Promoting Progress or Propagating Problems: Strategic Plans and the Advancement of Academic Faculty Diversity in U.S. Medical Schools

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Abbreviations: URM, underrepresented minorities in medicine; AAMC, The Association of American Medical Colleges

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INTRODUCTION

Medicine has sought to increase the presence of underrepresented minorities in medicine (URMs) for over thirty years.[1–3] These groups have been traditionally defined as African-Americans, Hispanics/Latinos, Native Americans, Alaskan Natives, and Pacific Islanders.[4] Medical leaders and health care advocates understand that increasing URMs is a mechanism to increase social justice, reduce health care disparities, and improve quality of care among these very same racial and ethnic groups.[5–7]

Despite the benefits of diversity in academic medicine being relatively well-established, the tools to increase URM faculty presence are few. Several successful case studies demonstrate how strategic planning can improve diversity and inclusion of URMs within academic medicine.[8,9] Deas et al published the strategic planning for diversity experience at the Medical University of South Carolina in 2012.[8] Through the integration of diversity into the organizational structure, they cite almost a doubling of URM faculty over a 10-year period.[8] Use of strategies such as mentoring programs and pipeline programs to achieve this outcome were implemented as a result of strategic planning. While this case report illustrates successful development and implementation of strategic planning for institutional diversity, it is not clear how many other U.S. medical schools have undertaken the strategic planning process for this purpose, and how successful it has been to increase URM faculty.[10] Also, although organizations such as the Association of American Medical Colleges (AAMC) support strategic planning for institutional diversity, scant published literature explores how U.S. medical schools have operationalized this activity, and if doing so is associated with improved URM faculty representation.

The aim of this study is to investigate whether academic institutions that have engaged in strategic planning for faculty diversity, as exhibited by plan presence on their websites, have had a higher rate of URM faculty growth than institutions who do not have evidence of such planning. We hypothesized that utilization of strategic planning to improve organizational culture and institutional climate to grow and support URM faculty will lead to a higher rate of URM faculty growth. We also hypothesized that institutions with plans of longer duration will have had more growth in URM faculty, given these institutions have

proposed organizational efforts to increase the diversity of their faculty for a longer period of time.

MATERIALS AND METHODS

Study design and data collection

We conducted an observational study using the *AAMC Faculty Roster* and strategic plans as available from AAMC-member U.S. medical school public websites. The *Faculty Roster* is a national database that tracks characteristics of essentially all full-time U.S. medical school faculty at Liaison Committee of Medical Education (LCME)-accredited institutions.[11] Submission to the database is voluntary. This study was deemed Non-Human Subjects Research (NHSR) and therefore exempt by the Institutional Review Board of Boston University Medical Center.

Percent change. *Percent Change* was defined as the change in the proportion of full-time URM faculty presence from 1998 to 2015. We chose the year 1998 to account for the URM faculty state prior to the re-invigorated workforce diversification efforts catalyzed by the Sullivan Report and the Institute of Medicine's *Unequal Treatment* to reduce health care disparities and improve health equity.[7,12] We defined URM Faculty as faculty described in the *Faculty Roster* as American Indian/Alaskan, Black, Hispanic, Native Hawaiian, and Multiple Race-Hispanic. Only institutions that reported data in both 1998 and 2015 were included ($N = 125$). Historically black and Puerto Rico-based institutions ($N = 7$) were excluded from analyses as URM faculty representation has been a long-standing central priority for these institutions and their URM representation are statistical outliers. For the remaining 118 institutions, we calculated the proportion of their faculty that identified as URM (*Percent URM Faculty*) in 1998 and 2015. Then, we calculated *Percent Change* by subtracting the percent URM Faculty in 1998 from the percent URM Faculty in 2015. *Percent Change* was then dichotomized into *Minimal Growth* (institutions in the first quartile with percent change in URM faculty $\leq 0.4\%$) and *Higher Growth* (institutions in the second, third, and fourth quartiles).

Plan presence. We identified strategic plans through internet searches of institutional websites accessed through links hosted by the AAMC website. Specifically, we searched each institutional website's homepage search function for the terms "strategic," "plan," "diversity." We then screened for strategic planning documents for the institution. When multiple pages of results were found, we manually search the first 10 pages for a strategic plan. We read all such documents to confirm stated goals, policies, or statements of commitment to increasing racial, ethnic, or multicultural diversity within the faculty or workforce. We, then, performed a secondary search for strategic plans using institutional site maps. We manually explored websites starting at the homepage with progression to 'About Us' or equivalent pages, the pages of the Offices of Diversity/Inclusion, or whatever organizational pages could be found related to multiculturalism. As a third search, we conducted an advanced google search of the institutional domains using the search terms "strategic OR plan OR initiative OR diversity." From these results, we examined up to 10 pages of results. Plans based at the medical school and plans based at the associated university were both considered for this study.

Plan type. We also collected data on whether the strategic goal to increase faculty diversity was communicated in a strategic planning document specifically designed to address the issues of institutional diversity, or a *Diversity-specific Plan*. We defined a strategic planning document as being "diversity-specific" through review of the title and introduction for the identifier of "strategic plan for diversity" or other similar statement. For plans that did not fit this description, but had a goal for faculty diversity, we termed them *Integrated Plans*. We collected data on this distinction (*Plan Type*) as the AAMC guide for strategic planning for diversity suggests that diversity goals should be intertwined with other institutional goals, and not "siloed," or marginalized from other university goals and initiatives.[13] The guide suggests this behavior potentially hinders the effectiveness of strategic plans for diversity.[13]

Plan duration. We searched the text of the strategic plans for an implementation start date and end date. *Plan Duration* was then calculated by subtracting the start date year from the year 2015. In cases where multiple plans were found, the plan with the earliest start date and mention of a goal to increase faculty diversity was used to calculate *Plan Duration*. For analyses, we dichotomized Plan Duration into plans with a duration of greater than five years and those that had been established for the first time within the prior five years. We chose five years as literature on strategic planning suggest that the average lifecycle for a strategic plan is three to five years.[14,15]

Private status. Private or public funding status of the school was determined through institutional websites and listing on AAMC's website. We hypothesized that this designation status may serve as a proxy for other school characteristics, such as funding sources, regulations, faculty and student body size, and institutional infrastructure that may be associated with strategic planning behavior and communication, as represented by the plans themselves.

Region. The location of an institution is a factor in the AAMC framework for diversity and inclusion in academic