



RUTGERS
BIOMEDICAL AND
HEALTH SCIENCES

**RBHS Committee on Best Practices for the Recruitment and
Retention of Minority Faculty Report**

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Background:

It is important that we address the diversity of the academic workforce in health professional schools as we contemplate the development of tomorrow's leaders. We would like to extend our appreciation to the Chancellor who through the Provosts charged the Committee on Best Practices for Minority Faculty Recruitment and Retention with developing a set of recommendations that would position RBHS within Rutgers and among our peer universities as a leader in diverse and inclusive faculty.

Given the impact that academic faculty have on what is taught, the learning environment, research, clinical experiences and direct patient care, often in underserved communities, it is important to recruit and retain underrepresented minority (URM) faculty. Equally important is to cultivate an interest in minority health professions students to become future faculty. Increasing racial and ethnic diversity amongst health professions faculty also provides better educational experiences for all health professional students as well as providing the role models and mentors for students who are underrepresented. Thus, it is essential to identify the factors that contribute to the paucity of a diverse faculty in medicine, dentistry, nursing, pharmacy, public health, and other health professions.

In the Spring 2015, the Diversity Council charged by President Barchi presented its conclusions and recommendations to "provide an institutional framework for maintaining and advancing Rutgers' leadership in diversity issues." Our report noted, "Rutgers is a recognized leader in the BIG 10 in diversity and inclusion. It exceeds its aspirational peers in the diversity of the student body enjoying high rates of minority student enrollment. Yet, in this area, this varies across schools and entities that make up Rutgers University. "

When the Provosts charged the Committee on Best Practices for the Recruitment and Retention on Minority Faculty we acknowledged the importance of a broader definition of diversity and inclusion. For consideration, we put forth the definitions developed by the Association of American Medical Colleges (AAMC) Group on Diversity and Inclusion:

"Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age."

"Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community."

Our specific charge was to address the successes and challenges faced by historically underrepresented minority faculty with an emphasis on two groups: African-American/Black and Hispanic/Latino. It should be noted that there are other historically

underrepresented groups such as Alaskan Native, Asian/Pacific Islander, and Native Americans.

The committee reviewed the following topics as it related to our charge of developing best practices for the recruitment and retention of underrepresented minority faculty:

- The BIG10 schools
- RBHS faculty racial/ethnic data were benchmarked to national data for each of the professions, as available, with the assistance of Dr. Wieder, Provost, RBHS-Newark and a number of the RBHS Deans **(See Appendix 1)**
- Health professions and business literature, of which many were incorporated into the narrative **(See Appendix 2)**
- A conference call with the Office of Employment Equity in order to better understand the Affirmative Action Plan and reporting requirements (As a federal contractor, there is an executive order that guides faculty and staff employment.)
- RBHS minority faculty focus group interviews

There were a total of five focus groups conducted with participation of minority faculty from the schools of medicine, pharmacy, public health, nursing, dental medicine and health professions. The information gathered from these meetings allowed the committee to gain insight into the institutional culture, climate, and overall fit within RBHS through the lens of minority faculty.

Recruitment or Attraction of Underrepresented Minority Faculty:

There are key findings that are eminently important if we are to attract a pool of underrepresented minority faculty, particularly, in the schools with the most significant underrepresentation compared to national data (See attached faculty data by racial/ethnic group and gender for each RBHS school). We also reviewed key strategies that were recommended or employed by others to attract a more diverse faculty. In all cases, diversity and inclusion were explicitly articulated as a means by which academic excellence is attained. In other words, we cannot have one without the other given the global nature of our institutions.

A fundamental question was “Is diversity and inclusion a part of the strategic plan and manifested in the mission, vision or values statements?” In February 2014, Dr. Barchi launched “A Strategic Plan for the New Rutgers” which unquestionably recognized the value and importance of a diverse faculty and inclusive environment as part of the overall plan of building faculty excellence. Specifically on page 44, one finds the following paragraphs:

“Rutgers is also committed to diversity beyond the student body. We will improve our ability to recruit, retain, and support a diverse faculty and staff. The strategic planning process has demonstrated the need to upgrade our Human Resources practices and protocols for hiring and retaining underrepresented faculty and staff.

Human Resources will implement procedures to help ensure the diversity of hiring committees, applicant pools, selected interviewees, and final candidates. These procedures must be informed by data on national trends in each field or discipline to ensure that applicant pools, interviewees, and final candidates correspond with the picture within the field as a whole.” Specific initiatives were identified:

- Establish a University-level office for diversity, equity, and inclusion, and create representative councils on each campus to monitor and advise this office on matters of diversity and inclusion. This office will be led by a University-wide vice president reporting directly to the executive vice president for academic affairs. Vice chancellors for diversity and inclusion will be identified on each campus and in RBHS who report directly to this office and to their respective chancellor.
- Develop a system to monitor the proportion of faculty and staff from underrepresented groups at each stage of the talent pipeline, including recruitment and retention; using this system, provide regular reports on a “diversity scorecard” to shared governance and University leadership.
- Provide directed peer mentoring for underrepresented faculty and staff to promote effective career development.
- Recognize that successful programs to enhance diversity and inclusion start with the right “tone at the top.” Model and communicate core values through participation from high-level administrators, engagement with student organizations, and diversity-focused events.

A review of the RBHS strategic plan revealed an opportunity for greater alignment with the 2014 A Strategic Plan for the New Rutgers. In many universities and health professions schools, there are vice chancellors or other similarly situated individuals whose expertise resides in the development, implementation, and tracking of the effectiveness of programs aimed at achieving and sustaining diversity and inclusion. The Committee wholeheartedly endorses for the establishment of this position in keeping with Dr. Barchi’s plan.

On an operational level, President Barchi launched the University-wide Faculty Diversity Hiring Initiative in September 2015 in which his office provided guidance and financial support for diversity hires. RBHS may want to consider expansion of this program as part of our overall diversity and inclusion plan.

Best practices entail particular attention to the search process and search committees. We thank the Chancellor for his charge to each of our schools regarding the process for national searches. The Committee would like to recommend that we provide more specific

guidance on the language to be used in recruitment advertisements as well as the distribution of these ads to groups, networks and societies whose goal encompasses attainment of a diverse workforce. For example, one may consider including “experience in working with diverse individuals or experience in working in multicultural environments” in the job description and also incorporating a link to the relevant Rutgers websites which highlight diversity-related initiatives.

It has also become common practice to have search committees complete unconscious bias training in order to reduce and, ideally, eliminate its impact on the recruitment and hiring of women and individuals from racial/ethnic groups. The candidate’s recruitment visit should also showcase how diversity and inclusion goes hand in hand with attainment of excellence for the campus and specific mission area being addressed. When possible, a candidate may find the environment more attractive if he/she sees diversity and inclusion in action such as meeting with other minority faculty. This may allow a candidate the opportunity of addressing questions regarding institutional climate and culture.

Assuming a successful visit and an offer is extended, it is essential that there is a system of checks and balances which addresses up front the issue of equal pay for equal work. The literature documents lower salaries for women and minorities. In order to address this in a pro-active way, the committee recommends that we establish a benchmark for the position, which is reviewed by the Provosts. This has the potential of reducing the impact that ability to negotiate may have on the compensation of an underrepresented faculty member.

Retention and Advancement of Minority Faculty:

Minority faculty, identified by the respective committee representative from their school, were sent an email invite. Dr. Soto-Greene and Dr. Eubanks led all focus group discussions. When possible, other committee members were in attendance. All faculty were assured anonymity. The Following questions were posed:

Pre-Reflection Questions:

- What was your first reaction to getting this invite?
- Why did you agree to come?
- What do you wish could be put in place?

Focus Group Questions:

- How is your experience here as a minority faculty?
- Has it met your expectations?
- Do you feel a part of your institution?

Themes were identified from the transcribed responses. Minority faculty largely cited several common reasons for attending the session. First and foremost, the invite provided a strong sense of hope, aspiration and frustration. They recalled, under legacy UMDNJ, participating in similar initiatives that had not resulted in meaningful actions. As such, there was a cautionary optimism that their input would translate into tangible changes.

The faculty participants ranged from less than a year to over 30 years of employment. Overwhelmingly, the faculty expressed a commitment to the institution. However, in spite of their longevity at the University, they recalled periods of time in which they questioned whether the commitment was reciprocal.

As the work of the committee was concluding, we received a 2017 report from the Chancellor entitled: "SURVIVING AND THRIVING IN ACADEMIA: A Guide for Members of Marginalized Groups", which focused on the lack of diversity among psychologists. While many of the points raised were relevant and supported by our literature review, we do not agree with the use of the term "marginalized group". The RBHS focus group findings did resonate with those found in aforementioned report which was supported by our literature review. Underrepresented minority faculty face many challenges that affect their academic productivity. These constraints are results of institutionalized barriers, time limitations through obligations such as participation on committees, and increased clinical caseloads. Minority faculty often feel pressured to represent their group on every committee while maintaining a teaching role, clinical load, and research productivity. Nationally, institutions have provided limited faculty development. In addition, lack of role models to engender interest and lack of diversity and mentors among senior faculty are also barriers to faculty development. Minority investigators are also less likely to be funded compared to their white counterparts.

In keeping with what has been published, RBHS minority faculty cited the following:

1. Feeling of isolation that comes with being part of a small group
2. Added pressure and stress associated with representing one's racial/ethnic group manifested in service on committees
3. Providing support for the higher number of minority students who routinely seek them out to be role models or mentors at the expense of balancing their own professional expectations
4. Fear of fulfilling negative stereotypes ascribed to being part of their particular racial/ethnic group

The latter is commonly known as "stereotype threat", while the previous is commonly referred to as the "brown tax." In addition, some reported what has been defined as "attributional ambiguity" which refers to whether the feedback provided would have been different if they had belonged to another group. A number of these comments were based on observations such as why minorities did not seem to be engaged in leadership opportunities such as strategic planning and why minorities are poorly represented among the tenure ranks.

Although we did not delve into the importance of intersectionality during our focus group interviews, this is an emerging issue that has gained momentum. Underrepresented

minority faculty may also belong to other groups provoking us to think about: what does it mean to be a woman of color or a minority individual who identifies as LGBT?

As it pertains to advancement, there are three major initiatives underway at RBHS that begin to address focus group comments and exemplify a changing institutional culture. First, the importance given by the RBHS Chancellor's Office through the Provosts to the ongoing education of faculty on the new promotion guidelines has the potential of addressing the reported lack of transparency on the requirement to attain upward mobility. The recent attention given to the type of annual evaluation has the potential of addressing the lack of clarity reported by the group in understanding expectations and how they are linked to promotion. This, in turn, may eliminate the perceived "glass ceiling" cited by some. In addition, it is essential to address whether engagement in diversity-related service is both valued and rewarded as part of the promotion's portfolio.

Finally, the need for mentorship was by far deemed amongst the most essential and critical to retention and advancement. The minority faculty agreed that if done right mentoring would benefit all faculty, which is in keeping with the Rutgers University strategic plan. Mentorship is a critical factor in addressing the academic medicine pipeline for all who enter it and, in particular, underrepresented minority faculty. It is especially important given the low representation of minorities in the academic workforce as this could support retention.

As described in the literature, mentorship can have a positive impact over the lifetime development of minorities by instilling confidence, resilience, persistence and affirmation of abilities to make meaningful and substantive contributions. Whether the mentoring involves undergraduates or junior faculty, there have been a number of key barriers identified. Specifically, some have called attention to the importance of an effective and positive mentor-mentee relationship coupled with mentors who understand the minority experience. Yet, there are a paucity of structured programs available at the institutional and national level. A few noteworthy programs include the American Pediatric Association New Century Scholars Program demonstrating its favorable impact on underrepresented minority resident trainees' interest in pursuing fellowship training and entering academic medicine. This training addressed the barriers that contribute to the paucity of minority faculty such as career planning, successful mentor-mentee relationships, negotiation skills, and work-life balance. Others programs such as the National Research Mentoring Network (NRMN), which has been endorsed by the Committee on Institutional Cooperation (CIC), are addressing diversity of the research workforce through train-the-trainer programs that incorporate evidence based strategies and tools. This program is in use at Rutgers. Currently, a few faculty are working with the National Research Mentoring Network leadership in the development of a clinician educator module, which supports the RBHS faculty.

Although mentoring initiatives have been launched by RBHS including assignment of mentors and mentor training, these were viewed with caution by minority faculty. The Committee recommends tracking the overall effectiveness of mentoring initiatives,

providing opportunities for cross-institutional mentors, and, when relevant, fostering racially concordant mentorship.

Institutional Culture and Climate:

No strategy or practice can achieve success unless accompanied by an institution that supports change. Discussed above we noted a number of new and promising initiatives underway that can be strengthened to achieve the recruitment and retention of historically underrepresented minority faculty. One recommended resource is the AAMC Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide which provides a roadmap consisting of nine essential tasks along with strategies including leadership engagement leading to a culture and climate of inclusion. Another resource is Achieving Diversity and Meaningful Inclusion in Nursing Education: A Living Document from the National League for Nursing. The routine use of climate surveys and accountability structures and metrics are essential components.

Recommendations

RBHS Commitment to Diversity and Inclusion Institutional Culture and Climate:

1. Consider adopting a common definition of diversity and inclusion across RBHS that builds upon Rutgers University's commitment to diversity. For consideration, we put forth the definitions developed by the AAMC Group on Diversity and Inclusion:

"Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age."

"Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community."

2. Faculty diversity is already a part of the Rutgers University Strategic Plan. It should be linked to the RBHS Strategic Plan and, in turn, the plans of each school and entity that make up RBHS. Attainment of diversity must be linked to achieving institutional mission and excellence.

3. Targets and goals should be set which are in keeping with the Affirmative Action Plan (AAP) and other strategic priorities. The goal of increasing underrepresented minority faculty should be done in a sensitive manner that promotes attainment to fulfill the goal of inclusion of all groups. This will position RBHS and, in turn, Rutgers University as a leader in underrepresented minority faculty.

4. Faculty members and the administration must work together as a team to foster and nurture each school's diversity. We must develop a process for documenting and marketing RBHS's commitment and attainment of an inclusive climate and culture. This will benefit all faculty by distinguishing RBHS as an inspiring and motivating place where achieving excellence and "thriving" as an individual and professional are synonymous goals.
5. Consider establishing an organizational structure that demonstrates commitment of RBHS to diversity. For example: an Office for Diversity and Inclusion with a Vice Chancellor position with expertise on all matters related to diversity and inclusive excellence who can guide, advise, set accountability and generate reports on goal attainment. Awards and incentives like President Barchi's diversity recruitment and strategic funding to schools and units should be considered as measures to assist in goal attainment.
6. Collaboration on diversity-related initiatives and networking events.

Recruitment or "Attraction "of a Diverse Faculty

1. Re-define the search process with ads that give attention to training, composition, and use of terms that may attract diverse applicants. Structure interviews and campus visits in a way that include celebrates the diversity of our campus. Completion of the Attachment H should be viewed as a serious commitment to diversity beyond adherence to affirmative action plans, with approval/denial of candidate pools that are not diverse. It is important that we challenge ourselves to attain the highest level of faculty diversity that will best meet the needs of our students, patients, trainees, and staff.
2. Showcase the RBHS institutional climate and how it values and supports a diverse faculty.
3. It is imperative that we seek to have a critical mass that is a requisite to having an opened stimulating environment.
4. A viable pipeline for recruitment can be attained through long term development of underrepresented students, residents, fellows and postdoctoral trainees with ongoing mentoring, development of academic plans, ongoing professional development with the goals of attracting them to an academic career. We have done this with a degree of success at New Jersey Medical School under initiatives such as Talent Pool Search while in medical school.
5. Careful attention must be paid to offering a competitive salary, which is not purely subject to negotiation especially if this is the first faculty position and the individual does not have experience with negotiation.

Retention and Advancement

1. Retention is even more critical for the attainment of the diversity mission across all RBHS institutions.

2. Mentoring was deemed critical and essential. This was a recurrent theme among focus group participants. While Dr. Strom has made this a requirement, careful attention must be paid to the structure within schools and units that promotes flexibility in the type of mentor needed to foster individual success. For some this may require racially concordant mentoring. Efforts should be made to match skill sets. This may entail cross-departmental or cross-institutional mentoring. There should be formal mentor training which includes best practices on how to work with a diverse faculty member such as the National Research Mentoring Network.
3. We must pay close attention to avoidance of the “minority/brown tax” at the expense of advancement opportunities. It is not uncommon that minority faculty experience an added burden to their career progression because they are often tapped to be on committees, selected to mentor minority students and junior colleagues of color, and shoulder the burden of teaching particular courses or increase patient care because of the need to represent the unit’s diversity.
4. There must be balance between junior and senior minority faculty – attention in terms of promotion, opportunities for leadership, and engagement in other decision-making roles such as strategic planning.
5. Team building among faculty is also an essential component employing activities that acknowledge our similarities and differences in a positive and important way.

In closing, our findings support that we are more likely to achieve diversity and inclusivity by becoming aware of the needs of historically underrepresented minorities. We look forward to a continual dialogue regarding the innovative strategies that will be designed and implemented. As strategies are developed, we recognize the need to establish measurable outcomes and associated implementation timelines. The Committee members would like to offer ourselves as a resource recognizing the importance of diverse and inclusive faculty as part of the overall plan of building faculty excellence. The Committee on Best Practices for the Recruitment and Retention of Minority Faculty would like to extend our utmost appreciation for the opportunity to present recommendations for your consideration.

Appendix 1

RBHS Underrepresented Faculty Distributions

Prepared by Robert Wieder, MD, PhD, RBHS-Newark Provost and reviewed at the Deans and Directors presentation on March 29, 2017

At the time of this report, SHP will be establishing benchmark data according to select health professions.



Committee on Best Practices for the Recruitment and Retention of Minority Faculty at RBHS

School (total n)	Percent women	National Data (total n)	Percent women
RSON (101)	90.1	American Association of Colleges of Nursing (18,765)	94.0
RSHP (467)	69.8		
RSPH (78)	65.3	Schools of Public Health	51.8
EMSOP (100)	50.1	Pharmacy Schools (6,021)	50.1
RWJMS (761)	46.8	Medical Schools (157,587)	38.6
NJMS (539)	38.4	Medical Schools (157,587)	38.6
RSDM (206)	28.6	Dental Schools (4,735)	36.8
RBHS (2254)	50.7		

Rutgers Biomedical and Health Sciences

School (total n)	Percent African American	National Data (total n)	Percent African American
RSPH (78)	11.5	Schools of Public Health	5.6
RSON (101)	10.9	American Association of Colleges of Nursing (18,765)	7.5
RSHP (467)	5.6		
NJMS (539)	5.6	Medical Schools (157,587)	3.0
RSDM (206)	3.4	Dental Schools (4,735)	5.1
RWJMS (761)	3.3	Medical Schools (157,587)	3.0
EMSOP (100)	0	Pharmacy Schools (6,021)	4.6
RBHS (2254)	4.7		

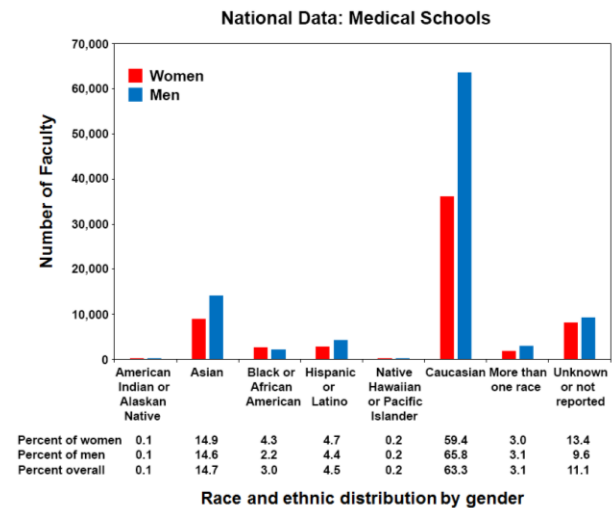
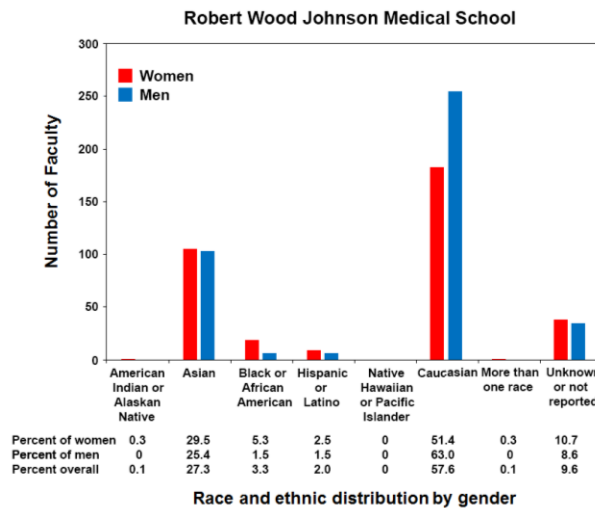
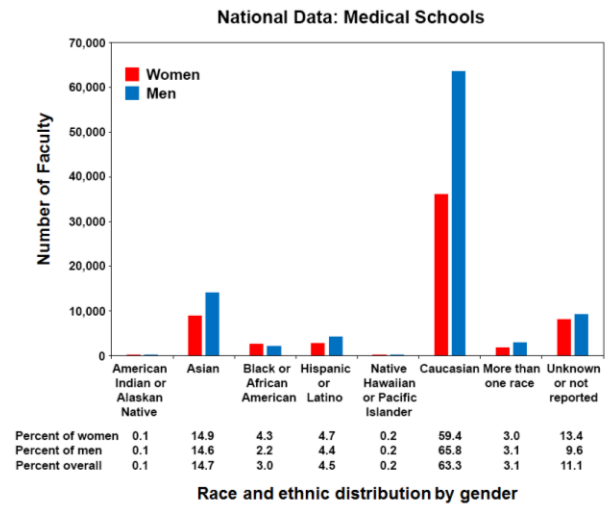
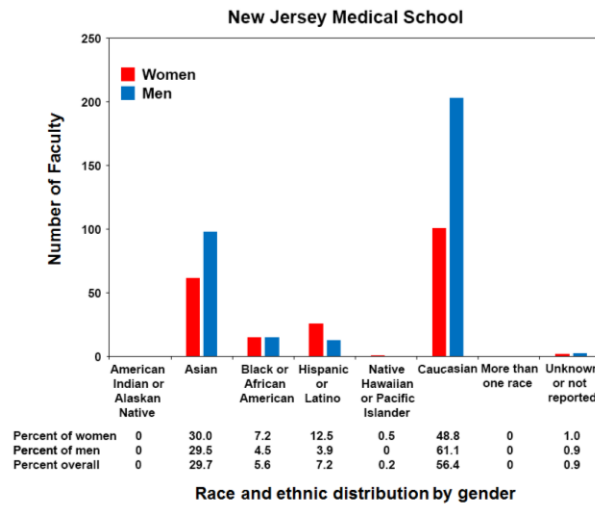
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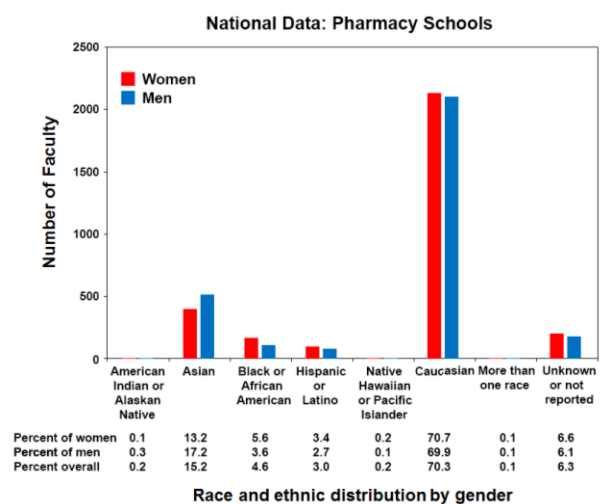
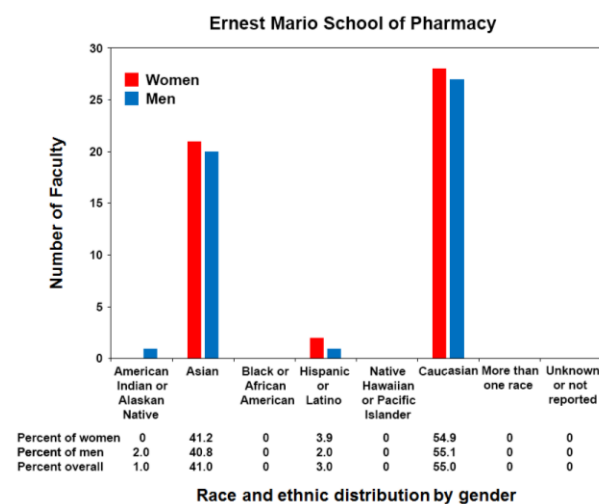
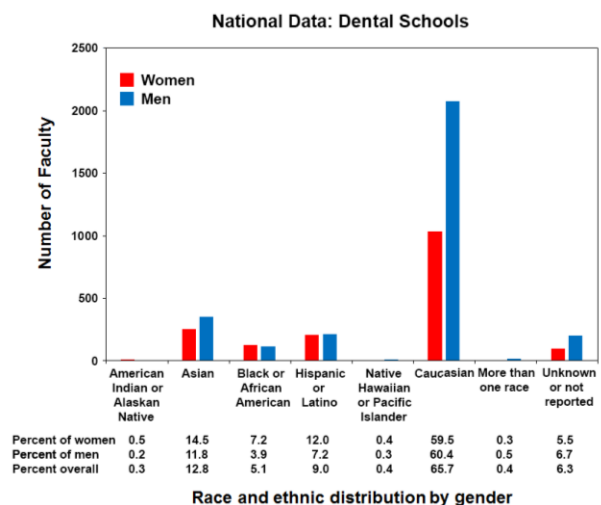
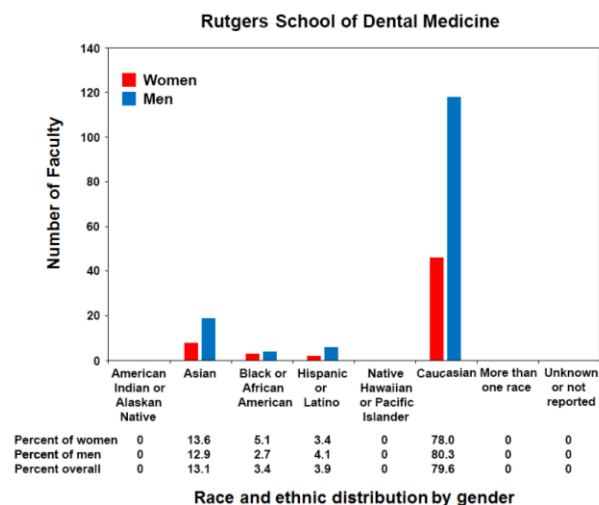
School (total n)	Percent Hispanic or Latino	National Data (total n)	Percent Hispanic or Latino
NJMS (539)	7.2	Medical Schools (157,587)	4.5
RSDM (206)	3.9	Dental Schools (4,735)	9.0
RSHP (467)	3.2		
EMSOP (100)	3.0	Pharmacy Schools (6,021)	3.0
RWJMS (761)	2.0	Medical Schools (157,587)	4.5
RSPH (78)	1.3	Schools of Public Health	9.0
RSON (101)	1.0	American Association of Colleges of Nursing (18,765)	2.6
RBHS (2254)	3.6		

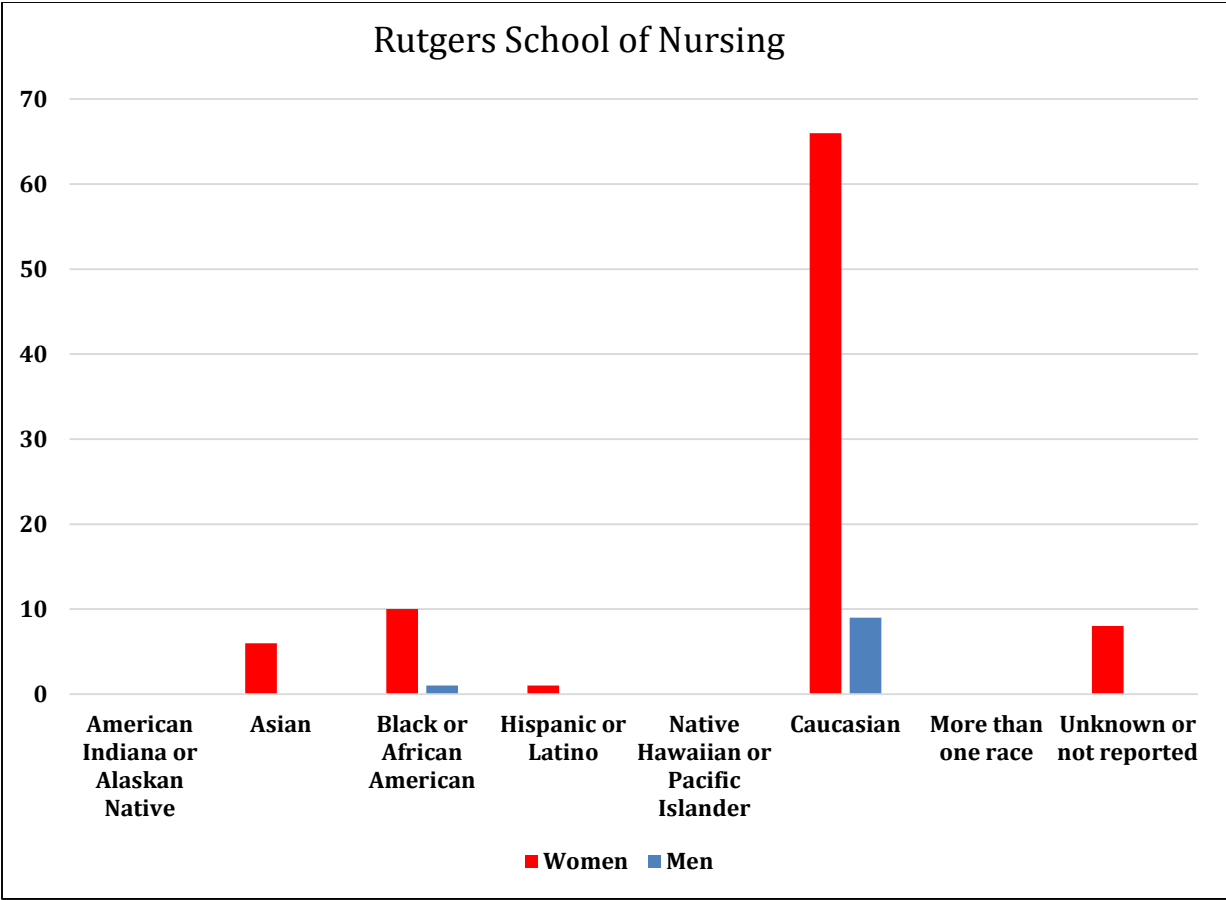
Rutgers Biomedical and Health Sciences

School (total n)	Percent Asian	National Data (total n)	Percent Asian
EMSOP (100)	41.0	Pharmacy Schools (6,021)	15.2
NJMS (539)	29.7	Medical Schools (157,587)	14.7
RWJMS (761)	27.3	Medical Schools (157,587)	14.7
RSPH (78)	24.4	Schools of Public Health	13.7
RSDM (206)	13.1	Dental Schools (4,735)	12.8
RSHP (467)	10.5		
RSON (101)	5.9	American Association of Colleges of Nursing (18,765)	3.1
RBHS (2254)	22.6		

Rutgers Biomedical and Health Sciences

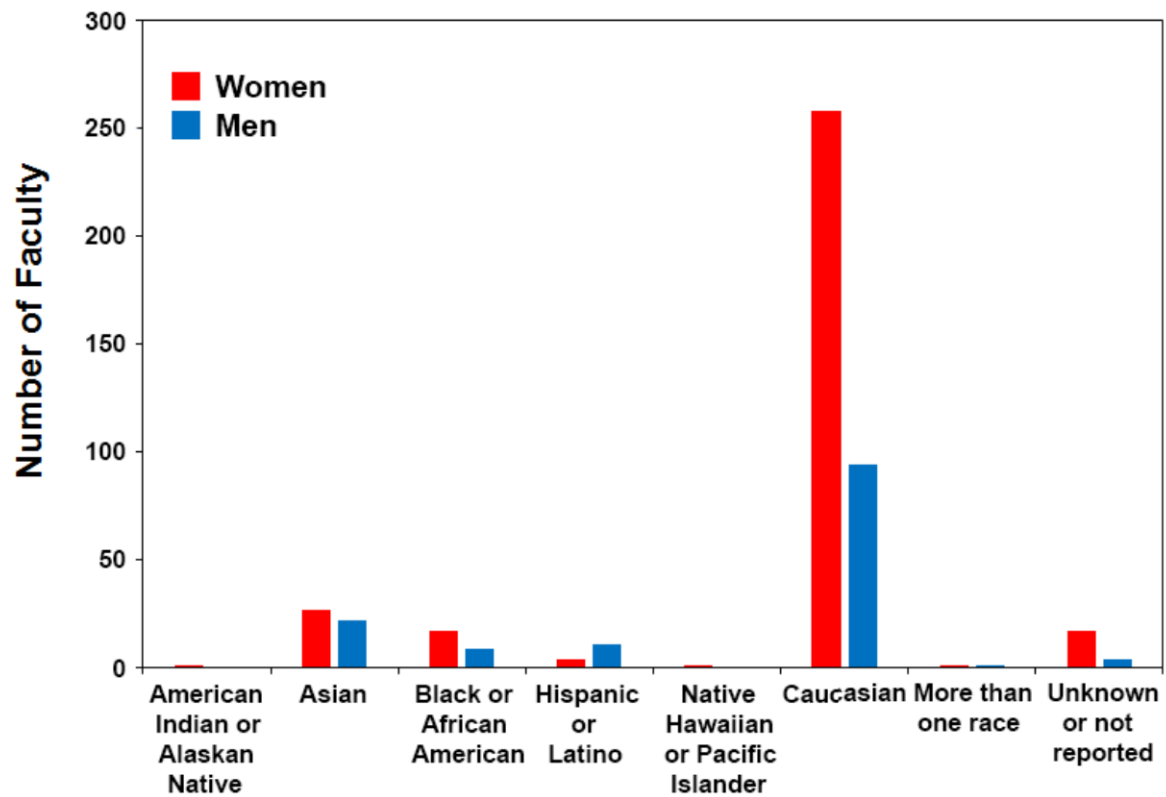






Percent of women	0	6.6	11.0	1.1	0	72.5	0	8.8
Percent of men	0	0	10.0	0	0	90.0	0	0
Percent overall	0	5.9	10.9	1.0	0	74.2	0	8.0

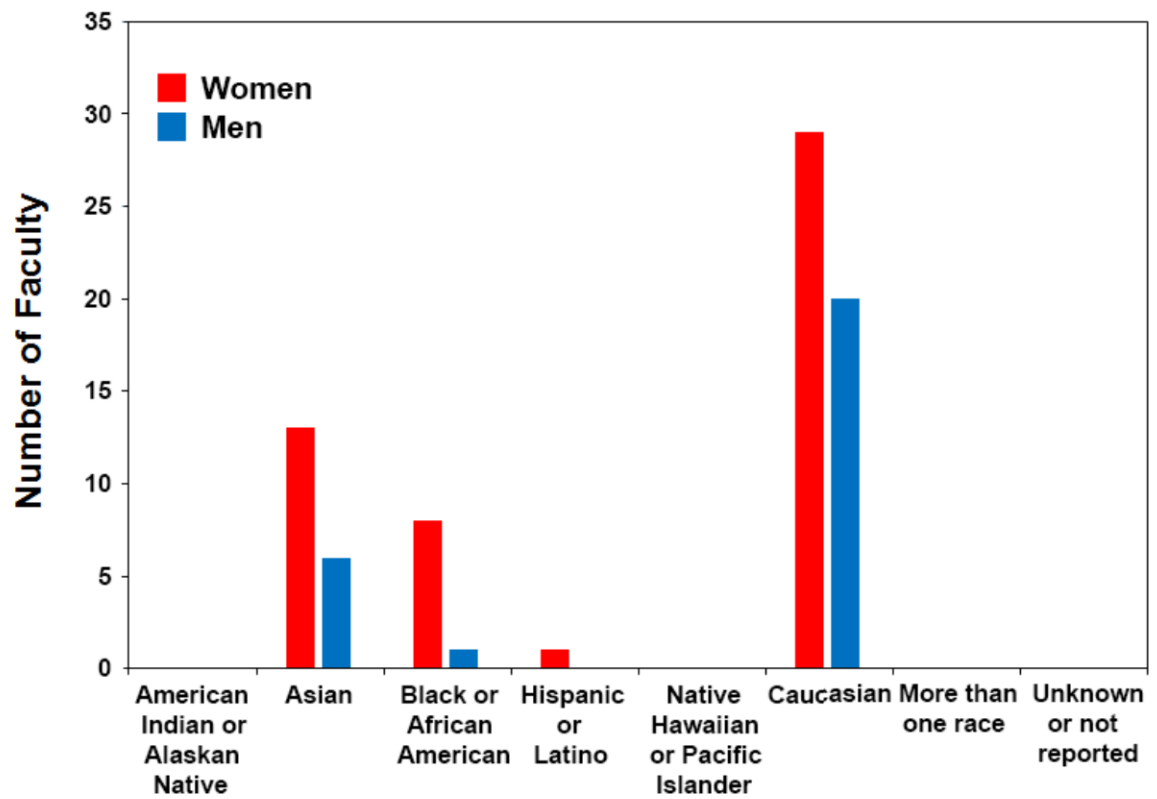
School of Health Professions



Percent of women	0.3	8.3	5.2	1.2	0.3	79.1	0.3	5.2
Percent of men	0	15.6	6.4	7.8	0	66.7	0.7	2.8
Percent overall	0.2	10.5	5.6	3.2	0.2	75.4	0.4	4.5

Race and ethnic distribution by gender

School of Public Health



Percent of women	0	25.5	15.7	2.0	0	56.9	0	0
Percent of men	0	22.2	3.7	0	0	74.1	0	0
Percent overall	0	24.4	11.5	1.3	0	62.8	0	0

Race and ethnic distribution by gender

Appendix 2

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Minority Faculty/Student Perceptions

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