Best Practices for Creating a Diverse and Inclusive Residency Program
WELCOME

Diversity  Inclusion  Health Equity

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Why Diversity Matters

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Different individuals valuing each other regardless of skin intellect talent or years.
A More Diverse Nation
Hispanic Origin and Race Distributions by Age Groups

Population in millions

- Native Hawaiian or Other Pacific Islander alone, non-Hispanic
- American Indian or Alaskan Native alone, non-Hispanic
- Two or More Races, non-Hispanic
- Asian alone, non-Hispanic
- Black alone, non-Hispanic
- Hispanic (any race)
- White alone, non-Hispanic

Source: Vintage 2017, Population Estimates
www.census.gov/programs-surveys/popest.html
to our Nation

Projecting Majority-Minority
Non-Hispanic Whites May No Longer Comprise Over 50 Percent of the U.S. Population by 2044

Percent Minority by Age Group: 2014 to 2060

Note: Minority is defined in this figure as any group other than non-Hispanic white.

Source: 2014 National Projections
...to our Organizations

Diversity’s dividend
What’s the likelihood that companies in the top quartile for diversity financially outperform those in the bottom quartile?¹

15% more likely to outperform
Gender-diverse companies

35% more likely to outperform
Ethnically diverse companies

¹Results show likelihood of financial performance above the national industry median. Analysis is based on composite data for all countries in the data set. Results vary by individual country.
Source: McKinsey analysis

https://www.mckinsey.it/idee/why-diversity-matters
Diversity has a positive impact on many key aspects of organisational performance. Diversity management helps to:

- win the war for talent
- strengthen customer orientation
- increase employee satisfaction
- improve decision making
- enhance the company’s image

Rationale:

- A strong focus on women and ethnic minorities increases the sourcing talent pool, a particular issue in Europe. In a 2012 survey, 40% of companies said skill shortages were the top reason for vacancies in entry-level jobs.

- Women and minority groups are key consumer decision makers: for example, women make 80% of consumer purchases in the UK.
- Gay men and women have average household incomes that are almost 80% higher than average.

- Diversity increases employee satisfaction and reduces conflicts between groups, improving collaboration and loyalty.

- Diversity fosters innovation and creativity through a greater variety of problem-solving approaches, perspectives, and ideas. Academic research has shown that diverse groups often outperform experts.

- Social responsibility is becoming increasingly important. Many countries have legal requirements for diversity (e.g., UK Equality Act 2010).

Diversity can help organizations improve both patient care quality and financial results. Return on investments in diversity can be maximized when guided deliberately by existing evidence. Future studies set in the healthcare industry, will help leaders better estimate diversity-related benefits in the context of improved health outcomes, productivity and revenue streams, as well as the most efficient paths to achieve these goals.
3.3 Diversity/Pipeline Programs and Partnerships

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.
Only 37.8% of Blacks applying to medical school are men.

(AAMC Data Warehouse: Applicant and Matriculation File)

“Given the significant inequalities in health, education, employment opportunities, and the effects of an unjust criminal justice system, the Black male is at a particular disadvantage. Despite some gains over the last few decades, African Americans, Latinos, and Native Americans remain underrepresented in the health profession relative to their proportion of the U.S. population.

Black men continue to be a minority of minorities in medicine.”

Laurencin and Murray, 2017

An American Crisis: The Lack of Black Men in Medicine

A National Academy of Medicine Discussion Paper
Table 8: U.S. Medical School Faculty by Sex and Race/Ethnicity, 2018

The table below displays the number of full-time faculty at all U.S. medical schools as of December 31, 2018 by sex and race/ethnicity. To allow for unduplicated counts of faculty, the "Multiple Race – Hispanic" break-out includes all faculty who are reported as Hispanic and at least one other race/ethnicity. The "Multiple Race – Non-Hispanic" break-out includes all faculty who are reported as more than one race/ethnicity, but who are not reported as Hispanic.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male</th>
<th>Female</th>
<th>Unreported</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>155</td>
<td>119</td>
<td>0</td>
<td>274</td>
</tr>
<tr>
<td>Asian</td>
<td>19,656</td>
<td>14,337</td>
<td>22</td>
<td>34,015</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2,656</td>
<td>3,627</td>
<td>5</td>
<td>6,288</td>
</tr>
<tr>
<td>Hispanic, Latino, or of Spanish origin</td>
<td>3,276</td>
<td>2,455</td>
<td>3</td>
<td>5,734</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>85</td>
<td>56</td>
<td>0</td>
<td>141</td>
</tr>
<tr>
<td>White</td>
<td>68,636</td>
<td>44,190</td>
<td>68</td>
<td>112,894</td>
</tr>
<tr>
<td>Other</td>
<td>799</td>
<td>657</td>
<td>0</td>
<td>1,456</td>
</tr>
<tr>
<td>Multiple Race - Hispanic</td>
<td>2,217</td>
<td>1,757</td>
<td>4</td>
<td>3,978</td>
</tr>
<tr>
<td>Multiple Race - Non-Hispanic</td>
<td>2,023</td>
<td>1,415</td>
<td>3</td>
<td>3,441</td>
</tr>
<tr>
<td>Unknown</td>
<td>4,073</td>
<td>4,300</td>
<td>138</td>
<td>8,511</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>103,576</strong></td>
<td><strong>72,913</strong></td>
<td><strong>243</strong></td>
<td><strong>176,732</strong></td>
</tr>
</tbody>
</table>

Source: AAMC Faculty Roster, December 31, 2018 snapshot, as of December 31, 2018.
Underrepresented minority (URM) and lesbian, gay, bisexual, and transgender (LGBT) physicians are more likely to be involved in practice, research, education, scholarship, service, and mentorship activities aligned with their identity.

Diversity in medical education improves the learning and cross-cultural competencies of all doctors

“Increased physician diversity is often associated with greater access to care for patients with low incomes, racial and ethnic minorities, non-English speaking patients, and individuals with Medicaid”

...to our Patients

Diverse physician workforce $\rightarrow$ quality patient care

• Access to care
• Increasing patient satisfaction
• Increase stakeholders to develop policy
• Increased studies on contributors of health disparities

...to Me
DIVERSITY WALK