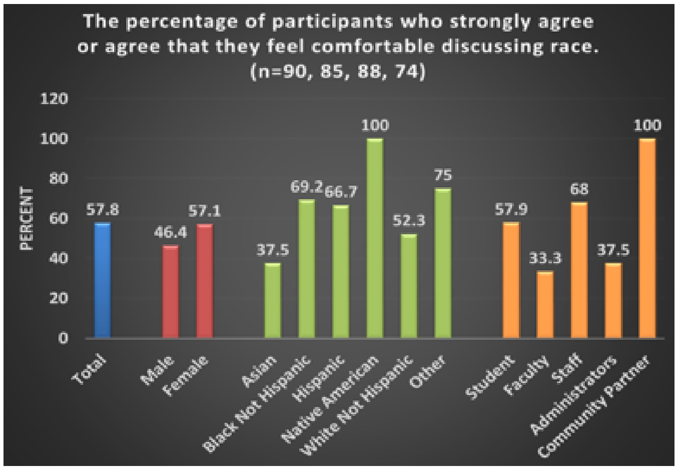
Overall, majority of participants had some awareness of health disparities, health equity, diversity, inclusion and race. Faculty had the highest awareness and administrators had the lowest awareness. Over 93% of participants believed race matters in the 21st century. Majority also agreed that most people are NOT comfortable talking about race.

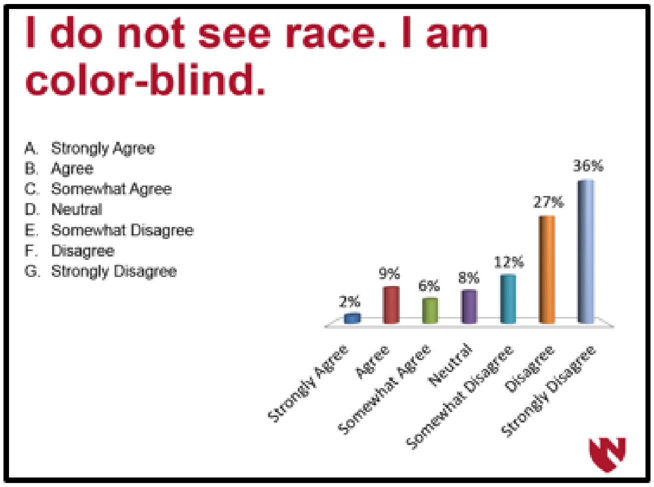


I feel comfortable discussing race.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

30%
28%
24%
6%
6%
2%
4%
Strongly Agree
Agree
Somewhat Agree
Neutral
Somewhat Disagree
Disagree
Strongly Disagree

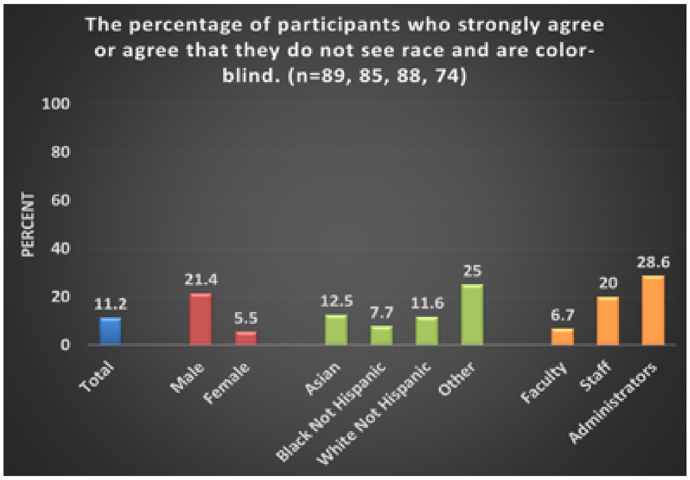


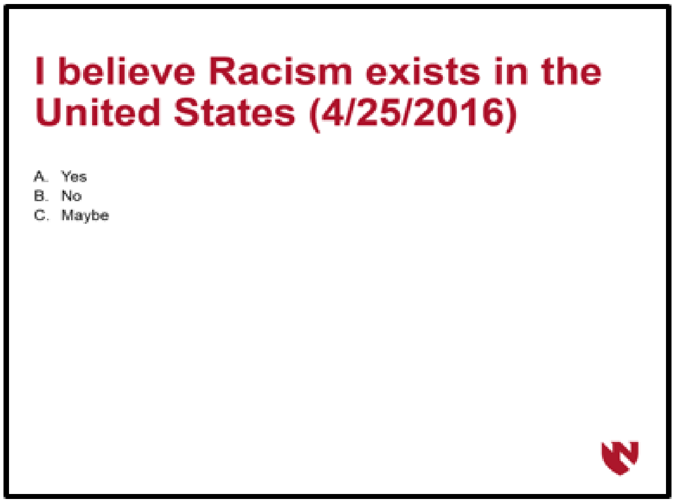


I do not see race. I am color-blind.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

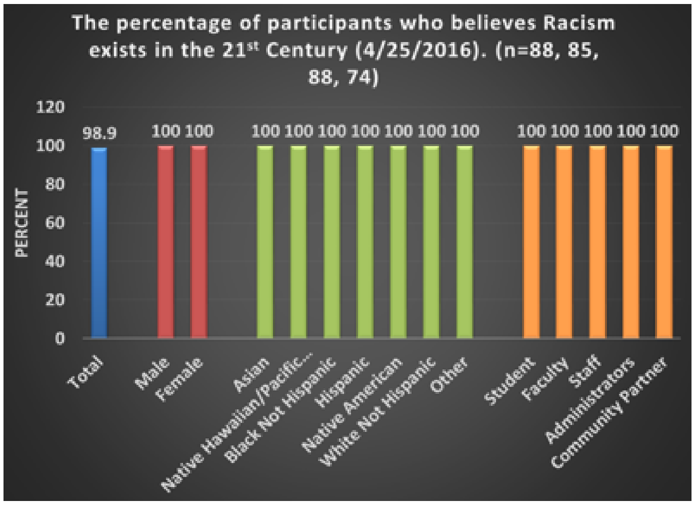
2%
9%
6%
8%
12%
27%
36%
Strongly Agree
Agree
Somewhat Agree
Neutral
Somewhat Disagree
Disagree
Strongly Disagree



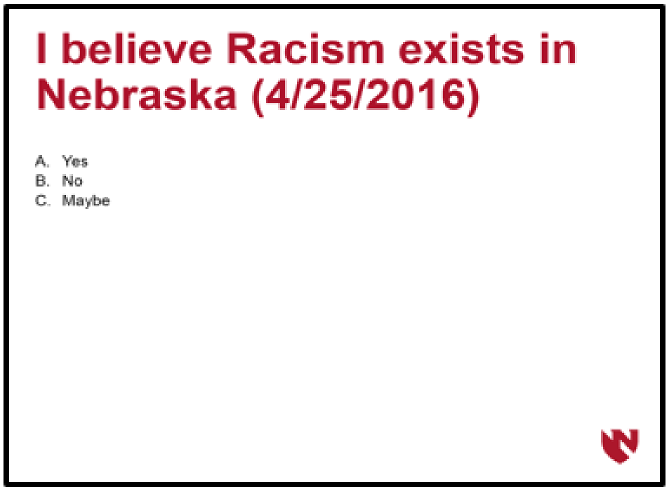


I believe Racism exists in the United States (4/25/2016)

A. Yes
B. No
C. Maybe

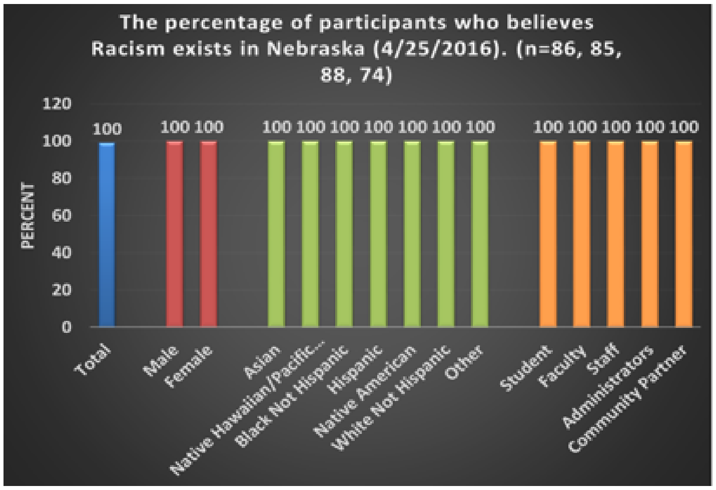


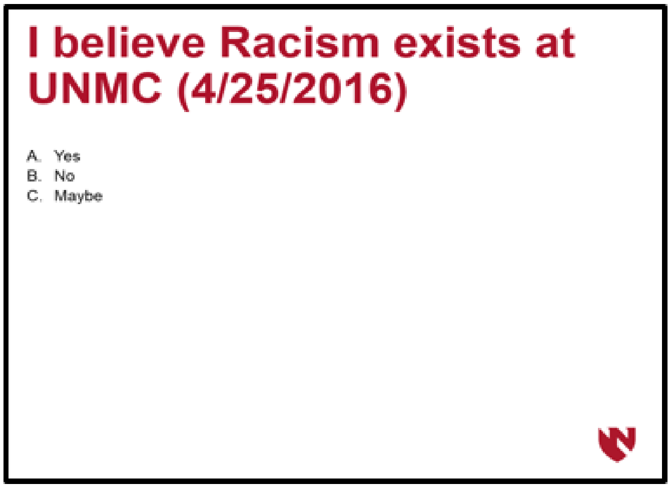
Overall, 50% of participants strongly agreed or agreed that they felt comfortable discussing race. Community partners had the highest reported rates and faculty and administrators had the lowest rates regarding comfort levels discussing race. Majority of the participants did not consider themselves "color blind." Among the 11.2% who strongly agreed or agreed that they were colorblind, administrators had the highest rates. **100% of the participants agreed that racism exists in the United States.**



I believe Racism exists in Nebraska (4/25/2016)

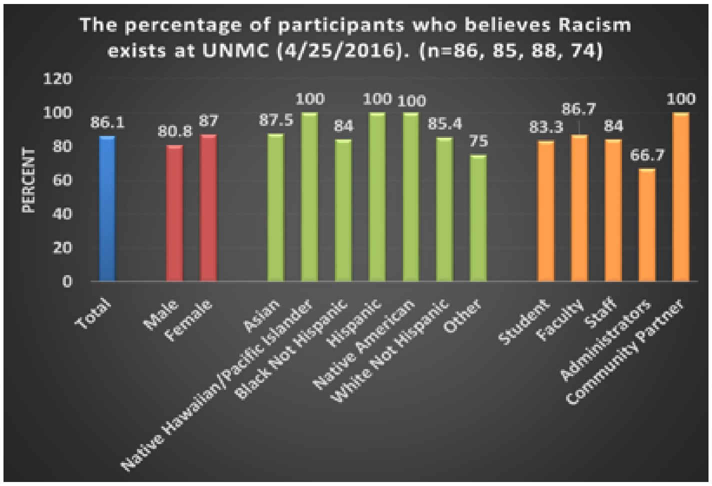
A. Yes
B. No
C. Maybe

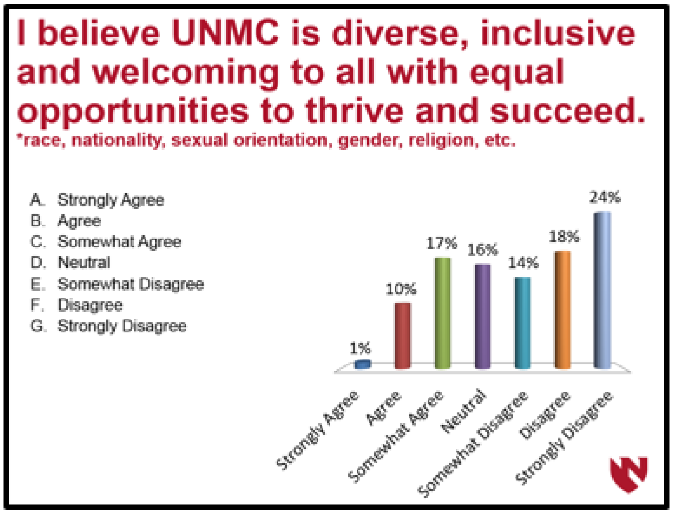




I believe Racism exists at UNMC (4/25/2016)

A. Yes
B. No
C. Maybe

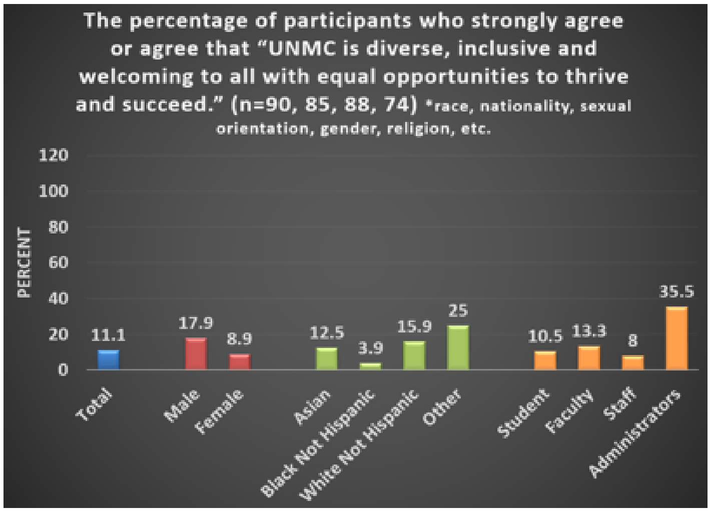




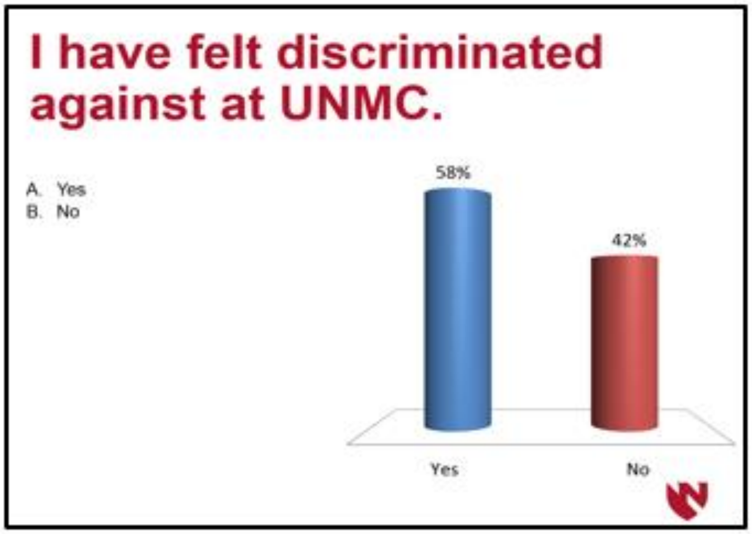
I believe UNMC is diverse, inclusive and welcoming to all with equal opportunities to thrive and succeed.

*race, nationality, sexual orientation, gender, religion, etc.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

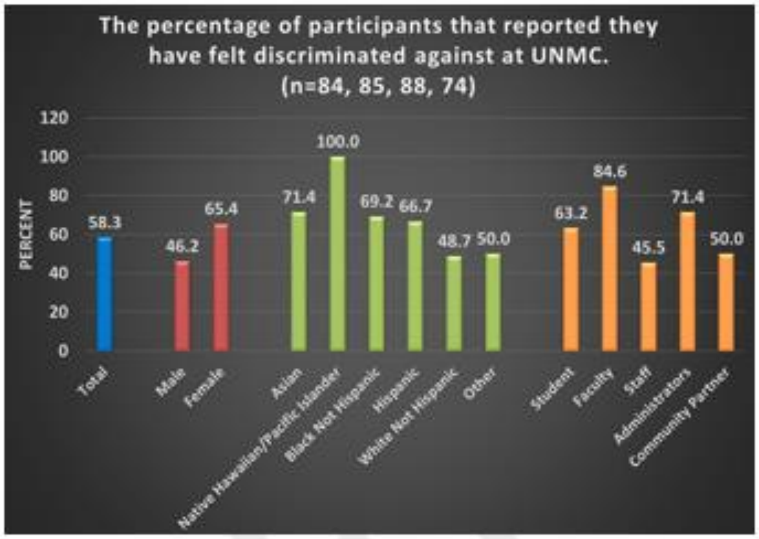


Overall, 100% of the participants believed that racism exists in Nebraska. Over 85% believed racism exists at UNMC. The rates among genders and races were similar. 100% of community partners believed racism exists at UNMC with the lowest reported rates among administrators (66.7%). When asked to assess if UNMC is currently the ideal campus "diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed" only 11.1% strongly agreed or agreed. Males were more likely to agree than their female counterparts. Administrators had the highest rates for believing UNMC is the ideal. Only 11 % of participants strongly agreed or agreed that UNMC is currently the ideal campus. Majority of those (35.5%) were administrators. Over 40% of participants strongly disagreed or disagreed that UNMC is currently the ideal campus climate.

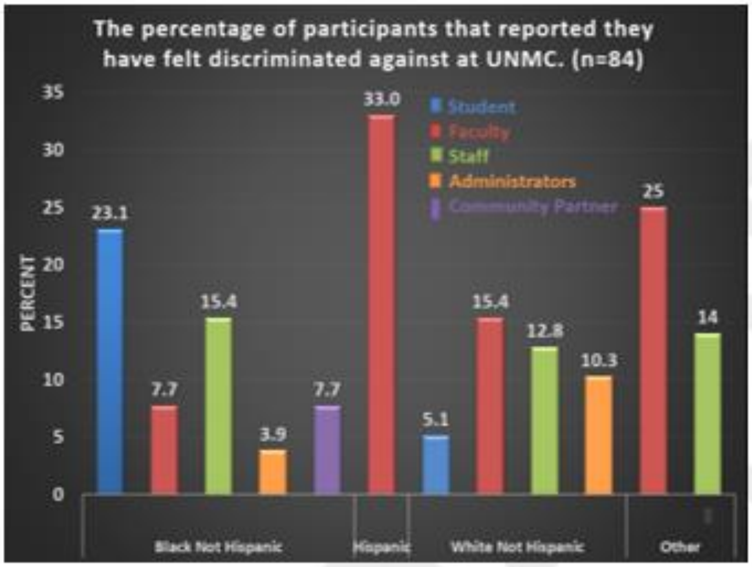


I have felt discriminated against at UNMC.

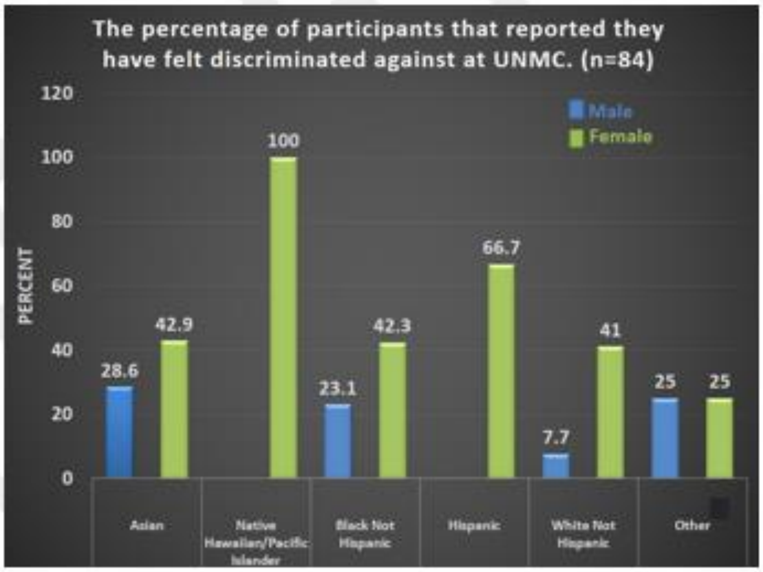
A. Yes
B. No



The percentage of participants that reported they have felt discriminated against at UNMC. (n=84, 85, 88, 74)



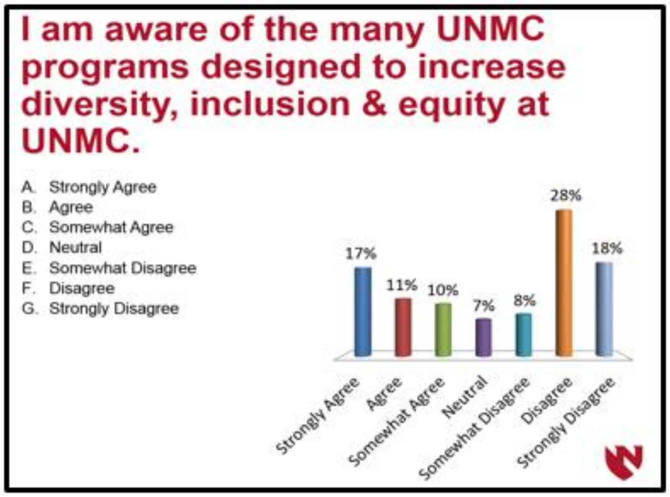
The percentage of participants that reported they have felt discriminated against at UNMC. (n=84)



The percentage of participants that reported they have felt discriminated against at UNMC. (n=84)

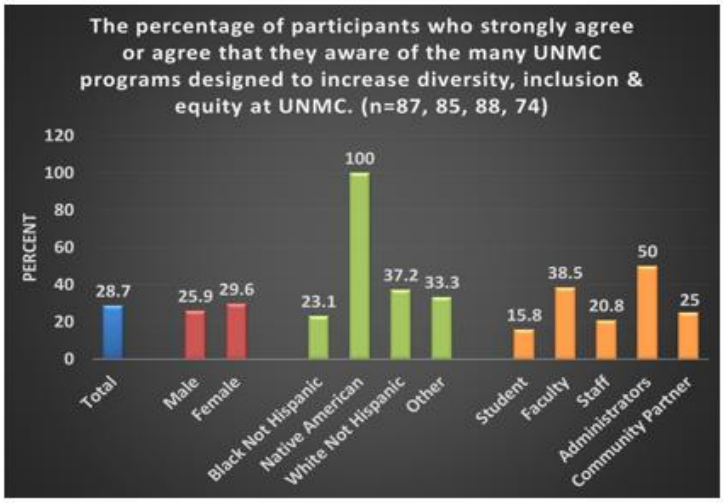
Overall, 58% of participants reported feeling discriminated against at UNMC.

- **Discrimination was more prevalent among female respondents in comparison to males. This may be due to the large number of female participants (67%).**
- **Faculty were more likely to report feeling discriminated against, followed by administrators, students, community partners and staff.**
- **Black students reported discrimination more than any other student group.**
- **Females reported discrimination two times the rates of their male counterparts with the exception of White females who reported almost six times higher than their White male counterparts.**
- **Those who self-identified as "other" did not demonstrate any gender differences in reporting feelings of discrimination at UNMC.**

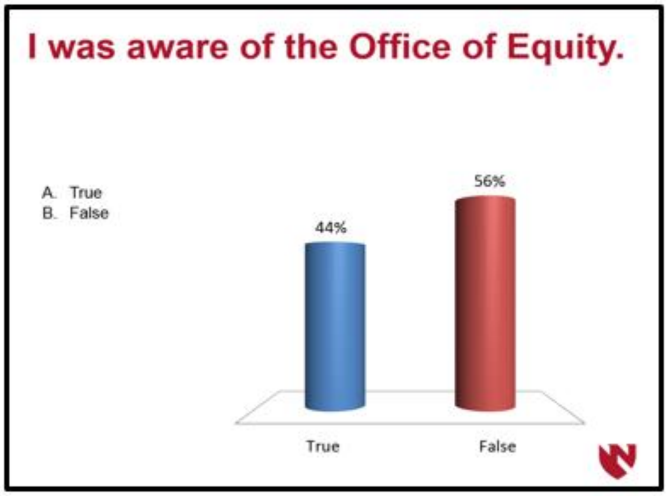


I am aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

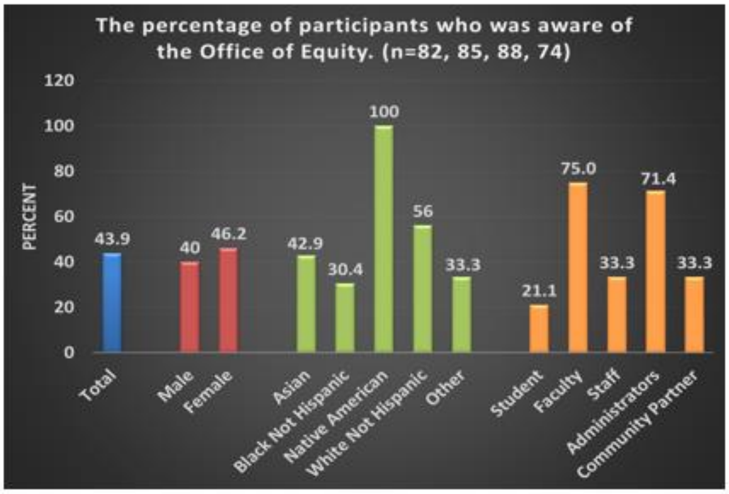


The percentage of participants who strongly agree or agree that they aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC. (n=87, 85, 88, 74)

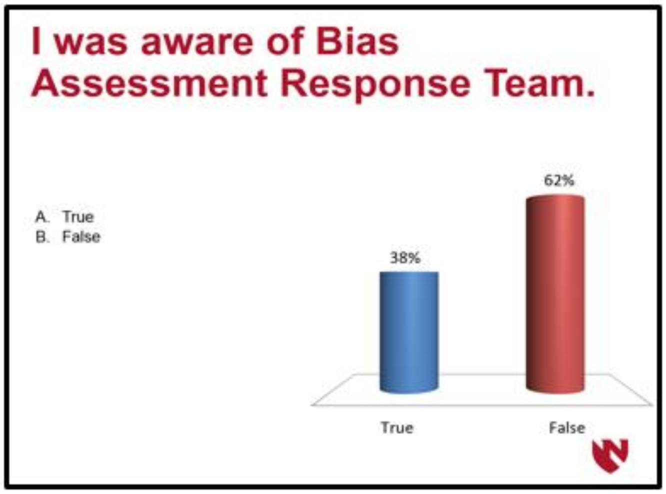


I was aware of the Office of Equity.

A. True
B. False

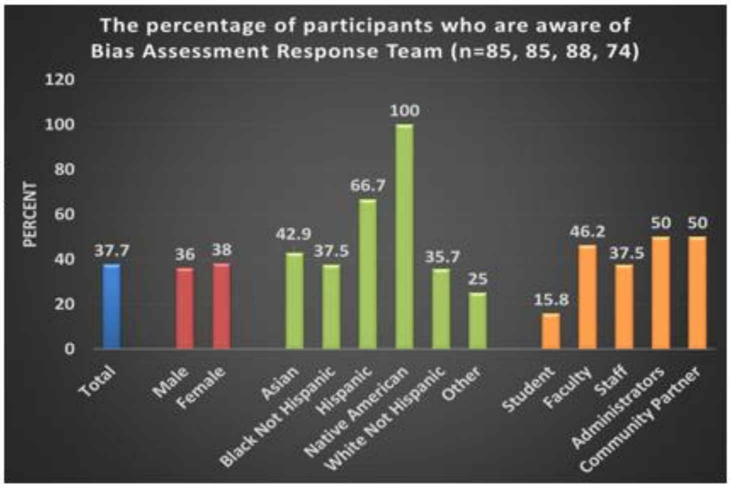


The percentage of participants who was aware of the Office of Equity. (n=82, 85, 88, 74)



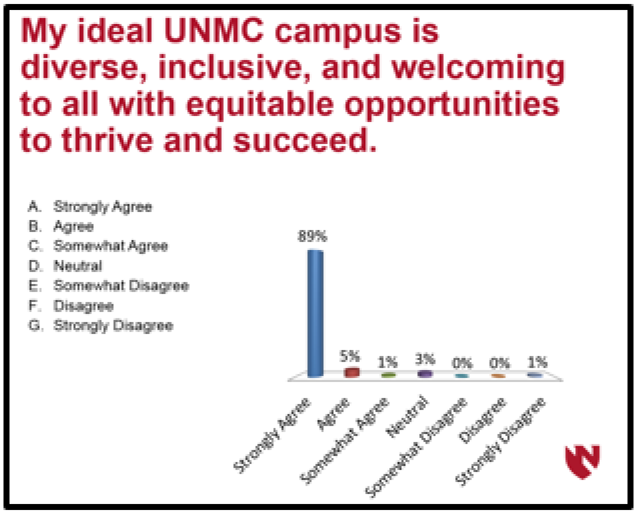
I was aware of Bias Assessment Response Team.

A. True
B. False



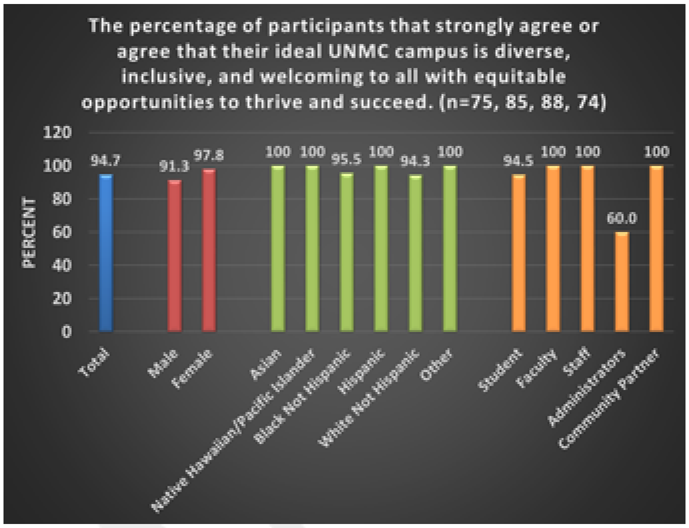
The percentage of participants who are aware of Bias Assessment Response Team (n=85, 85, 88, 74)

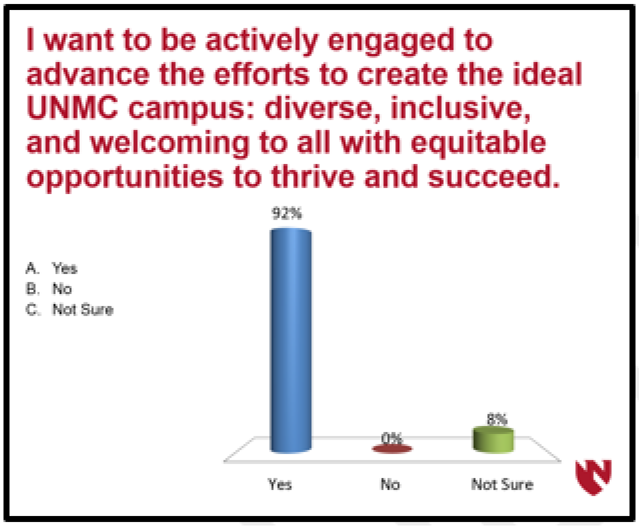
Overall, 28.7% of participants strongly agreed or agreed that they were aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC. Administrators were more likely to be aware and students least likely to be aware. Over 45% strongly disagreed or disagreed that they were aware of UNMC programs designed to increase diversity, inclusion & equity. 56% of participants were not aware of the Office of Equity. Administrators and faculty were more aware of the office in comparison to students and community partners. Over 60% of participants were not aware of the Bias Awareness Response Team (BART). The lowest awareness was among students.



My ideal UNMC campus is diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed.

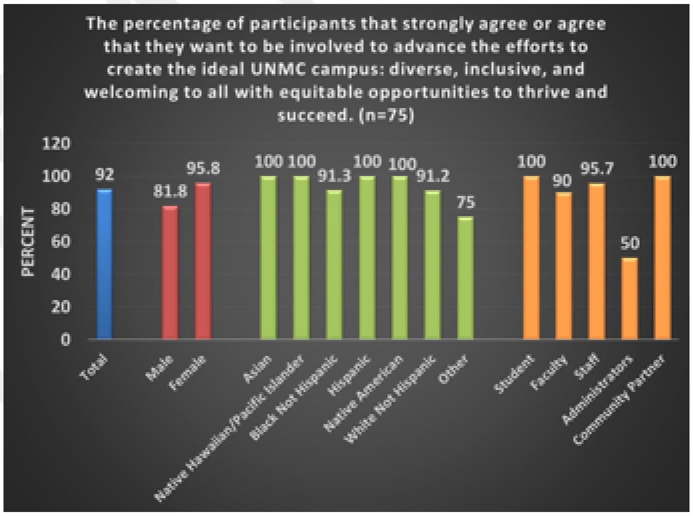
A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree





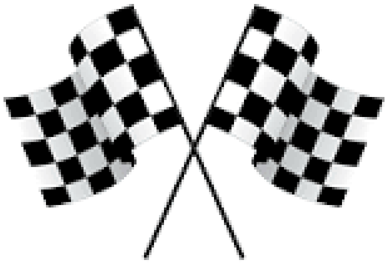
I want to be actively engaged to advance the efforts to create the ideal UNMC campus: diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed.

A. Yes
B. No
C. Not Sure

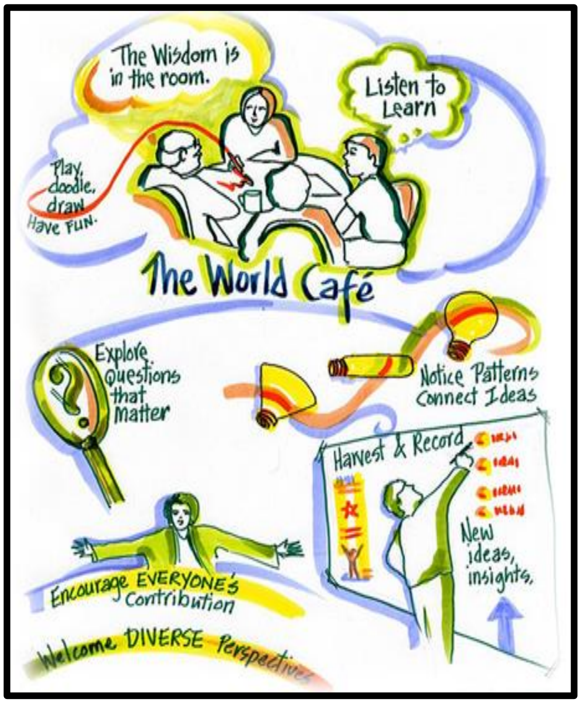


Over 94% of participants strongly agreed or agreed that the ideal UNMC campus is diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed. Administrators were less likely to agree with the ideal campus. Over 90% of participants wanted to actively engage in advancing efforts to become the ideal campus. Community partners, students and staff had the highest rates followed by faculty. Administrators had the lowest rates.

THE WORLD CAFÉ ON RIDE



THE WORLD CAFÉ ON RIDE:


The Wisdom is in the room.
Listen to Learn
Play, doodle, draw Have FUN.
The World Café
Explore Questions that Matter
Notice Patterns Connect Ideas
Harvest & Record
New ideas, insights
Encourage EVERYONE'S Contribution
Welcome DIVERSE Perspectives

The final **RIDE Initiative** held during Minority Health Month was the ***World Café on Race, Inclusion, Diversity & Equity (RIDE).*** It was convened at the UNMC Truhlsen Campus Events Center in the Sorrell Building from 5:30 to 7:30**. The World Café on RIDE was facilitated by Dr. Magda Peck, ScD,** nationally renowned speaker, founder of the MP3 Health Group and CityMatch, former Founding Dean of the Zilber School of Public Health at the University of Wisconsin-Milwaukee, and former Associate Dean of Community Engagement in the College of Public Health.

Participants arrived at 5:30 pm for registration, dinner and networking. The interactive workgroup session began promptly at 6:00 pm. Dr. Peck implemented the solutions oriented, **World Café methodology** to identify salient solutions and recommendations to become the ideal UNMC campus.[37,38] **World Cafe participants worked in groups to answer 3 separate questions** with 15 minutes allotted for each question. Groups provided written responses on large, 25X30 inch, sticky pads. After each question, one person was asked to stay behind at the table while all others rotated to new tables. **Over 100 administrators, students, faculty, staff and community partners attended the World Café on RIDE event.**

Question #1: When our UNMC campus is ideal, what will it look, feel and be like? (Responses listed below)
When that happens, what will be possible that is not possible now? (Responses listed after recommendations)

Select Responses

- ✓ *"It will be ok to stand out and be different*
- ✓ *I can embrace who I really am, gay and unashamed*
- ✓ *I won't always have to explain about my people*
- ✓ *It will feel like I won't live in fear*
- ✓ *It will be fun, better teamwork*
- ✓ *We can see the diversity visibly and reflected at all levels*
- ✓ *A new UNMC, not the current one I know*
- ✓ *Judgement free, women, non-White students, faculty, staff, everyone would feel like they belong*
- ✓ *An appreciation of the unique qualities of individuals, all individuals feel valued*
- ✓ *More domestic representation*
- ✓ *The diversity seen in this room would exist in higher up positions*
- ✓ *North and South Omaha desegregation*
- ✓ *Acceptance of other cultures*
- ✓ *Learning about other cultures and showing respect to customs*
- ✓ *Fair decisions and policies for everyone*
- ✓ *We can become a healthier state*
- ✓ *Those involved in decision making would be a more diverse group*
- ✓ *Representation of the refugee communities on campus, Bhutanese, Sudanese, Burmese, Somali, etc.*
- ✓ *Continued attention to the importance of these issues*
- ✓ *Engaged, productive employees*
- ✓ *Good mentoring for all levels; students, staff, faculty*
- ✓ *Patients treated well*
- ✓ *Future graduates feel heard, cared for, valued*
- ✓ *Real trust between UNMC and the communities we serve*
- ✓ *People can be honest, because there is trust*
- ✓ *Sharing best practices from other locations/countries to be the best*
- ✓ *I won't be the only one like me in my class*
- ✓ *Security will stop profiling me. I belong here too*
- ✓ *UNMC family vs institution"*

Question #2: What specific actions are needed to make it happen?

Responses to this question are presented in the RIDE Recommendations section. Based on the responses from multiple key stakeholders and recurrent themes, three major investments are suggested in the UNMC Administrator section:

1. **Invest in a reputable, results driven, external consulting firm with demonstrated excellence in creating diverse, inclusive and equitable academic campus climates and environments.**
2. **Invest in a Chief Diversity Officer (CDO) to sustain and implement recommended diversity, inclusion & equity efforts at UNMC.**
3. **Invest in advancing diversity, inclusion & equity efforts with compelling and strategic policy changes, accountability and reward at the institutional, local and state levels.**

Question #3: What key changes do you need to make now to help us succeed?

Participants were asked to list one BOLD action they could start immediately to help advance current diversity, inclusion and equity efforts to become the ideal UNMC campus. Starred responses were listed multiple times. *

Select Responses:

- ✓ *“Join a committee that promotes diversity*
- ✓ *Bring my class to community center in North & South Omaha*
- ✓ *Send a letter to meet with Jean Stothert and Mayor Pete-Governor*
- ✓ *Request changes for Board of Regents & race relations improvements*
- ✓ *Help recruit others from my alma mater (an HBCU)*
- ✓ *Send Dean an email* *
- ✓ *Send Chancellor Gold an email* *
- ✓ *Reform our admissions process*
- ✓ *Be a stronger leader and refuse to accept a non-diverse Nebraska Medicine*
- ✓ *Link minority students to minority faculty to encourage minority retention since that’s the reason I’m leaving*
- ✓ *Stop using code words or endorsing the code words of North and South Omaha* *
- ✓ *Encourage interaction at the middle school level and promote more funding/scholarship availability* *
- ✓ *Offer my support and ideas to address student resources related to this important issue*
- ✓ *Share my experiences in healthcare with classes at my alma mater of Omaha Northwest High School*
- ✓ *Be a good mentor**
- ✓ *Role model for gay kids*
- ✓ *Participate in the minority faculty mentoring program*
- ✓ *Encourage everyone around me to talk about racism & be real**
- ✓ *Be a supportive ally & mentor. Help diversity grow @ UNMC* *
- ✓ *Bring up difficult conversations in our everyday lives* *
- ✓ *Elevate the conversation with the leadership in my college* *
- ✓ *Advocate for diversity on the campus actively…I will be a champion of this effort* *
- ✓ *Tell more than one person about the ideas that we shared tonight*
- ✓ *Start openly talking about the issues of racism on campus* *
- ✓ *Make the campus aware of these efforts by writing a story to post in UNMC Today!*
- ✓ *Start a group that does community outreach specific to other cultures*
- ✓ *Volunteer to speak to young students in the church about becoming a doctor*
- ✓ *Help organize diverse student opportunities*
- ✓ *Share my Diversity Hub concept with whoever listens*
- ✓ *Strive to make the environment more relaxed so that people can meet each other and communicate**
- ✓ *Bring things up to Student Senate*
- ✓ *Demand that UNMC address the lack of funding for minorities & international students*
- ✓ *Smile to everyone I meet*
- ✓ *Continue to be a part of the RIDE Initiative and invite friends**
- ✓ *Not be afraid to speak up about topics like race, racism and social justice no matter what**
- ✓ *Learn about my own biases and prejudices*

WORLD CAFÉ AHA MOMENTS

At the conclusion of the World Café, participants were asked to share their "aha" moments. Aha moments are described as those moments that "stood out" or represented an epiphany during the World Café process. Below are select statements from participants.

- *"What I've heard a lot over the last several days, is that there are a lot of students in particular who feel like their needs are not being met and who have a lot of concerns that they do not feel like are being addressed, and so I think we all have to-I think we all need to really take that seriously and not go back to the idea that, well, if we tell people about the things we already do, then that will some way solve their problem. We do need innovative solutions. We do need to take student, faculty, and staff's concerns seriously, and really work to – for solutions that help them, ultimately, because I've heard a lot of suffering in the last couple of days that I wasn't aware of and don't really want to tolerate on our campus."*

- ***"Just people suffering because there are – circumstances where they reach out for help and feel like they don't have any way to get help. The people they reach out to, for example, don't have the power, I guess you would say, or the resources to help them, and so they feel like they're a little bit hopeless and that there isn't anyone to help them, and that I don't think this is a scenario that any of us want for our students or staff or faculty. And so we really need to find a way to move forward from that."***

- *"One thing I noticed at almost every table that I went to was that you were all saying that we need somehow to reach –to talk to kids from disadvantaged socioeconomic backgrounds, underrepresented minorities, and tell them that they can do this, like that we believe in them, give them the support that they might not have. And my a-ha moment was that like that's already available to us. We can do that. Everybody in this room cares enough to be here. We care enough to make a difference."*

- ***"While strategic plans are good, it often appears that we stop there. A plan is only a plan when executed well. We must engage in holistic recruitment of faculty, staff and students in addition to having more cultural awareness training for those already within our university. This is an important issue, not only culturally but financially. We can no longer afford being behind the curve."***

- ***"I am a pastor in North Omaha. I'm from the community. When I come to this hospital to visit members, I don't see anyone that looks like me. There is an office on Ames Avenue, so I'll give you all kudos for that, cause my mom sees a doctor there. But the people that are there– as far as doctors – don't look like us. So I would say my a-ha moment is now the College of Public Health, from what I've gathered from all the students here, that it is more diverse in the student body, but the College of Nursing and the College of Medicine is not. So my Aha is we are a part of the community and we need to see you in our communities."***

- *"Just really quickly, by a show of hands, anybody that's not College of Public Health but still faculty at UNMC? Could you raise your hand? One, two, three, four, five. Thank you. Anybody that's on the board of any of UNMC's regents or anything? Any chancellors here? So that was my a-ha moment, is obviously everybody in this room has kind of the same idea and goal, is we want to make a difference. We want to make it more diverse. We want to make it comfortable for everyone, and yet we can just bring ideas back to these higher-ups that are the ones making the decision, and yet none of them are here. But we need to get the Chancellor here. We need to have the Chairs of the departments they need to be here so they can hear our concerns. Otherwise it's just a circle that we're going in and nothing's gonna change."*

- ***"I am passionate about creating leaders at UNMC but how do we make sure that every single person in this audience is a leader in this topic area. Right? We have the power so how do we lead… even our leaders. So I know for a fact that Chancellor Gold reads his email every day. 100 people in the audience. 100 people leave here and email Jeffrey.gold@unmc.edu that would get his attention. If you have more energy, email your Dean, if you have even more energy email the hospital representative, whoever you need to reach out to, to make this happen and making sure we are heard, that's what you need to do tonight. So when he opens his email tonight, I think he reads his email at midnight to like 3 am or something ridiculous like that because he is at university events probably until 10pm. I think he probably has a good reason why he is not here, perhaps, but emailing the Chancellor, I am assuming you would just have him.***

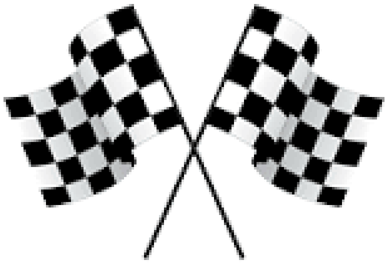
The World Café on RIDE concluded with a group photo and celebration.

WE ARE RIDE

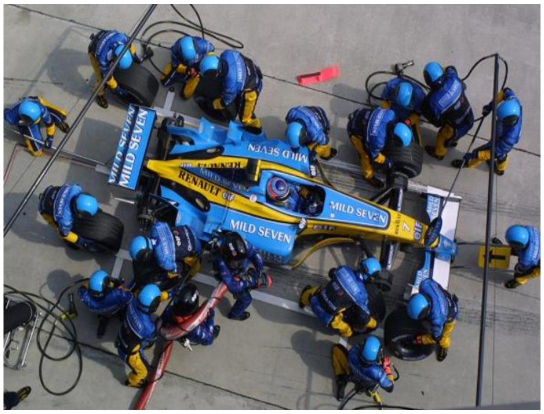
Lisa Spellman, UNMC public relations published ***"RIDE, World Cafe Events Draw Enthusiastic Response"*** in UNMC Today on May 13, 2016. In the article, Amal Hamdan, a second-year medical student at UNMC stated:

> ***"It felt great to be a part of the dialogue.***
> ***The World Cafe was transformative and long overdue.***
> ***I found myself engaged, comfortable and vocal, and I think it speaks to how much we can thrive when in a place where we feel like we fit in, where the environment is inclusive, where we can look around and not strain our neck trying to find someone who looks like us."***

THE PIT STOP SESSION



THE PIT STOP SESSION:



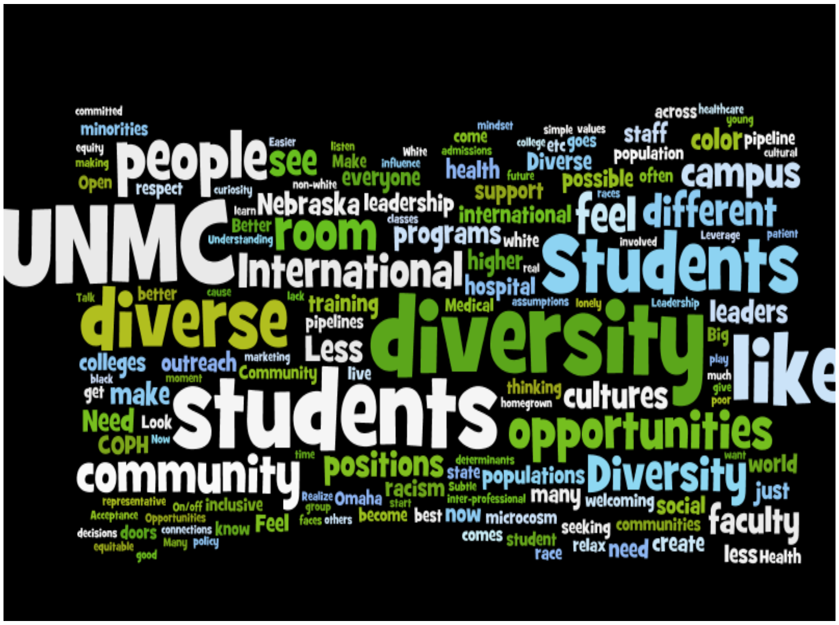
Simply stated, The RIDE Initiative is a small scale, community engaged environmental scan assessing the perceptions and awareness of the current diversity, inclusion and equity climate among key stakeholders.

As with any community engaged data collection process, it is essential to include the participants at every stage. This includes consistent **validation of the data, ongoing inquiry and timely dissemination** of the data. Data collected from the RIDE Initiative Minority Health Month events: An Intimate Dinner Discussion on Race with Rachel Dolezal, The Face of RIDE at UNMC, the World Café on RIDE, the RIDE Initiative online comment page and emails were collated into the **Pit Stop Summary** and presented to the RIDE Initiative participants.

RIDE Initiative participants were invited to the *Pit Stop Session* as the final RIDE event to provide feedback on the data, validate the data, to identify gaps or misrepresentations in the data and to suggest any final action-oriented recommendations. **The Pit Stop Summary was emailed to RIDE participants 10 days prior to the PIT Stop Session.** A Race Car theme was used to promote the **"all hands on deck, tune up"** session in alignment with the RIDE acronym.

Qualitative data was divided into 5 key stakeholder categories: administrators, students, faculty, staff and community partners. An additional category emerged "campus climate" describing recommendations to improve the overall campus climate and environment. **In order to ensure all voices were heard and validated**, recommendations were only assigned to their respective key stakeholder group. For instance, if the recommendation was related to students (e.g. student mentoring) then it was assigned to the student recommendation section only. Recommendations were not prioritized or themed beyond the stakeholder group. This approach ensures all opinions and recommendations from key stakeholders are at least considered. **Prioritization, feasibility, importance and relevance are left to the individual reader to decide.**

The following Wordle was generated after cutting and pasting all qualitative data into the Wordle.com program. A **Wordle is an online tool used to generate "word clouds" based on entered text.** The program recognizes the frequency in which words are used and reflects this in the size of the words generated on the Wordle. Words mentioned multiple times are large and words mentioned only a few times are small.[39] The Wordle was included in the Pit Stop Summary.

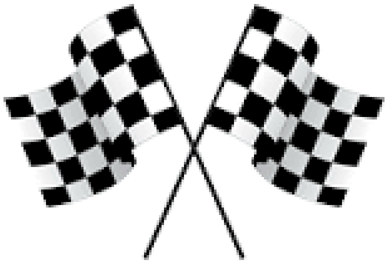

UNMC
students
diversity
Students
people
diverse
like
community
opportunities
International
room
Diversity
feel
different
campus
cultures
leaders
positions
programs
Nebraska
leadership
faculty
international
higher
hospital
support
health
Diverse
staff
color
see
everyone
possible
make
outreach
colleges
Less
training
pipelines
Community
populations
racism
Omaha
many
welcoming
social
communities
world
just
minorities
respect
Open
Need
COPH
inclusive
doors
know
Feel
become
best
now
microcosm
seeking
student
relax
need
create
less
Health
race
comes
thinking
Medical
Better
better
population
pipeline
across
healthcare
committed

The Pit Stop Session was convened on July 14, 2016 from 5:00 – 7:00 pm in the Eppley Science Hall. Dinner was provided and approximately 40 administrators, students, faculty, staff and community partners participated.

The session was facilitated by UNMC alum, Jessica Chavez, MPH and CityMatch team member. The Pit Stop Session was an interactive group process. The presentation is provided in the appendix. Participants were asked to review the Pit Stop Summary and divided into 5 key stakeholder groups. All participants self-selected their group of choice. Each group identified a leader who was responsible for reporting back to the larger group. The leader also served as the primary contact for the respective stakeholder group.

Over the course of two hours, participants identified redundancies and gaps in the data and made final recommendations for advancing RIDE efforts to become the ideal UNMC campus. Recommendations are compiled and presented in the RIDE Recommendation section.

RIDE INITIATIVE ONLINE COMMENT PAGE



RIDE INITIATIVE ONLINE COMMENT PAGE:

An online google form was created for participants and those unable to attend the RIDE Initiative events. Below are select responses:

- *"There are many companies that do this like CommonHealth Action, Inclusive Communities, Poverty Simulators. Contract a consultant to do a campus wide SWOT analysis to better understand the issues and make recommendations. A consultant is non biased and people will be more likely to be honest and share their thoughts and suggestions."*

- ***"Hold each college leader (Deans, Chairs, etc.) accountable for coming up with their own college diversity plan. How will each college improve their diversity numbers to reflect the state in the next 5 years? Each year there should be improvement. To have only one black medical student is embarrassing and not fair."***

- *"Have the Chancellor champion and invest in an inclusive community. Have family and friend days, bring children to work on a Saturday, be more community, employee, team and campus friendly. Include signs that are welcoming to all, maybe in multiple languages, LGBT color signs in entryways. Train all UNMC personnel including security, janitorial staff, parking attendants on diversity inclusion and equity. Have a NO TOLERANCE policy on campus that is visible and enforced by the highest of leadership."*

- ***"Have a continuing discussion and effort on making the campus more diverse but also inclusive and less sterile. A lot of work to do on the welcoming part. Have more social opportunities in which the Chancellor and other leaders come. Maybe on a quarterly basis the Chancellor could have tea like they do at other institutions or since we are Nebraska something else more Nebraskan just so we can see him and know he and others exist. This will foster community and people will come."***

- *"We need to get rid of the barriers that prevent us from discussing very real issues and be forward, frank, and real with each other about the issues at hand in order to get to what matters, the solutions."*

- ***"Replace the online 10 question module with real training. Mandatory in person training or a real live module to learn about inclusion and diversity Invest in external organizations or contractors to do campus wide diversity, inclusion training."***

- *"Increasing diversity at UNMC has to be an effort that not only takes place on campus but within the communities of Omaha. This is because the journey towards providing an equal and diverse group of proficient health care providers starts well before we become students or faculty of UNMC. The journey begins in the homes and schools of the youth and continues through our education at UNMC."*

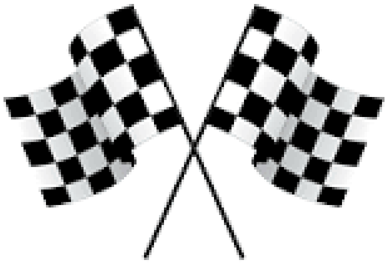
- ***"Provide opportunities for lots of different people to be involved, in many ways. There are allies everywhere, and they don't always look the way you might expect. Training to provide everyone the same language and knowledge is critical."***

- *"We cannot simply focus on recruitment--we must first create the culture that would appeal to and welcome a diverse student/staff/faculty body. There simultaneously must be safe spaces for people to voice concerns, and groups working to make positive changes happen."*

- ***"We need to look at other colleges and see what they are doing. When I was in college, everyone talked really great things at UNMC and how competitive it was, however, how is it that every single one of my friends that belong to a race group that isn't White, got denied from UNMC and then accepted elsewhere. If UNMC is not going to accept the diverse qualified students in their home state, these students are going to leave and go elsewhere to be healthcare providers. I definitely think there is some improvements we can do with the admissions office."***

- *"See more people less afraid to acknowledge our diversity issue and more people ready and willing to identify ways to address it Hire diverse faculty from US and domestic backgrounds. UNMC is a state institution but has more international faculty and students Hire new student recruiters that are from diverse backgrounds especially Spanish speaking/bilingual personnel do more than just put it in strategic plans".*

AAMC RECOMMENDATIONS



AAMC SUGGESTED RECOMMENDATIONS:

In 2015, the AAMC Diversity & Engagement online survey was conducted at UNMC. Results were similar to other institutions with the exception of **two categories which were ranked lower among all respondents:**

VISION/PURPOSE & CAMARADERIE

Most notably, Black/African American respondents ranked majority of the 8 inclusion categories low warranting further exploration, validation and attention to better understand underlying causes and explore salient solutions.

The AAMC concluded the following based on the results:

"UNMC may have a broad or loosely defined definition of diversity, and the institutional goals are not well communicated or understood"

"UNMC students, faculty and staff contacts are limited to a select few diverse individuals, and mentoring practices are limited."

The AAMC recommends the following to advance diversity, inclusion and equity efforts across 8 categories.

COMMON PURPOSE

- Brand the institution as a diversity affirming, inclusive organization by ensuring that diversity programming has a defined purpose, targeted diversity competency and business tie-in.
- Develop a Diversity Best Practices/Current Struggles Profile (defining what is working and what is not working) for your organization and disseminate among stakeholders for buy-in
- Convene all those who have responsibility for diversity in the organization to facilitate RACI Charting—defining who is Responsible, Accountable, Consulted, and Informed for each diversity intervention
- Convene all those who have responsibility for diversity in the organization for a Visioning and Strategy Retreat to develop metrics for the organization
- Conduct a historical timeline exercise of the organization and analyze the timeline for alignment with current diversity demographics and work trends—is the organization behind, at part with, or ahead of current diversity practice and scholarship
- Develop internal diversity benchmarking standards and create a dashboard that is placed in a visible area

ACCESS TO OPPORTUNITY

- Establish mentoring circles and micro-communities for underrepresented groups
- Facilitate no-agenda dialogue sessions with leadership and underrepresented groups
- Communicate clear, defined career paths for advancement for everyone
- Promulgate open, transparent and consistently applied recruitment and hiring practices aligned with employment opportunity programs and plans

EQUITABLE REWARD & RECOGNITION

- Conduct Gender/Race Compensation Equity Reviews on a regular basis
- Develop Spot Awards or other incentive programs that are tied to over and beyond performance

- Incorporate diversity goals into performance management system and tie compensation to diversity achievement
- Establish a monetary award for advancing institutional excellence in diversity

CULTURAL COMPETENCE

- Institute a campus/workplace read of a diversity book
- Integrate cultural competence educational information into staff meetings
- Provide Leadership Briefings on diversity work trends

TRUST

- Establish communication regarding diversity and inclusion to enhance transparency and consistent messaging through an annual diversity report or via website
- Establish and implement a policy evaluation procedure for equity and inclusion
- Incorporate diversity goals into leadership succession planning

SENSE OF BELONGING

- Establish employee resource groups or affinity groups and create a forum to establish synergy across the various groups
- Host no-agenda dialogue sessions with employee resource groups or affinity networks and leadership

APPRECIATION OF INDIVIDUAL ATTRIBUTES

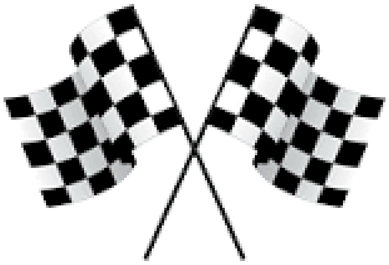
- Sponsor a "Make a Difference" campaign of inclusion—each employee creating their "elevator ride" speech to be able to identify their work (not their job title) and the three things that they are doing to contribute to the mission of the organization
- Institute awards for diversity role models and champions

RESPECT

- Provide funding for underrepresented groups to present research findings or provide education sessions in their respective communities
- Assure that all media communications representing the institution are branded for diversity

It is important to note that many of the AAMC recommendations are currently underway at UNMC. Details about these efforts can be found on UNMC websites provided in the appendix. Furthermore, many of the recommendations proposed by the AAMC were also suggested by the RIDE Initiative participants.

THE RIDE REPORT RECOMMENDATIONS



RIDE REPORT RECOMMENDATIONS:

Transformation is in progress at UNMC! Efforts are currently underway to advance diversity, inclusion & equity on campus.

UNMC is not alone! Other institutions including but not limited to University of Michigan, Harvard and Yale have prioritized improving these areas by investing significant personnel and financial resources. [40,41] In November 2015, Yale University committed $50 million dollars, over five years, to increase faculty diversity. Yale President and Provost stated: [42]

> ***"Yale's education and research missions are propelled forward by a faculty that stands at the forefront of scholarship, research, practice, mentoring, and teaching. An excellent faculty in all of these dimensions is a diverse faculty, and that diversity must reach across the whole of Yale — to every school and to every department. This commitment has been and continues to be one of the university's most important,"*** **they continued.** ***"Over the past three decades several Yale initiatives helped to foster a more diverse and more inclusive faculty, and all of our schools have worked diligently in recent years to contribute toward this goal. We are grateful for this collective effort, and for the resources that have already been invested. But we can and should do more."***

A multitude of best practices and examples to advance diversity, inclusion & equity efforts are available. **Forty-five diversity, inclusion & equity reports are provided in the appendix** including but not limited to Duke University School of Medicine, UCSF School of Medicine, University of Virginia School of Medicine and UNC Chapel Hill School of Medicine. The AAMC provides additional resources including the ***"Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide"*** to develop and sustain a diverse and inclusive campus culture and environment**.**[43] The AAMC also offers faculty career development seminars designed specifically for women and minorities.[44,45,46] Other useful resources from the AAMC include **"*Striving Toward Excellence: Faculty Diversity in Medical Education*"** and the **"*The Role of the Chief Diversity Officer in Academic Health Centers."*** [47,48] **As acknowledged in the Diversity and Inclusion section of the 2016 UNMC Planning Information and Quality Indicators Report:** [49]

> ***"Achieving a diverse and inclusive campus can prove more difficult and complicated than it sounds, in actual practice. Bringing things to light and shedding unconscious biases requires listening and shining that light."***

The RIDE Initiative was designed to bring things to light, shed unconscious biases, actively listen and acknowledge the collective voice of key stakeholders at UNMC. The RIDE Initiative process and approach was designed as **the first** inclusive (campus wide) platform dedicated exclusively to discussing race, inclusion, diversity and equity at UNMC. Moreover, the RIDE Initiative was designed **to collect solutions based and action oriented recommendations** to advance current diversity, inclusion & equity efforts at UNMC.

Results from the RIDE Initiative demonstrate **significant disparities among key stakeholders.** Administrators, students, faculty, staff and community partners reported differing levels of awareness of current efforts to advance diversity, inclusion and equity at UNMC (particularly among students). Administrators, students, faculty, staff and community partners also reported a spectrum of experiences related to diversity, inclusion & equity on campus.

The RIDE Initiative acknowledges, supports and validates the experiences of all key stakeholders. It is imperative that **all perceived or actual concerns, frustrations or experiences** related to diversity, inclusion and equity be acknowledged, validated and further explored to identify underlying causes and salient solutions. Perceptions and experiences not aligned with the UNMC mission or vision can directly impact key stakeholders. Moreover, such experiences can negatively impact recruitment, retention, fundraising efforts, alumni involvement and the overall campus reputation.

The RIDE Report Recommendations are proposed to ensure that all key stakeholders experience a true sense of inclusion and equitable opportunities to thrive and succeed at UNMC. **The RIDE recommendations represent the perspectives and ideas of over 150 UNMC administrators, students, faculty, staff and community partners** who voluntarily engaged in the RIDE Initiative. The recommendations are presented as a resource to augment, strengthen and support existing and future diversity, inclusion & equity efforts **a**t UNMC and are organized into 6 sections.

RIDE Recommendation Sections:

1. **Administrators**
2. **Students**
3. **Faculty**
4. **Staff**
5. **Community Partners**
6. **Campus Climate**

The RIDE Initiative recognizes that achieving the ideal campus climate, one that is diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed takes time. However, solutions are prevalent and widely available to increase momentum. The RIDE Initiative also recognizes that the proposed recommendations alone will not transform UNMC's campus into the ideal but will require sustained investment from UNMC leadership and all key stakeholders.

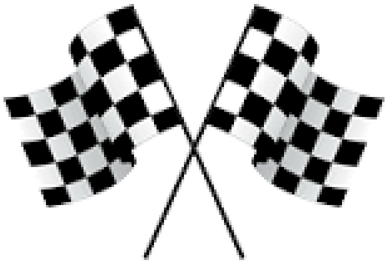
DISCLAIMER: THE RIDE REPORT IS NOT INTENDED TO:

- ✓ **Be all-encompassing or comprehensive thus welcoming additional perspectives and ideas.**
- ✓ **Fully account for the many diversity, inclusion & equity efforts currently underway at UNMC.**
- ✓ **Fulfill the roles of administrators or councils accountable for diversity, inclusion or equity at UNMC.**

Recommendations are not prioritized or themed beyond the stakeholder category. This approach embraces the RIDE Initiative philosophy of INCLUSION where all perspectives are welcomed and considered equally valid. The prioritization, feasibility, importance and relevance of each recommendation is left to the discretion of the individual reader.

The RIDE Report Recommendations are proposed for consideration, prioritization and implementation to the Chancellor, Vice Chancellors, Deans, Directors, Chairs and all other UNMC leaders with power, authority and influence to address and expeditiously advance diversity, inclusion & equity efforts on and off campus.

UNMC ADMINISTRATORS



UNMC ADMINISTRATORS:

The administrator section is presented in a different format than the other key stakeholder sections and proposes:

3 major investments thought to have the greatest return on investment and further demonstrate UNMC's prioritization and commitment to diversity, inclusion & equity.

Investments are based on recommendations proposed multiple times by multiple RIDE Initiative participants; thereby representing buy-in from a group of dedicated stakeholders. These **sequential and cross-cutting** recommendations impact all 5 key stakeholder groups (administrators, students, faculty, staff and community partners).

For the remainder of the recommendations section (diversity, inclusion & equity) will hence forth be referred to as "IDE."

Investment 1:

Invest in a reputable, results driven, external consulting firm with demonstrated excellence in creating diverse, inclusive and equitable academic campus climates and environments.

- UNMC leaders and faculty are experts in health care, research, education, practice and service. Majority of UNMC professionals tasked with advancing IDE efforts have limited expertise and training in this area. Moreover, those tasked with IDE efforts often have competing interests (administration, research, teaching, clinical practice and other service duties).

- Investing in an external consulting firm to further evaluate and assist with expediting IDE efforts are predicted to have a significant return on investment. Academic institutions nationwide are demonstrating success in IDE efforts with the assistance of such external firms. (See Diversity, Inclusion & Equity Reports in the appendix).

- Students, faculty, staff and other key stakeholders were shown to be **more transparent and open** when discussing IDE issues with external consultants. These consultants are more likely to be perceived as objective without inherent conflicts of interest or bias with limited power, authority or influence for retaliation.

- External consulting firms carry out a predetermined scope of work, over time and are dedicated exclusively to IDE efforts. The scope of work is typically developed with input from firm, key stakeholders and accountable personnel. At UNMC this includes but is not limited to the Chancellor, Vice Chancellors, Deans, Chairs, diversity councils, and potentially RIDE participants. Data from the AAMC Diversity & Engagement Survey, faculty evaluations, strategic plans and the RIDE Report can serve as valuable resources.

Scope of work examples include but are not limited to:

- ✓ Develop an **action plan and timeline** to implement AAMC recommendations across all 8 inclusion domains and further assess the underlying causes for the two areas ranked low by all respondents (common purpose/vision and sense of belonging) and the low ranking of all inclusion domains by Black/African American respondents.
- ✓ Conduct a campus wide, comprehensive IDE assessment with recommendations that integrate AAMC and RIDE Initiative recommendations.
- ✓ Assess current research efforts related to IDE (health equity, clinical trials). Create internal funding opportunities to support an on-going research portfolio dedicated to health equity and IDE.
- ✓ Assess current practices and commitment to IDE using evidence based tools and instruments.
- ✓ Identify current challenges and opportunities to IDE and recommend strategies to address them.
- ✓ **Assist with strengthening campus infrastructure and policies to increase IDE** (e.g. IDE mission statement, campus

definition for diversity, inclusion & equity, performance evaluations, merit increases)

- ✓ Assist with capacity building and training for UNMC leaders to enhance cultural competency, linguistic proficiency, leadership, management and mentoring skills.
- ✓ Assist with the development of a recruitment, retention, promotion, tenure and graduation toolkit that promotes equity and considers the unique needs of women, minorities and other diverse stakeholders.
- ✓ Use results from the scope of work deliverables to develop a results-driven job description for a Chief Diversity Officer, or equivalent role and assist with recruitment.

Investment 2:
Invest in a Chief Diversity Officer (CDO) or equivalent leadership role to implement and sustain recommended IDE efforts at UNMC.

- ➢ CDO positions are well established across academic health centers. UNMC does not currently have a CDO representing a unique opportunity to create a dynamic, impactful and strategic position with recommendations from an external consulting firm and resources like the AAMC guide "***The Role of the Chief Diversity Officer in Academic Health Centers."*** [50]

It is recommended that CDOs at academic health centers be:

- ✓ **Appointed faculty with governing faculty voting rights.**
- ✓ **Designated as a senior level position (e.g. Vice Chancellor, Director, etc.).**
- ✓ **Report directly to the Chancellor/President of the institution.**
- ✓ **Funded at no less than 75% FTE to ensure sufficient time allocation to IDE efforts, reduce competing interests and actual or perceived conflicts.**
- ✓ **Entrusted with the power, authority and influence to ensure accountability of other senior leaders (Vice Chancellors, Deans, Chairs and Directors) to advance IDE efforts.**
- ✓ **Provided administrative support and other resources including an appropriate budget to perform specified roles and responsibilities.**

- ➢ The CDO position is the primary point of contact and lead personnel responsible for streamlining a collective approach to advancing IDE efforts across campus (e.g. councils, centers, committees, colleges, etc.).
- ➢ This position could be supported by novel fundraising efforts through the UNMC Foundation and generous philanthropists to establish an endowed position. This ensures sustained and continued IDE efforts which will ensure a diverse and talented health care and public health workforce to significantly advance efforts to make Nebraska the healthiest and most equitable state in the nation.

Investment 3:
Invest in advancing IDE efforts with compelling and strategic policy changes, accountability and reward at the institutional, local and state levels.

Local & State Level Investments:

- ➢ Investments at the local and state level may result in the **greatest return but will require bold and visionary leadership** to champion new policies, amendments and resolutions at the highest levels including but not limited to the **University of Nebraska Board of Regents and Nebraska Legislature.** Examples may include advocating for amendments and resolutions to increase the admission of non-state-residents to ensure a more diverse applicant pool or fundraising for IDE efforts and disadvantaged student scholarships.
- ➢ Best practices and evidence based resources are available to "make the case for diversity, inclusion & equity". The Center for Health Policy at UNMC has the primary expertise to equip senior leadership including the Chancellor

and other stakeholders, particularly community partners, with compelling evidence to advocate for new state and institutional IDE policies. **These efforts can help ensure a diverse representation of students, faculty and staff to meet the current and future health care and public health needs of all Nebraskans.**

- Evaluate all relevant accreditation standards, regulations and other imperatives related to IDE including but not limited to policies and standards from the LCME, ACGME, Joint Commission, CEPH and federal laws.
- Reduce barriers and policies that inhibit or complicate strategic recruitment, retention, promotion, tenure and graduation of diverse and talented faculty and students.
- **Examine the 2008 Nebraska Civil Rights Initiative (Initiative 424) that passed with 58% of the vote.** The initiative prohibited the state from discriminating against, or granting preferential treatment to, "any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting" thus banning affirmative action at the state level.[51]

On January 1, 2009, the University of Nebraska, Board of Regents enacted the following diversity resolutions:

WHEREAS, the Board of Regents of the University of Nebraska is **committed to serving all Nebraskans** and recognizes that it is critical for the success of the University and the competitive advantage of the state and this nation to open the doors of opportunity to all by increasing the rate of college going, especially in sectors where the state's population is growing; and

WHEREAS, that commitment is reflected in goals that were adopted by the Board in April 1991 and reconfirmed in December 1996; goals adopted by the Board in February 1993 and reconfirmed in February 1997; goals set forth in the Strategic Framework adopted by the Board; and a resolution adopted in January 2008; and

WHEREAS, the State of **Nebraska is becoming more diverse in many ways**, including race, ethnicity, and national origin, and **the University has a responsibility** to provide outreach and informational and support programs to promote and foster access, persistence and success necessary if our state and its people are to prosper; and

WHEREAS, the Board of Regents of the University of Nebraska recognizes the **importance of global engagement** and thus seeks to increase the number of international students attending the University, the number of University students who participate in academic experiences abroad, and the number of faculty who participate in international opportunities; and

WHEREAS, the Board of Regents understands that efforts to **legally promote the compelling interest of diversity** at the University within the parameters allowed by state and federal law are necessary to ensure the quality of education required for our students and our state to remain competitive in the global economy; and

WHEREAS, the Board of Regents has received a guidance document on Enhancing Diversity from the University's General Counsel and has considered the same in preparing this resolution; and

WHEREAS, the Board of Regents has incorporated broad diversity and equal opportunity into the University's educational, research, outreach, study abroad, service, and creative endeavors with the **specific aim of recognizing the ongoing need to remove barriers to the recruitment, retention and advancement of talented students, faculty and staff from historically under-represented populations;**

NOW THEREFORE, Be it resolved by the Board of Regents of the University of Nebraska that:
1) **Enhancing Diversity.** The University will fully employ measures to achieve broad diversity in the University's student body and workforce as permitted by state and federal law.

2) **Statement of Intent for Compliance**. To the extent the Board of Regents, the University or its campuses have from time to time enacted related goals for broadening diversity or employed measures or published materials and other criteria that take into consideration race and gender in accord with relevant decisions of the United States Supreme Court and with state and federal laws prohibiting discrimination on the basis of race, color, religion, gender, national origin and disability, such goals, measures, materials and other criteria from and after December 10, 2008, shall be interpreted, applied and implemented consistent with the requirements of state and federal law including Article I, Section 30 of the Nebraska Constitution. To the extent that any provision or element of the same is in conflict with state or federal law, such provision or element is no longer intended to be implemented.

- Nebraska state demographics have become even more diverse since the passing of Initiative 424 and the enactment of the Board of Regents Diversity Resolutions in 2008 & 2009. Since then, accrediting bodies are requiring stringent and sometimes mandatory demonstration of campus diversity, inclusion & equity. Most importantly, new evidence based approaches and best practices are available to justify IDE state policy changes.

These data can be leveraged by our highest leaders to advocate for new and innovative policies that are fair and best serve all Nebraskans in 2016 and beyond.

Institutional level:

- **Create an infrastructure for IDE accountability and reward**. Centralize IDE efforts across campus with an easy to follow organizational chart. Colleges may or may not have diversity councils/committees, programs or centers that address IDE (e.g. Office of Equity, Center for Reducing Health Disparities, Rural Health Education Program, Office of Community Engagement, Student Medical & Dental Program, Summer Undergraduate Research Program, etc.). The CDO represents a pivotal role for unifying efforts, pooling resources and collectively addressing IDE across campus.

- **Accountability and rewards can promote IDE expeditiously by including IDE assessments in annual performance faculty course evaluations, merit increases, promotion, tenure and other dimensions of academic excellence. Accountability efforts should be complemented with incentives and rewards.**

- Create an annual recognition award that identifies and rewards faculty, students, staff and community partners for advancing IDE towards become the ideal campus; including but not limited to innovative mentorship, clinical efforts, recruitment, retention, programming, community engagement, etc.

- Publish an annual, stand-alone UNMC IDE report publicized online.

- Support and fund efforts to advance diversity and increase inclusion and equity for faculty and students. Examples include funding innovative IDE research and program proposals, providing competitive scholarships to attend women and minority (including sexual and gender minority) conferences and trainings.

- Provide leadership, cultural competency and mentorship training for senior administrators (Vice Chancellors, Deans and Chairs). Training should be compulsory and cover the importance of IDE and address issues like racism, social justice, unconscious and implicit bias and stereotypes that affect faculty, students, staff and communities. These pivotal leadership positions are instrumental because they are responsible for hiring and firing employees, promotion and tenure of faculty, teaching and graduating students, budget allocations and strategic plans.

- Strengthen campus infrastructure to address student, staff and faculty concerns about discrimination, bias, and harassment. The current infrastructure may present obstacles for engagement. For instance, the Bias Awareness Response Team (BART) program requests names and contact information which may represent an unintended deterrent. The Director of the Office of Equity is also the Ombudsperson and tenured faculty member. This may inadvertently impact trust, transparency and represent a perceived conflict of interest.

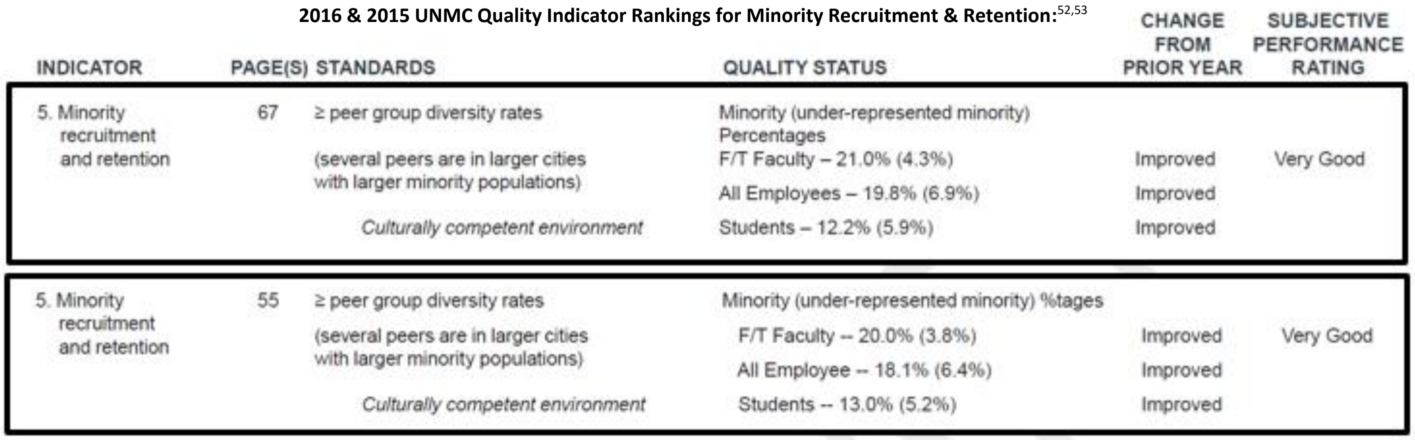
- Revise the online mandatory cultural competency module which is currently a 10 question, multiple choice test. Consider developing a more interactive cultural competency module that requires more interaction and accountability like the current Title IX module.

- Provide live and in person IDE training at least every 2-3 years. Consult organizations utilized at other academic health centers and recommended by the AAMC. (e.g. CommonHealth Action)

- Incorporate IDE into orientation, strategic planning, leadership meetings and other relevant agendas to advance efforts and demonstrate sustained institutional prioritization and commitment.

- ➢ Rate progress for diversity metrics objectively vs. subjectively based on improvement over time and compared to national benchmarks. The **UNMC 2015 and 2016 Planning Information and Quality Indicators Reports** rank minority recruitment and retention efforts as **“improved”** with a subjective performance rating of **“very good.”**
  - **Very Good** = close to standard and desired outcome; minor improvement required
  - **Good** = somewhat below expectations; improvement require

2016 & 2015 UNMC Quality Indicator Rankings for Minority Recruitment & Retention:[52,53]



INDICATOR	PAGE(S)	STANDARDS	QUALITY STATUS	CHANGE FROM PRIOR YEAR	SUBJECTIVE PERFORMANCE RATING
5. Minority recruitment and retention	67	≥ peer group diversity rates	Minority (under-represented minority) Percentages		
		(several peers are in larger cities with larger minority populations)	F/T Faculty – 21.0% (4.3%)	Improved	Very Good
			All Employees – 19.8% (6.9%)	Improved	
		Culturally competent environment	Students – 12.2% (5.9%)	Improved	
5. Minority recruitment and retention	55	≥ peer group diversity rates	Minority (under-represented minority) %tages		
		(several peers are in larger cities with larger minority populations)	F/T Faculty -- 20.0% (3.8%)	Improved	Very Good
			All Employee -- 18.1% (6.4%)	Improved	
		Culturally competent environment	Students -- 13.0% (5.2%)	Improved	

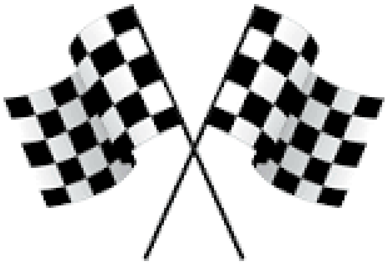
- ➢ Minority recruitment and retention improved and continues to do so thus demonstrating progress. **In fact, in 2016, UNMC recruited the most diverse incoming medical student class on record** which will be reflected in the 2017 Planning Information and Quality Indicators Report.

- ➢ The overall minority recruitment and retention performance was ranked as “**very good**” vs. **“good”** indicating the results **are close to desired outcome and only minor improvement is required**. This may result in limited attention and/or prioritization to this important quality indicator by stakeholders not directly involved in IDE efforts.

- ➢ Based on national recommendations from institutions like the NIH, AAMC and others, it is important to distinguish between minority and underrepresented minority representation to best serve the health care and public health needs of all Nebraskans.

- ➢ All UNMC employees and students are responsible for advancing IDE efforts at UNMC. However, optimize opportunities to engage vested and interested students, faculty, staff and community partners to assist with the advancement of UNMC IDE goals.

UNMC STUDENTS:



UNMC STUDENTS:

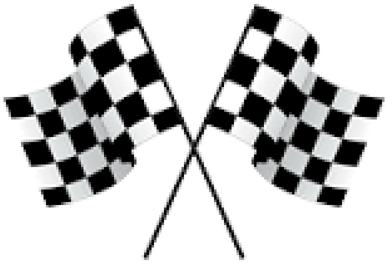
Recruitment, retention and graduation of talented, diverse, culturally competent, linguistically proficient and racially concordant future researchers, health care professionals and public health practitioners is necessary to meet the healthcare and public health needs of Nebraska particularly in underserved communities (e.g. rural, low income, minority, refugee and immigrant). Recruitment and retention also require efforts to ensure all students feel included and are afforded equitable opportunities to thrive and succeed.

The following recommendations were proposed by various RIDE participants but are specific to students:

- ☆ Identify best practices to recruit and retain diverse and talented students.
- ☆ Evaluate gender and racial/ethnic group ratios in each college. Create innovative approaches to recruit groups that are underrepresented.
- ☆ Evaluate college admission strategies, committees and processes for all UNMC colleges. Ensure women and minority representation on all admissions committees and post committee composition online for transparency.
- ☆ Evaluate challenges in recruiting minority students. Identify the barriers that prevent minorities from applying to or enrolling at UNMC when accepted.
- ☆ Assess previous applicants and alumni's IDE experiences and request recommendations for improvement particularly among women and underrepresented minorities.
- ☆ Adopt the principles of the Rural Health Opportunities Program (RHOP) in order to improve recruitment of students from minority and underserved communities.
- ☆ Recruit more talented and diverse students from out of state (lowest acceptance rates)
- ☆ Include and invite students to assist in the recruitment of a talented and diverse student body.
- ☆ Improve marketing strategies to represent diversity and engage students as a part of the process.
- ☆ Implement "personal touches" to highly sought after talented and diverse applicants (e.g. letter or phone call of welcome from the Chancellor, Dean)
- ☆ Continue to support student organizations like the American Medical Student Association, American Medical Women's Association and UNMC Pride Alliance.
- ☆ Collaborate with other institutions like Creighton to start underrepresented student groups (URMs, LGBT, etc.). Given low representation at UNMC may require city or statewide inclusion.
- ☆ Select talented and diverse students who support IDE to work with the UNMC leaders and the Foundation to share their personal stories with potential donors for scholarships.
- ☆ Improve student inclusion and belonging by reflecting various cultures around campus including on the website, art and signage across campus. This includes welcoming students in different languages and signage across campus in various languages.
- ☆ Provide more opportunities for students to interact and engage with others students across campus.
- ☆ Promote social events on and off campus across disciplines and colleges to increase interaction with diverse populations.
- ☆ Revise UNMC inter-professional day to include more discussions and interactions between participants. Less presentations and more engagement.
- ☆ Offer competitive scholarships for students to attend women, URM and LGBT association meetings and trainings.
- ☆ Provide scholarships and financial assistance for all fiscally disadvantaged students. Ability to pay should never impede the recruitment and retention of highly qualified and talented students.

- Create and offer cross campus classes, discussions and programs on the impact of race, racism, culture, discrimination, diversity and social justice in the health professions (health disparities, etc.)
- Convene a campus-wide volunteer/service day to serve the local community. (e.g. Take Back the Night)
- Increase events to celebrate diversity and culture on campus with student involvement during the planning phase. For example, have a campus day where everyone can wear clothing or items that represent their culture or heritage.
- Host campus administrator, faculty and student social events. Harvard offers a President's tea twice a year for students, faculty, staff and community partners to convene and meet senior leadership. Increase visibility of senior leaders. (E.g. ice cream socials, etc.)
- Support and provide resources for non-traditional students including but not limited to older students and parents.
- Review and develop policies that are student friendly and support women and minorities like maternity leave, affordable day care and other resources.
- Include IDE metrics in faculty and course evaluations. Ask students specific questions to inquire if they felt respected and treated equitably by faculty.
- Create pipeline programs between UNO, UNL, UNK, state and tribal colleges for women and minorities. Recruit and demonstrate interest early.
- Create student experiences in Virginia through the VA/NE Alliance. Provide a student exchange program and encourage minority and non-minority students to study abroad for a semester.
- Establish new relationships and alliances with female only and HBCU undergraduate institutions and offer internships, summer programs and exchanges.
- Provide support for national and international students to address the following issues: job opportunities, language assistance, loan repayment, financial assistance, work study, mentoring and orientation to the US, Nebraska and Omaha.
- Keep UNMC affordable for domestic and international students particularly non- resident students with diverse backgrounds.
- Invite international speakers and student/faculty exchanges.
- Continue the RIDE Initiative with student involvement.
- Examine efforts that have proven successful at other academic medical centers to eliminate racism, discrimination and biases among and against students.
- Provide coping resources, stress relief opportunities, counseling and other outlets for students.
- Require students in ALL colleges to volunteer to get exposure to the community and diversity.
- Create an emergency student fund for all UNMC students to apply for emergency funding (up to a specified amount over the course of their studies) to assist with potential barriers to success (i.e. computer purchase, hospital bill, airline ticket, etc.)
- Evaluate any existent student mentoring programs and establish new, need specific mentoring for all students. Provide mentoring and cultural competence training for faculty and others intended to be mentors. Consider alumni as mentors.
- Encourage UNMC faculty to promote student interaction among diverse students. (assigned groups, break up cliques in class, seating arrangements, etc.)
- Provide more opportunities for student voices to be heard particularly for "hard to discuss" issues like race, inclusion, diversity & equity. Discuss national social justice issues related to RIDE.
- Involve and recruit more alumni and retired faculty for campus involvement, recruitment and retention, leadership and mentorship of students.

UNMC FACULTY



UNMC FACULTY

Recruitment, retention, promotion and tenure of talented, diverse, culturally competent, linguistically proficient and racially concordant faculty is necessary to train future health care and public health professionals, advance scientific innovation, lead innovative basic, translational and community engaged research and to create the ideal campus climate; diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed.

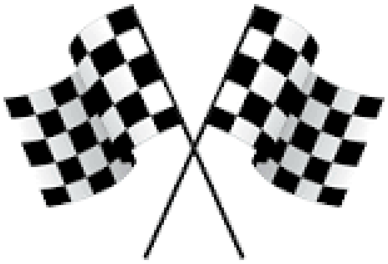
Senior leadership positions (Vice Chancellors, Deans, Directors and Chairs) are of particular importance for they possess the power, influence and authority to impact the overall culture of UNMC.

The following recommendations were proposed by various RIDE participants but are specific to faculty:

- ☆ Identify best practices to recruit and retain diverse and talented faculty.
- ☆ Develop and implement transparent approaches to recruit faculty across colleges and ensure diversity and inclusion are included in recruitment goals.
- ☆ Partner with UNMC faculty to recruit and retain other faculty. Send out monthly/quarterly emails to UNMC faculty with job descriptions to increase and diversify the applicant pool.
- ☆ Partner with female only and minority institutions to recruit faculty, post job descriptions in diverse journals and “special population” society websites.
- ☆ Recruit post docs and visiting professors from institutions with greater diversity including but not limited to women and minority institutions. (E.g. tribal colleges, etc.)
- ☆ Diversify UNMC senior leadership to include more women and underrepresented minorities.
- ☆ Encourage UNMC leadership to discuss IDE efforts across multiple venues to increase awareness of current efforts. Online, video, print, social media.
- ☆ Include IDE in faculty course evaluations for promotion and tenure criteria.
- ☆ Provide internal funding for IDE research efforts and programming.
- ☆ Create a faculty award for promoting IDE through mentoring, research, community engagement, etc.
- ☆ Provide health disparity courses from a health care perspective for students and community members.
- ☆ Create a formal mentoring program available for all faculty that includes peer mentoring and other forms of mentoring for promotion and tenure.
- ☆ Provide more interactive opportunities for faculty outside of the classroom to interact with other faculty, students, administrators and community members.
- ☆ Engage faculty senate with students, especially future professors and researchers. Faculty senate can allot a few minutes to the students or host a reception/gathering for students.
- ☆ Provide fiscal support and encouragement for leadership and cultural competence training for faculty.
- ☆ Provide fiscal support for professional development to improve teaching, advising, mentoring, management and community engagement.
- ☆ Require all administrators to have professional development in leadership, management, cultural competence and mentoring. Include it as a part of performance evaluations with sustained capacity building and training at least every 3 years.

- Encourage faculty to mentor diverse faculty/students.
- Include physicians, researchers and RIDE faculty in IDE initiatives.
- Assign academic value to activities that promote diversity and inclusion. These include mentoring women and minorities, serving on diversity councils/committees and serving diverse and underserved communities.
- Provide courses to integrate principles of cultural sensitivity, competence, communication, diversity, service learning and health care disparities for all trainees.
- Invest in faculty that are consistently rated below average by students. Training and capacity building are necessary with accountability for faculty non improvement.
- Have a no tolerance policy and include it in faculty contracts.
- Include IDE in faculty orientation.
- Have faculty sign a diversity, inclusion & equity campus statement annually on blackboard like other mandatory blackboard training.
- Oversample diverse applicants when recruiting. Only hire once a certain % of applicants in the applicant pool represent underrepresented populations (women, minorities, LGBT, etc.) especially for leadership positions.
- Hold higher standards for Deans, Chairs, Directors and other positional leaders to promote IDE.
- Review compensation across UNMC to ensure equitable and transparent pay and rank to improve equity particularly among women and underrepresented minorities.
- Hire a Chief Diversity Officer with at least 75% FTE who is an appointed faculty member and part of the faculty senate.
- Encourage faculty to create a diverse, inclusive and equitable environment with incentives and rewards to create the ideal campus climate.
- Provide faculty sessions on work life balance, family, fiscal management, retirement, etc.
- Provide benefits that are family friendly, paid maternity leave, affordable child care, flex time, family day on campus, fertility benefits, etc.
- Provide competitive scholarships for women and minority faculty to attend gender and diversity research, grant writing and teaching trainings.
- Provide competitive scholarships for faculty attendance to women and minority conferences and trainings like the AAMC Women leadership and the National Medical Association meetings.
- Include diverse representation on all search committees.
- Ensure junior women and minority faculty are not overwhelmed with service responsibilities including but not limited to advising, committees, etc. to promote equitable opportunities for all faculty to thrive and succeed.
- Invite retired faculty and alumni for teaching and mentorship of students and faculty.
- Redistribute physician bonuses for social justice issues
- Evaluate clinical faculty for IDE and include assessment in patient satisfaction surveys. Reward clinicians that demonstrate excellence.
- Include annual IDE metrics into performance evaluations for senior leadership (Chancellor/Vice Chancellors/Deans) and reward or hold accountable with merit increases.
- Include at least two community members serving underserved communities to the Chancellor’s Diversity and Inclusion Councils.

UNMC STAFF



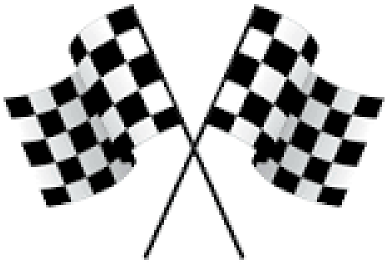
UNMC STAFF:

UNMC staff are essential to the UNMC mission, values and strategic plan. They are the backbone of the organization and provide the indispensable support across colleges, departments, centers, units and offices. UNMC staff are the first point of contact with key stakeholders and interface with other staff, students, faculty, vendors, community partners and patients. Most importantly, the staff at UNMC represent the most diverse population on campus and can play a pivotal role in advancing diversity, inclusion and equity efforts on campus. Of note, the staff section is shorter than other key stakeholder sections representing an opportunity to collect additional input from staff. All faculty, staff and students can play an important role in creating the ideal campus climate and their voices are also welcomed.

The following recommendations were proposed by various RIDE participants but are specific to staff:

- ☆ Identify best practices to recruit and retain diverse and talented staff.
- ☆ Offer opportunities for staff to be involved in recruitment efforts including interviewing potential faculty. Staff typically work with faculty and students and would provide a diverse perspective on search committees.
- ☆ Encourage staff professional development, workshop and seminars on cultural competence and IDE.
- ☆ Review classification and pay for staff to ensure equity across gender, race/ethnicity.
- ☆ Reward staff that promote IDE efforts across campus.
- ☆ Include and thank staff at campus events and activities to create a sense of belonging and value.
- ☆ Ask, listen and involve staff in IDE efforts including mentoring and community engagement.
- ☆ Include staff on campus diversity councils, strategic plans and other diversity efforts.
- ☆ Invite and welcome staff at campus gatherings.
- ☆ Encourage staff planning for IDE retreats with colleges (students, faculty and staff).
- ☆ Encourage staff to recommend innovative ideas to increase morale in respective departments with a team approach.
- ☆ Establish “staff organizations” similar to student organizations particularly for women and minority staff.
- ☆ Evaluate best practices for staff involvement in IDE at other academic medical centers.
- ☆ Assess the capacity of all staff beyond their current roles and responsibilities. Many staff have existent and trusted relationships that can open doors and create new partnerships for students and faculty.
- ☆ Provide leadership opportunities for staff to be involved in IDE efforts.
- ☆ Encourage supervisors to reward staff participation in events like the RIDE Initiative, volunteering and campus activities.
- ☆ Provide fiscal support for training and professional development for seminars and workshops that can improve individual, department and campus IDE efforts.
- ☆ Continue culture fest with faculty, staff and student input.

UNMC COMMUNITY PARTNERS



UNMC COMMUNITY PARTNERS:

Communities and patients across Nebraska are the reason we do this work! Community partners are vital to accomplishing the UNMC mission, vision and strategic plan. The College of Public Health is committed to promoting health and preventing disease. The Colleges of Medicine, Allied Health, Dentistry, Pharmacy and Nursing are also committed to prevention but also provide diagnosis, treatment and management of diseases. Patients are critical stakeholders and community collaboration, engagement and outreach is a foundational pillar of the institution. It is of utmost importance to ensure that all community partners and patients feel included and welcomed in an environment that promotes equity.

The following recommendations were proposed by various RIDE participants but are specific to community partners:

- ☆ Identify best practices to partner and engage with community partners.
- ☆ Conduct tours of communities including minority, low income, rural and Native American/Indian reservations.
- ☆ Native American students and faculty are significantly underrepresented at UNMC. Establish strong, mutually beneficial and respectful relationships with tribes.
- ☆ Engage community partners with recruitment and retention of diverse and talented students, faculty and staff.
- ☆ Include interested community members, partners and organizations to serve as support for diverse and underrepresented students and faculty. Particularly international and minority students like an extended family program.
- ☆ Leverage community organizations to assist with student and faculty orientation, training, etc. related to IDE.
- ☆ Convene community town hall meetings to learn about health care and public health needs of the community.
- ☆ Assess UNMC partners and their perceived level of trust with the institution. Determine their specific needs and be transparent and honest about communities that may not trust the institution.
- ☆ Refer to racial groups by their respective names vs. geographic locations (African American community vs. North Omaha, Latino community vs. South Omaha)
- ☆ Provide campus opportunities for community members to engage with faculty and students.
- ☆ Create a community IRB board for community engaged research. The selection must be clearly stated and representative of the state demographics.
- ☆ Have a UNMC community day in which community members can ask scientists and health care professionals specific questions, tour the campus and propose research ideas that can improve population health.
- ☆ Create an IDE timeline capturing the history of UNMC's engagement with communities, particularly underserved and minority communities.
- ☆ Make public apologies to communities that may have been disenfranchised, discriminated against or experienced other historical elements of trauma. (e.g. Henrietta Lacks Johns Hopkins, Tuskegee experiment)
- ☆ Recognize and address any disenfranchisement of minority and underrepresented communities in the past and emphasize new initiatives and leadership to ensure history does not repeat itself.
- ☆ Partner with elementary, middle and high schools to promote health and recruit future UNMC students. (Pipeline, Brother/Sister program, 1st year Med Students provide physicals at schools, STEM program)
- ☆ Provide more outreach, service and volunteer opportunities in the community for UNMC faculty, staff and students to work together.

- Utilize community clinics and space to be welcome community members, provide community education and recruit students and faculty.

- Use the Baker’s clinic in North Omaha as a diversity hub to increase awareness of UNMC IDE efforts and engage community partners and members.

- Provide UNMC vendor contracts to women and minority businesses when applicable.

- Include non-profit organizations and community partners to assist with training and implementation of IDE (e.g. Inclusive Communities).

- Have a community day and invite community partners on campus to showcase their health efforts.

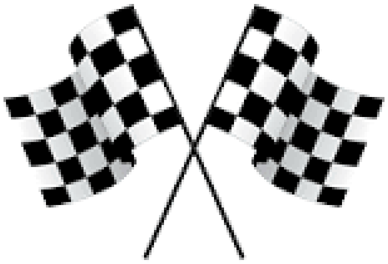
- Have a “research with the community day” to present community engagement and outreach projects that have made a difference in Nebraska communities.

- Create and develop a community health worker alliance, program or certificate and start a community health worker program for UNMC patients and community partners.

- Include key partners like the Nebraska legislature, City Council, Office of Minority Health, local and state health departments and others with a vested interest in diversity, inclusion & equity.

- Collaborate with other institutions including but not limited to the UN system. (E.g. Creighton, hospitals, etc.) to advance IDE and address health disparities

UNMC CAMPUS CLIMATE



UNMC CAMPUS CLIMATE:

- Continue the **I AM UNMC** campaign and feature diverse students, faculty, staff and communities.
- Start an "I am UNMC" type of essay or quote that posted in UNMC Today to give people a reminder and inspiration to create a diverse, inclusive and welcoming environment.
- Create a UNMC TEDx Talk event with Diversity, Equity and Inclusion as the theme.
- Create a welcoming environment for all including Pokemon Go players. Identify a safe and strategic campus location to promote the campus, provide health information and also use as a recruitment opportunity (job marketing).
- Survey faculty, students, staff and **community partners** on an annual basis regarding diversity, inclusion and equity and seek input for advancing efforts.
- Provide more UNMC campus activities to enhance and foster interdisciplinary engagement and interaction.
- Review mission statements from all colleges, centers and institutes to ensure diversity, inclusion and equity are core themes.
- Continue initiatives like RIDE and encourage honest and transparent dialogue.
- Encourage collaboration between colleges and departments to increase a sense of belonging and avoid silos on campus
- Create a campus wide, **revolving membership**, diversity council for all of UNMC with student, faculty, staff and community partner representation.
- Promote healthy eating, healthy living and work life balance for all UNMC employees
- Involve millennials and generation Xer to ensure incentives fit their values and motivating factors.
- Address racial inequities with a visible NO Tolerance campaign across campus. Signs and marketing like the NO smoking campaigns.
- Full campus wide IDE assessment
- Increase awareness of existent UNMC IDE efforts.
- Be proactive and improve interpretation services and care.
- Promote inclusion on campus with signs in different languages, rainbows to welcome LGBT groups and other "you are welcome" here efforts.
- Broaden diversity in UNMC marketing campaigns including commercials, print, social media and online.
- Engage community on campus, tours, health fairs, etc.
- Enhance technology on campus particularly for the disabled (e.g. hearing and sight impaired)
- Improve campus navigation for the disabled population.
- Emphasize IDE (equity) on the UNMC website. Populate sparse websites and those that need revision like the most recent strategic plan which is a scanned in, blurry PDF.[54]
- Involve the foundation in raising funds for IDE.
- Reward & recognize diversity champions on and off campus.
- Emphasize "Equity" in UNMC Mission statement and documents along with diversity and inclusion.
- Value and validate individual and collective experiences of bias, discrimination and prejudices.
- Act decisively in response to actions demonstrating lack of inclusion, discrimination or inequity.
- Create an environment that provides more social events and fun.
- Start UNMC Family & Friends Day (Sat), bring your kid to work day. Support UNMC families.

- ☆ Put the new strategies or initiatives for IDE in UNMC today to highlight progress and show commitment.
- ☆ Support, address and provide platforms to discuss social justice issues that impact health care and public health.
- ☆ Increase cultural awareness activities to include campus wide trainings that are interactive and require training across campus.
- ☆ Actively demonstrate visible embracement and celebration of diversity throughout UNMC that sends the message that diversity matters and is valued.

World Café Question 1: When that happens, what will be possible that is not possible now?

- ✓ *“Visitor friendly*
- ✓ *No-stereotyping, judgement free, holistic*
- ✓ *Representative of the population*
- ✓ *Equity and fair decision making*
- ✓ *Better communication across campus colleges and others*
- ✓ *Less racism, less subtle racism going unchallenged, and the dismantling of systemic oppression*
- ✓ *Better teamwork, support, and trust between the community and UNMC*
- ✓ *Follow through with policy changes and implementation*
- ✓ *A common purpose and vision*
- ✓ *National recognition for UNMC*
- ✓ *A more fun, inclusive and welcoming environment that is less hierarchical and oppressive*
- ✓ *Greater comfort. Being more welcoming, accepting, honest, and open in conversation. Minorities shouldn’t be or feel like anomalies*
- ✓ *Diversity (race, faiths, cultures, geography, socio-eco, lifestyle, sexual orientation and gender)*
- ✓ *Inclusion and equity*
- ✓ *Relaxed environment as opposed to current business oriented environment. Less hierarchy (ditch titles) more fun and socializing*
- ✓ *Defined diversity, inclusion & equity with emphasis on equity*
- ✓ *Mutual respect. Appreciate unique quality of individuals. More humility*
- ✓ *UNMC is home”*

CONCLUSIONS:

The Race, Inclusion, Diversity & Equity (RIDE) Report is presented as a resource to augment, strengthen and support existing and future diversity, inclusion & equity efforts at the University of Nebraska Medical Center (UNMC). The report represents the voices, perspectives and ideas of over 150 UNMC administrators, students, faculty, staff and community partners (key stakeholders) that participated in a myriad of RIDE Initiative events.

The **collective voice of the RIDE Report** represents a cross-sectional snapshot of the current UNMC campus climate, ideal campus climate and proposes action oriented recommendations to achieve the ideal:

“A campus that is diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed.”

Prioritization and implementation of some or all RIDE recommendations can further advance UNMC diversity, inclusion and equity efforts both on and off campus. **Three major investments were proposed to administrators and senior leadership** to expedite such efforts in order to diversify the workforce and best serve the current and future healthcare and public health needs of all Nebraskans. Only then can we achieve Healthy People 2020 goals “to eliminate health disparities, achieve health equity and improve the health of all populations” and truly make

“Nebraska the healthiest and most equitable state in the nation.

NEXT STEPS:

Many initiatives are currently underway to advance diversity, inclusion & equity at UNMC. The RIDE Initiative process, events, report, recommendations and supporting documents in the appendix provide a plethora of additional resources to advance and sustain efforts. Such recommendations include increasing awareness of current efforts, engaging key stakeholders in future efforts, convening more "social" opportunities for relationship cultivation and including diversity, inclusion and equity metrics in performance evaluations, promotion and tenure criteria and merit increases.

Expedited and effective approaches require the prioritization and investment (including fiscal) from our highest administrators starting with the Chancellor. With institutional commitment and investment, UNMC can truly be a pioneer for diversity, inclusion, & equity and serve as a national model for our peer institutions.

The following 3 major investments are anticipated to have the greatest return on investment and expedite diversity, inclusion and equity efforts at UNMC:

1. **Invest in a reputable, results driven, external consulting firm with demonstrated excellence in creating diverse, inclusive and equitable academic campus climates and environments.**
2. **Invest in a Chief Diversity Officer (CDO) to sustain and implement recommended diversity, inclusion & equity efforts at UNMC.**
3. **Invest in advancing diversity, inclusion & equity efforts with compelling and strategic policy changes, accountability and reward at the institutional, local and state levels.**

Sustainability, accountability and incentives are paramount until every UNMC student, faculty, staff and community partner feels a sense of belonging and directly benefits from our core values of inclusion and equity.

Over 150 RIDE Initiative participants are now a part of the **RIDE Initiative List serve** and readily available to ensure our campus is indeed the ideal. The RIDE Initiative will continue efforts with the input from participants and key stakeholder leaders. We look forward to engaging across colleges, departments, centers and communities to create the ideal campus: **"diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed.**

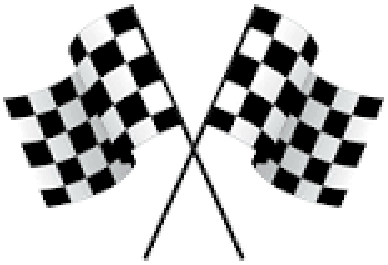
The RIDE Report is a living, breathing, ever-evolving document that is never final!
We welcome collaboration and additional novel and innovative solutions to become the ideal UNMC campus. Everyone has a role to play and the RIDE Initiative hopes you will join us and start today.

The RIDE continues.

ACKNOWLEDGEMENTS:

The RIDE Initiative is a collaborative effort and possible because of the investment, dedication and team work of many. We are grateful to the College of Public Health Innovation Pilot Funding Committee who selected and funded our initial proposal. We are also grateful to the many volunteers who gave their time to assist with logistics and tedious essentials like stapling reports, stuffing folders, sending emails, running errands and being available to simply support. Lastly, we **want to thank the RIDE participants.** You showed up, contributed and together we are making a difference. This would not be possible without you. **Thank you!**

WE ARE THE
RIDE INITIATIVE



MEET THE RIDE TEAM

(We want to hear from you)

From Top (L to R)

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Charlie Treinen
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Lisa Schulze
Lisa Muschall
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Liz Kumru
Liz Reyes
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Louise LaFramboise
Lucille Woodard
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Maria Rojas
Mariam Taiwo
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Mary Helms
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Maureen Fitzgerald
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Olugbadero Yerokun
Patrik Johansson
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Penny Bainbridge
Peter Sam
Phil Rooney
Portia Cavitt
Raheleh Miralami
Ramon Ulmar
Ravan Charles
Regan Johnson
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Santiago Rozo
Sarah Larsen
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Sheila Ryan
Shelby Brown
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Stacey Coleman
Stacie Hamel
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Stephanie Ahlschwede
Stephen B. Jackson
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Sunesh Pavulion
Susan Williams
Susan Swindells
Tacy Slater
Talia McGill
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Teri Hartman
Thomas Vonderfecht
Todd Wyatt
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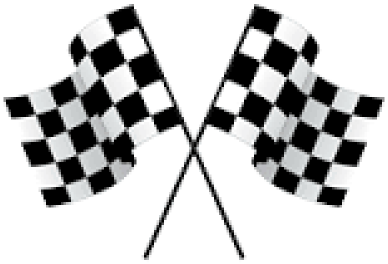
Ulf Martens
Valery Tran
Vicky Cerino
Victoria Nakibuuka-Muli
Victoria Parker
Wayne Houston
Win Finegan
Yushma Pant
Zoumana Traore

LEADERSHIP



MEET THE UNMC BOARD OF REGENTS

Eight Voting Members

Timothy Clare

District 1

Howard Hawks

District 2

Jim Pillen

District 3

Bob Whitehouse

District 4
Vice Chairman

Robert Schafer

District 5

Kent Schroeder

District 6
Chairman

Bob Phares

District 7

Hal Daub

District 8

Four Non-Voting Student Regents

Rachel Flaugh

University of Nebraska
at Kearney

Spencer Hartman

University of Nebraska-
Lincoln

Daniel Cloonan

University of Nebraska
Medical Center

Patrick Davlin

University of
Nebraska at Omaha

MEET THE UNMC SENIOR LEADER LEADERSHIP:

Chancellor

Jeffrey P. Gold, M.D., Chancellor (2014)

Vice Chancellors

Jennifer Larsen, M.D., Vice Chancellor for Research (1987)

H. Dele Davies, M.D., Vice Chancellor for Academic Affairs (2012)

Deborah L. Thomas, Vice Chancellor for Business & Finance (2006)

Robert D. Bartee, Vice Chancellor for External Affairs (1980)

Deans

Kyle Meyer, Ph.D. Dean, College of Allied Health Professions (1991)

Janet Guthmiller, D.D.S., Ph.D., Dean, College of Dentistry (2015)

Bradley Britigan, M.D., Dean, College of Medicine (2011)

Juliann Sebastian, Ph.D., R.N., Dean, College of Nursing (2011)

Courtney Fletcher, Pharm D., Dean, College of Pharmacy (2007)

Ali Khan, M.D., M.P.H., Dean, College of Public Health (2014)

MEET THE MEMBERS OF THE CHANCELLOR'S DIVERSITY ADVISORY STEERING COMMITEE

From L to R

- **Linda Cunningham**
  Committee Chair, Human Resources
- **Lisa Spellman**
  Public Relations
- **Channing Bunch**
  Director Recruitment & Student Engagement

- **Dele Davies, M.D.**
  Vice Chancellor for Academic Affairs
- **Susan Swindells, M.D.**
  Chair- Faculty Work Group, College of Medicine
- **David Carver, M.D.**
  Chair- Student Work Group, College of Medicine

- **Renaisa S. Anthony, M.D.**
  College of Public Health
- **Mary L Froeschle, D.D.S.**
  College of Dentistry
- **Janice Tompkins**
  College of Allied Health Professions

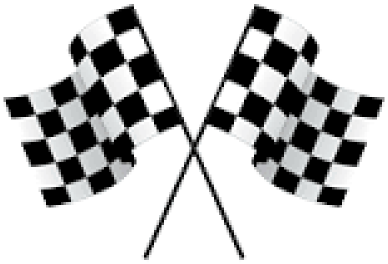
- **Liliana Bronner**
  College of Medicine
- **Louise LaFramboise, Ph.D.**
  College of Nursing
- **Quan D. Nguyen, M.D.**
  Chair, Department of Ophthalmology & Visual Science

James Gamerl

Photo not available

- **Wayne Houston**
  College of Public Health
- **James Gamerl**
  College of Pharmacy

THE RIDE REPORT
APPENDIX



RIDE REPORT: LIVING GLOSSARY OF TERMS:

- **Community:** A group of people who share some or all of the following: socio-demographics, geographic boundaries, sense of membership, culture, language, common norms, and interests.

- **Culture:** An integrated pattern of learned core values, beliefs, norms, behaviors and customs that are shared and transmitted by a specific group of people. Some aspects of culture, such as food, clothing, modes of production and behaviors, are visible. Major aspects of culture, such as values, gender role definitions, health beliefs and worldview, are not visible.

- **Diversity:** The collective mixture of differences and similarities that includes individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behaviors. It encompasses our personal and professional histories that frame how we see the world, collaborate with colleagues and stakeholders, and serve communities.

- **Equal:** Of the same measure, quantity, amount, or number as another or regarding or affecting all objects in the same way.

- **Equality:** Equal treatment that may or may not result in equitable outcomes.

- **Equity:** Providing all people with fair opportunities to attain their full potential to the extent possible.

- **Equity Lens:** The "lens" through which you view conditions and circumstances to understand who receives the benefits and who bears the burdens of any given program, policy, or practice.

- **Implicit Bias:** Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

- **Health:** Health is a state of complete physical, mental, and social well-being, not merely the absence of disease (World Health Organization, 1948).

- **Health Equity:** The highest level of health attainable for all people

- **Inclusion:** Active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging of every stakeholder (e.g. student, faculty, staff, administrator and community partner)

- **Inequity:** A difference or disparity between people or groups that is systematic, avoidable, and unjust.

- **Isms:** Systems of privilege and oppression based on social identities, including but not limited to: race (racism), sex (sexism), class (classism), age (ageism), ability (ableism), and sexual identity (heterosexism). All are rooted in doctrines of superiority and inferiority; find systemic expression in individual, institutional, as well as cultural forms; and function through the dynamics of power and privilege. These common elements are often expressed in the equation prejudice plus power = oppression ("ism"). Systems of oppression are not discrete and are experienced in interlocking and overlapping ways.

- **Oppression:** The systematic targeting or marginalization of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group.

- **Prejudice:** A judgment or opinion, usually but not always negative, formed on insufficient grounds before facts are known or in disregard of facts that contradict it. Prejudices are learned and can be unlearned.

- **Privilege:** When one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything they have done or failed to do. Dominant group members may be unaware of their privilege or take it for granted.

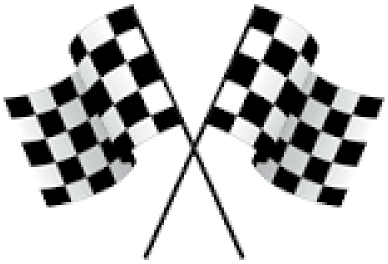
- **Power:** Access to resources and to decision-makers as well as the ability to influence others and to define reality for yourself and potentially for others.

- **Race:** Any of several extensive human populations associated with broadly defined regions of the world and distinguished on the basis of inheritable physical characteristics, (e.g. pigmentation, hair texture, and facial features. The number of genes responsible for such physical variations is tiny in comparison to the size of the human genome where most scientists now consider race to be primarily a social rather than a scientific concept.

- **Racism:** 1) A belief that race is the primary determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race (Merriam-Webster). 2) Racism = Race prejudice + the misuse of power in systems and institutions.

- **Systems Change:** Change that impacts all elements, including social norms of an organization, institution, or system; may include a policy or environmental change strategy. Policies are often the driving force behind systems change.

UNMC
DIVERSITY, INCLUSION, & EQUITY WEBSITES



UNMC DIVERSITY, INCLUSION, EQUITY WEBSITES:

- **Diversity at UNMC**
    - http://www.unmc.edu/diversity/

- **Inclusion at UNMC**
    - http://www.unmc.edu/studentservices/student-life/inclusion/index.html

- **UNMC Student Organizations**
    - http://www.unmc.edu/studentservices/student-life/organizations.html

- **UNMC Student Groups**
    - http://www.unmc.edu/diversity/programs/student.html

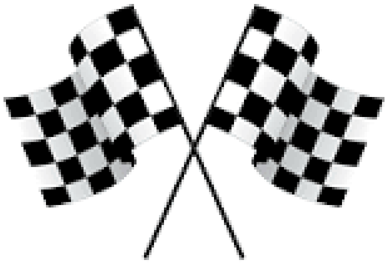
- **UNMC International Outreach**
    - http://www.unmc.edu/diversity/programs/international-programs.html

- **UNMC Employment Survey (conducted every 2 years since 2006)**
    - http://www.unmc.edu/employment/esurvey2015.pdf
    - http://www.unmc.edu/employment/2013_UNMC_Engagement_Survey.pdf
    - http://www.unmc.edu/employment/eesurvey2010.pdf

- **UNMC Planning Information & Quality Indicators (strategic plan and annual demographics)**
    - 2015: http://unmc.edu/aboutus/strategicplanning/piqi/2015piqi.pdf (17th ANNUAL EDITION)
    - 2014: http://unmc.edu/aboutus/strategicplanning/piqi/2014piqi.pdf
    - 2013: http://unmc.edu/aboutus/strategicplanning/piqi/2013PIQI.pdf
    - 2012: http://www.unmc.edu/aboutus/strategicplanning/piqi/2012PIQIRev.pdf
    - 2011: http://unmc.edu/aboutus/strategicplanning/piqi/2011piqi.pdf
    - 2010: http://unmc.edu/aboutus/strategicplanning/piqi/2011piqi.pdf

- **UNMC AAMC Diversity Engagement Survey**
    - http://www.unmc.edu/academicaffairs/_documents/DiversityEngagementSurvey_ExecSummary.pdf

ACADEMIC DIVERSITY, INCLUSION, & EQUITY REPORTS



ACADEMIC DIVERSITY, INCLUSION & EQUITY REPORTS:

1. Case Western Reserve University 2015 Annual Diversity Report
   https://case.edu/diversity/downloads/2015OIDEOAnnualReport.pdf

2. Case Western Reserve University 2014 Annual Diversity Report
   https://www.case.edu/diversity/downloads/2014OIDEOAnnualReport.pdf

3. Columbia University Office of the Vice Provost for Faculty Diversity and Inclusion
   http://facultydiversity.columbia.edu/

4. Dartmouth College 2016 Annual Report on Faculty Diversity
   http://www.dartmouth.edu/diversity/resources/2016facultydiversityreport.pdf

5. David Geffen School of Medicine at UCLA: Faculty Diversity Strategic Plan 2013
   http://medschool.ucla.edu/workfiles/site-Diversity/Resources/DGSOM-Diversity-Strategic-Plan.pdf

6. Duke University School of Medicine Diversity report 2012
   https://medschool.duke.edu/sites/medschool.duke.edu/files/field/attachments/SoM%202012%20Diversity%20Report.pdf

7. Duke University School of Medicine Diversity report 2013-2014
   https://medschool.duke.edu/sites/medschool.duke.edu/files/field/attachments/SoM%20Diversity%20Report%20Updates%202013_14.pdf

8. Duke Report to the Academic Council Task Force on Diversity May 2015
   https://academiccouncil.duke.edu/sites/default/files/u6/AC-pdfs/14-15/may-7/DTF%20Final%20Report.pdf

9. 2012 Annual Report on Faculty Development and Diversity at Harvard Medical School
   http://hms.harvard.edu/departments/office-academic-and-clinical-affairs/hms-task-force-faculty-development-and-diversity/hms-faculty-development-and-diversity-reports/2012-annual-report-faculty-development-and-diversity-hms

10. 2015 Report of the College Working Groups on Diversity and Inclusion at Harvard University
    http://diversity.college.harvard.edu/files/collegediversity/files/diversity_and_inclusion_working_group_final_report_2.pdf

11. Indiana University Southeast Diversity Assessment 2015
    http://www.iu.edu/~dema/div_assess/index.shtml

12. Johns Hopkins University Diversity Leadership Council Annual Report 2011-2012: Building Capacity and Raising Awareness
    http://web.jhu.edu/dlc/about_us/annual_reports/DLC%202011_2012%20Annual_Report.pdf

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    http://web.jhu.edu/dlc/about_us/annual_reports/DLC%202012_2013%20Annual_Report.pdf

14. Johns Hopkins Diversity Leadership Council Annual Report 2014-2015
    http://web.jhu.edu/dlc/about_us/annual_reports/DLC%20Annual%20Report%202014-2015%20LARGE.pdf

15. Johns Hopkins Medicine Diversity & Inclusion 2015 Annual Report
http://www.hopkinsmedicine.org/diversity/_documents/diversity-annual-report2015.pdf

16. Miami University Diversity Affairs
http://miamioh.edu/student-life/diversity-affairs/about/index.html

17. Michigan State University Annual Diversity Report 2012-2013
http://www.inclusion.msu.edu/diversityandinclusion/REVISED_030614_2014AnnualReport_DigitalREV0505.pdf

18. Michigan State University Annual Diversity Report 2013-2014
http://www.inclusion.msu.edu/Outreach/OfficeOfInclusion_FinalEdit_0324.pdf

19. Michigan State University Annual Diversity Report 2014-2015
http://www.inclusion.msu.edu/diversityandinclusion/Diversity%20Report%202014-2015.pdf

20. Mount Sinai Icahn School of Medicine Diversity
http://icahn.mssm.edu/about/diversity

21. Northwestern University Diversity and Inclusion Report Academic Year 2013-2014
http://www.northwestern.edu/diversity/docs/University%20Diversity%20and%20Inclusion%20Report%202013-14.pdf

22. Penn State Harrisburg Final Diversity Report: 2004-2009
http://equity.psu.edu/updates-04-09/pdf/campuses-final/final-progress-reports/harrisburg_update_04_09.pdf

23. Penn State University: A Framework to Foster Diversity at Penn State 2004-2009
http://equity.psu.edu/framework/pdf/framework-2004-09.pdf

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http://equity.psu.edu/framework/pdf/framework-2010-15.pdf

25. Stanford University Diversity Works
https://diversityworks.stanford.edu/initiatives

26. University of California Davis Diversity and Inclusion Strategic Plan Draft 2016
http://studentaffairs.ucdavis.edu/campus-diversity/diversity-inclusion/documents/DIStrategicPlan-160609.pdf

27. University of California San Francisco: Office of Diversity and Outreach 2014 Annual Report
http://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/ODOAnnualReport2014.pdf

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https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/ODOAnnualReport2015.pdf

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http://www.boarddocs.com/co/cu/Board.nsf/files/AAWR9T663EC9/$file/2015-16%20Diversity%20Rpt%20BOR%20Presentation.pdf

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http://president.uconn.edu/wp-content/uploads/sites/1800/2016/06/2015-08-Draft-Diversity-Report.pdf

31. University of Louisville Health Sciences Center Office of Diversity and Inclusion Annual Report 2013-2014
http://louisville.edu/hsc/diversity/files/copy_of_20132014AnnaulReport.pdf

32. University of Maryland Cultural Diversity Report 2015
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https://www.irpa.umd.edu/Publications/Reports/cult_div_rpt_2016.pdf

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https://www.provost.umich.edu/reports/Diversity%20Equity%20Inclusion%20Report.pdf

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https://president.umich.edu/wp-content/uploads/sites/3/2015/09/DE-I-report-8-12-2015.pdf

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37. University of Virginia School of Medicine: Diversity & Inclusion Annual Report 2014-2015
https://med.virginia.edu/diversity/wp-content/uploads/sites/109/2015/09/Annual-Report-SOM-Diversity-Office.pdf

38. University of Virginia School of Medicine: Diversity and Inclusion Strategic Plan
https://med.virginia.edu/asp/wp-content/uploads/sites/46/2014/04/SOM-Diversity-STRATEGIC-PLAN-6-3-14-2.pdf

39. University of Washington School of Medicine Report of the Ad-Hoc Committee to Develop a New Strategic Plan for Diversity Programs April 2011
http://www.washington.edu/diversity/files/2013/04/medicineplan.pdf

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http://www.washington.edu/diversity/files/2013/04/Multicultural_Affairs_School_of_Medicine-R.pdf

41. Promoting Diversity and Equal Opportunity at Yale University 2015-2016
http://www.yale.edu/equalopportunity/resources/docs/OEOP-Booklet-2015-16.pdf

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http://www.yale.edu/equalopportunity/resources/docs/Yale_Diversity_EO_Booklet_Web-r1.pdf

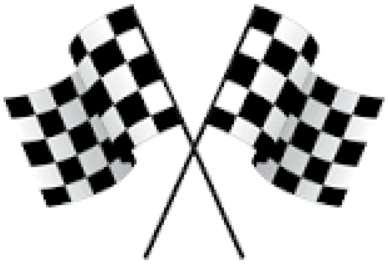
43. Promoting Diversity and Equal Opportunity at Yale University 2012-2013
http://www.yale.edu/equalopportunity/documents/annual-supplement.pdf

44. The Yale Diversity Summit Report of Discussions and Recommendations February 11-12, 2014
http://swim.yale.edu/advocacy/The_Yale_Diversity_Summit_2-2014_213242_284_7258.pdf

45. Yale Invests $50Million for Diversity
http://news.yale.edu/2015/11/03/yale-launches-five-year-50-million-initiative-increase-faculty-diversity

46. Why Diversity Programs Fail:
https://hbr.org/2016/07/why-diversity-programs-fail

UNMC STRATEGIC PLAN



UNMC STRATEGIC PLAN:

A. Enhance UNMC's educational programs as the most highly learning centered university in health professions education.

Goal 1: Implement additional innovative educational models that embrace new and evolving technologies for student interactive learning including blended learning, advanced simulation and virtual immersive reality. Dele Davies

Milestones:

- Inventory all simulation and virtual reality resources and activities; other technology learning resources and their organizational structures. December, 2014
- Coordination plan for the administrative structures of all simulation and VIR programs and sites. March, 2015
- Assess the components for and implement a standardized e-portfolio for all UNMC learners. December, 2014
- Prepare students and post docs to be competitive in the job market.
- Monitor and report on educational research and scholarship. June, 2015.
- Identify opportunities in non-health professions disciplines where experiential learning would stimulate collaboration across UNO, UNL and UNK. December, 2014
- Develop IPE simulation and virtual reality activity for interprofessional education and team based collaborative practices (IPEC competencies). March, 2015

Outcomes:

- Implement the plan for future use, growth and structure of simulation, virtual reality and other learning technology for the campus.
- Have an e-portfolio available for all UNMC learners.
- Have IPE simulated and virtual reality educational practice experiences for 100% of students within two years.
- Have a process to assess and publish the effectiveness and efficiency of technologies used in learning.
- Create a campus wide teaching academy of scholars.
- Create a program that will award a certificate in leadership, transferable skills and outreach to students to improve their competitiveness in the job market and for advanced training.

Leaders: Howard Liu, Emily McElroy, Devin Nickol, Yvette Holly, Paul Paulman, Chris Shaffer, Connie Miller, Kyle Meyer, David Brown, Alice Schumaker, Gary Yee and Mike Leibowitz.

Goal 2: Optimize the UNMC Colleges and Institutes integration into the Clinical Enterprise for experiential health professions education. Dele Davies

Milestones:

- Incorporate inter-professional education and collaborative (team based) care into the Clinical Enterprise experiential educational program. March, 2015
- Engage Clinical Enterprise non-faculty health care professionals into the teaching of UNMC students and provide them faculty appointments as necessary. March, 2015
- Expand blended interactive learning into continuing education for all Clinical Enterprise health care professionals to enhance current strategies/methodologies. June, 2015
- Identify or develop formal opportunities for clinical experiences for graduate students as needed in areas related to their academic interests. June, 2015
- Enhance clinical experiences to meet student needs and expectations. June, 2015.
- Broaden didactic and experiential population health educational opportunities across all of the health care educational programs at UNMC. June, 2015

Outcomes:

- All health professional students will have at least one IPE experience in the Clinical Enterprise each year in an actual clinical setting.

- Increase the number of non-faculty health care professionals who receive faculty appointments and participate in the teaching.
- Establish the Office of Health Professions Education in the Clinical Enterprise.
- Catalog and establish multiple new core population health care curricular elements to be available for IPE programs across the educational continuum.

Leaders: Kelly Caverzagie, Ali Khan, Associate Deans for Academic Affairs, Lyn Klassen

B. Increase the research prominence as a top tier academic health sciences center.

Goal 1: Enhance the UNMC Colleges and Institutes integration with the Clinical Enterprise for research across the research continuum creating the most highly integrated model in the US. Jennifer Larsen

Milestones:

- Operationalize the primary care practice-based research network to conduct ongoing studies to improve health outcomes. June, 2015
- Determine the requirements and logistics for UNMC to serve as the central IRB for multi-centered clinical trials conducted across the Regional Provider Network. January, 2015
- Develop a structure, including a common database of electronic health record data, to facilitate health outcomes research. March, 2015
- Optimize time to IRB approval and contracting process to achieve best practices. March, 2015
- Assess the research environment, to identify the critical, biological and health issues now and in the future to assist in planning our future research endeavors. June, 2015

Outcomes:

- Expand and achieve approval for the UNMC IRB to be the central IRB of record to serve the Regional Provider Network.
- Submit PCORI grant based on results of the study to improve health outcomes.
- Develop a planning process to guide the future direction of research at UNMC.
- Brand the Clinical Research Enterprise.

Leaders: Chris Kratochvil, Michael Ash, Ashok Mudgapalli, Howard Fox, Ernie Prentice

Goal 2: Enhance the campus wide framework for biomedical informatics. Jennifer Larsen

Milestones:

- Catalog the biomedical informatics resources and assess them across UNMC and the clinical continuum. October, 2014• Propose the necessary infrastructure, management, funding and leadership models for biomedical informatics to facilitate cutting edge research from genomics to clinical and public health research. November, 2014
- Submit a proposal to establish the Center of Excellence for Biomedical Informatics for consideration by the Board of Regents. January 1, 2015
- Identify areas at UNMC of potential national and international prominence in biomedical informatics. October, 2014
- Expand biomedical informatics expertise to better address health outcomes and improve population health across Nebraska and beyond. March, 2015

Outcomes:

- Create a strategic plan and business analysis for a Center for Biomedical Informatics to serve the education, clinical and research missions.
- Develop an organizational chart and position descriptions for leadership of a campus wide Center of Biomedical Informatics.
- Maintain the structure and enhance the effectiveness of the Information Management Governance Council.

Leaders: Jennifer Larsen, Michael Ash, Babu Guda, Jim McClay, Jane Meza

Goal 3: Enhance the collaboration among the Colleges, Centers and Institutes as well as among the research and clinical faculty to address strategic research issues. Jennifer Larsen.

Milestones:

- Identify the UNMC strategic research interests and mechanisms for faculty development and involvement. October, 2014
- Operationalize research interest groups to facilitate campus wide research collaborations, research grants and training grants. May, 2015
- Expand recognition of and rewards to multi-investigator collaborative research projects (basic and clinical integration) within and outside of UNMC. December, 2014
- Enhance communications to recognize multi-PI grants, principal investigators and co-investigators in the grant accounting system and intellectual property recognition. September, 2014

Outcomes:

- Initiate one research interest group per month for 10 months.
- Create incentives for new multi-PI pilot grant programs that include multiple disciplines, colleges and campuses.

Leaders: Ken Bayles, Chris Kratochvil

C. Advance community/global partnerships for health.

Goal 1: Expand programs to improve population health – Make Nebraska and Omaha the healthiest state/city in the US. Bob Bartee

Milestones:

- Expand partnerships with consumers and stakeholder institutions to improve prevention, wellness services and delivery of care to different populations both urban and rural. June, 2015
- Identify the health disparities in under-served populations that UNMC can impact. October, 2014
- Catalog UNMC programs that support the urban and rural health needs of Nebraska and surrounding regions. October, 2015
- Identify non-traditional means of support for rural and urban health educational, research and clinical programs as a model for future expansion. March, 2015
- Develop specific upstream strategies and advocacy efforts to advance pro-health programs and policies. March, 2015

Outcomes:

- Create two pilot programs on prevention and delivery of care.
- Implement one program using non-traditional means of support in either a health education, research or clinical program.
- Demonstrate impact of advocacy efforts.

Leaders: Dejun Su, Renaisa Anthony, Julie Sebastian, Tom Tape, Rosanna Morris, Jim Stimpson, Athena Ramos, Wayne Houston, Michael Huckabee

Goal 2: Strengthen international efforts in education, research, patient care and other activities. Dele Davies

Milestones:

- Catalog all educational, research and clinical exchange programs with UNMC. October, 2014
- Implement a process to evaluate academic and fiscal impacts of all new and existing international collaboration opportunities. December, 2014
- Determine the strategic principles aligned with UNMC mission to guide decisions about types and locations of future international partnerships. December, 2014

Outcomes:

- Identify the principles for future international partnerships and programs. Evaluate all international programs for structure and outcomes.

Leaders: Courtney Fletcher, Jialin Zheng, Ward Chambers, Mike Dixon, Deb Thomas, Kai Fu, Julie Sebastian

Goal 3: Establish and implement UNMC's agenda and role in federal and state legislative issues as well as state wide health professions education and care delivery strategic planning. Bob Bartee

Milestones:

- Provide educational briefings on pertinent health issues to thought leaders, elected officials, and media. June, 2015

- Participate widely in health planning and legislative initiatives at the national, state, and local levels. June, 2015
- Identify the UNMC legislative and policy agenda for FY2015. September, 2015
- Propose legislative assistance to gain traction for innovative structures to enhance current residency and new education programs across Nebraska.

Outcomes:

- Report on the impact of UNMC experts who have reported, testified or served on committees or as advocates on UNMC educational, public and other issues.
- Report results of impact on UNMC issues in the Nebraska Legislature.
- Implementation of pilot GME/Residency programs to support population health initiatives in Nebraska.

Leaders: Bob Bartee, Mark Bowen, Harris Frankel, Rowen Zetterman, Keith Olsen, and Dentistry designee

D. Create an exemplary culturally competent organization.

Goal 1: Increase retention, recruitment, engagement and mentorship of diverse faculty, staff and students. Dele Davies

Milestones:

- Enhance inclusivity as an integral part of the mission for all UNMC leadership personnel. June, 2015
- Develop a strategic recruiting plan, toolkit and guidelines for use in student, faculty and staff searches, recruitment and hiring practices. February, 2015.

Outcomes:

- Increase faculty, staff and student diversity from the prior year as an annual benchmark of performance.
- Increase faculty and staff retention rates from the prior year as an annual benchmark of performance.
- Continue to expand best practices for inclusivity measures in the performance evaluation of campus leadership.
- Catalog and evaluate all educational components of the cultural competency curriculum across all Colleges, Centers and Institutes.

Leaders: Linda Cunningham, Rowen Zetterman, Sue Swindells, Deans and Institute Directors

Goal 2: Expand the fundraising initiatives for scholarships, tuition support, and other support programs specifically to enhance campus wide cultural understanding and the diversity of the students, faculty and staff. Bob Bartee

Milestones:

- Each College will develop prospectus(s) for use by the NU Foundation. November, 2014
- Each College working with the Foundation will identify new donors, alternate funding sources and expected results. January, 2015

Outcomes:

- Increase funding for diversity annually as planned.

Leaders: Deans, Amy Volk, Public Relations

E. Advance biomedical technologies to improve health, diversify UNMC revenues and create economic growth in Nebraska.

Goal 1: Expand research collaborations in biomedical technologies that will lead to new intellectual property protection and commercialization. Don Leuenberger

Milestones:

- Catalog all experience with technology transfer on an annual benchmarked basis. October, 2014
- Identify and acknowledge leadership of best practices in Colleges and faculty. October, 2014
- Mature the relationship with the Stanford Research Institute. January, 2015
- Prepare a proposal to present to the Board of Regents for a Center of Excellence Biotechnology Innovation. (CEBI) January, 2015

- Review, modify as necessary and widely distribute the UNMC Intellectual Property Transfer (IPT) incentive policies. October, 2015
- Establish and implement UNeMed China. September, 2014
- Saddle Creek Development Project

Outcomes:

- Implement the Center of Excellence for Biotechnology Innovation.
- Double the investment returns on technology transfer agreements.
- Strategically reinvest the UNMC component of IPT margins.
- Assess and report on UNeMed China's first year's progress against its business plan.

Leaders: Don Leuenberger, Michael Dixon, Jennifer Larsen, Howard Fox

Goal 2: Use telemedicine and other innovative technology to improve patient care, provide education over distance and conduct research in the work place and the home. Don Leuenberger

Milestones:

- Fully understand and communicate the regional and local regulatory corridors that apply to telehealth and wellness clinical services. September, 2014
- Identify and catalogue all current telehealth services. September, 2015
- Prioritize telehealth services to be provided (full range of services: remote monitoring, store and forward, educations). September, 2014
- Develop telehealth metrics to measure clinical outcomes and impact. January, 2015
- Identify specific space, staff, funding and access for the telehealth program. October, 2014
- Identify philanthropic support for the telehealth program. December, 2014
- Brand and widely market telehealth services across all clinics, skilled nursing facilities and hospitals in Nebraska. January, 2015

Outcomes:

- Have operational 5 new telehealth services by June 30, 2015.
- Have 5 metrics to measure success of telehealth services provided.

Leaders: Rod Markin, Yvette Holly, Michael Ash, Ben Boedeker, Deb Thomas, DJ Thayer, Michael Dixon, Kai Fu, Jialin Zhang

F. Strengthen employee loyalty, satisfaction and wellness.

Goal 1: Develop programs and management tools to enhance the learning environment and the working environment across the academic and Clinical Enterprise. Pam Bataillon

Milestones:

- Establish mentorship programs and expand leadership programs for all junior faculty and staff. January, 2015
- Create programs for faculty, staff and students to prevent stress and enhance resilience. October, 2014
- Establish a culture of lifelong learning for all employees at UNMC and the Clinical Enterprise. June, 2015
- Enhance mobile app reporting tools for excellent/problematic learning environment events. March, 2015

Outcomes:

- As a result of an app reporting tool, increased participation in learning activities on campus.
- Improve employee satisfaction scores in the Kenexa employee engagement survey.

Leaders: Pam Bataillon, Howard Liu, Rowen Zetterman, Yvette Holly, Linda Cunningham

Goal 2: Increase faculty and staff awareness, engagement and access to health and wellness programs. Pam Bataillon

Milestones:

- Develop an integrated wellness approach across UNMC and the Clinical Enterprise. June, 2015
- Continue annual education programs on wellness and healthy lifestyles. September, 2014
- Revise personnel policies to support wellness initiatives. January, 2015

Outcomes:

- Improved employee satisfaction scores.
- Increase healthier nutrition options on campus.
- Increase the number of fitness options by 5.

Leaders: Jayme Nekuda, Pam Bataillon, Bill O'Neill

G. Position UNMC to continue to thrive during ongoing health care reform.

Goal 1: Position the Clinical Enterprise for success. Brad Britigan & Bill Dinsmoor

Milestones:

- Implement clinical integration including governance, funds flow, branding and employee transitions on the current schedule.
- Reach out to a diverse group of community physicians and other health care professionals to support their practice needs.
- Develop business and strategic plans for Ambulatory Care faculty recruitment and program development in coordination with UNMC.
- Develop business and strategic plans for Cancer Center Program development and recruitment in coordination with UNMC. Fully operationalize the Regional Provider Network involving UNMC.
- Fully operationalize the Accountable Care Alliance involving UNMC.
- Complete the arrangements/agreements with the Madonna Rehabilitation Hospital.
- Complete a strategic plan for the long term sustainability of the Bellevue Medical Center.
- Provide the management of the UNL student and Employee Health Center.
- Develop a business plan and deploy as appropriate urgent care access for faculty, staff and students on campus.
- Complete planning and implement all of the clinical performance improvement initiatives.
- Improve quality of care, access to care, the patient and family experience and culturally appropriate and sensitive care.

Outcomes:

- An integrated health system that spans the State of Nebraska will be created that is able to manage the health of large populations through value-based care and support the academic mission of UNMC.

Leaders: Brad Britigan, Bill Dinsmoor, Jennifer Larsen, Ken Cowan, Harris Frankel

Goal 2: Ensure the UNMC Colleges and Institutes are optimally integrated with the Clinical Enterprise in the patient care settings. Brad Britigan & Bill Dinsmoor

Milestones:

- Catalog existing and potential clinical experiential opportunities in all of the Clinical Enterprise settings. October, 2014
- Engagement of UNMC Colleges and Institutes faculty in the Clinical Enterprise for clinical practice. June, 2015
- Use UNMC faculty expertise in population management and outcomes; and establishing cost effective patient care. June, 2015

Outcomes:

- UNMC faculty from all Colleges and Institutes will have a meaningful clinical role and presence in the Clinical Enterprise.

Leaders: Julie Sebastian, Kyle Meyer, Courtney Fletcher, Rosanna Morris, Kelly Caverzagie, Mike Leibowitz, Jane Meza

H. Implement the Building a Healthier Nebraska and other campus projects.

Goal 1 Establish the office(s) of Faculty Recruitment that will provide recruitment logistics support to the Colleges and Institutes. Dele Davies

Milestones:

- Prepare a needs analysis of the logistical resources needed to support the colleges and institutes in their faculty recruiting efforts. December, 2014
- Identify the costs associated with this office and a recommendation for funding. December, 2014

- Prepare a recommendation to the Chancellor for need, duties and costs related to this function. March, 2015

Outcomes:

- A decision on the need for a centralized recruiting logistics function and implementation if approved.

Leader: Deb Thomas, Dele Davies, Tadd Pullin

Goal 2: Implement and develop the campus master site development plan. Don Leuenberger

Milestones:

- Develop a common 2015 – 2025 UNMC/Clinical Enterprise Master Plan. June, 2015
- Select developer and plan for the Saddle Creek Project. December, 2014
- Resolve campus transportation/access and parking issues. June, 2015
- Implement a combined facilities team to meet the needs of UNMC and the Clinical Enterprise. December, 2014
- Select a potential energy services partner(s) through a RFQ/RFP process to own/operate the utility plant. March, 2015
- Create a combined Clinical Enterprise and UNMC Sustainability Master Plan and implement Phase 1. June, 2015
- Build city, county, state and federal alliances to meet projected traffic demands due to expansion, utility infrastructure and other appropriate items to support this growth.
- Oversee outstanding campus construction projects. Ongoing
- Building a Healthier Nebraska – The Fred & Pamela Buffett Cancer Center
- Building a Healthier Nebraska – The Ambulatory Care Facility on Leavenworth
- Building a Healthier Nebraska – The Health Science Education Complex at the University of Kearney

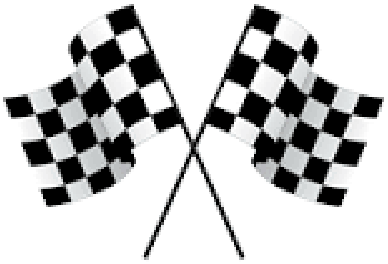
Leaders: Ken Hansen, Ron Schaefer, Don Mohlman

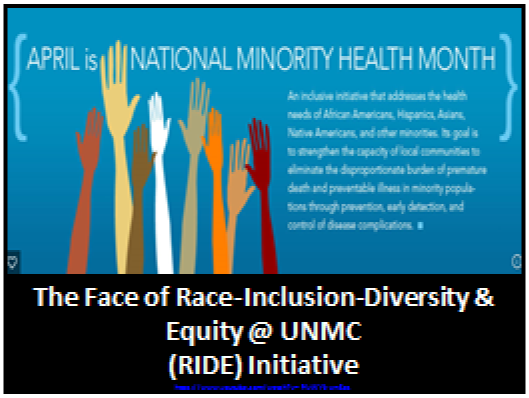
- Building a Healthier Nebraska – Lincoln Nursing Facility
- The Center for Healthy Living Redevelopment
- Village Pointe Ambulatory Care projects
- The Lozier Center for Pharmacy Sciences and Education and Center for Drug Discovery
- Marriott Hotel Development Project
- Center for TeleHealth Coordination and Care

Outcomes:

- Create and maintain a major campus project status dashboard.
- Projects/Planning completed and/or progressing on schedule.

FACE OF RACE INCLUSION DIVERSITY & EQUITY PRESENTATION





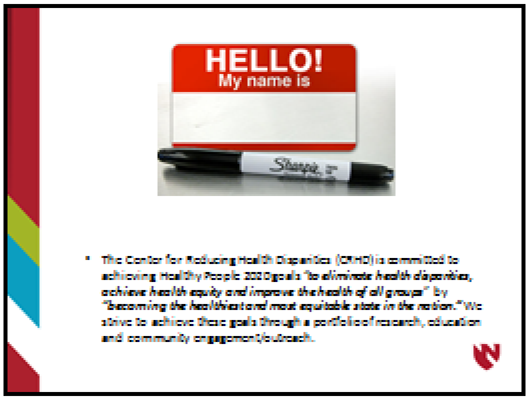
APRIL is NATIONAL MINORITY HEALTH MONTH

An inclusive initiative that addresses the health needs of African Americans, Hispanics, Asians, Native Americans, and other minorities. Its goal is to strengthen the capacity of local communities to eliminate the disproportionate burden of premature death and preventable illness in minority populations through prevention, early detection, and control of disease complications.

The Face of Race-Inclusion-Diversity & Equity @ UNMC
(RIDE) Initiative

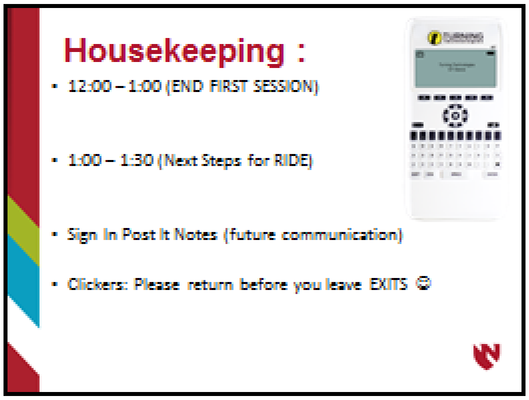
The Race-Inclusion-Diversity & Equity Initiative
(RIDE: Part 1)

WELCOME
ALL SIZES
ALL COLORS
ALL AGES
ALL CULTURES
ALL SEXES
ALL BELIEFS
ALL RELIGIONS
ALL TYPES
WELCOME
WE'RE GLAD YOU'RE HERE



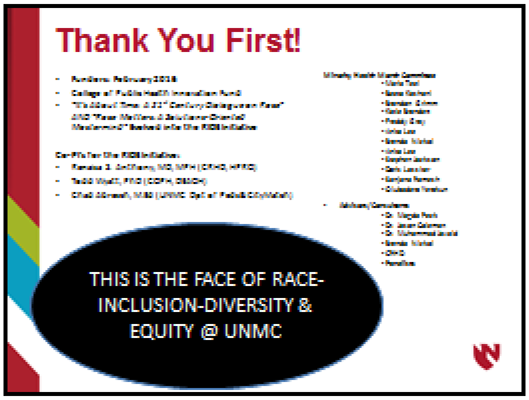
HELLO!
My name is

- The Center for Reducing Health Disparities (CRHD) is committed to achieving Healthy People 2020 goals "*to eliminate health disparities, achieve health equity and improve the health of all groups*" by "*becoming the healthiest and most equitable state in the nation.*" We strive to achieve these goals through a portfolio of research, education and community engagement/outreach.



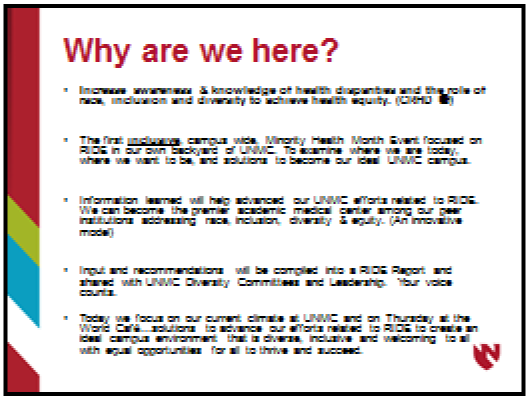
Housekeeping :

- 12:00 – 1:00 (END FIRST SESSION)
- 1:00 – 1:30 (Next Steps for RIDE)
- Sign In Post It Notes (future communication)
- Clickers: Please return before you leave EXITS ☺



Thank You First!

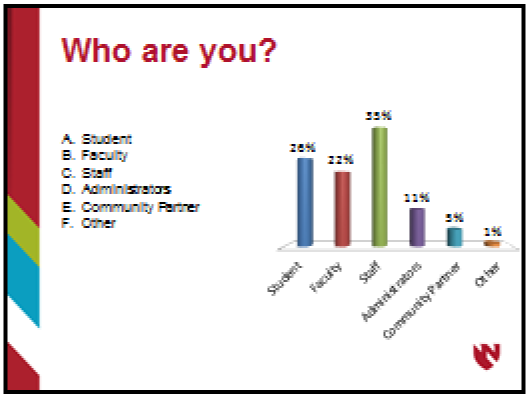
THIS IS THE FACE OF RACE-INCLUSION-DIVERSITY & EQUITY @ UNMC



Why are we here?

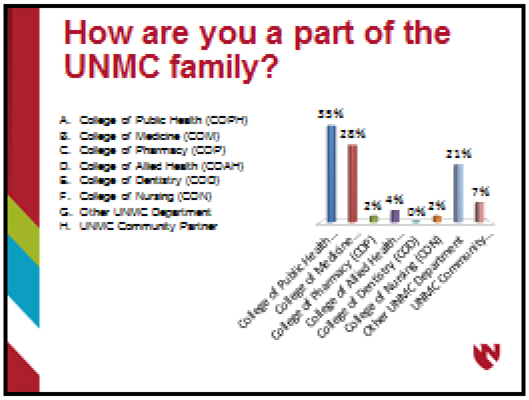
- Increase awareness & knowledge of health disparities and the role of race, inclusion and diversity to achieve health equity. (CRHD)
- The first inclusive, campus wide, Minority Health Month Event focused on RIDE in our own backyard of UNMC. To examine where we are today, where we want to be, and solutions to become our ideal UNMC campus.
- Information learned will help advanced our UNMC efforts related to RIDE. We can become the premier academic medical center among our peer institutions addressing race, inclusion, diversity & equity. (An innovative model)
- Input and recommendations will be compiled into a RIDE Report and shared with UNMC Diversity Committees and Leadership. Your voice counts.
- Today we focus on our current climate at UNMC and on Thursday at the World Café...solutions to advance our efforts related to RIDE to create an ideal campus environment that is diverse, inclusive and welcoming to all with equal opportunities for all to thrive and succeed.

But first…



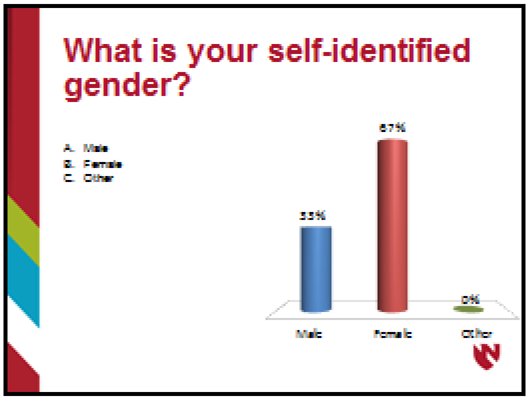
Who are you?

A. Student
B. Faculty
C. Staff
D. Administrators
E. Community Partner
F. Other



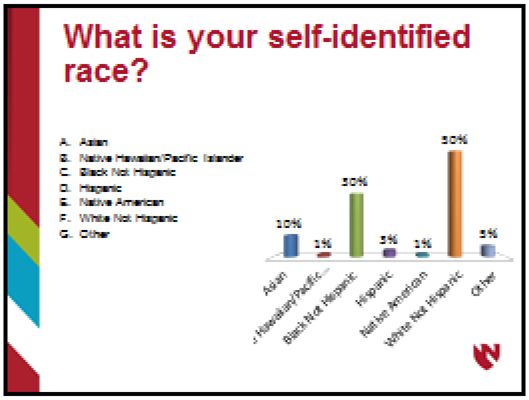
How are you a part of the UNMC family?

A. College of Public Health (COPH)
B. College of Medicine (COM)
C. College of Pharmacy (COP)
D. College of Allied Health (COAH)
E. College of Dentistry (COD)
F. College of Nursing (CON)
G. Other UNMC Department
H. UNMC Community Partner



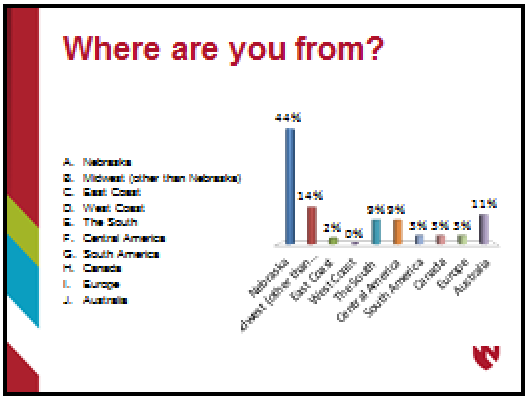
What is your self-identified gender?

A. Male
B. Female
C. Other



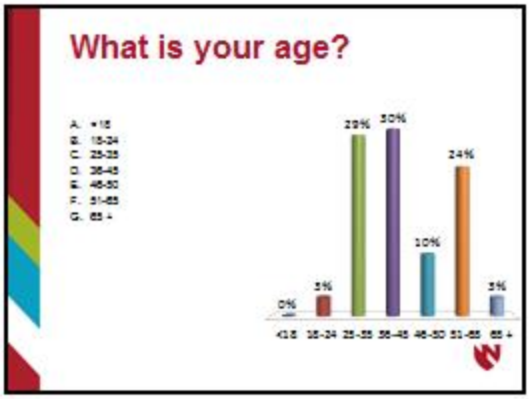
What is your self-identified race?

A. Asian
B. Native Hawaiian/Pacific Islander
C. Black Not Hispanic
D. Hispanic
E. Native American
F. White Not Hispanic
G. Other



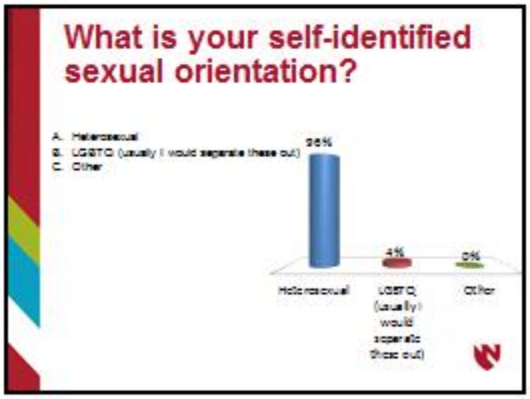
Where are you from?

A. Nebraska
B. Midwest (other than Nebraska)
C. East Coast
D. West Coast
E. The South
F. Central America
G. South America
H. Canada
I. Europe
J. Australia



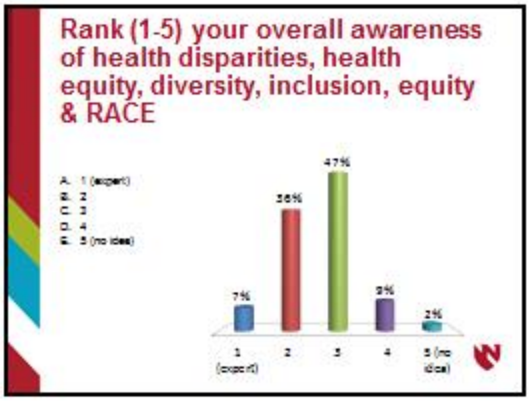
What is your age?

A. <18
B. 18-24
C. 25-35
D. 36-45
E. 46-50
F. 51-65
G. 65 +



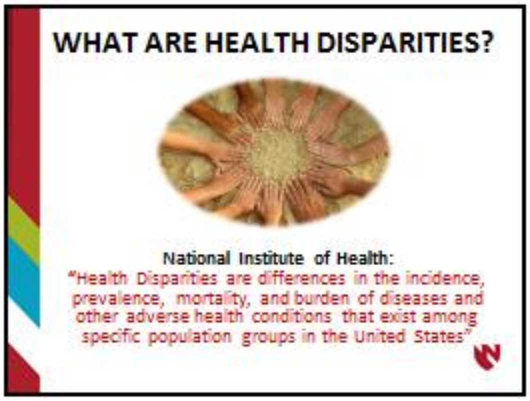
What is your self-identified sexual orientation?

A. Heterosexual
B. LGBTQ (usually I would separate these out)
C. Other



Rank (1-5) your overall awareness of health disparities, health equity, diversity, inclusion, equity & RACE

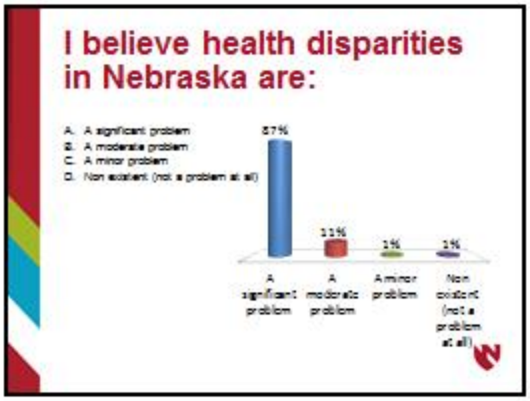
A. 1 (expert)
B. 2
C. 3
D. 4
E. 5 (no idea)



WHAT ARE HEALTH DISPARITIES?

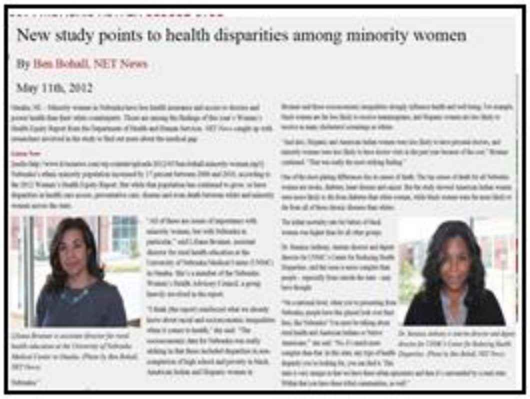
National Institute of Health:
"Health Disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States"

Are health disparities a problem in Nebraska?



I believe health disparities in Nebraska are:

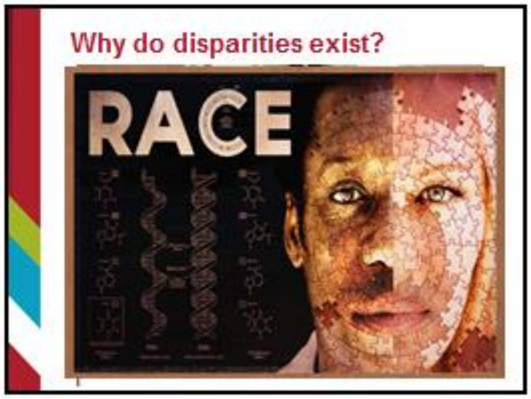
A. A significant problem
B. A moderate problem
C. A minor problem
D. Non existent (not a problem at all)



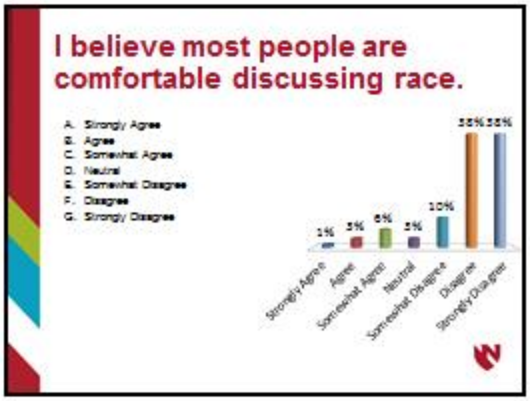
New study points to health disparities among minority women

By Ben Bohall, NET News

May 11th, 2012

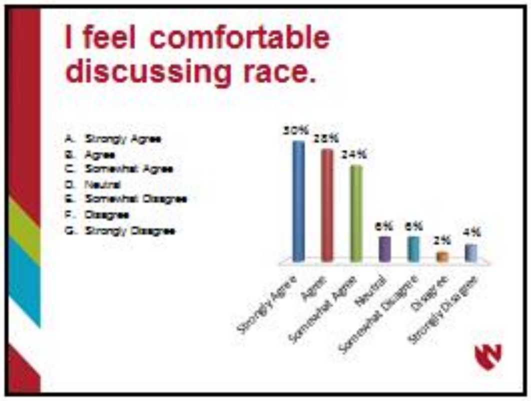


Why do disparities exist?



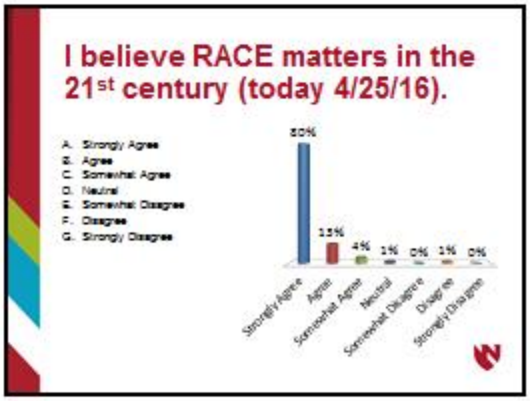
I believe most people are comfortable discussing race.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



I feel comfortable discussing race.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



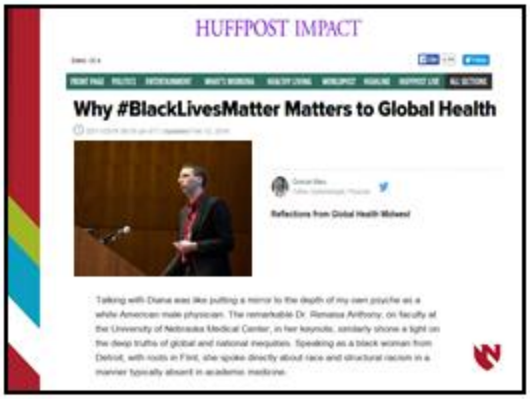
I believe RACE matters in the 21st century (today 4/25/16).

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

Race Matters!

HARVARD
MEDICAL SCHOOL
HARVARD Kennedy School
JOHN F. KENNEDY SCHOOL OF GOVERNMENT

12th Annual
Black Policy Conference
at the Harvard Kennedy School

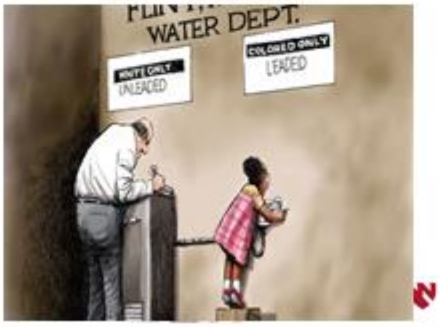


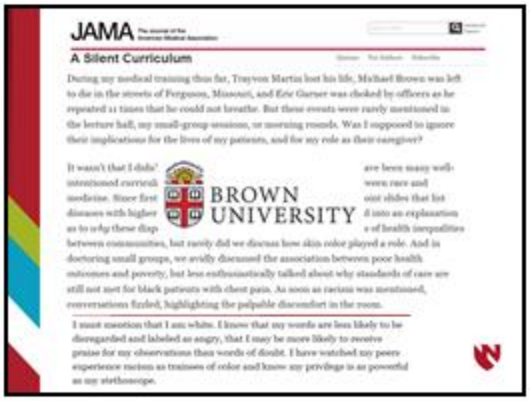
Why #BlackLivesMatter Matters to Global Health

Reflections from Global Health Midwest

Talking with Diana was like putting a mirror to the depth of my own psyche as a white American male physician. The remarkable Dr. Renaisa Anthony, on faculty at the University of Nebraska Medical Center, in her keynote, similarly shone a light on the deep truths of global and national inequities. Speaking as a black woman from Detroit, with roots in Flint, she spoke directly about race and structural racism in a manner typically absent in academic medicine.

Race Matters!





A Silent Curriculum

During my medical training thus far, Trayvon Martin lost his life, Michael Brown was left to die in the streets of Ferguson, Missouri, and Eric Garner was choked by officers as he repeated 11 times that he could not breathe. But these events were rarely mentioned in the lecture hall, my small-group sessions, or morning rounds. Was I supposed to ignore their implications for the lives of my patients, and for my role as their caregiver?

It wasn't that I didn' … are been many well-intentioned curricul… were race and medicine. Since first … oint slides that list diseases with higher … d into an explanation as to why these disp… s of health inequalities between communities, but rarely did we discuss how skin color played a role. And in doctoring small groups, we avidly discussed the association between poor health outcomes and poverty, but less enthusiastically talked about why standards of care are still not met for black patients with chest pain. As soon as racism was mentioned, conversations fizzled, highlighting the palpable discomfort in the room.

I must mention that I am white. I know that my words are less likely to be disregarded and labeled as angry, that I may be more likely to receive praise for my observations than words of doubt. I have watched my peers experience racism as trainees of color and know my privilege is as powerful as my stethoscope.

I believe Racism exists in the United States (4/25/2016)

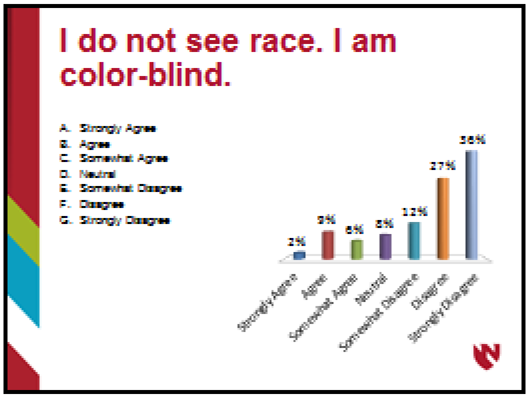
A. Yes
B. No
C. Maybe

I believe Racism exists in Nebraska (4/25/2016)

A. Yes
B. No
C. Maybe

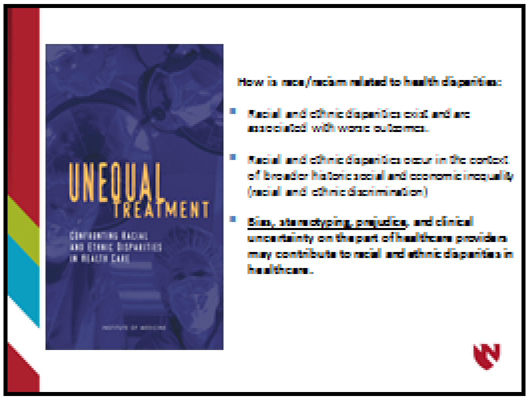
I believe Racism exists at UNMC (4/25/2016)

A. Yes
B. No
C. Maybe



I do not see race. I am color-blind.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



How is race/racism related to health disparities:

- Racial and ethnic disparities exist and are associated with worse outcomes.
- Racial and ethnic disparities occur in the context of broader historic social and economic inequality (racial and ethnic discrimination)
- Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.

Shhh…but Academics are talking about race/racism & health

-Harrell, Camara Jones P., et al. "Multiple pathways linking racism to health outcomes." *Du Bois review: social science research on race* 8.01 (2011): 143-157.
-Carty, Denise C., et al. "Racism, health status, and birth outcomes: results of a participatory community-based intervention and health survey." *Journal of Urban Health* 88.1 (2011): 84-97.
-Pieterse, Alex L., et al. "Perceived racism and mental health among Black American adults: a meta-analytic review." *Journal of Counseling Psychology* 59.1 (2012): 1.
-Viruell-Fuentes, Edna A., Patricia Y. Miranda, and Sawsan Abdulrahim. "More than culture: Structural racism, intersectionality theory, and immigrant health." *Social science & medicine* 75.12 (2012): 2099-2106.
-Krieger, Nancy, et al. "Racism, sexism, and social class: implications for studies of health, disease, and well-being." *American journal of preventive medicine* (1993).
-Paradies, Yin. "A systematic review of empirical research on self-reported racism and health." *International journal of epidemiology* 35.4 (2006): 888-901.
-Mays, Vickie M., Susan D. Cochran, and Namdi W. Barnes. "Race, race-based discrimination, and health outcomes among African Americans." *Annu. Rev. Psychol.* 58 (2007): 201-225.
-Brondolo, Elizabeth, Linda C. Gallo, and Hector F. Myers. "Race, racism and health: disparities, mechanisms, and interventions." *Journal of behavioral medicine* 32.1 (2009): 1-8.
-Williams, David R., Harold W. Neighbors, and James S. Jackson. "Racial/ethnic discrimination and health: findings from community studies." *American Journal of Public Health* 93.2 (2003): 200-208.

CityMatch is Talking About Race

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Conference
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Tools and Trainings
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Home > Projects > Institute for Equity in Birth Outcomes

Institute For Equity In Birth Outcomes

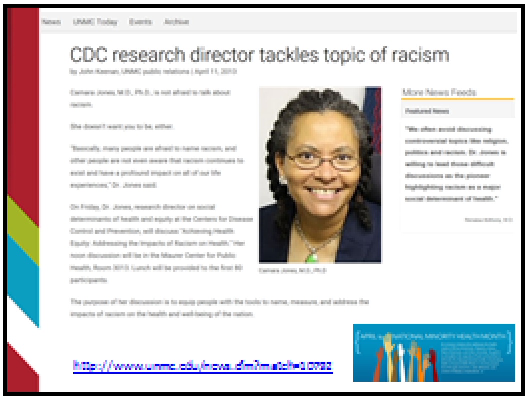
About the Institute

The Strategy

1. Complete the Equity Institute Curriculum with 5 Major Topics

- Race, Racism, and Inequities in Birth Outcomes in the U.S.
- Epidemiology of Birth Outcomes and Racial Disparities
- Evidence-Based Interventions for Vulnerable Populations
- Leadership
- Evaluation

Upcoming Events



CDC research director tackles topic of racism

by John Keenan, UNMC public relations | April 11, 2016

Camara Jones, M.D., Ph.D., is not afraid to talk about racism.

She doesn't want you to be, either.

"Basically, many people are afraid to name racism, and other people are not even aware that racism continues to exist and have a profound impact on all of our life experiences," Dr. Jones said.

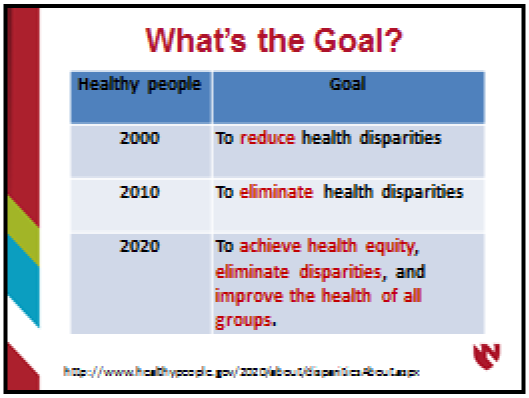
On Friday, Dr. Jones, research director on social determinants of health and equity at the Centers for Disease Control and Prevention, will discuss "Achieving Health Equity: Addressing the Impacts of Racism on Health." Her noon discussion will be in the Maurer Center for Public Health, Room 3013. Lunch will be provided to the first 80 participants.

The purpose of her discussion is to equip people with the tools to name, measure, and address the impacts of racism on the health and well-being of the nation.

Camara Jones, M.D., Ph.D.

"We often avoid discussing controversial topics like religion, politics and racism. Dr. Jones is willing to lead those difficult discussions as the pioneer highlighting racism as a major social determinant of health."

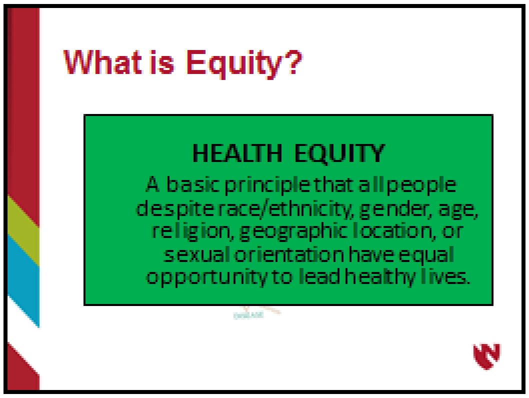
http://www.unmc.edu/news.cfm?match=10792



What's the Goal?

Healthy people	Goal
2000	To reduce health disparities
2010	To eliminate health disparities
2020	To achieve health equity, eliminate disparities, and improve the health of all groups.

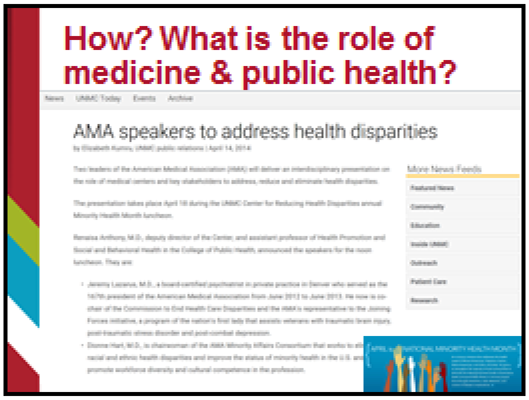
http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx



What is Equity?

HEALTH EQUITY

A basic principle that all people despite race/ethnicity, gender, age, religion, geographic location, or sexual orientation have equal opportunity to lead healthy lives.



How? What is the role of medicine & public health?

News
UNMC Today
Events
Archive

AMA speakers to address health disparities

by Elizabeth Kumru, UNMC public relations | April 14, 2014

Two leaders of the American Medical Association (AMA) will deliver an interdisciplinary presentation on the role of medical centers and key stakeholders to address, reduce and eliminate health disparities.

The presentation takes place April 18 during the UNMC Center for Reducing Health Disparities annual Minority Health Month luncheon.

Renaisa Anthony M.D., deputy director of the Center, and assistant professor of Health Promotion and Social and Behavioral Health in the College of Public Health, announced the speakers for the noon luncheon. They are:

- Jeremy Lazarus, M.D., a board-certified psychiatrist in private practice in Denver who served as the 167th president of the American Medical Association from June 2012 to June 2013. He now is co-chair of the Commission to End Health Care Disparities and the AMA's representative to the Joining Forces initiative, a program of the nation's first lady that assists veterans with traumatic brain injury, post-traumatic stress disorder and post-combat depression.
- Donna Hart, M.D., is chairwoman of the AMA Minority Affairs Consortium that works to eli
racial and ethnic health disparities and improve the status of minority health in the U.S. and
promote workforce diversity and cultural competence in the profession.

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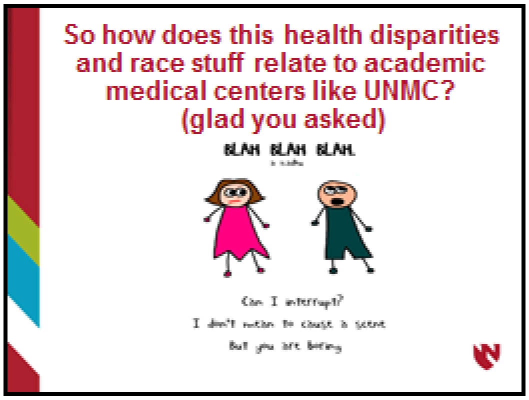
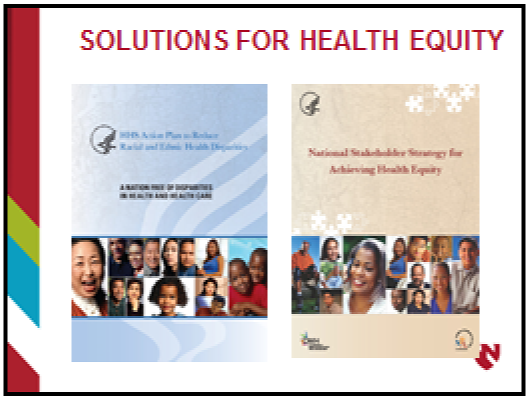
APRIL is NATIONAL MINORITY HEALTH MONTH



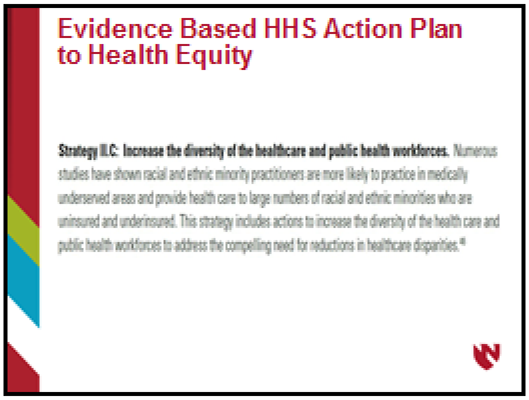
So how does this health disparities and race stuff relate to academic medical centers like UNMC? (glad you asked)

BLAH BLAH BLAH
Can I interrupt?
I don't mean to cause a scene
But you are boring



SOLUTIONS FOR HEALTH EQUITY

HHS Action Plan to Reduce Racial and Ethnic Health Disparities
A NATION FREE OF DISPARITIES IN HEALTH AND HEALTH CARE
National Stakeholder Strategy for Achieving Health Equity



Evidence Based HHS Action Plan to Health Equity

Strategy II.C: Increase the diversity of the healthcare and public health workforces. Numerous studies have shown racial and ethnic minority practitioners are more likely to practice in medically underserved areas and provide health care to large numbers of racial and ethnic minorities who are uninsured and underinsured. This strategy includes actions to increase the diversity of the health care and public health workforces to address the compelling need for reductions in healthcare disparities.[8]

HARVARD UNIVERSITY

Office for Equity, Diversity, and Inclusion
Office of Student Life

Home
About
Resources
Contact

Duke | OFFICE FOR INSTITUTIONAL EQUITY

Diversity, Equity & Inclusion

DIVERSITY, EQUITY & INCLUSION

At the University of Michigan, our dedication to academic excellence for the public good is inseparable from our commitment to diversity, equity, and inclusion. It is central to our mission as an educational institution to ensure that each member of our community has full opportunity to thrive in our environment, for we believe that diversity is key to individual flourishing, educational excellence and the advancement of knowledge.

What about UNMC? ABSOLUTELY!

A vital enterprise in the nation's heartland, the University of Nebraska Medical Center has its eye on improving the future of health care in Nebraska and beyond.

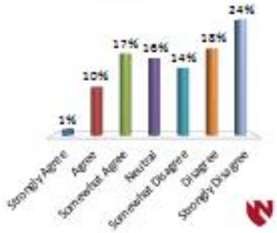
As Nebraska's only public academic health sciences center, UNMC is committed to the education of a 21st century health care work force, to finding cures and treatments for devastating diseases, to providing the best care for patients, and to serving our state and its communities through award-winning outreach. UNMC also is committed to embracing the richness of diversity, and is a major economic engine for the state of Nebraska.

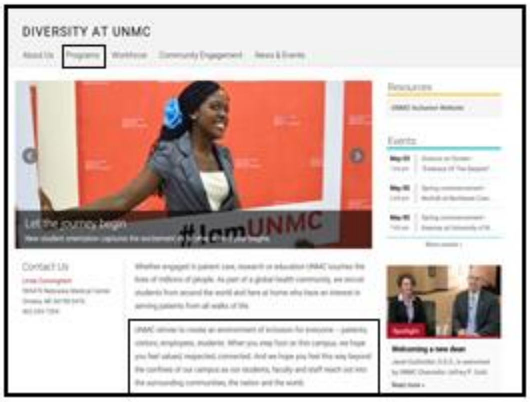
Led by Chancellor Jeffrey P. Gold, M.D., UNMC has six colleges and two institutes, serving about 3,700 students in more than two dozen programs. Our primary care program was recently ranked fourth in the nation by U.S. News & World Report, and our physician assistant program was ranked ninth. The university's physical therapy, pharmacy and public health programs also are ranked among the top in the country.

I believe UNMC is diverse, inclusive and welcoming to all with equal opportunities to thrive and succeed.

*race, nationality, sexual orientation, gender, religion, etc.

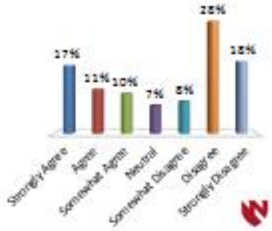
A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree




DIVERSITY AT UNMC

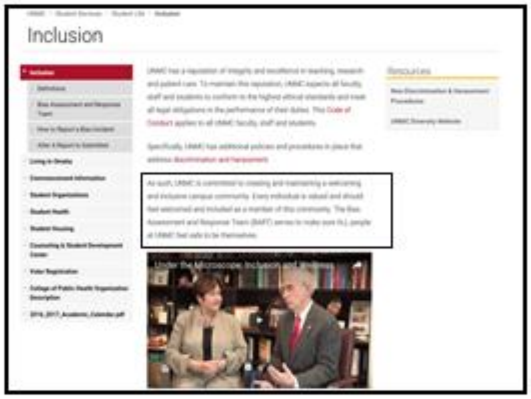
I am aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



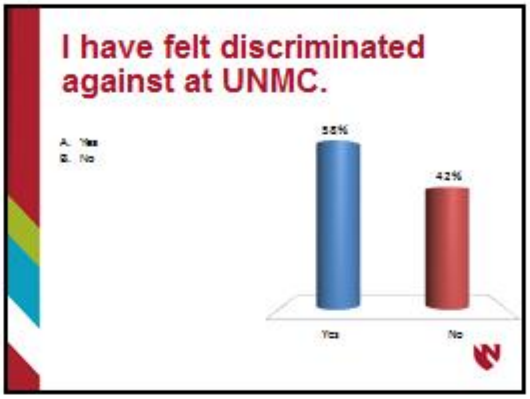
UNMC Programs & Efforts (examples)

- SMDEP
- Culture Fest
- Diversity Steering Committees, Councils, Working Groups & Advisory Boards
- CRHD (Community Engagement, Research, Education)
- Summer Intern Program
- Youth Expressions of Health Summer Camp
- MLK Day
- UHOP
- RHOP



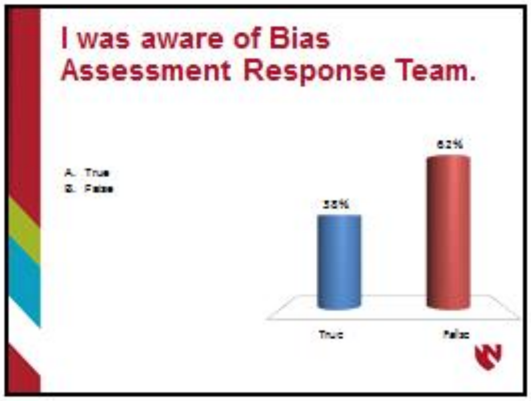
Inclusion

Resources



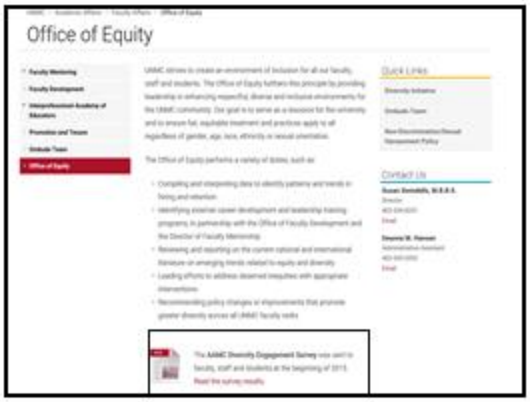
I have felt discriminated against at UNMC.

A. Yes
B. No



I was aware of Bias Assessment Response Team.

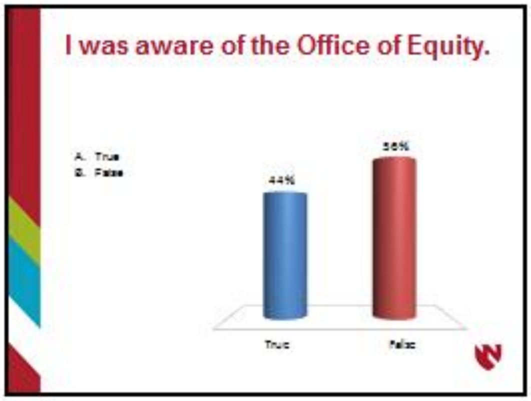
A. True
B. False



Office of Equity

Quick Links

Contact Us



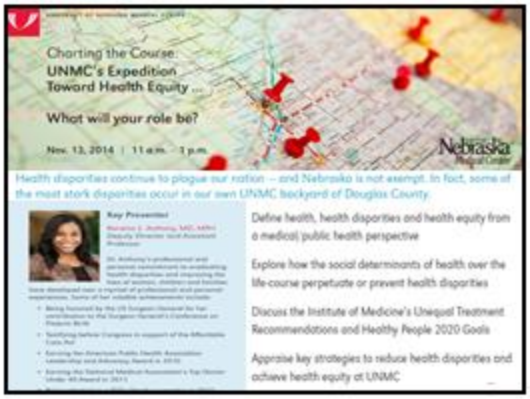
I was aware of the Office of Equity.

A. True
B. False

Diversity, Inclusion, Equity

Why Does it Matter?

Strategy II.C: Increase the diversity of the healthcare and public health workforces. Numerous studies have shown racial and ethnic minority practitioners are more likely to practice in medically underserved areas and provide health care to large numbers of racial and ethnic minorities who are uninsured and underinsured. This strategy includes actions to increase the diversity of the health care and public health workforces to address the compelling need for reductions in healthcare disparities.[44]



Charting the Course:
UNMC's Expedition Toward Health Equity …

What will your role be?

Nov. 13, 2014 | 11 a.m. - 1 p.m.

Health disparities continue to plague our nation – and Nebraska is not exempt. In fact, some of the most stark disparities occur in our own UNMC backyard of Douglas County.

Key Presenter:

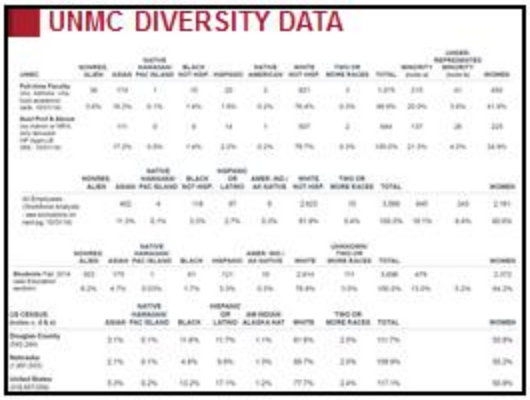
Define health, health disparities and health equity from a medical/public health perspective

Explore how the social determinants of health over the life-course perpetuate or prevent health disparities

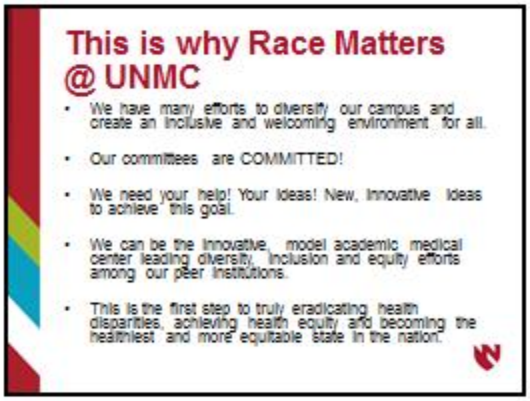
Discuss the Institute of Medicine's Unequal Treatment Recommendations and Healthy People 2020 Goals

Appraise key strategies to reduce health disparities and achieve health equity at UNMC

Nebraska Medical Center

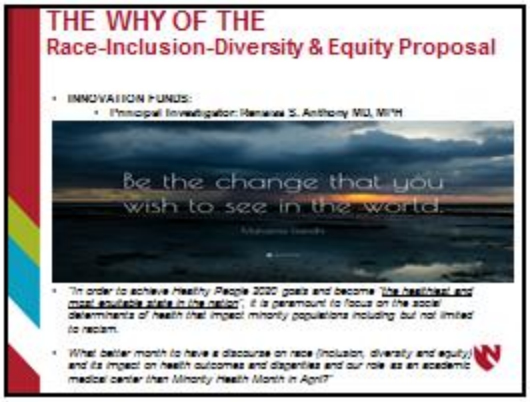


UNMC DIVERSITY DATA



This is why Race Matters @ UNMC

- We have many efforts to diversify our campus and create an inclusive and welcoming environment for all.
- Our committees are COMMITTED!
- We need your help! Your ideas! New, Innovative ideas to achieve this goal.
- We can be the innovative, model academic medical center leading diversity, inclusion and equity efforts among our peer institutions.
- This is the first step to truly eradicating health disparities, achieving health equity and becoming the healthiest and more equitable state in the nation.

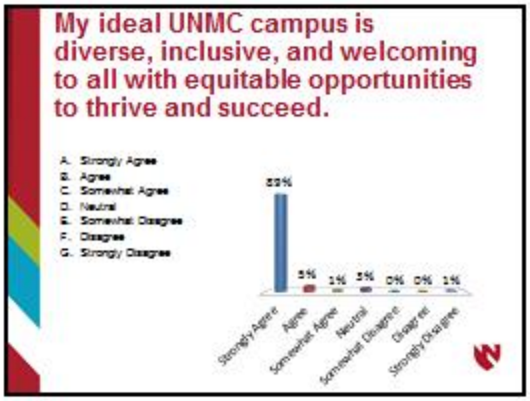


THE WHY OF THE
Race-Inclusion-Diversity & Equity Proposal

- INNOVATION FUNDS:
  - Principal Investigator: Renaisa S. Anthony MD, MPH

Be the change that you wish to see in the world.

- *"In order to achieve Healthy People 2020 goals and become "__the healthiest and most equitable state in the nation__", it is paramount to focus on the social determinants of health that impact minority populations including but not limited to racism.*
- *What better month to have a discourse on race (inclusion, diversity and equity) and its impact on health outcomes and disparities and our role as an academic medical center than Minority Health Month in April?"*

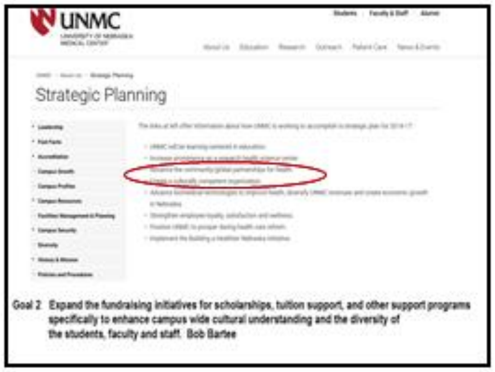


My ideal UNMC campus is diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

UNMC Leadership is Committed to RIDE

The Center for Reducing Health Disparities is Committed:

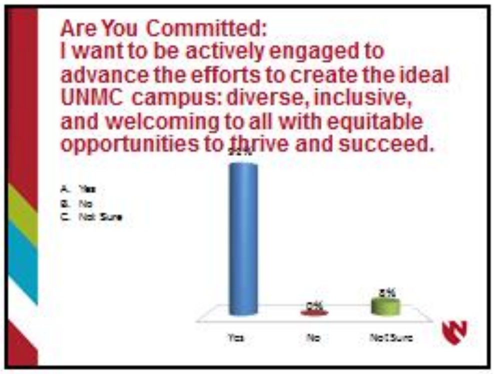


UNMC
UNIVERSITY OF NEBRASKA MEDICAL CENTER
Students
Faculty & Staff
Alumni
About Us
Education
Research
Outreach
Patient Care
News & Events

Strategic Planning

Goal 2 Expand the fundraising initiatives for scholarships, tuition support, and other support programs specifically to enhance campus wide cultural understanding and the diversity of the students, faculty and staff. Bob Bartee

WE NEED YOU
~~Problems~~
Solutions



Are You Committed:

I want to be actively engaged to advance the efforts to create the ideal UNMC campus: diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed.

A. Yes
B. No
C. Not Sure

Share your thoughts online:

QUESTIONS
RESPONSES

DIVERSITY, INCLUSION AND EQUITY!

DIVERSITY

http://goo.gl/forms/YbAqFLsIAl

Available on CRHD Website ☺

Please join us April 28, 2016 (food, fun)
World Café (Innovative & New Solutions)
5:00 pm (5:30 kick off)
Sorrell Center (Dr. Magda Peck)

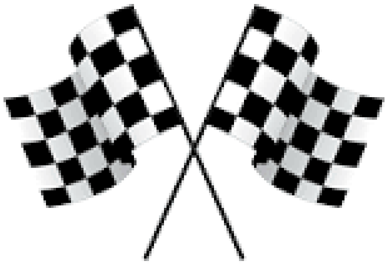
World Café Guidelines

Renaisa S. Anthony MD, MPH
University of Nebraska Medical Center
Center for Reducing Health Disparities
College of Public Health
Renaisa.anthony@unmc.edu
402 559-9660

UNMC
COLLEGE OF PUBLIC HEALTH

Nebraska Medical Center

THE PIT STOP SUMMARY



Race, Inclusion, Diversity & Equity (RIDE)

PitStop

Renaisa S. Anthony MD, MPH
Deputy Director/Assistant Professor
Center for Reducing Health Disparities
College of Public Health
(402) 559-9660
July 1, 2016

UNMC COLLEGE OF PUBLIC HEALTH

THE PIT STOP

A R.I.D.E INITIATIVE SESSION

WE'RE ALMOST TO THE FINISH LINE

"A CAMPUS THAT IS DIVERSE, INCLUSIVE AND WELCOMING WITH EQUITABLE OPPORTUNITIES FOR ALL TO THRIVE AND SUCCEED"

REGISTER AT EVENTBRITE.COM : THE RIDE INITIATIVE PIT STOP SESSION

JULY 14, 2016 | 1PM - 3PM
EPPLEY SCIENCE HALL

CENTER FOR REDUCING HEALTH DISPARITIES (CRHD)

The CRHD is committed to achieving Healthy People 2020 goals:
"to eliminate health disparities, achieve health equity and improve the health of all groups"

We strive to achieve these goals through a portfolio of research, education and community engagement/outreach to make Nebraska
"the healthiest and most equitable state in the nation."

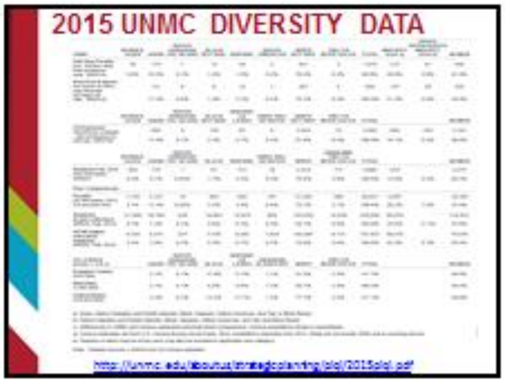
HHS NATIONAL RECOMMENDED HEALTH EQUITY STRATEGIES

Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Racial and ethnic minorities, and especially people whose primary language is not English, are more likely to report experiencing poorer quality patient provider interactions than non-Hispanic Whites. The actions below will address this disparity and optimize patient provider interactions.

Strategy II.B: Promote the use of community health workers and Promotoras. While Health Insurance Exchanges and expansions in Medicaid created by the Affordable Care Act offer much promise for racial and ethnic minorities, targeted efforts are necessary to ensure that they are enrolled and receive the health benefits for which they are eligible. Promotoras are individuals who provide health education and support to their community members. Community health workers and Promotoras can provide enrollment assistance and serve as critical liaisons between community members and health and human services organizations.

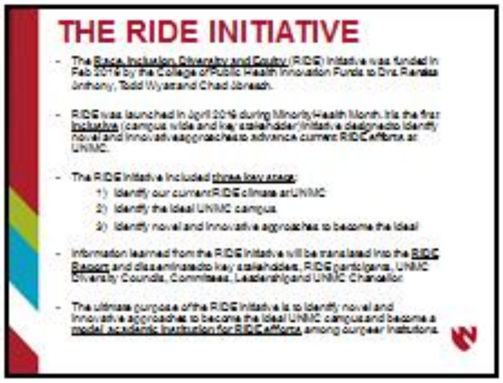
Strategy II.C: Increase the diversity of the healthcare and public health workforces. Numerous studies have shown racial and ethnic minority practitioners are more likely to practice in medically underserved areas and provide health care to large numbers of racial and ethnic minorities who are uninsured and underinsured. This strategy includes actions to increase the diversity of the health care and public health workforces to address the compelling need for reductions in healthcare disparities.

http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf



2015 UNMC DIVERSITY DATA

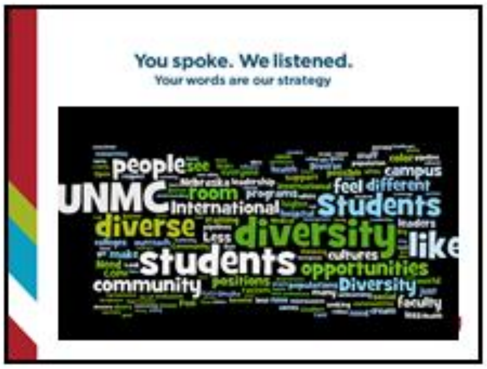
http://unmc.edu/aboutus/strategicplanning/pici/2015pici.pdf



THE RIDE INITIATIVE

- The Race, Inclusion, Diversity and Equity (RIDE) initiative was funded in Feb 2016 by the College of Public Health Innovation Funds to Drs. Renaisa Anthony, Todd Wyatt and Chad Abresch.
- RIDE was launched in April 2016 during Minority Health Month. It is the first inclusive (campus wide and key stakeholder) initiative designed to identify novel and innovative approaches to advance current RIDE efforts at UNMC.
- The RIDE initiative included three key areas:
  1) Identify our current RIDE climate at UNMC
  2) Identify the ideal UNMC campus
  3) Identify novel and innovative approaches to become the ideal
- Information learned from the RIDE initiative will be translated into the RIDE Report and disseminated to key stakeholders, RIDE participants, UNMC Diversity Councils, Committees, Leadership and UNMC Chancellor.
- The ultimate purpose of the RIDE initiative is to identify novel and innovative approaches to become the ideal UNMC campus and become a model academic institution for RIDE efforts among our peer institutions.

The following presentation is the PIT STOP SUMMARY for your review in preparation of the PitStop Session on July 14, 2016, Eppley Science Hall from 5pm to 7pm.



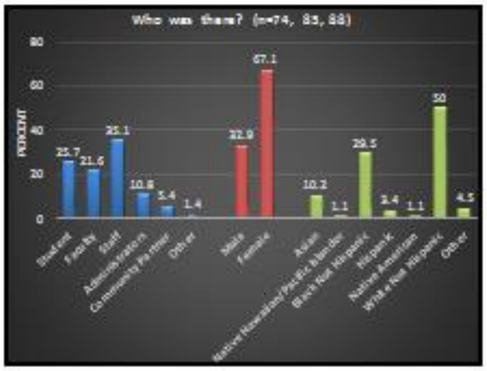
You spoke. We listened.

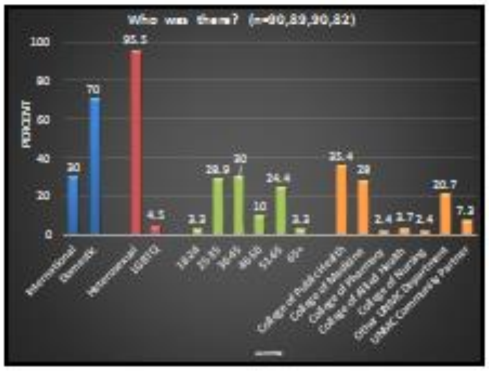
Your words are our strategy

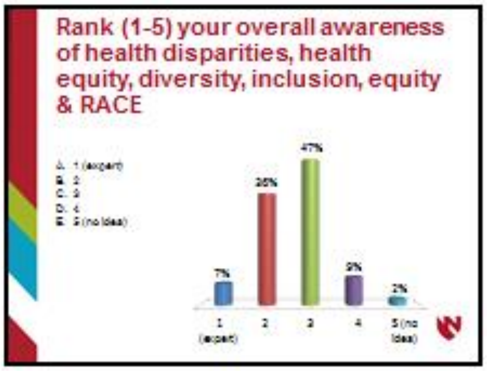
people
UNMC
room
International
Students
diverse
diversity
like
students
opportunities
community
Diversity
campus
feel different
cultures
positions
faculty
leaders

4-25-16: THE FACE OF RIDE

- The FACE of RIDE was convened on April 25, 2016
- Real time clickers were used to assess feedback from participants.
- Over 100 participants attended but only 88 clickers were available.
- All questions were voluntary and have varying response rates.

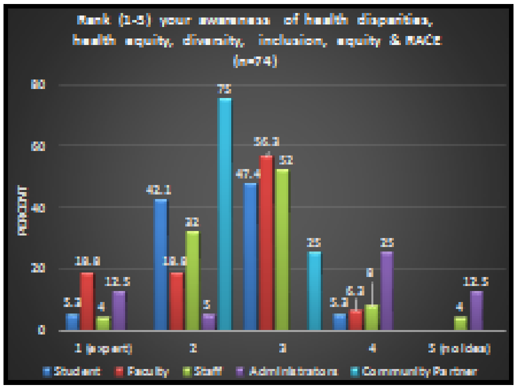




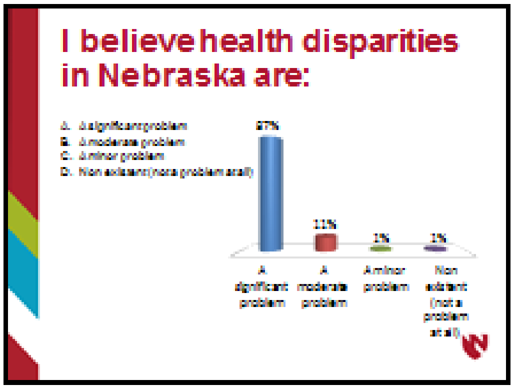


Rank (1-5) your overall awareness of health disparities, health equity, diversity, inclusion, equity & RACE

A. 1 (expert)
B. 2
C. 3
D. 4
E. 5 (no idea)

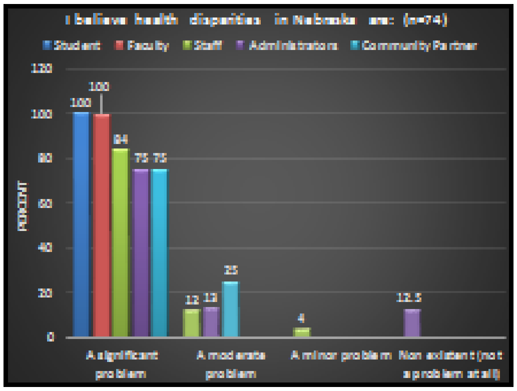


Rank (1-5) your awareness of health disparities, health equity, diversity, inclusion, equity & RACE (n=74)

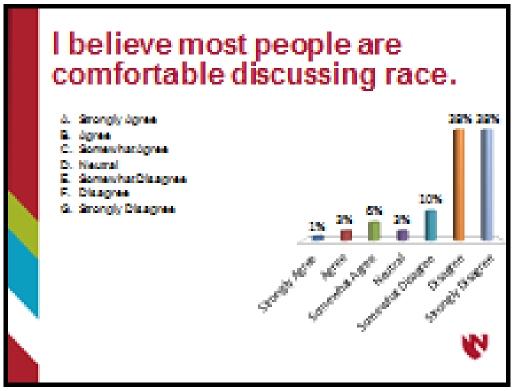


I believe health disparities in Nebraska are:

A. A significant problem
B. A moderate problem
C. A minor problem
D. Non existent (not a problem at all)

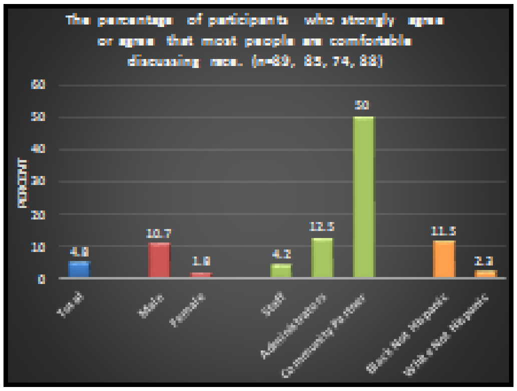


I believe health disparities in Nebraska are: (n=74)

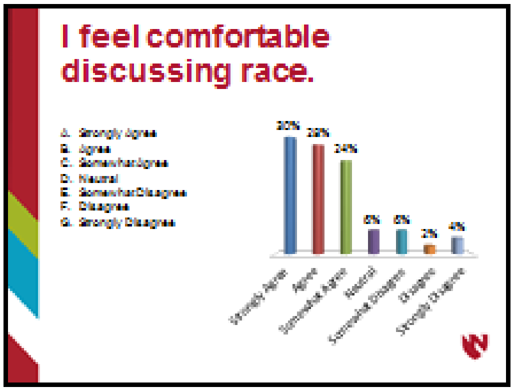


I believe most people are comfortable discussing race.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

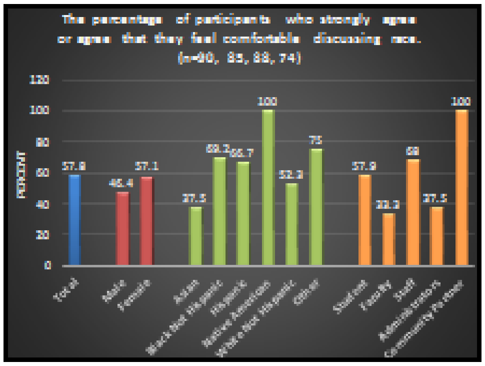


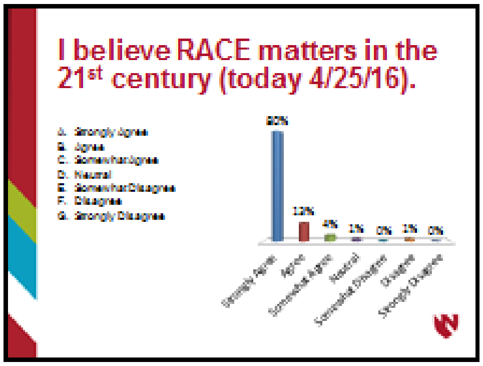
The percentage of participants who strongly agree or agree that most people are comfortable discussing race. (n=89, 85, 74, 88)



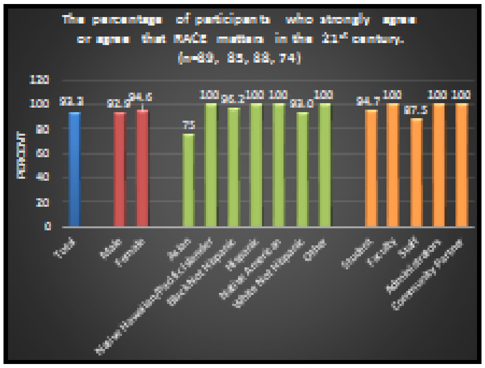
I feel comfortable discussing race.

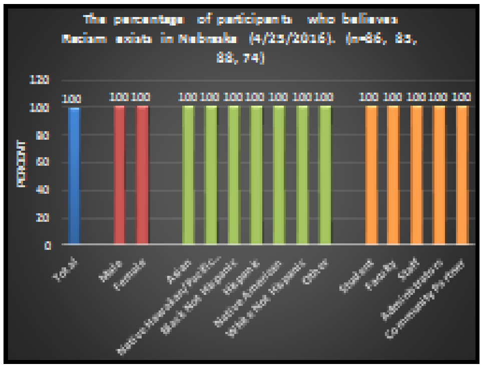
A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

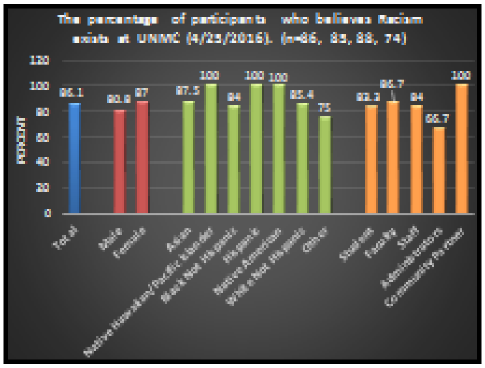

The percentage of participants who strongly agree or agree that they feel comfortable discussing race. (n=90, 85, 88, 74)

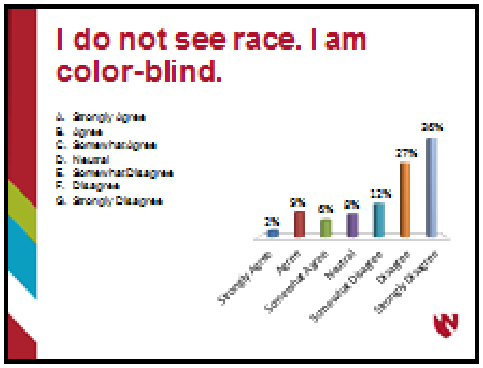

I believe RACE matters in the 21st century (today 4/25/16).

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

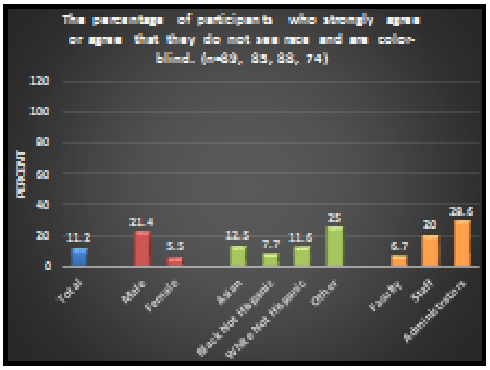

The percentage of participants who strongly agree or agree that RACE matters in the 21st century. (n=89, 85, 88, 74)


The percentage of participants who believes Racism exists in Nebraska (4/25/2016). (n=86, 85, 88, 74)

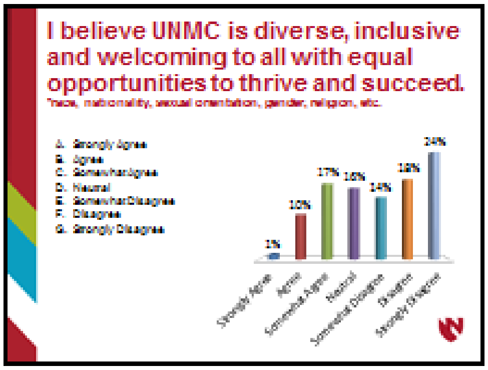

The percentage of participants who believes Racism exists at UNMC (4/25/2016). (n=86, 85, 88, 74)


I do not see race. I am color-blind.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

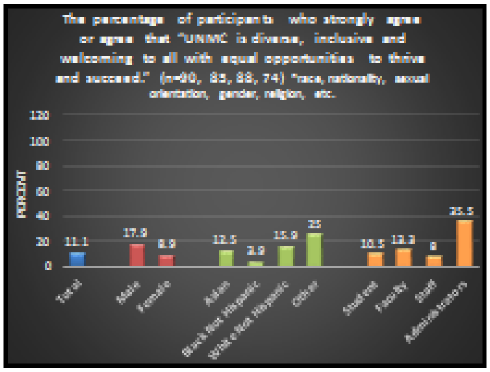


The percentage of participants who strongly agree or agree that they do not see race and are color-blind. (n=89, 85, 88, 74)

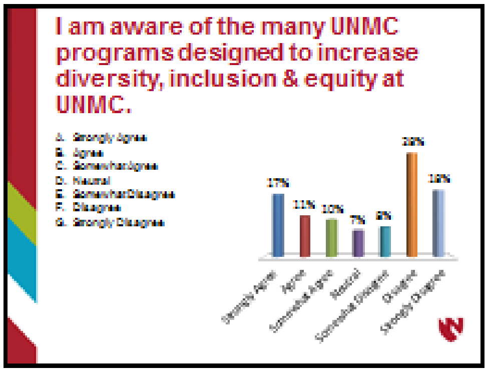


I believe UNMC is diverse, inclusive and welcoming to all with equal opportunities to thrive and succeed.
*race, nationality, sexual orientation, gender, religion, etc.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

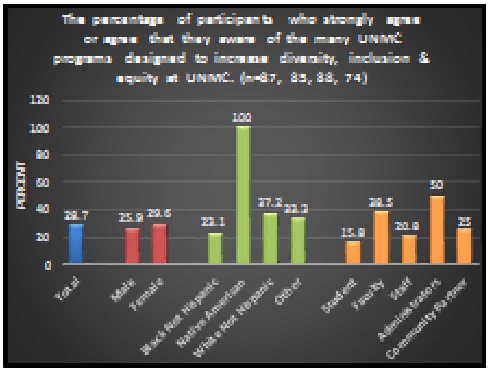


The percentage of participants who strongly agree or agree that "UNMC is diverse, inclusive and welcoming to all with equal opportunities to thrive and succeed." (n=90, 85, 88, 74) *race, nationality, sexual orientation, gender, religion, etc.

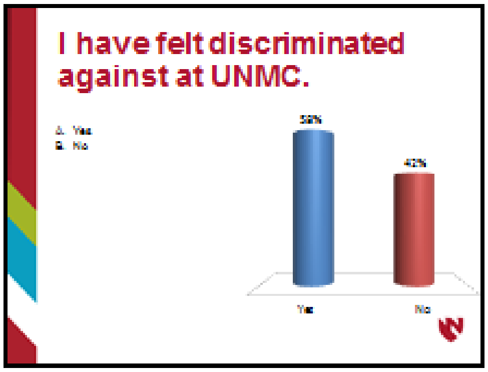


I am aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC.

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree

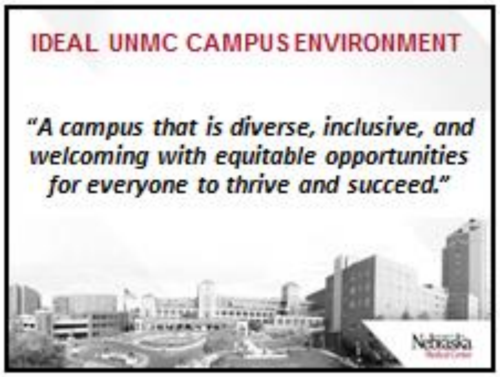


The percentage of participants who strongly agree or agree that they aware of the many UNMC programs designed to increase diversity, inclusion & equity at UNMC. (n=87, 85, 88, 74)



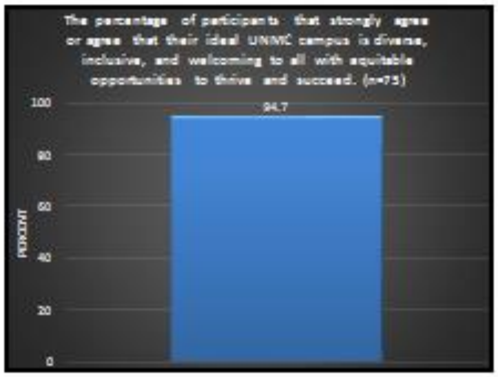
I have felt discriminated against at UNMC.

A. Yes
B. No

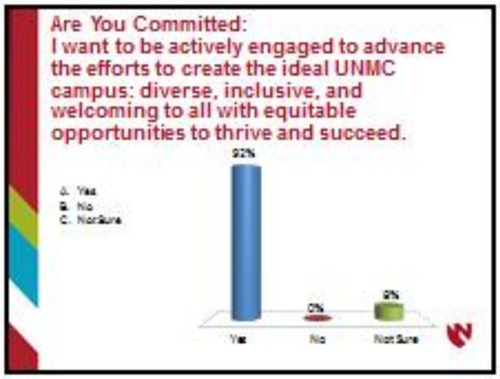


IDEAL UNMC CAMPUS ENVIRONMENT

"A campus that is diverse, inclusive, and welcoming with equitable opportunities for everyone to thrive and succeed."



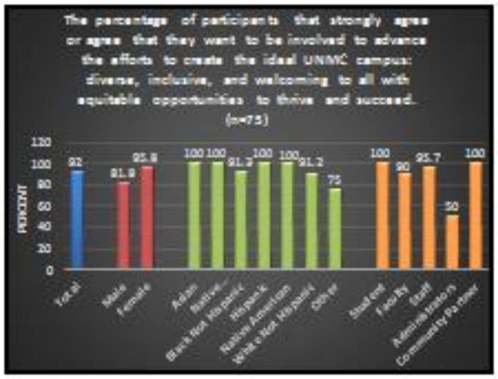
The percentage of participants that strongly agree or agree that their ideal UNMC campus is diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed. (n=75)



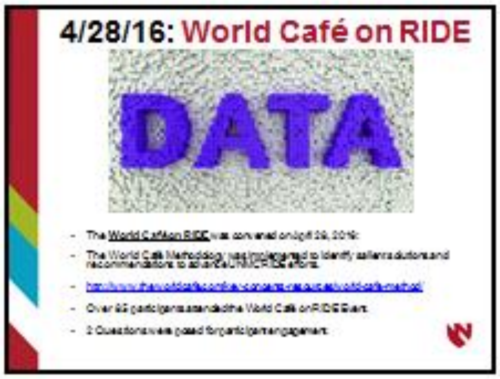
Are You Committed:

I want to be actively engaged to advance the efforts to create the ideal UNMC campus: diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed.

A. Yes
B. No
C. Not Sure

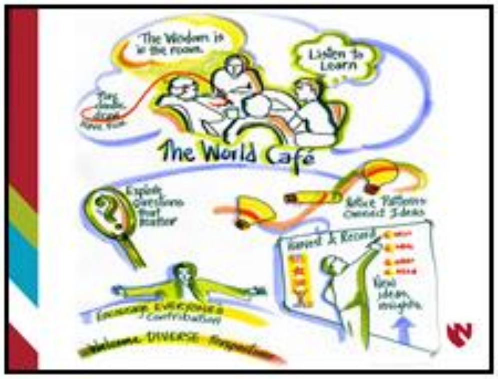


The percentage of participants that strongly agree or agree that they want to be involved to advance the efforts to create the ideal UNMC campus: diverse, inclusive, and welcoming to all with equitable opportunities to thrive and succeed. (n=75)

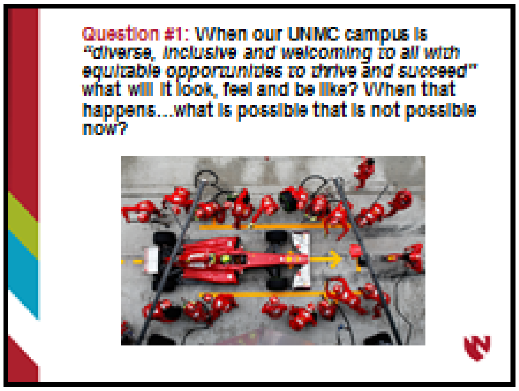


4/28/16: World Café on RIDE

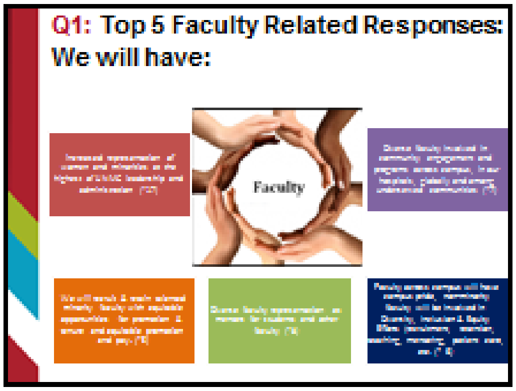
- The World Café on RIDE was convened on April 28, 2016.
- The World Café Methodology was implemented to identify salient solutions and recommendations to advance UNMC RIDE efforts.
- [illegible]
- Over 65 participants attended the World Café on RIDE Event.
- 3 Questions were posed for participant engagement.



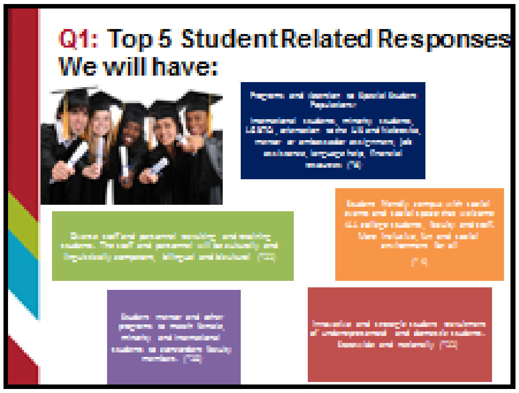
The Wisdom is in the room
Listen to Learn
Play, doodle, draw
Have fun
The World Café
Explore Questions that Matter
Notice Patterns Connect Ideas
Harvest & Record
New ideas, insights
Encourage Everyone's Contribution
Welcome DIVERSE Perspectives



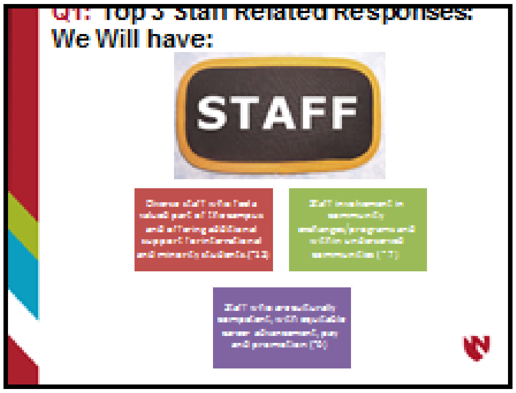
Question #1: When our UNMC campus is *"diverse, inclusive and welcoming to all with equitable opportunities to thrive and succeed"* what will it look, feel and be like? When that happens…what is possible that is not possible now?



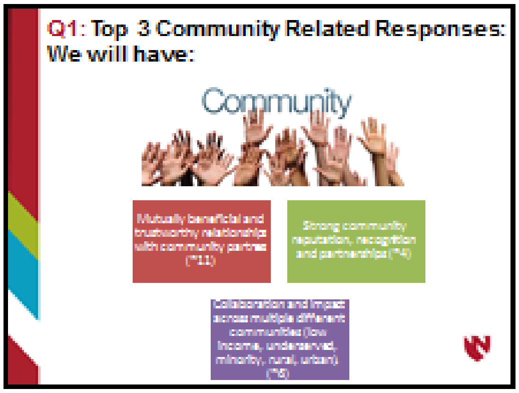
Q1: Top 5 Faculty Related Responses:
We will have:



Q1: Top 5 Student Related Responses
We will have:



Q1: Top 3 Staff Related Responses:
We Will have:

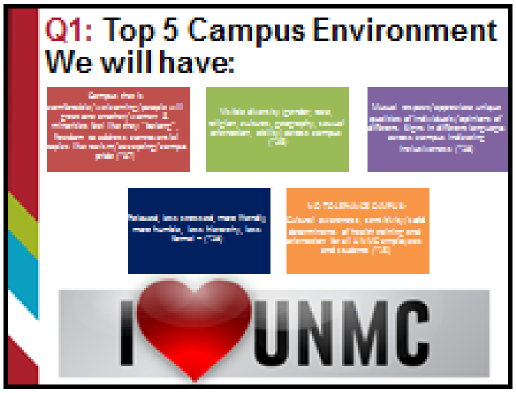


Q1: Top 3 Community Related Responses:
We will have:

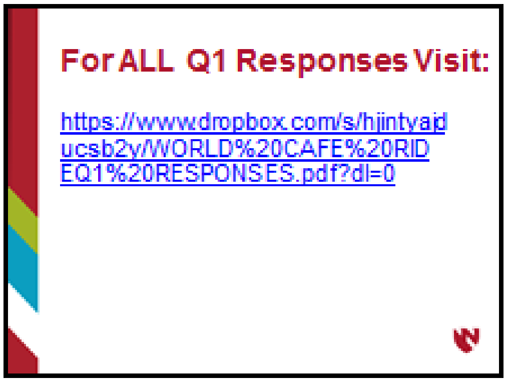
Mutually beneficial and trustworthy relationships with community partners (*11)

Strong community reputation, recognition and partnerships (*4)

Collaboration and impact across multiple different communities (low income, underserved, minority, rural, urban) (*3)

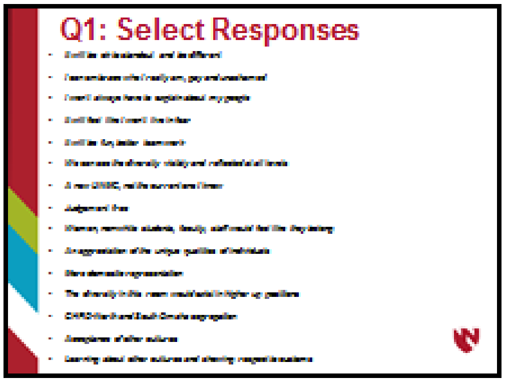


Q1: Top 5 Campus Environment
We will have:

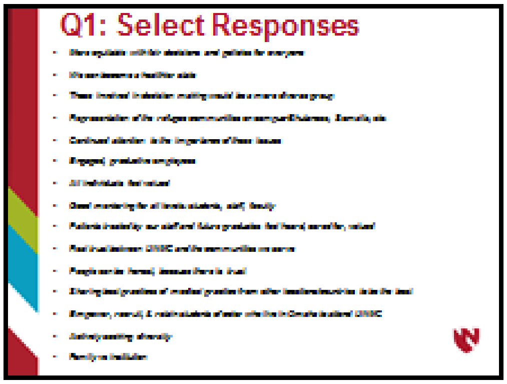


For ALL Q1 Responses Visit:

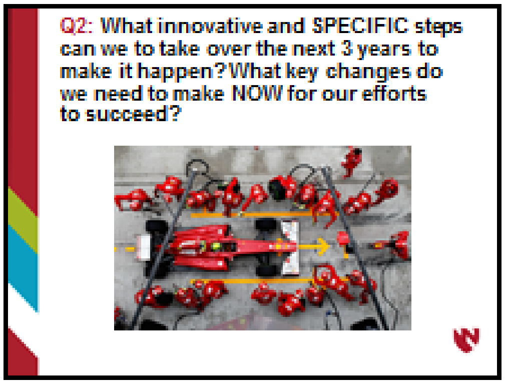
https://www.dropbox.com/s/hjintyajducsb2y/WORLD%20CAFE%20RIDEQ1%20RESPONSES.pdf?dl=0



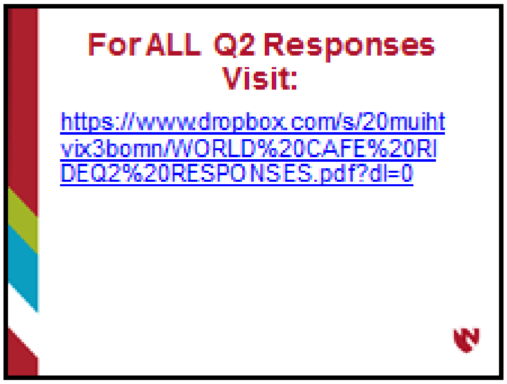
Q1: Select Responses



Q1: Select Responses

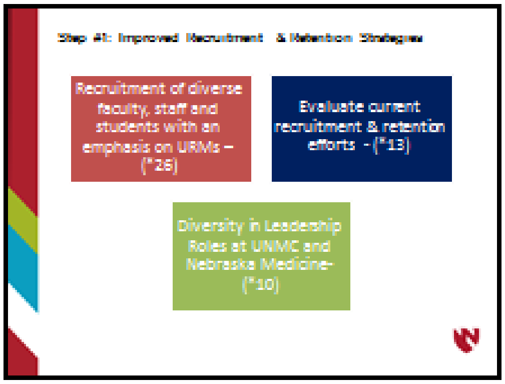


Q2: What innovative and SPECIFIC steps can we to take over the next 3 years to make it happen? What key changes do we need to make NOW for our efforts to succeed?



For ALL Q2 Responses Visit:

https://www.dropbox.com/s/20muihtvix3bomn/WORLD%20CAFE%20RIDEQ2%20RESPONSES.pdf?dl=0

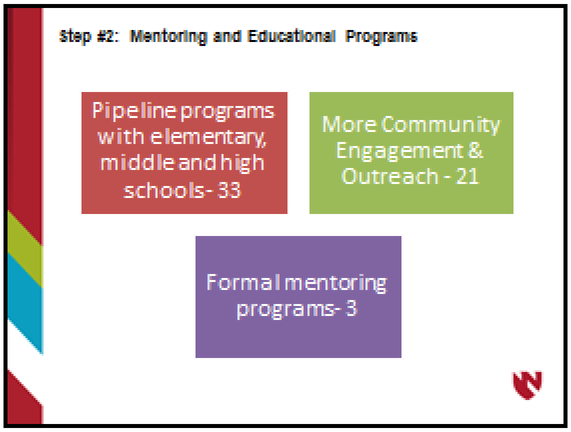


Step #1: Improved Recruitment & Retention Strategies

Recruitment of diverse faculty, staff and students with an emphasis on URMs – (*26)

Evaluate current recruitment & retention efforts - (*13)

Diversity in Leadership Roles at UNMC and Nebraska Medicine- (*10)

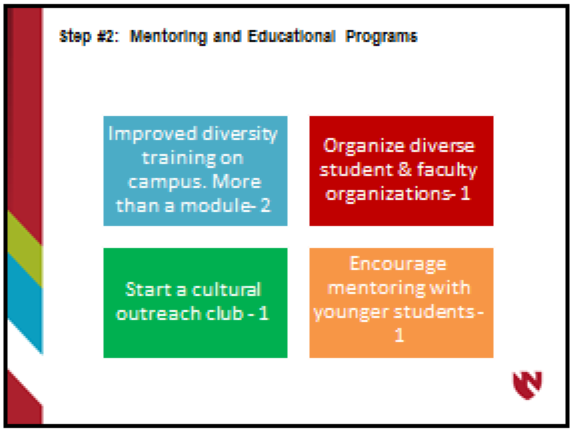


Step #2: Mentoring and Educational Programs

Pipeline programs with elementary, middle and high schools - 33

More Community Engagement & Outreach - 21

Formal mentoring programs - 3



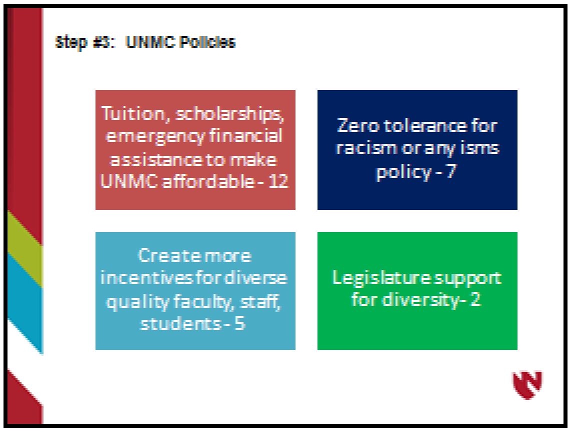
Step #2: Mentoring and Educational Programs

Improved diversity training on campus. More than a module - 2

Organize diverse student & faculty organizations - 1

Start a cultural outreach club - 1

Encourage mentoring with younger students - 1



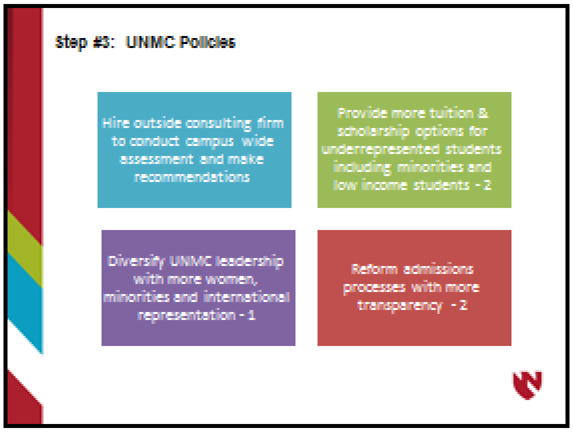
Step #3: UNMC Policies

Tuition, scholarships, emergency financial assistance to make UNMC affordable - 12

Zero tolerance for racism or any isms policy - 7

Create more incentives for diverse quality faculty, staff, students - 5

Legislature support for diversity - 2



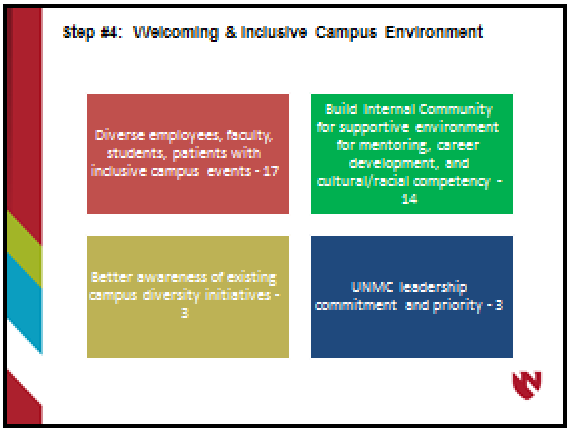
Step #3: UNMC Policies

Hire outside consulting firm to conduct campus wide assessment and make recommendations

Provide more tuition & scholarship options for underrepresented students including minorities and low income students - 2

Diversify UNMC leadership with more women, minorities and international representation - 1

Reform admissions processes with more transparency - 2



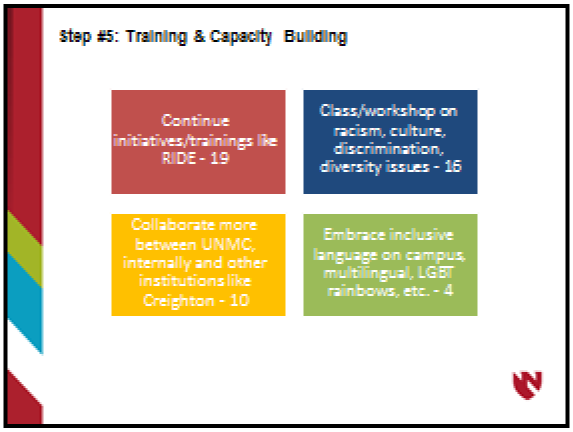
Step #4: Welcoming & Inclusive Campus Environment

Diverse employees, faculty, students, patients with inclusive campus events - 17

Build Internal Community for supportive environment for mentoring, career development, and cultural/racial competency - 14

Better awareness of existing campus diversity initiatives - 3

UNMC leadership commitment and priority - 3



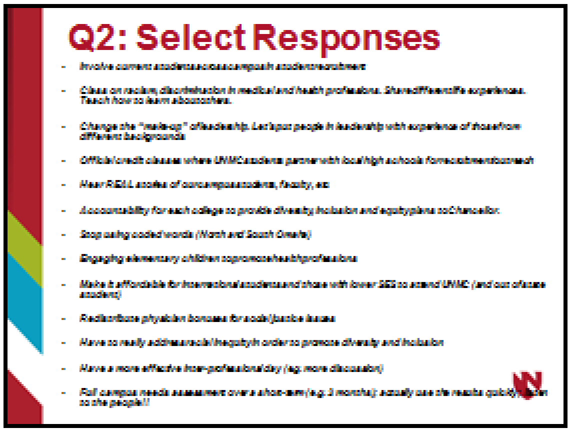
Step #5: Training & Capacity Building

Continue initiatives/trainings like RIDE - 19

Class/workshop on racism, culture, discrimination, diversity issues - 16

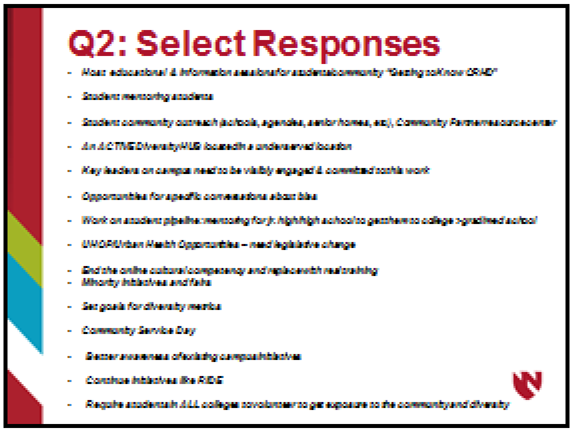
Collaborate more between UNMC, internally and other institutions like Creighton - 10

Embrace inclusive language on campus, multilingual, LGBT rainbows, etc. - 4



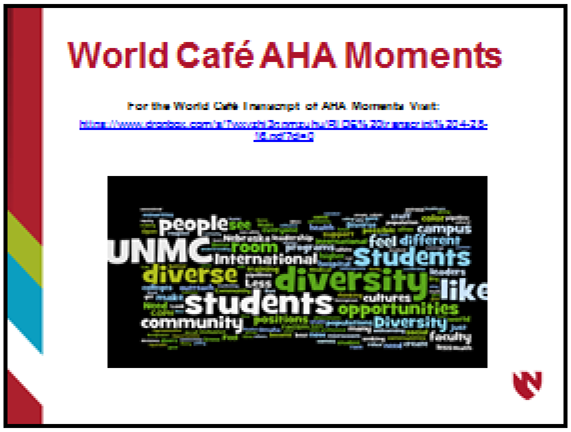
Q2: Select Responses

- Involve current students across campus in student recruitment
- Class on racism, discrimination in medical and health professions. Shared different life experiences. Teach how to learn about others.
- Change the "make-up" of leadership. Let's put people in leadership with experience of those from different backgrounds
- Official credit classes where UNMC students partner with local high schools for recruitment/outreach
- Hear REAL stories of our campus students, faculty, etc
- Accountability for each college to provide diversity inclusion and equity plans to Chancellor.
- Stop using coded words (North and South Omaha)
- Engaging elementary children to promote health professions
- Make it affordable for international students and those with lower SES to attend UNMC (and out of state student)
- Redistribute physician bonuses for social justice issues
- Have to really address racial inequity in order to promote diversity and inclusion
- Have a more effective inter-professional day (eg. more discussion)
- Full campus needs assessment over a short-term (e.g. 3 months); actually use the results quickly; listen to the people!!



Q2: Select Responses

- Host educational & information sessions for students/community "Getting to Know [illegible]"
- Student mentoring students
- Student community outreach (schools, agencies, senior homes, etc), Community Partners resource center
- An ACTIVE Diversity HUB located in a underserved location
- Key leaders on campus need to be visibly engaged & committed to this work
- Opportunities for specific conversations about bias
- Work on student pipeline: mentoring for jr. high/high school to get them to college >grad/med school
- UHOP/Urban Health Opportunities – need legislative change
- End the online cultural competency and replace with real training
- Minority initiatives and fairs
- Set goals for diversity metrics
- Community Service Day
- Better awareness of existing campus initiatives
- Continue initiatives like RIDE
- Require students in ALL colleges to volunteer to get exposure to the community and diversity

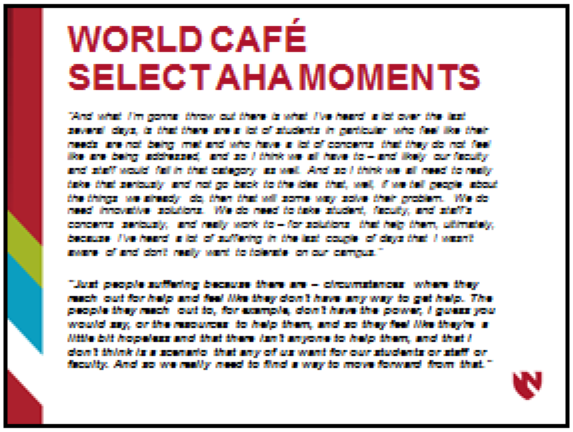


World Café AHA Moments

For the World Café Transcript of AHA Moments Visit:

[illegible]

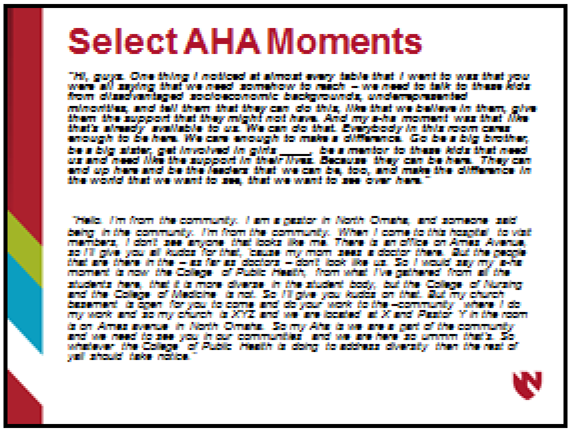
people
UNMC
International
room
feel different
campus
Students
diverse
diversity
like
students
cultures
opportunities
community
positions
Diversity
faculty



WORLD CAFÉ
SELECT AHA MOMENTS

"And what I'm gonna throw out there is what I've heard a lot over the last several days, is that there are a lot of students in particular who feel like their needs are not being met and who have a lot of concerns that they do not feel like are being addressed, and so I think we all have to – and likely our faculty and staff would fall in that category as well. And so I think we all need to really take that seriously and not go back to the idea that, well, if we tell people about the things we already do, then that will some way solve their problem. We do need innovative solutions. We do need to take student, faculty, and staff's concerns seriously, and really work to – for solutions that help them, ultimately, because I've heard a lot of suffering in the last couple of days that I wasn't aware of and don't really want to tolerate on our campus."

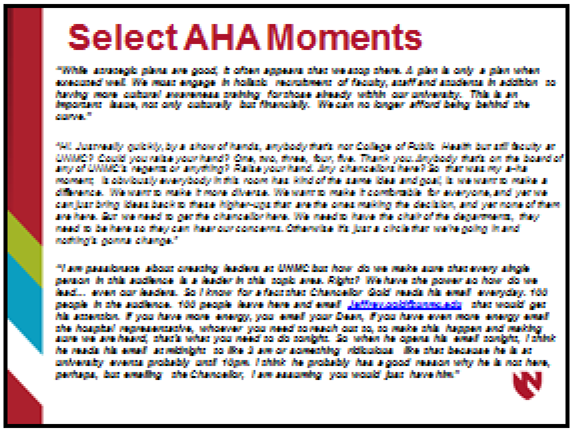
"Just people suffering because there are – circumstances where they reach out for help and feel like they don't have any way to get help. The people they reach out to, for example, don't have the power, I guess you would say, or the resources to help them, and so they feel like they're a little bit hopeless and that there isn't anyone to help them, and that I don't think is a scenario that any of us want for our students or staff or faculty. And so we really need to find a way to move forward from that."



Select AHA Moments

"Hi, guys. One thing I noticed at almost every table that I went to was that you were all saying that we need somehow to reach – we need to talk to these kids from disadvantaged socioeconomic backgrounds, underrepresented minorities, and tell them that they can do this, like that we believe in them, give them the support that they might not have. And my a-ha moment was that like that's already available to us. We can do that. Everybody in this room cares enough to be here. We care enough to make a difference. Go be a big brother, be a big sister, get involved in girls _____, be a mentor to these kids that need us and need like the support in their lives. Because they can be here. They can end up here and be the leaders that we can be, too, and make the difference in the world that we want to see, that we want to see over here."

"Hello. I'm from the community. I am a pastor in North Omaha, and someone said being in the community. I'm from the community. When I come to this hospital to visit members, I don't see anyone that looks like me. There is an office on Ames Avenue, so I'll give you all kudos for that, 'cause my mom sees a doctor there. But the people that are there in the – as far as doctors – don't look like us. So I would say my a-ha moment is now the College of Public Health, from what I've gathered from all the students here, that it is more diverse in the student body, but the College of Nursing and the College of Medicine is not. So I'll give you kudos on that. But my church basement is open for you to come and do your work to the –community where I do my work and so my church is XYZ and we are located at X and Pastor Y in the room is on Ames avenue in North Omaha. So my Aha is we are a part of the community and we need to see you in our communities and we are here so ummm that's. So whatever the College of Public Health is doing to address diversity then the rest of y'all should take notice."



Select AHA Moments

"While strategic plans are good, it often appears that we stop there. A plan is only a plan when executed well. We must engage in holistic recruitment of faculty, staff and students in addition to having more cultural awareness training for those already within our university. This is an important issue, not only culturally but financially. We can no longer afford being behind the curve."

"Hi. Just really quickly, by a show of hands, anybody that's not College of Public Health but still faculty at UNMC? Could you raise your hand? One, two, three, four, five. Thank you. Anybody that's on the board of any of UNMC's regents or anything? Raise your hand. Any chancellors here? So that was my a-ha moment; is obviously everybody in this room has kind of the same idea and goal, is we want to make a difference. We want to make it more diverse. We want to make it comfortable for everyone, and yet we can just bring ideas back to these higher-ups that are the ones making the decision, and yet none of them are here. But we need to get the chancellor here. We need to have the chair of the departments, they need to be here so they can hear our concerns. Otherwise it's just a circle that we're going in and nothing's gonna change."

"I am passionate about creating leaders at UNMC but how do we make sure that every single person in this audience is a leader in this topic area. Right? We have the power so how do we lead... even our leaders. So I know for a fact that Chancellor Gold reads his email everyday. 100 people in the audience. 100 people leave here and email Jeffrey.gold@unmc.edu that would get his attention. If you have more energy, you email your Dean, if you have even more energy email the hospital representative, whoever you need to reach out to, to make this happen and making sure we are heard, that's what you need to do tonight. So when he opens his email tonight, I think he reads his email at midnight to like 3 am or something ridiculous like that because he is at university events probably until 10pm. I think he probably has a good reason why he is not here, perhaps, but emailing the Chancellor, I am assuming you would just have him."

WE ARE UNMC: RIDE

RIDE, World Cafe events draw enthusiastic response

World Cafe a success

"Conversations are the catalyst for change," said Renaisa Anthony, M.D., M.P.H., deputy director of the Center for Reducing Health Disparities in the UNMC College of Public Health.

http://www.unmc.edu/news.cfm?match=18655

Online Comment Page

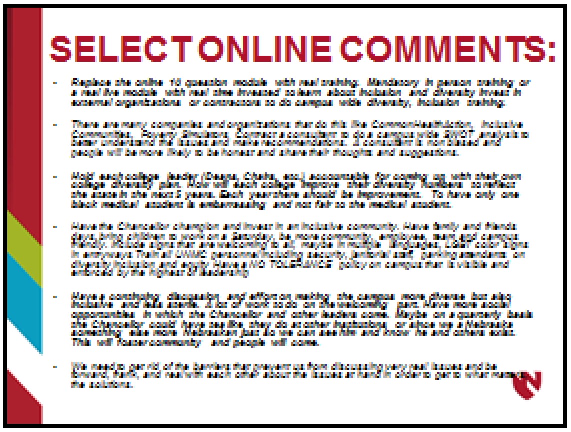
AN ONLINE COMMENT PAGE WAS CREATED TO COLLECT ADDITIONAL IDEAS, SOLUTIONS AND COMMENTS.

The summary is available:

[illegible]

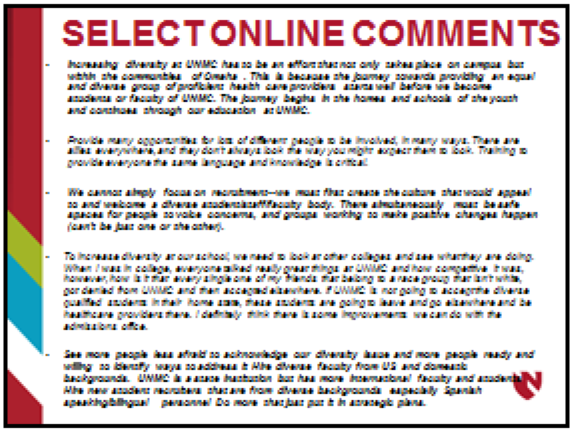
The Race-Inclusion-Diversity & Equity

DIVERSITY, INCLUSION AND EQUITY



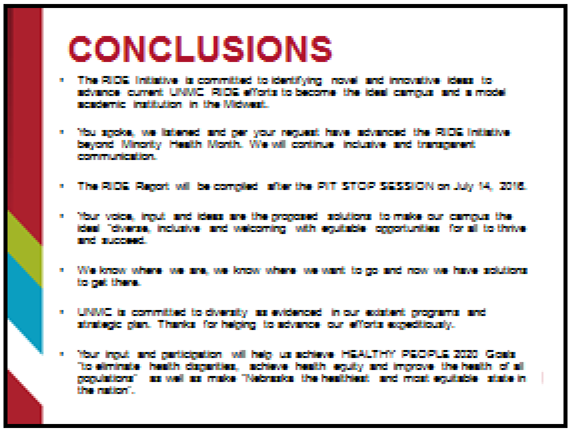
SELECT ONLINE COMMENTS:

- Replace the online 10 question module with real training. Mandatory in person training or a real live module with real time invested to learn about inclusion and diversity. Invest in external organizations or contractors to do campus wide diversity, inclusion training.
- There are many companies and organizations that do this like CommonHealthAction, Inclusive Communities, Poverty Simulators. Contract a consultant to do a campus wide SWOT analysis to better understand the issues and make recommendations. A consultant is non biased and people will be more likely to be honest and share their thoughts and suggestions.
- Hold each college leader (Deans, Chairs, etc.) accountable for coming up with their own college diversity plan. How will each college improve their diversity numbers to reflect the state in the next 5 years. Each year there should be improvement. To have only one black medical student is embarrassing and not fair to the medical student.
- Have the Chancellor champion and invest in an inclusive community. Have family and friends days, bring children to work on a Saturday, be more community, employee, team and campus friendly. Include signs that are welcoming to all, maybe in multiple languages, LGBT color signs in everyways. Train all UNMC personnel including security, janitorial staff, parking attendants, on diversity inclusion and equity. Have a NO TOLERANCE policy on campus that is visible and enforced by the highest of leadership.
- Have a continuing discussion and effort on making the campus more diverse but also inclusive and less sterile. A lot of work to do on the welcoming part. Have more social opportunities in which the Chancellor and other leaders come. Maybe on a quarterly basis the Chancellor could have tea like they do at other institutions, or since we a Nebraska something else more Nebraskan just so we can see him and know he and others exist. This will foster community and people will come.
- We need to get rid of the barriers that prevent us from discussing very real issues and be forward, frank, and real with each other about the issues at hand in order to get to what matters, the solutions.



SELECT ONLINE COMMENTS

- Increasing diversity at UNMC has to be an effort that not only takes place on campus but within the communities of Omaha . This is because the journey towards providing an equal and diverse group of proficient health care providers starts well before we become students or faculty of UNMC. The journey begins in the homes and schools of the youth and continues through our education at UNMC.
- Provide many opportunities for lots of different people to be involved, in many ways. There are allies everywhere, and they don't always look the way you might expect them to look. Training to provide everyone the same language and knowledge is critical.
- We cannot simply focus on recruitment--we must first create the culture that would appeal to and welcome a diverse student/staff/faculty body. There simultaneously must be safe spaces for people to voice concerns, and groups working to make positive changes happen (can't be just one or the other).
- To increase diversity at our school, we need to look at other colleges and see what they are doing. When I was in college, everyone talked really great things at UNMC and how competitive it was, however, how is it that every single one of my friends that belong to a race group that isn't white, got denied from UNMC and then accepted elsewhere. If UNMC is not going to accept the diverse qualified students in their home state, these students are going to leave and go elsewhere and be healthcare providers there. I definitely think there is some improvements we can do with the admissions office.
- See more people less afraid to acknowledge our diversity issue and more people ready and willing to identify ways to address it. Hire diverse faculty from US and domestic backgrounds. UNMC is a state institution but has more international faculty and students. Hire new student recruiters that are from diverse backgrounds especially Spanish speaking/bilingual personnel. Do more that just put it in strategic plans.



CONCLUSIONS

- The RIDE Initiative is committed to identifying novel and innovative ideas to advance current UNMC RIDE efforts to become the ideal campus and a model academic institution in the Midwest.
- You spoke, we listened and per your request have advanced the RIDE Initiative beyond Minority Health Month. We will continue inclusive and transparent communication.
- The RIDE Report will be compiled after the PIT STOP SESSION on July 14, 2016.
- Your voice, input and ideas are the proposed solutions to make our campus the ideal "diverse, inclusive and welcoming with equitable opportunities for all to thrive and succeed.
- We know where we are, we know where we want to go and now we have solutions to get there.
- UNMC is committed to diversity as evidenced in our existent programs and strategic plan. Thanks for helping to advance our efforts expeditiously.
- Your input and participation will help us achieve HEALTHY PEOPLE 2020 Goals "to eliminate health disparities, achieve health equity and improve the health of all populations" as well as make "Nebraska the healthiest and most equitable state in the nation".

WHAT'S NEXT:
SEE YOU 7/14/16

THE PIT STOP

A R.I.D.E INITIATIVE SESSION

WE'RE ALMOST TO THE FINISH LINE

WELCOME TO THE RACE, INCLUSION, DIVERSITY AND EQUITY (RIDE) INITIATIVE. IN APRIL, WE CONVENED OVER 150 UNMC FACULTY, STAFF, STUDENTS, ADMINISTRATORS AND COMMUNITY PARTNERS TO EXPLORE NOVEL AND INNOVATIVE IDEAS TO BECOME THE IDEAL UNMC CAMPUS.

"A CAMPUS THAT IS DIVERSE, INCLUSIVE AND WELCOMING WITH EQUITABLE OPPORTUNITIES FOR ALL TO THRIVE AND SUCCEED"

WE HAVE ONE MORE STOP BEFORE THE FINISH LINE (THE RIDE REPORT). YOU ARE INVITED TO THE PIT STOP SESSION TO ENSURE WE HAVE ACCURATELY CAPTURED YOUR IDEAS AND RECOMMENDATIONS. MOREOVER, THIS IS THE LAST OPPORTUNITY TO SHARE ANY LAST RECOMMENDATIONS TO ADVANCE OUR RIDE EFFORTS AT UNMC TO BECOME THE IDEAL CAMPUS.

REGISTER AT EVENTBRITE.COM | THE RIDE INITIATIVE PIT STOP SESSION

JULY 14, 2016 | 5PM - 7PM
EPPLEY SCIENCE HALL

Almost to the:

Finish Line
Ahead

Ride Report

Thank You

- Maria Teel
- Kandy Do
- Eric Meyer
- Angela Benton
- Jessica Chavez
- Talia McGill

My awesome Co-PI's for the RIDE Initiative:

- Todd Wyatt, Ph.D
- Chad Abresch, M.Ed

- AND YOU, YOU & YOU!!!

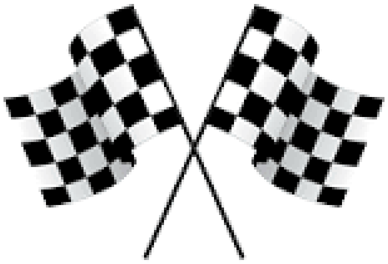
danke
thank you
gracias
obrigado
merci

UNMC

COLLEGE OF PUBLIC HEALTH

Nebraska Medical Center

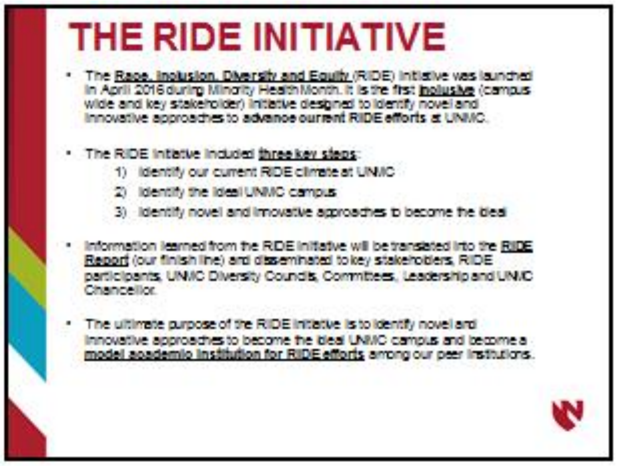
THE PIT STOP SESSION PRESENTATION



Race, Inclusion, Diversity & Equity (RIDE)

Renaisa S. Anthony MD, MPH
Deputy Director/Assistant Professor
Center for Reducing Health Disparities
College of Public Health
(402) 559-9660
July 1, 2016

UNMC COLLEGE OF PUBLIC HEALTH



THE RIDE INITIATIVE

- The Race, Inclusion, Diversity and Equity (RIDE) Initiative was launched in April 2016 during Minority Health Month. It is the first **inclusive** (campus wide and key stakeholder) initiative designed to identify novel and innovative approaches to **advance current RIDE efforts** at UNMC.
- The RIDE initiative included three key steps:
  1) Identify our current RIDE climate at UNMC
  2) Identify the ideal UNMC campus
  3) Identify novel and innovative approaches to become the ideal
- Information learned from the RIDE initiative will be translated into the RIDE Report (our finish line) and disseminated to key stakeholders, RIDE participants, UNMC Diversity Councils, Committees, Leadership and UNMC Chancellor.
- The ultimate purpose of the RIDE initiative is to identify novel and innovative approaches to become the ideal UNMC campus and become a **model academic institution for RIDE efforts** among our peer institutions.

WELCOME
WE'RE GLAD YOU'RE HERE!

WE ARE UNMC: RIDE

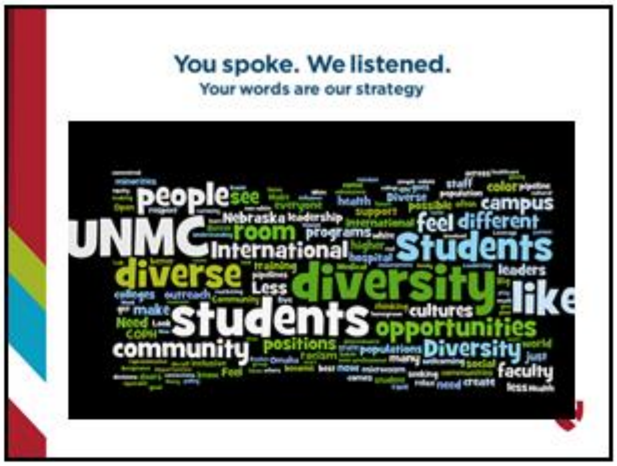
RIDE, World Cafe events draw enthusiastic response

World Cafe a success

http://www.unmc.edu/news.cfm?match=18635

But FIRST:

A MOMENT OF SILENCE



You spoke. We listened.

Your words are our strategy

people
see
Nebraska
leadership
room
programs
International
health
Diverse
support
campus
color
feel different
Students
UNMC
diverse
diversity
like
leaders
cultures
students
opportunities
community
positions
populations
Diversity
faculty
racism
outreach
make
Need
COPH
training
Less
staff
hospital
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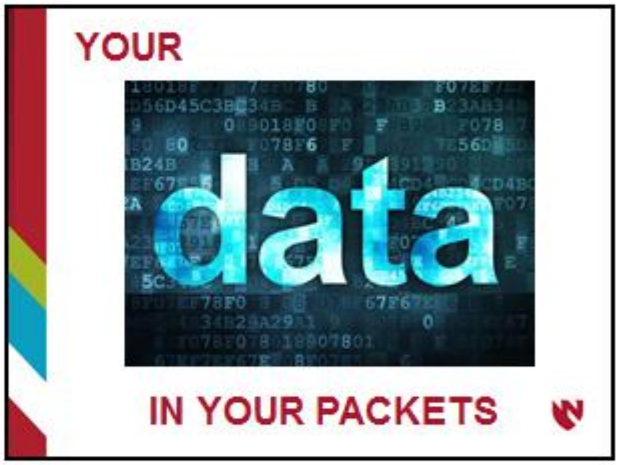
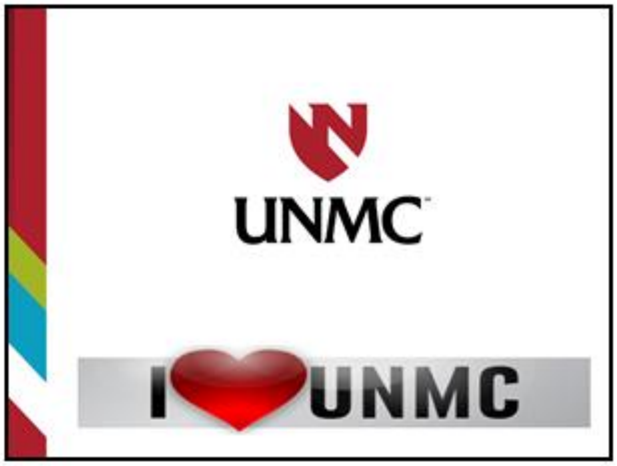
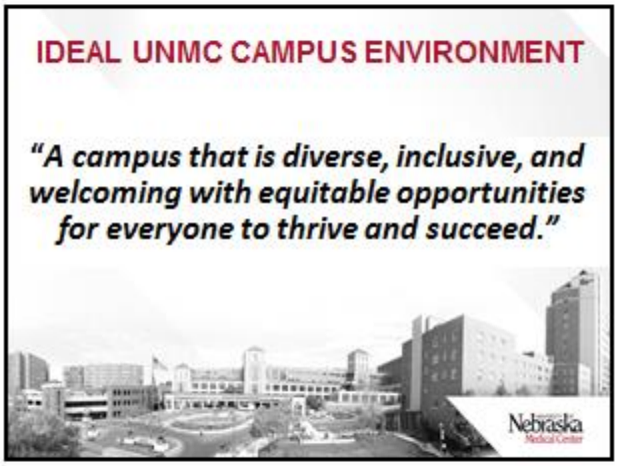
create
need


YOUR

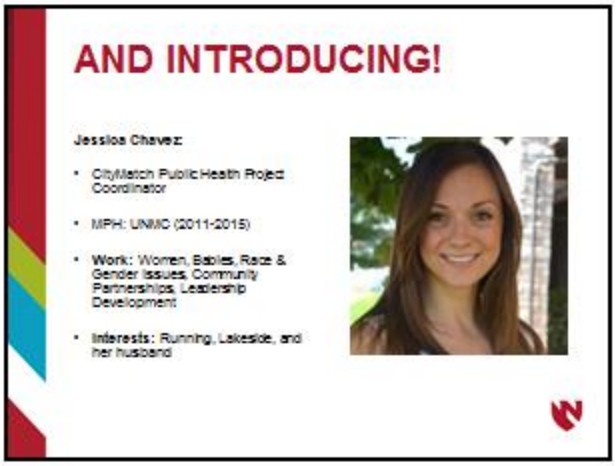
IN YOUR PACKETS




IDEAL UNMC CAMPUS ENVIRONMENT

"A campus that is diverse, inclusive, and welcoming with equitable opportunities for everyone to thrive and succeed."

Nebraska Medical Center


AND INTRODUCING!

Jessica Chavez

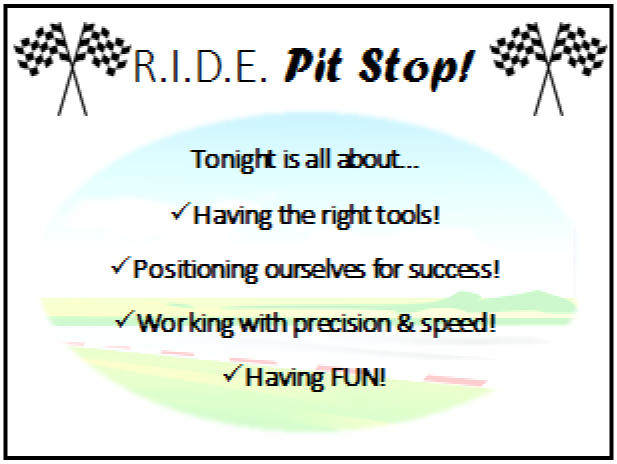
- CityMatch Public Health Project Coordinator
- MPH: UNMC (2011-2015)
- **Work:** Women, Babies, Race & Gender Issues, Community Partnerships, Leadership Development
- **Interests:** Running, Lakeside, and her husband

Key Stakeholders:

Faculty
STAFF
THE Administrators
Community

R.I.D.E. ***Pit Stop!***

Check out this Pit Crew in action!
https://www.youtube.com/watch?v=aHSUp7msCIE



R.I.D.E. *Pit Stop!*

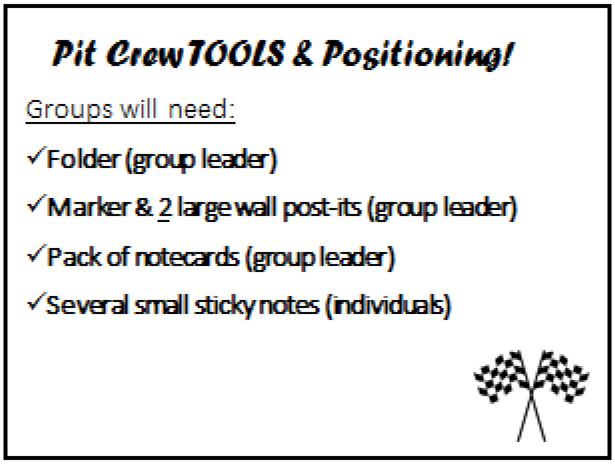
Tonight is all about…

✓Having the right tools!

✓Positioning ourselves for success!

✓Working with precision & speed!

✓Having FUN!



Pit Crew TOOLS & Positioning!

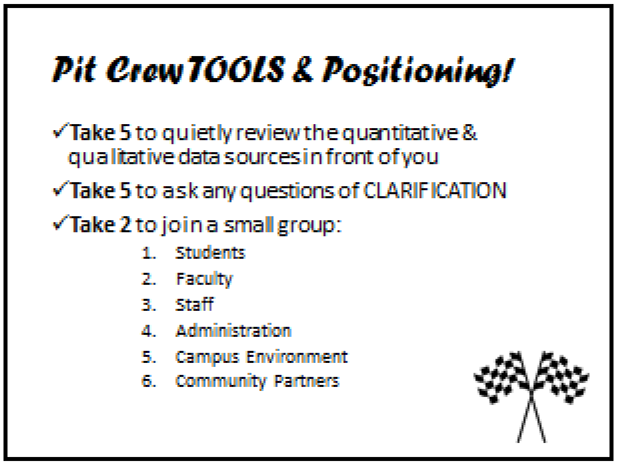
Groups will need:

✓Folder (group leader)

✓Marker & 2 large wall post-its (group leader)

✓Pack of notecards (group leader)

✓Several small sticky notes (individuals)



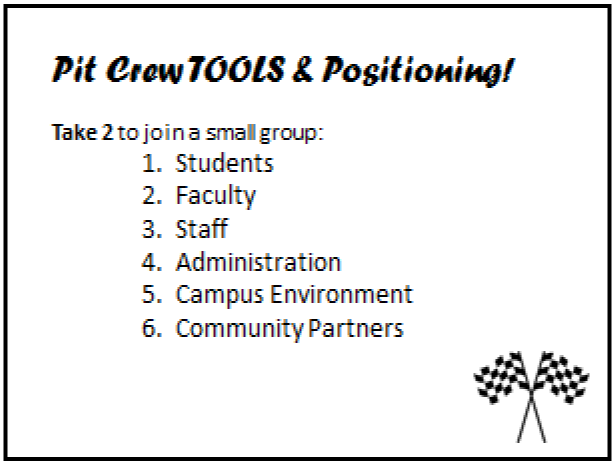
Pit Crew TOOLS & Positioning!

✓**Take 5** to quietly review the quantitative & qualitative data sources in front of you

✓**Take 5** to ask any questions of CLARIFICATION

✓**Take 2** to join a small group:

1. Students
2. Faculty
3. Staff
4. Administration
5. Campus Environment
6. Community Partners



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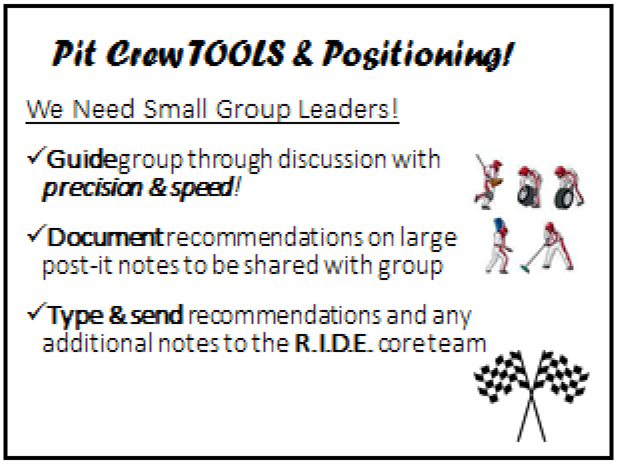

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We Need Small Group Leaders!

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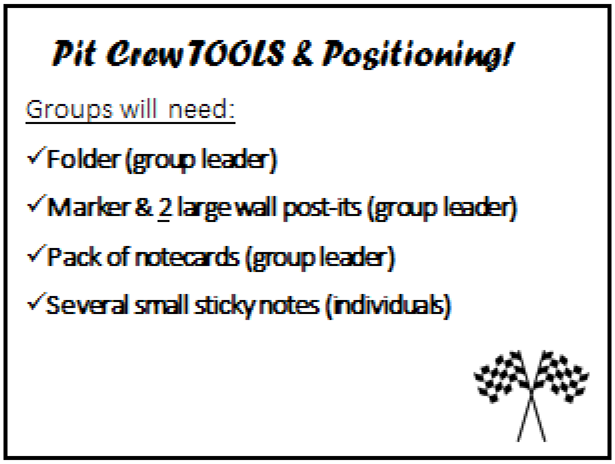

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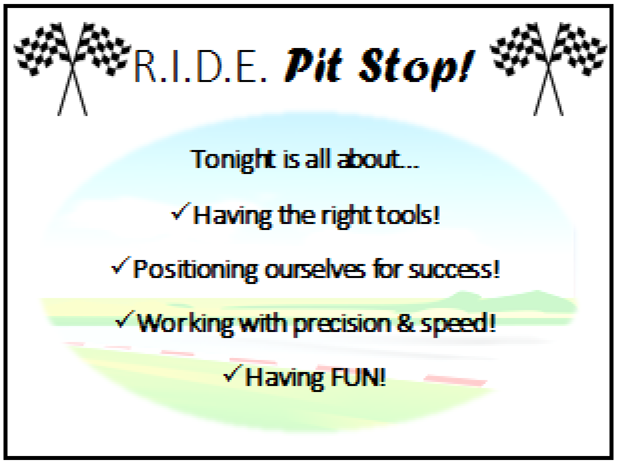

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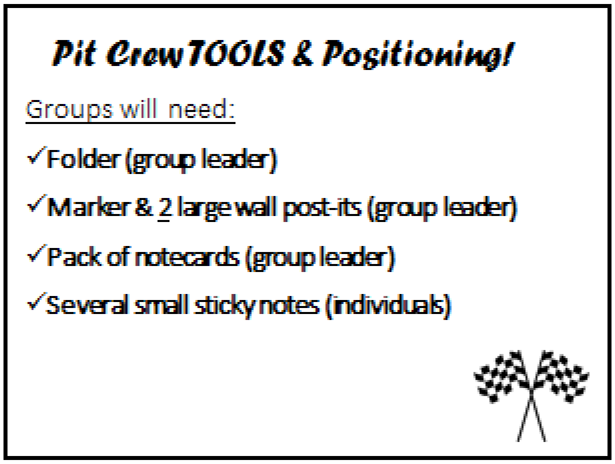

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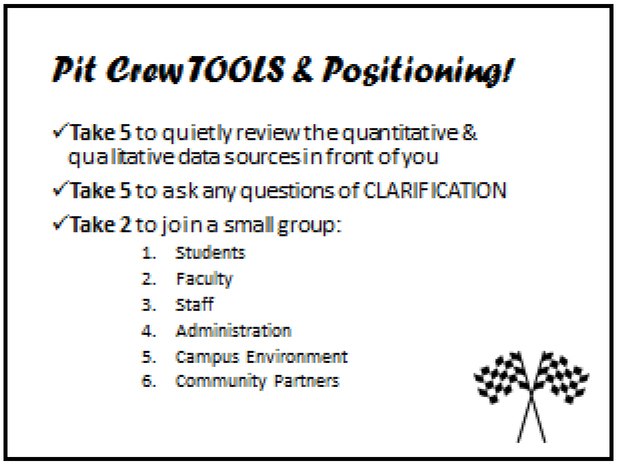

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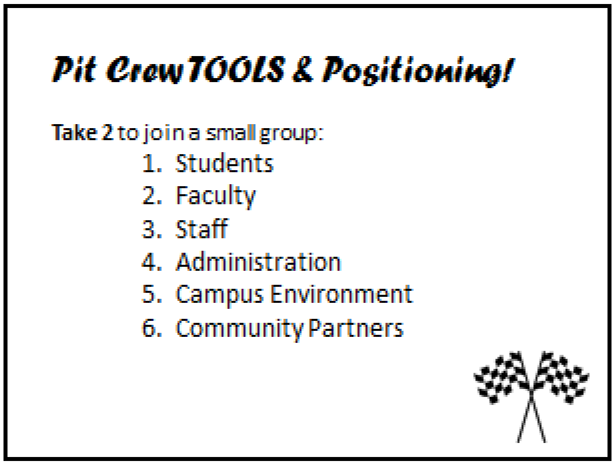

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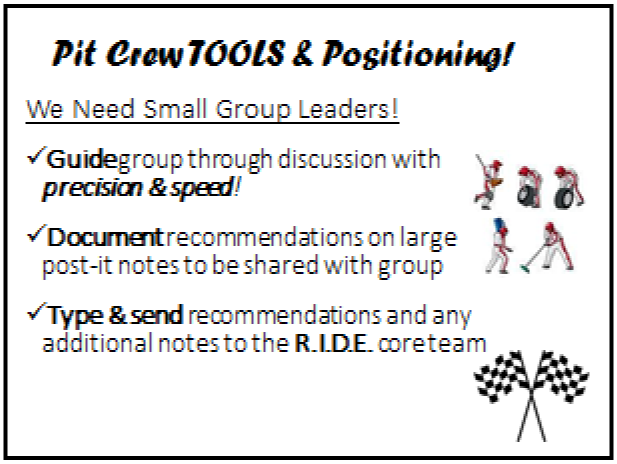

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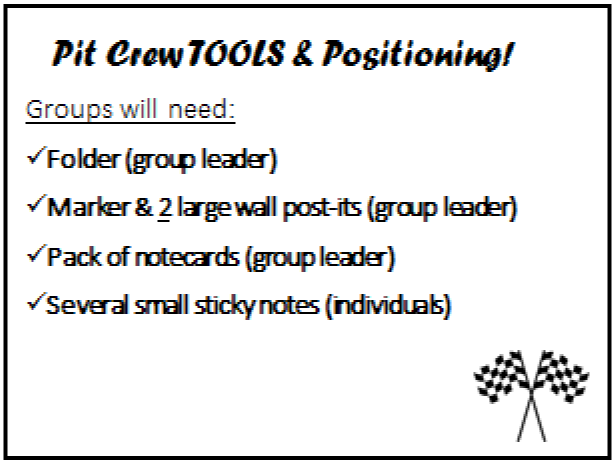

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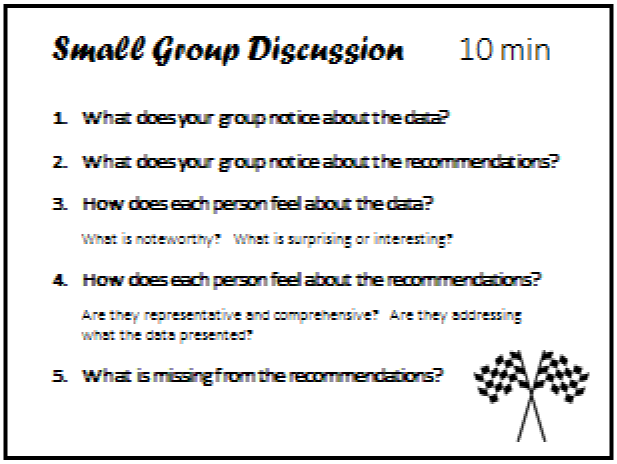


Small Group Discussion 10 min

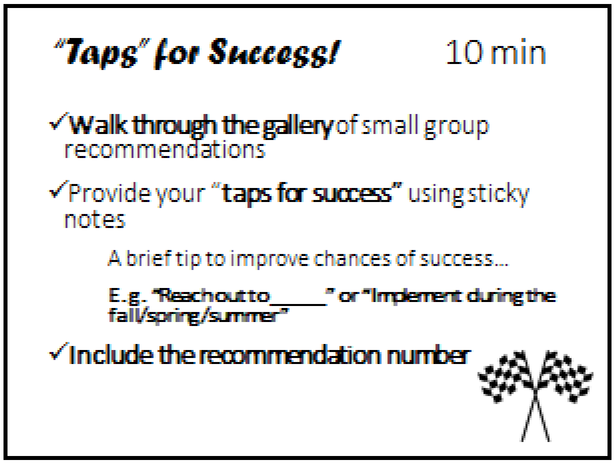
1. **What does your group notice about the data?**
2. **What does your group notice about the recommendations?**
3. **How does each person feel about the data?**

   What is noteworthy? What is surprising or interesting?

4. **How does each person feel about the recommendations?**

   Are they representative and comprehensive? Are they addressing what the data presented?

5. **What is missing from the recommendations?**



"Taps" for Success! 10 min

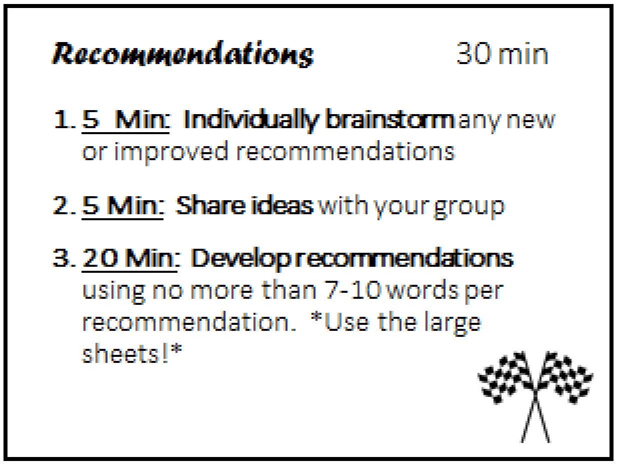
✓**Walk through the gallery** of small group recommendations

✓Provide your "**taps for success**" using sticky notes

A brief tip to improve chances of success…

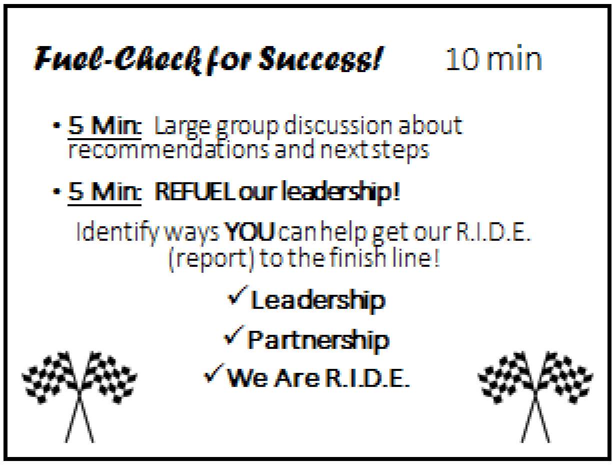
E.g. "Reach out to _____" or "Implement during the fall/spring/summer"

✓**Include the recommendation number**



Recommendations 30 min

1. 5 Min: **Individually brainstorm** any new or improved recommendations
2. 5 Min: **Share ideas** with your group
3. 20 Min: **Develop recommendations** using no more than 7-10 words per recommendation. *Use the large sheets!*

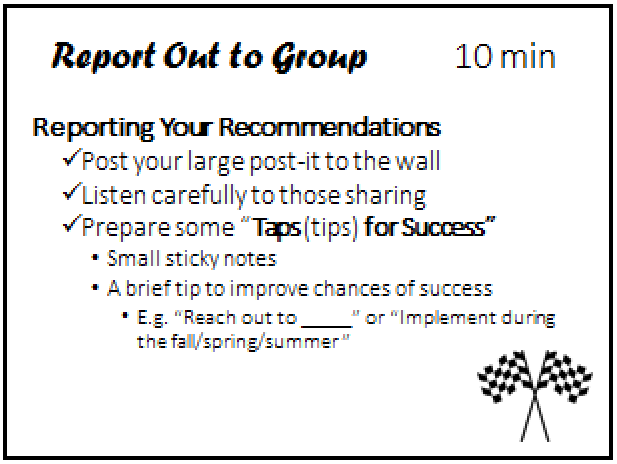


Fuel-Check for Success! 10 min

- 5 Min: Large group discussion about recommendations and next steps
- 5 Min: **REFUEL our leadership!**

Identify ways **YOU** can help get our R.I.D.E. (report) to the finish line!

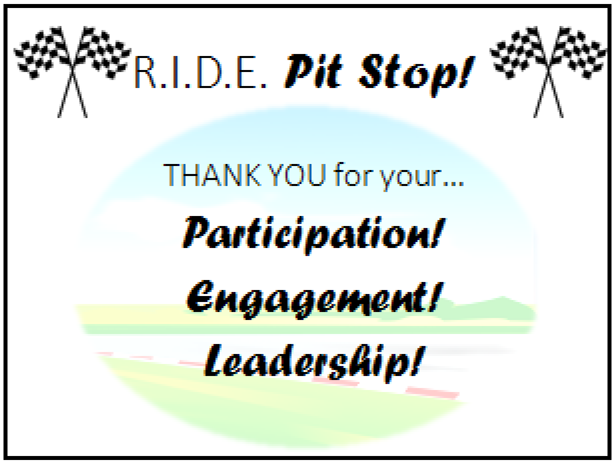
✓**Leadership**
✓**Partnership**
✓**We Are R.I.D.E.**



Report Out to Group 10 min

Reporting Your Recommendations

✓Post your large post-it to the wall
✓Listen carefully to those sharing
✓Prepare some "**Taps** (tips) **for Success**"
  - Small sticky notes
  - A brief tip to improve chances of success
    - E.g. "Reach out to _____" or "Implement during the fall/spring/summer"



R.I.D.E. ***Pit Stop!***

THANK YOU for your…

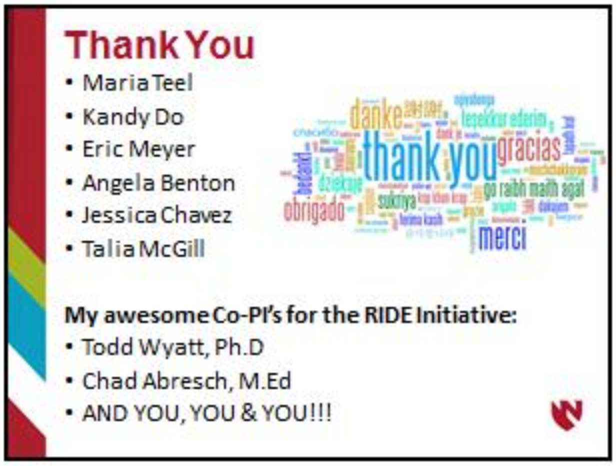
Participation!

Engagement!

Leadership!

A most to th :

Ri ort


Thank You

- Maria Teel
- Kandy Do
- Eric Meyer
- Angela Benton
- Jessica Chavez
- Talia McGill

danke
thank you
gracias
obrigado
merci

My awesome Co-PI's for the RIDE Initiative:

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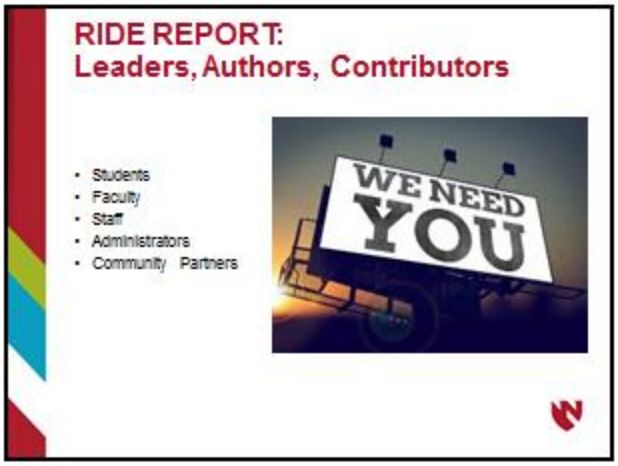
- AND YOU, YOU & YOU!!!


RIDE REPORT: Leaders, Authors, Contributors

- Students
- Faculty
- Staff
- Administrators
- Community Partners

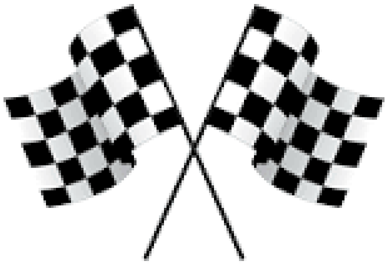
UNMC
COLLEGE OF PUBLIC HEALTH

Nebraska
Medical Center

RIDE REPORT RELEASE

WORK
HARD
PLAY
HARDER
Celebration Time

RIDE REPORT REFERENCES



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