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# The Power of Collective Action:

## Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools

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Association of
American Medical Colleges

# **The Power of Collective Action:**
# Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools

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The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 157 accredited U.S. medical schools; 14 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and nearly 80 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC's U.S. membership and expanded its reach to international academic health centers. Learn more at aamc.org.

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# FORWARD

For decades, members of the academic medicine community have sought sustained action and accountability from medical school leaders to accelerate meaningful change that supports diversity, equity, and inclusion (DEI). This desire achieved a renewed sense of urgency amid the novel coronavirus pandemic and growing public outrage over systemic racism in the United States. Following the release of the AAMC's strategic plan and the AAMC Framework for Addressing and Eliminating Racism at the AAMC, in Academic Medicine, and Beyond in October 2020, the AAMC Council of Deans (COD) Administrative Board explored concrete actions leaders can take to advance DEI at their institutions locally and extend that impact nationally. The Administrative Board chose to partner with leaders of the AAMC's Action Plan 3, which aims to equip medical schools and teaching hospitals and health systems to become more inclusive, equitable organizations, to launch the COD Collective Action Initiative (CAI) on Advancing Diversity, Equity, and Inclusion (DEI). This initiative provided an opportunity to help medical schools improve their climate and culture through the collective administration of the AAMC's Diversity, Inclusion, Culture, and Equity (DICE) Inventory. Through this strategic call to action, the COD Administrative Board hoped to demonstrate a collective commitment to sustained action and accountability within the COD, outline specific strengths and areas for improvement related to DEI, and create a holistic strategy where DEI is integrated into all operations and mission areas.

On behalf of the AAMC and the COD, we are pleased to present this report, *The Power of Collective Action: Assessing and Advancing Diversity, Equity, and Inclusion Efforts at AAMC Medical Schools,* which details the results of the 101 AAMC-member medical schools that each completed the DICE Inventory. The data in this report are a snapshot in time representing the range of policies, practices, and programs schools have implemented to impact the climate and culture related to DEI. This publication is a valuable resource to all medical school leaders. It highlights areas of strength and

# FORWARD

practices that medical schools across the country can adopt to foster a diverse, equitable, and inclusive culture for their campuses. Likewise, the publication identifies opportunities for improvement, whether through changes at the university and school levels or through the development of resources, tools, and learning activities in collaboration with the AAMC.

Assessing policies, practices, and programs at the institution and school levels is a first step toward ensuring that academic medicine is well-positioned to cultivate a diverse and culturally prepared workforce, advance inclusion excellence, promote equity advancement, and enhance engagement with local communities. To make the most of this important step, the academic medicine community will need to remain committed to collective action, working together to acknowledge the limitations of current practices, identify and overcome barriers to implementing effective policies and programs, and continue to monitor metrics around the effectiveness of our efforts to achieve the desired outcomes.

It is our hope that this publication prompts conversation on your campus and nationally, spurring momentum to address these critical issues collectively and collaboratively. We are inspired by this proactive approach and accomplishment by the COD to collectively focus on achieving transformational change in our learning and workplace environments.

Sincerely,

Alison J. Whelan, MD
Chief Academic Officer, AAMC

David A. Acosta, MD
Chief Diversity and Inclusion Officer, AAMC

Henri Ford, MD, MHA
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# EXECUTIVE SUMMARY

Members of the academic medicine community have long expressed a desire for sustained action and accountability from medical school leaders to accelerate meaningful change that supports diversity, equity, and inclusion (DEI).

Following the release of the AAMC's strategic plan and the AAMC Framework for Addressing and Eliminating Racism at the AAMC, in Academic Medicine, and Beyond, the Council of Deans (COD) Administrative Board sought a process to identify concrete actions leaders can take to advance DEI at their institutions locally and extend that impact nationally. **In collaboration with the AAMC, the COD Administrative Board launched the COD Collective Action Initiative (CAI) on Advancing Diversity, Equity, and Inclusion (DEI) to help medical schools improve their climate and culture through collective administration of the Diversity, Inclusion, Culture, and Equity (DICE) Inventory.**

The DICE Inventory is a tool designed to aid leaders in conducting a comprehensive review of institutional policies, practices, procedures, and programs that contribute to a diverse, equitable, and inclusive culture and climate for students, faculty, staff, and administrators. The AAMC offered complimentary access to the DICE Inventory, along with additional resources and support for completing it, to COD members who agreed to return their medical school's data by May 1, 2022. In preparation for the CAI, COD members were each asked to assemble a team of individuals from across their institution to engage in a series of reflective and evidence-based discussions to collaboratively complete the inventory.

The DICE Inventory assesses DEI efforts at one's institution with 89 questions, grouped by six content areas (e.g., "Data and Assessment") and 15 sub-content areas (e.g., "Culture and Climate Data Collection and Reporting"). The response options for each question are "Yes," "No," and "Not applicable (N/A)." While not mandatory for

completion, the AAMC strongly recommended that medical school teams identify evidence — whether local data, policies, or practices — to support their answers to the DICE Inventory questions and submit that information as part of this project. This data has been summarized in this report to provide examples of common DEI practices within each section that others may consider adopting. As a result of completing the DICE Inventory, institutions were provided with an individual school report that outlined what the Inventory identifies as "strengths" (e.g., areas where schools indicated "Yes" to having DEI policies, practices, procedures, and programs per the DICE Inventory questions) and "areas for improvement" (e.g., areas where schools indicated "No" and did not report DEI policies, practices, procedures, and programs). The school report uses a color-coded scoring system to indicate whether the school had reported substantial DEI efforts (e.g., labelled green and representing more than 80% "Yes" responses), moderate efforts (e.g., yellow representing between 60% and 80% "Yes" responses), or areas for improvement (e.g., red representing below 60% "Yes" responses) in each subsection.

Overall, 101 U.S. and Canadian medical school deans agreed to participate in this initiative, which represented 64% of all U.S. medical schools (99/155).

**Major findings from the CAI include:**

- **Approximately 60% of medical schools had a total score of above 80% across all DICE Inventory items. No significant differences were observed based on medical school region, faculty size, ownership type (e.g., private or public), or accreditation year (e.g., before or after year 2000).**
- **Across all medical schools, the average scores for all subsections within the "Governance, Leadership, and Mission" and "Students" inventory sections were above 80%.**
- **Across all medical schools, the average scores for all subsections within the "Data and Assessment" inventory section were between 66% and 73%.**
- **Over 40% of medical schools scored below 60% in the subsections "Faculty and Staff: DEI Staff Recruitment and Development" and "Institutional Planning: Strategic Planning and Accountability."**

# EXECUTIVE SUMMARY

Using the DICE Inventory helped medical schools identify areas for improvement for creating a holistic strategy where DEI is integrated into all operations and mission areas. Medical schools reported plans to use their findings from the DICE Inventory to begin making policy changes, inform their strategic planning, and support LCME accreditation documentation and ongoing improvement efforts.

In this report, we offer our reflections on the state of DEI at medical schools based on the data from this initiative and considerations for moving forward together as an academic medicine community. As part of this work, it will be important to examine promising policies and practices that can help institutions advance their local cultures and climates. Ultimately, our hope is that students, faculty, staff, and the communities we serve will feel the impact of these institutional changes and know they are valued, they belong, and they can thrive in our medical school communities.

SECTION 01

# INTRODUCTION

## Council of Deans (COD) Collective Action Initiative (CAI) on Advancing Diversity, Equity, and Inclusion (DEI)

**In December 2021, the Council of Deans (COD) launched a Collective Action Initiative (CAI) focused on advancing diversity, equity, and inclusion (DEI) within AAMC-member medical schools. The initiative was designed to demonstrate the COD's commitment to these values at the national leadership level within academic medicine and to make real change.**

The initiative emerged in response to repeated calls from the academic medicine community for sustained action and accountability to accelerate meaningful change supporting DEI — calls that were renewed with a sense of urgency amid the novel coronavirus pandemic and growing public outrage over systemic racism. These discussions, led by the COD Administrative Board, coincided with the release of the AAMC Strategic Plan, part of which seeks to "equip medical schools and teaching hospitals and health systems to become more inclusive, equitable organizations," and the "AAMC Framework for Addressing and Eliminating Racism at the AAMC, in Academic Medicine, and Beyond" which provided a unique opportunity for the Administrative Board to commit to and support this work.

The initiative invited COD members to participate in collective administration of the Diversity, Inclusion, Culture, and Equity (DICE) Inventory,[1] a tool designed for leaders of academic institutions to assess progress toward building a climate and culture that sustains DEI strategically and holistically. The AAMC offered complimentary access to the inventory, along with additional resources and support for completing it, to COD members who agreed to return their medical school data by the stated deadline. COD Administrative Board signed on to the initiative to demonstrate their unified commitment to this critical work.

# INTRODUCTION

In preparation for the initiative, AAMC Chief Diversity and Inclusion Officer David Acosta, MD, and his colleagues hosted a webinar about the DICE Inventory for COD members in December 2021. Following the webinar, all COD members received an invitation to participate.

**In agreeing to participate, deans committed to:**

- **Assembling a team of engaged individuals from across the institution to complete the inventory during the administration period of Feb. 1-May 1, 2022.**
- **Leading a series of reflective and evidence-based discussions with the team to collaboratively complete the inventory.**
- **Returning the completed tool to the AAMC by May 1, 2022.**

This report presents the aggregated findings from the 101 medical schools that completed the DICE Inventory and submitted their results. In addition to providing a baseline illustration of where schools report activities, policies, or procedures (strengths) and where schools may lack activities, policies, or procedures (opportunities for improvement), this report seeks to expand on reported practices to aid all medical schools in bolstering their DEI efforts moving forward.

SECTION 02

# USING THE DICE INVENTORY TO ASSESS CULTURE AND CLIMATE

In December 2021, all U.S. and Canadian medical school deans were invited to participate in the Collective Action Initiative. During January 2022, deans were asked to invite individuals from across their institutions to be part of the DICE Inventory team. The DICE Inventory tool and support materials were released to participating medical schools on February 1, 2022, with the expectation that they return all data to the AAMC by May 1, 2022. From February through May, deans led their teams through a series of reflective and evidence-based discussions to complete the inventory.

## The Diversity, Inclusion, Culture, and Equity (DICE) Inventory[2]

"This tool was created to help institutions conduct a comprehensive review of institutional policies, practices, procedures, and programs that impact the climate and culture around diversity, equity, and inclusion."

The DICE Inventory was developed by the AAMC in collaboration with the Association of Public and Land-Grant Universities and the Coalition of Urban Serving Universities. The effort was funded by the California Wellness Foundation and piloted with eight medical schools and universities in California between 2016 and 2018. After the pilot period, the AAMC and founding partners revised the tool and released an updated version of the DICE Inventory for purchase in April 2021.

This tool was created to help institutions conduct a comprehensive review of institutional policies, practices, procedures, and programs that impact the climate and culture around diversity, equity, and inclusion. As a derivative of the AAMC's Diversity 3.0 Framework[3] (refer to Appendix 1), the DICE Inventory answers the call for academic institutions to conduct a full environmental scan of their diversity, equity, and inclusion efforts. The inventory is not a climate survey to assess attitudes and perceptions of students, faculty, or staff. Instead, the inventory contains institution- and school-level questions to assess characteristics of the institution and the policies, practices, procedures, and programs that contribute to a diverse, equitable, and inclusive culture for students, faculty, staff, and administrators. Further, in addition to having a foundation derived from the AAMC's Diversity 3.0 Framework, the inventory's content is based on DEI-focused research in higher education and the social sciences broadly.[2]

## USING THE DICE INVENTORY TO ASSESS CULTURE AND CLIMATE

An additional goal of this inventory is to provide institutions with a report outlining specific strengths (i.e., the presence of policies, practices, procedures, and programs) and areas for improvement (i.e., the absence of policies, practices, procedures, and programs) related to DEI. Scoring of the DICE Inventory is described below. While identifying areas of strength and opportunity are not objective measures of effectiveness of these policies, practices, procedures, and programs, the DICE Inventory allows them to be tracked and documented. The DICE Inventory acts as both a quantitative and qualitative data collection tool, whereby a facilitator guides a team in a set of conversations to understand the present state of the institution's efforts to advance DEI and complete the assessment. For the COD CAI, the dean served as the primary contact and facilitator for each medical school. While medical schools could choose how to complete the inventory, the AAMC suggested each medical school create a team of engaged individuals from across the institution, including representation from the offices of diversity and inclusion, student affairs, academic affairs, faculty affairs, human resources, admissions, and communications, among others. Some schools also involved individual faculty and staff members in these efforts. Team members were encouraged to collect information from preexisting data sources, such as the varying programs, practices, and policies in place at the institution or school, to help guide group discussions to jointly complete the DICE Inventory.[2]

## Best uses for the DICE Inventory[2]

**This inventory assists institutions in identifying next steps and helps incorporate DEI opportunities into institutional improvements and the strategic planning process.**

**Completing the DICE Inventory can help medical schools:**

- Gather data that provide a snapshot of efforts that impact the current culture and climate of the institution as it pertains to DEI.
- Improve evidence and the use of data that help institutions enhance and expand a culturally sensitive, diverse, and prepared health workforce to improve health and health equity.
- Document institutional efforts that demonstrate evidence related to accreditation requirements for DEI.
- Improve organizational climate and culture by identifying specific strengths and areas for improvement related to DEI.
- Inform strategic planning for DEI initiatives.
- Assist leaders in making changes that support the success of historically marginalized students, faculty, administrators, and staff across the institution and in the health professions.
- Promote greater diversity in leadership ranks at the institutional level and in the health professions.[2]

## DIVERSITY, INCLUSION, CULTURE, AND EQUITY (DICE) INVENTORY

### DICE Inventory Items and Scoring

The DICE Inventory is presented as a Microsoft Excel file that contains 89 questions, organized into six overall content areas sections and 15 subsections. Within each subsection, the "Descriptor" column contains additional information about the groups of questions provided. The response options for each question are "Yes," "No," and "Not applicable (N/A)." Table 1 illustrates each section and the corresponding subsections.

***Table 1.*** **DICE Inventory Content Sections and Subsections**

| DICE INVENTORY SECTIONS (Abbreviation) | DICE INVENTORY SUBSECTIONS |
|---|---|
| Governance, Leadership, and Mission (GOV) | · Governance and Leadership Structures<br>· Mission, Vision, and Values |
| Institutional Planning and Policies (INST PL) | · Strategic Planning and Accountability<br>· Diversity, Inclusion, and Equity Policies |
| Communications and Engagement (COMM) | · Institutional History<br>· Diverse, Inclusive, and Equitable Communication<br>· Local and National Diversity, Inclusion, and Equity Engagement |
| Data and Assessment (DATA) | · Diversity, Inclusion, and Equity Data Collection and Reporting<br>· Culture and Climate Data Collection and Reporting<br>· Community Data Collection and Reporting |
| Faculty and Staff (FAC STF) | · Diverse, Inclusive, and Equitable Faculty Recruitment<br>· Diverse, Inclusive, and Equitable Faculty Scholarship, Promotion, and Development<br>· Diverse, Inclusive, and Equitable Staff Recruitment and Development |
| Students (STUDENTS) | · Diversity, Inclusion, and Equity-Valued Curricular and Cocurricular Experiences<br>· Diverse, Inclusive, and Equitable Student Development |

## DIVERSITY, INCLUSION, CULTURE, AND EQUITY (DICE) INVENTORY

Within the Excel file, a report tab calculates scores for each subsection based on responses to the DICE Inventory questions. For each subsection, the total number of items answered "Yes," "No," or "N/A" are shown. In the "Percentage Yes" column, the percentage of questions answered "Yes" is shown based on the totals of "Yes" and "No" responses. Questions answered "N/A" are not included in this calculation. To assist in interpretation, the report includes a "Response Summary Flag" column that uses a green/yellow/red color-coding system (Figure 1).

### DICE SCORING RUBRIC

- "Percentage Yes" scores above 80% that indicate **substantial DEI efforts have been made within the content area.**
- "Percentage Yes" scores from 60% to 80% that indicate **moderate DEI efforts have been made within the content area.**
- "Percentage Yes" scores below 60% that suggest **opportunities for improvement in DEI efforts within the content area.**

*Figure 1.* **Sample DICE Inventory Excel report.**

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**Diversity, Inclusion, Culture, and Equity (DICE) Inventory**

**DICE Inventory Report**

| The Inventory Content Areas | Total Items in Content Area | Inventory Yes | Inventory No | Inventory N/A | Percentage Yes | Response Summary Flag |
|---|---|---|---|---|---|---|
| **Governance, Leadership, and Mission** | **16** | | | | | |
| *Governance and Leadership Structures* | | 7 | 5 | 0 | 58.3% | ***This level indicates opportunities for improvements in your Diversity, Inclusion, Culture, and Equity efforts.*** |
| *Mission, Vision, and Values* | | 4 | 0 | 0 | 100.0% | ***This level indicates substantial Diversity, Inclusion, Culture, and Equity efforts.*** |
| **Institutional Planning and Policies** | **16** | | | | | |
| *Strategic Planning and Accountability* | | 3 | 1 | 0 | 75.0% | ***This level indicates moderate Diversity, Inclusion, Culture, and Equity efforts.*** |
| *Diversity, Inclusion, and Equity Policies* | | 0 | 0 | 12 | N/A | ***You responded "N/A" to all questions in this category.*** |
| **Communications and Engagement** | **12** | | | | | |
| *Institutional History* | | 0 | 0 | 6 | N/A | ***You responded "N/A" to all questions in this category.*** |

## DIVERSITY, INCLUSION, CULTURE, AND EQUITY (DICE) INVENTORY

As a publicly available tool, the AAMC does not ask schools to return data from the DICE Inventory as a requirement for use. For the COD Collective Action Initiative, the AAMC did collect all schools' inventory data to analyze and report back to the COD to spur collective action. While not mandatory, the CAI strongly encouraged schools to identify and report evidence — local data, policies, or practices — to support their answers to the DICE Inventory. Supporting evidence was entered into a separate column in the Excel tool next to each item for the purposes of this project. These data were summarized for this report and are presented as illustrative practices in the following "Results" section.

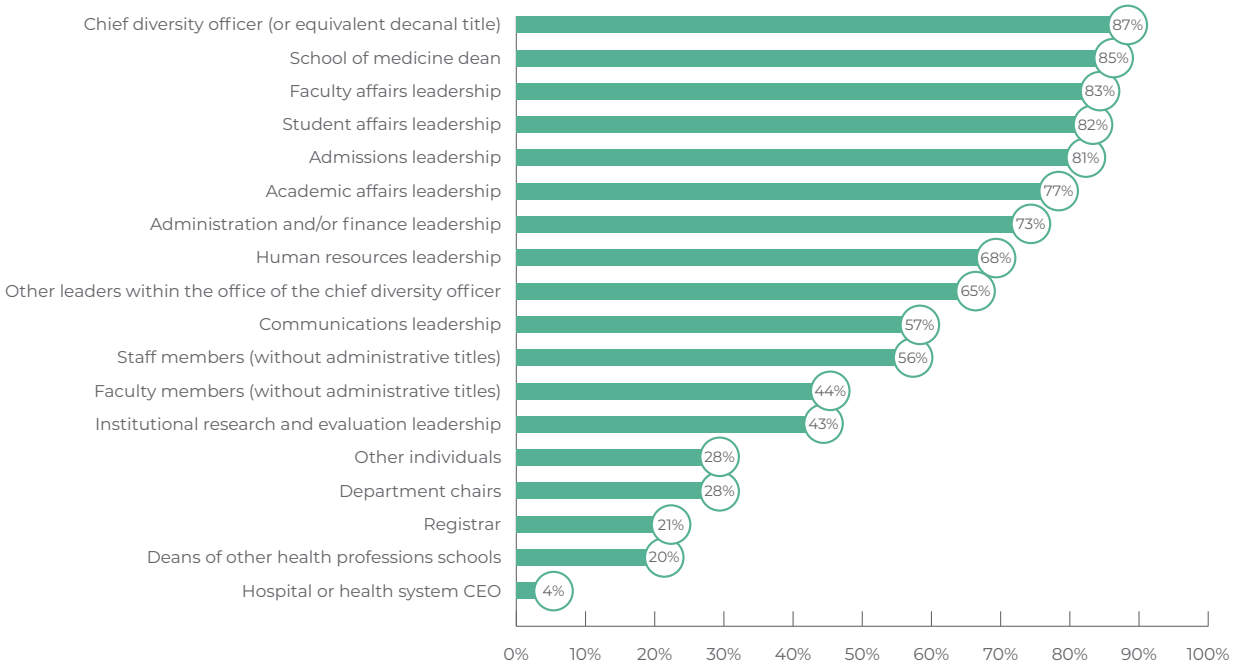
Finally, the AAMC added 12 questions to the DICE Inventory file for the Collective Action Initiative to gather feedback on how medical schools implemented the tool, the ease of understanding inventory questions, and how medical schools planned to use the findings. These questions were also optional for completion by project participants. AAMC DEI leadership reviewed the findings from this initiative and offer commentary on the current state of DEI at medical schools as well as thoughts on future directions as part of this report.

SECTION 03

# FINDINGS FROM THE DICE INVENTORY ADMINISTRATION

A total of 101 U.S. and Canadian medical schools returned their DICE Inventory data, including 64% of all U.S. medical school deans (99/155). This section provides an overview of DICE Inventory results across the 101 participating medical schools, with summary statistics provided for each subsection as well as for each item. Figure 2 illustrates the roles of individuals who participated on their medical school's DICE Inventory teams. The denominator for each DICE Inventory item-level analysis is 101. While optional, 79 of the 101 schools (78%) engaged teams in collecting and reporting supporting documentation as part of their completed inventory. These data were summarized and are presented in the "Common Institutional DEI Practices" section of this report. Including both the meeting time for teams and the collection of supporting evidence, participating schools reported that they spent on average 29 hours to complete the DICE Inventory, with time dedicated ranging from 1.5 hours to 200 hours across institutions.

***Figure 2.*** **Percentage of institutions with individuals participating as part of their DICE Inventory teams by institutional role type.**

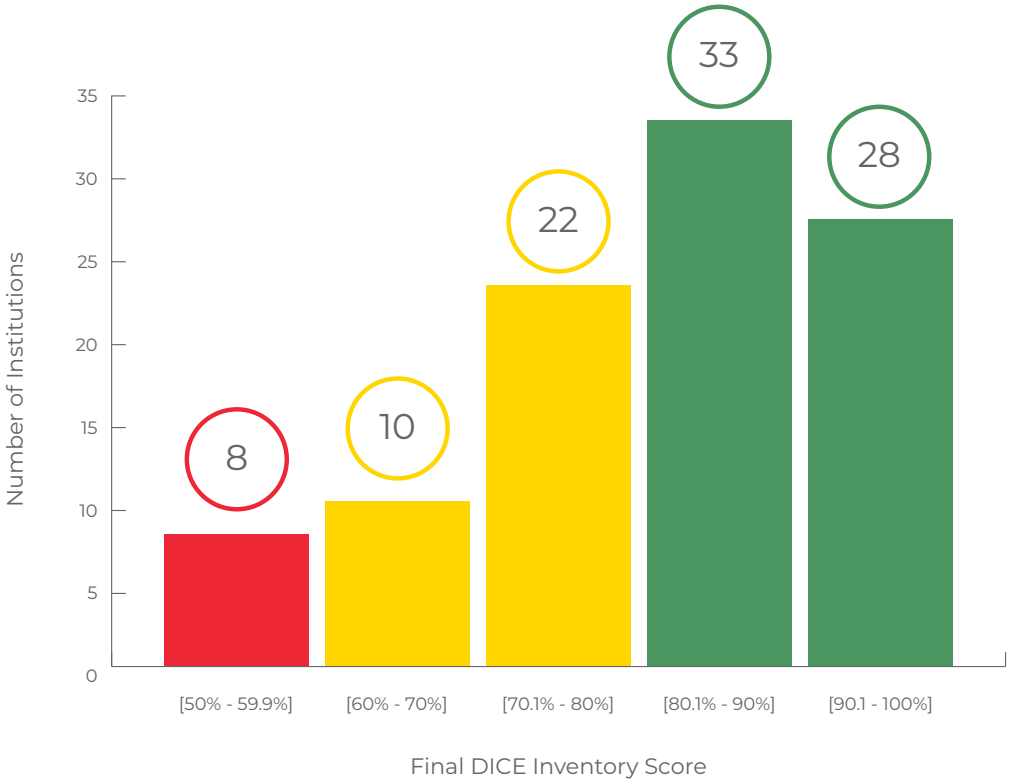



*Note: Only 94 of the 101 participating schools answered this question.*

# OVERVIEW OF DICE INVENTORY RESULTS

## Overview of DICE Inventory Results

***Figure 3.*** **Distribution of final DICE Inventory scores across all medical schools.**




### Key Takeaway

Approximately 60% of medical schools that completed the DICE Inventory had a total score of above 80%. The average score was 81.6%. No significant differences were observed based on medical school region, faculty size, ownership type (e.g., private or public), or accreditation year (e.g., before or after year 2000).

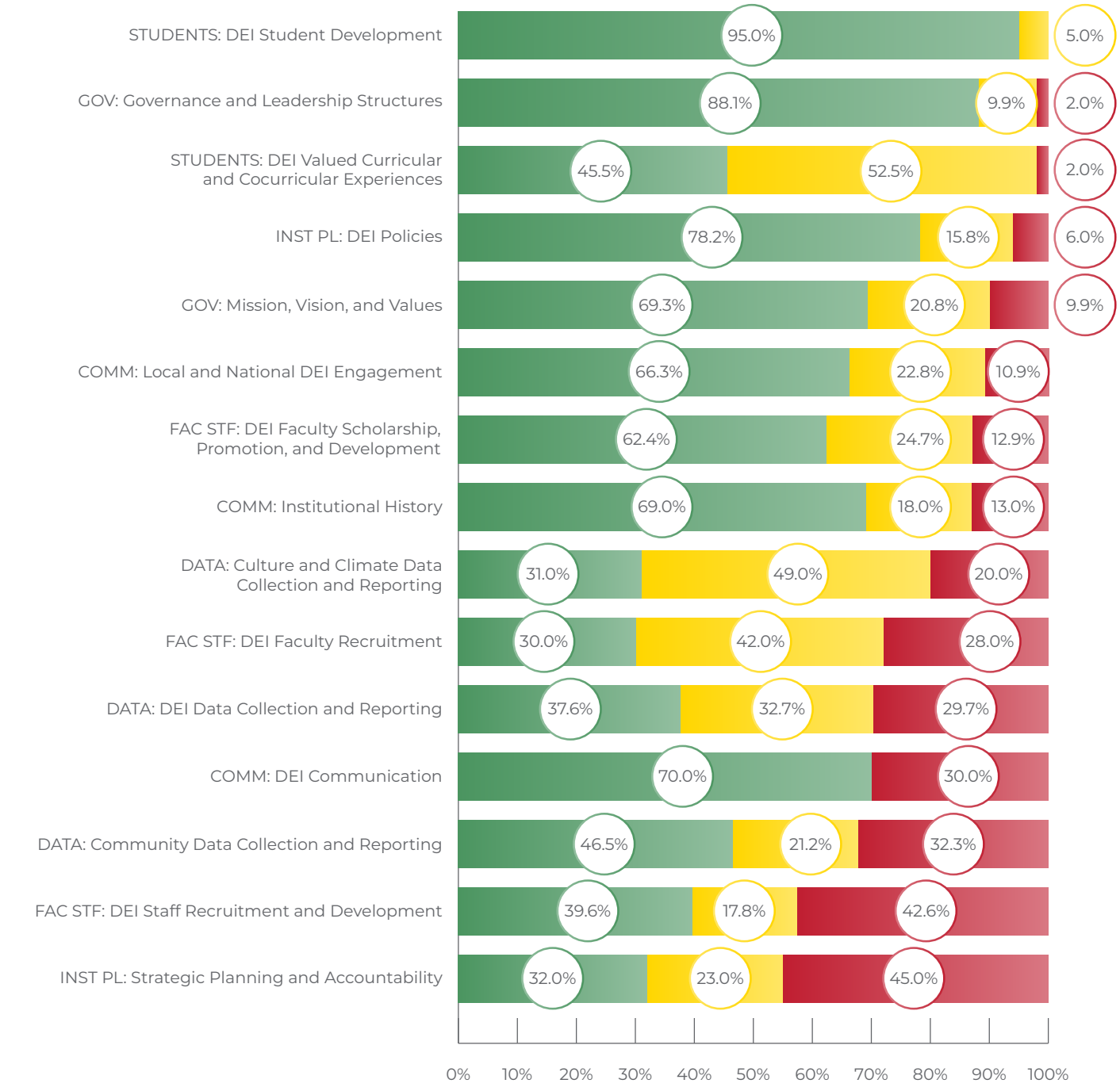
*Table 2.* **DICE Inventory Average Subsection Total Scores Across All Medical Schools**

| DICE Inventory Section | DICE Inventory Subsection | Average Subsection Total Score |
|---|---|---|
| Students | Diverse, Inclusive, and Equitable Student Development | **96.2%** |
| Governance, Leadership, and Mission | Governance and Leadership Structures | **91.8%** |
| Governance, Leadership, and Mission | Mission, Vision, and Values | **89.4%** |
| Communications and Engagement | Local and National Diversity, Inclusion, and Equity Engagement | **88.5%** |
| Institutional Planning and Policies | Diversity, Inclusion, and Equity Policies | **87.0%** |
| Students | Diversity, Inclusion, and Equity Valued Curricular and Cocurricular Experiences | **84.7%** |
| Communications and Engagement | Institutional History | **83.5%** |
| Faculty and Staff | Diverse, Inclusive, and Equitable Faculty Scholarship, Promotion, and Development | **80.5%** |
| Communications and Engagement | Diverse, Inclusive, and Equitable Communication | **79.5%** |
| Data and Assessment | Diversity, Inclusion, and Equity Data Collection and Reporting | **72.7%** |
| Data and Assessment | Culture and Climate Data Collection and Reporting | **71.0%** |
| Faculty and Staff | Diverse, Inclusive, and Equitable Faculty Recruitment | **69.5%** |
| Data and Assessment | Community Data Collection and Reporting | **66.5%** |
| Faculty and Staff | Diverse, Inclusive, and Equitable Staff Recruitment and Development | **65.5%** |
| Institutional Planning and Policies | Strategic Planning and Accountability | **64.2%** |

### Key Takeaway

The average subsection scores for the "Governance, Leadership, and Mission" and "Students" sections were above 80%, signified by the green rows. Conversely, all subsections related to "Data and Assessment" had an average score of between 66% and 73%, signified by the yellow rows.

***Figure 4.* Distribution of the percentage of medical schools that scored in the green, yellow, or red categories by subsection.**




Percentage of schools scoring in the green

Percentage of schools scoring in the yellow

Percentage of schools scoring in the red

*Note: Abbreviations for DICE Inventory sections are defined in Table 1.*

## Key Takeaway

Over 40% of medical schools scored below 60% in the "Faculty and Staff: DEI Staff Recruitment and Development" subsection and "Institutional Planning: Strategic Planning and Accountability" subsection.

*Table 3.* **Top 10 Scoring DICE Inventory Items Across All Medical Schools**

| DICE Inventory Section | Item Number | % 'YES' Responses | DICE Inventory Item |
|---|---|---|---|
| STUDENTS | **Q82** | **100.0%** | Does the institution/school have admissions policies and practices for encouraging a diverse class of students (e.g., holistic admissions policy)? |
| COMM | **Q44** | **99.0%** | Are institutional leaders active within local, regional, and national forums to promote equity, diversity, and inclusion? |
| STUDENTS | **Q80** | **98.0%** | Does the institution/school sponsor student organizations for diverse demographic groups? |
| INST PL | **Q21** | **98.0%** | Does the institution/school have a formal system in place for managing discrimination, bias, and harassment complaints? |
| GOV | **Q4** | **98.0%** | Have senior leaders (i.e., presidents/chancellors, chief academic officers, deans) shown commitment to diversity, inclusion, and equity through personal actions (e.g., new initiatives, providing funding for diversity-related efforts)? |
| GOV | **Q9** | **98.0%** | Does the institution/school incorporate students when making decisions related to diversity, inclusion, and equity issues? |
| STUDENTS | **Q85** | **98.0%** | Does the institution/school track its admissions outcomes (e.g., applications, interviews granted, matriculation offers, enrollment) by demographic group? |
| GOV | **Q5** | **97.0%** | Have senior leaders (i.e., presidents/chancellors, chief academic officers, deans) shown commitment to diversity, inclusion, and equity through their internal and external communications (e.g., public speeches, social media, other communications)? |
| GOV | **Q10** | **97.0%** | Does the institution/school have a dedicated office, staff, and resources to advance diversity, inclusion, and equity goals? |
| STUDENTS | **Q84** | **97.0%** | Does the institution/school have pipeline [sic] programs to increase college access and/or access to health careers from diverse backgrounds? |

### Key Takeaway

All medical schools stated they have admission policies and practices for building a diverse class of students and they sponsor student organizations for diverse demographic groups.

*Note: Abbreviations for DICE Inventory sections are defined in Table 1. The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

*Table 4.* **Bottom 10 Scoring DICE Inventory Items Across All Medical Schools**

| DICE Inventory Section | Item Number | % 'YES' Responses | DICE Inventory Item |
|---|---|---|---|
| INST PL | **Q19** | **35.6%** | Does the institution/school have performance incentives for schools or departments to achieve diversity, inclusion, and equity goals? |
| FAC STF | **Q71** | **39.6%** | Does the institution/school have processes to specifically assess staff candidates' contributions to diversity, inclusion, and equity (e.g., requiring candidates to submit a diversity statement)? |
| FAC STF | **Q62** | **43.6%** | Do the institution's/school's tenure and promotion policies specifically reward faculty scholarship and service on diversity, inclusion, and equity topics (e.g., pedagogy, research, and/or clinical practice centered on community engagement or outreach to underrepresented communities)? |
| DATA | **Q51** | **45.5%** | Does the institution/school provide disaggregated culture and climate data to schools, departments, or units to facilitate their diversity, inclusion, and equity action planning? |
| DATA | **Q50** | **46.5%** | Are culture and climate assessment data easily accessible to the campus community (e.g., via web-based portals, websites, reports)? |
| DATA | **Q45** | **48.5%** | Are demographic data on faculty, staff, student, and leadership easily accessible to the campus community (e.g., via web-based portals, websites, reports)? |
| FAC STF | **Q60** | **50.5%** | Does the institution/school have processes to specifically assess faculty candidates' contributions to diversity, inclusion, and equity (e.g., requiring candidates to submit a diversity statement)? |
| INST PL | **Q20** | **49.5%** | Are schools, departments, or units with successful diversity, inclusion, and equity initiatives rewarded or recognized by senior leadership? |
| FAC STF | **Q74** | **53.5%** | Does the institution/school have a staff service award to recognize contributions to diversity, inclusion, and equity? |
| STUDENTS | **Q79** | **54.5%** | Has the institution/school established spaces (e.g., cultural centers) for members of the campus community to gather with members of their own identity group? |

### Key Takeaway

Slightly less than 50% of medical schools reported they disseminate and publish the culture and climate data, as well as demographic data on faculty, staff, students, and leadership, they collect through websites or reports that can be easily accessed by the campus community.

*Note: Abbreviations for DICE Inventory sections are defined in Table 1. The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

# DICE INVENTORY SUBSECTION AND ITEM LEVEL STATISTICS

## Survey Subsection: Governance and Leadership Structures

**Subsection descriptions:**

1) Strategies to achieve diverse and equitable governance and leadership.
2) Leadership serves as diversity, inclusion, and equity role models.
3) Diverse campus stakeholders are engaged in governance and decision-making.
4) A diversity office or administrator has been established.

### *Table 5.* Governance and Leadership Structures

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 1 | Has the institution/school undertaken efforts to diversify and create a more inclusive board (trustees, advisors, visitors, governors) (e.g., targeted recruitment of diverse candidates)? | **76.2%** | 10.9% | 12.9% |
| 2 | Does leadership report to the board at least annually on the institution's/school's progress toward diversity, inclusion, and equity goals? | **82.2%** | 8.9% | 8.9% |
| 3 | Does the institution/school collect demographic data on campus leaders annually (i.e., board members, president/chancellor, provosts, deans and vice presidents, and department chairs)? | **83.2%** | 14.8% | 2.0% |
| 4 | Have senior leaders (i.e., presidents/chancellors, chief academic officers, deans) shown commitment to diversity, inclusion, and equity through personal actions (e.g., new initiatives, providing funding for diversity-related efforts)? | **98.0%** | 2.0% | 0.0% |
| 5 | Have senior leaders (i.e., presidents/chancellors, chief academic officers, deans) shown commitment to diversity, inclusion, and equity through their internal and external communications (e.g., public speeches, social media, other communications)? | **97.0%** | 2.0% | 1.0% |
| 6 | Have senior leaders (i.e., presidents/chancellors, chief academic officers, deans) responded to diversity, inclusion, and equity crisis events in ways that enhance community dialogue and trust? | **95.0%** | 4.0% | 1.0% |
| 7 | Does the institution/school have standing committees composed of diverse institutional stakeholders to advise senior leadership? | **95.0%** | 3.0% | 2.0% |
| 8 | Does the institution/school have a university senate or faculty senate committee on diversity, inclusion, and equity? | **63.4%** | 33.6% | 3.0% |

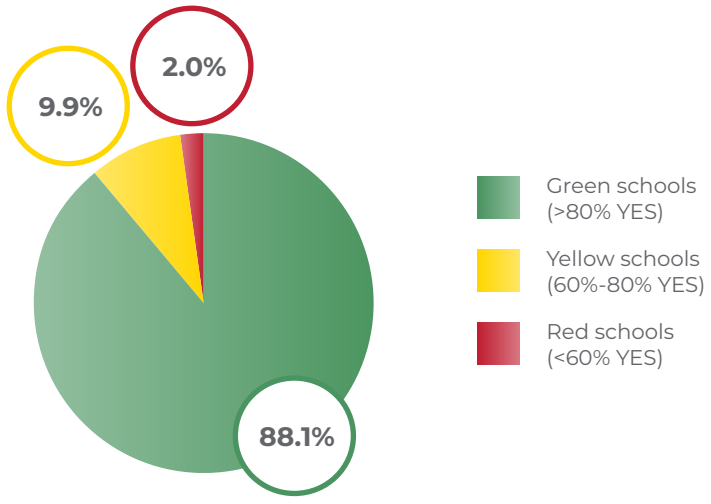
*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

*Table 5.* **Governance and Leadership Structures** *(continued)*

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 9 | Does the institution/school incorporate students when making decisions related to diversity, inclusion, and equity issues? | **98.0%** | 2.0% | 0.0% |
| 10 | Does the institution/school have a dedicated office, staff, and resources to advance diversity, inclusion, and equity goals? | **97.0%** | 3.0% | 0.0% |
| 11 | Does the institution/school have a senior-level diversity, inclusion, and equity administrator (e.g., associate/assistant provost or dean for diversity, chief diversity officer)? | **96.0%** | 4.0% | 0.0% |
| 12 | Is the senior level diversity, inclusion, and equity administrator part of the president, chancellor, or dean's executive committee/council/cabinet? | **92.1%** | 6.9% | 1.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **91.8%** | | |

*Figure 5.*

**School Distribution of Governance and Leadership Structures Subsection Total Scores.**




### Key Takeaway

Approximately 95% or more of all medical schools reported they have senior leaders who show commitment to DEI in their personal actions, in internal and external communications, and by responding to DEI crisis events in ways that enhance community dialogue and trust. Slightly less than two-thirds (63.4%) of schools had a university or faculty senate committee dedicated to DEI. Approximately 88% of medical schools scored greater than 80% in the "Governance and Leadership Structures" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Mission, Vision, and Values

**Subsection descriptions:**

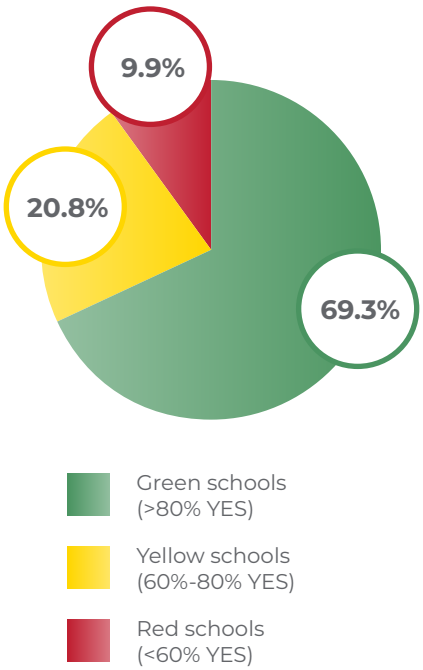
1) Diversity, inclusion, and equity are integrated and prioritized in the mission, vision, and values.

*Table 6.* **Mission, Vision, and Values**

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 13 | Is the value and benefit of diversity explicitly prioritized in the school's mission, vision, or values statement? | **89.1%** | 10.9% | 0.0% |
| 14 | Are diversity, inclusion, and equity goals included in the institution/school's strategic plans? | **93.1%** | 4.9% | 2.0% |
| 15 | Are strategic plan diversity, inclusion, and equity goals reviewed and reported on annually? | **82.2%** | 14.8% | 3.0% |
| 16 | Does the institution/school have an official definition of diversity that incorporates a broad range of demographic groups and identities beyond race/ethnicity and gender (e.g., disability, LGBTQ, gender identity)? | **87.1%** | 11.9% | 1.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **89.4%** | | |

*Figure 6.*

**School Distribution of Mission, Vision, and Values Subsection Total Scores.**




*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### Key Takeaway

A large majority of medical schools reported that DEI is prioritized in their school's mission, vision, or values statement (89.1%), is part of the school's strategic plan (93.1%), and is broadly defined by the institution to incorporate a range of identities beyond gender and race/ethnicity (87.1%) (e.g., sexual orientation, ability status, first-generation college students). While the average subsection total score was 89.4%, only 69.3% of schools had a total score greater than 80%.

## Survey Subsection: Strategic Planning and Accountability

**Subsection descriptions:**

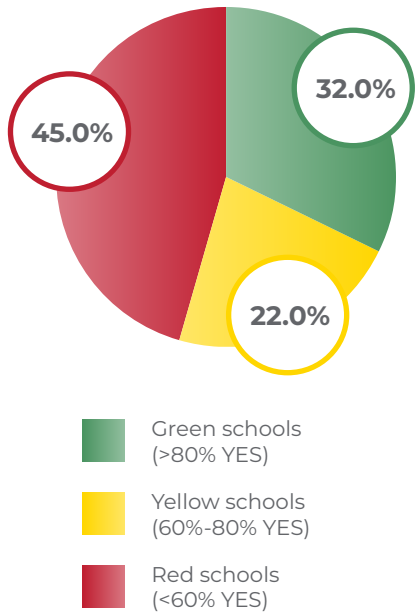
1) Accountability structures and processes exist for diversity, inclusion, and equity goals.

*Table 7.* **Strategic Planning and Accountability**

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 17 | Does the institution's/school's strategic plan or diversity plan identify individuals who are responsible and accountable for progress toward diversity, inclusion, and equity goals? | **79.2%** | 14.9% | 5.9% |
| 18 | Are there mechanisms for reporting annually on progress toward diversity, inclusion, and equity goals in the strategic plan? | **76.0%** | 19.0% | 5.0% |
| 19 | Does the institution/school have performance incentives for schools or departments to achieve diversity, inclusion, and equity goals? | **35.6%** | 58.4% | 6.0% |
| 20 | Are schools, departments, or units with successful diversity, inclusion, and equity initiatives rewarded or recognized by senior leadership? | **49.5%** | 46.5% | 4.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **64.2%** | | |

*Figure 7.*

**School Distribution of Strategic Planning and Accountability Subsection Total Scores.**




*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### Key Takeaway

"Strategic Planning and Accountability" was the subsection with the lowest average total score (64.2%) across all DICE Inventory subsections. Roughly one-third of schools (35.6%) reported having performance incentives for the school or departments to achieve DEI goals and about half of schools (49.5%) reported that senior leadership recognizes or rewards departments or units with successful DEI initiatives. Slightly less than half of medical schools (45.0%) scored below 60% in the "Strategic Planning and Accountability" Subsection.

## Survey Subsection: Diversity, Inclusion, and Equity Policies

**Subsection descriptions:**

1) Policies and processes to address discrimination, bias, and harassment.
2) Salaries and benefits are awarded equitably.
3) Diversity, inclusion, and equity integrated into policies and procurement.

### *Table 8.* Diversity, Inclusion, and Equity Policies

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 21 | Does the institution/school have a formal system in place for managing discrimination, bias, and harassment complaints? | **98.0%** | 1.0% | 1.0% |
| 22 | Are the policies and procedures to report discrimination, bias, and harassment complaints easily accessible to the campus community (e.g., via website, handbooks)? | **96.0%** | 3.0% | 1.0% |
| 23 | Does the institution/school have a preventative program or awareness campaign aimed at reducing discrimination, bias, and harassment on campus? | **89.1%** | 9.9% | 1.0% |
| 24 | Do the institution's/school's policies provide equitable access to employee benefits (e.g., health insurance benefits, tuition remission, retirement benefits) to all employees? | **94.0%** | 4.0% | 2.0% |
| 25 | Within the last five years, has the institution/school conducted an assessment of salary equity? | **86.1%** | 11.9% | 2.0% |
| 26 | Does the institution/school have a flexible parental/family leave policy that provides equal accommodation for all employees regardless of gender or sexual orientation? | **91.1%** | 6.9% | 2.0% |
| 27 | Does the institution/school have an inclusive and equitable paid leave policy for medical and other family caregiving responsibilities for all employees? | **85.1%** | 10.9% | 4.0% |
| 28 | Is the institution/school broad definition of diversity, inclusion, and equity incorporated into campus policies across the institution/school? | **79.2%** | 16.8% | 4.0% |
| 29 | Does the institution's/school's procurement policy encourage diversity among vendors and suppliers? | **78.2%** | 14.9% | 6.9% |
| 30 | Are institutional/school records and information systems sufficiently flexible to accommodate a student's self-identified gender identity? | **71.3%** | 27.7% | 1.0% |

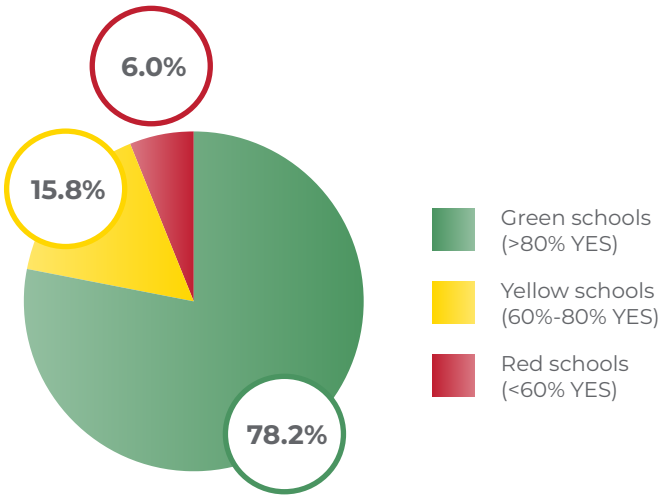
*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

*Table 8.* **Diversity, Inclusion, and Equity Policies** *(continued)*

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 31 | Has the institution/school implemented additional methods/practices to support individuals with disabilities (above and beyond what is required by local, state, and/or federal law)? | **69.3%** | 27.7% | 3.0% |
| 32 | Has the institution/school implemented additional methods/practices to support LGBTQ+ individuals (above and beyond what is required by local, state, and/or federal law)? | **79.2%** | 18.8% | 2.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **87.0%** | | |

*Figure 8.*

**School Distribution of Diversity, Inclusion, and Equity Policies Subsection Total Scores.**




### Key Takeaway

A large majority of medical schools reported having policies that provide equitable access to employee benefits (94.0%), flexible parental/family leave with equal accommodation regardless of gender and sexual orientation (91.1%), and inclusive and equitable paid leave for medical and other family caregiving responsibilities (85.1%) for all employees. Unlike the previous "Institutional Planning and Policies" subsection, 6% of medical schools scored less than 60% in the "Diversity, Inclusion, and Equity Policies" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Institutional History

**Subsection descriptions:**

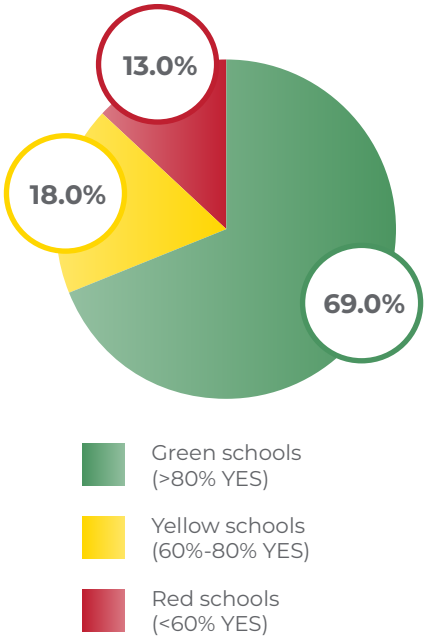
1) Past exclusionary practices have been addressed.
2) Local community history highlighted on campus.

### *Table 9.* Institutional History

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 33 | Does the institution/school examine its institutional history for exclusionary practices and periods (e.g., historical practices related to admissions, student services, hiring, unpaid labor, or curriculum related to underrepresented communities)? | **76.2%** | 18.8% | 5.0% |
| 34 | Within the past five years, has the institution/school assessed its communications, branding, icons, and displays for diversity, inclusion, and equity? | **82.2%** | 12.9% | 4.9% |
| 35 | Within the past five years, has the institution/school taken action to modify communications, branding, icons, or displays that may be perceived as noninclusive? | **81.2%** | 10.9% | 7.9% |
| 36 | Within the past five years, has the institution/school taken action to rectify historically exclusionary practices and periods? | **72.3%** | 17.8% | 9.9% |
| 37 | Has the institution/school incorporated visual displays on campus that highlight diversity, inclusion, and equity related to its history and the local community context and history (e.g., statues or icons, displaying artwork, naming buildings)? | **82.2%** | 16.8% | 1.0% |
| 38 | Does the institution/school highlight the contributions of diverse individuals from the organization's history or local community through ongoing events or activities (e.g., community grant-making, awards ceremonies)? | **80.2%** | 17.8% | 2.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **83.5%** | | |

*Figure 9.*

**School Distribution of Institutional History Subsection Total Scores.**




### Key Takeaway

Approximately 76% of medical schools reported examining their institutional history for exclusionary periods and practices (76.2%), such as those related to admissions, hiring, or curriculum, and 72.3% reported taking actions over the past five years to rectify these practices. Thirty-one percent of medical schools scored below 80% in the "Institutional History" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Diverse, Inclusive, and Equitable Communication

**Subsection descriptions:**

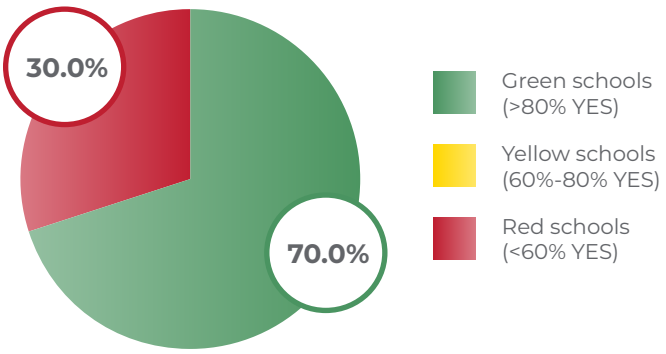
1) Diversity, inclusion, and equity goals are broadly communicated.

### *Table 10.* Diverse, Inclusive, and Equitable Communication

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 39 | Does the institution/school communicate diversity, inclusion, and equity goals to all staff, faculty, and students at least annually? | **76.2%** | 21.8% | 2.0% |
| 40 | Does the institution/school communicate on an ongoing basis with students, faculty, and staff about formal policies related to diversity, inclusion, and equity? | **80.2%** | 18.8% | 1.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **79.5%** | | |

*Figure 10.*

**School Distribution of Diverse, Inclusive, and Equitable Communication Subsection Total Scores.**




### Key Takeaway

Approximately 76% of medical schools communicate at least annually about their DEI goals with students, faculty, and staff. Similar to the previous "Communications and Engagement" subsection, 30% of medical schools scored below 80% in the "Diverse, Inclusive, and Equitable Communication" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses ,is available for purchase on the AAMC Store.*

## Survey Subsection: Local and National Diversity, Inclusion, and Equity Engagement

**Subsection descriptions:**

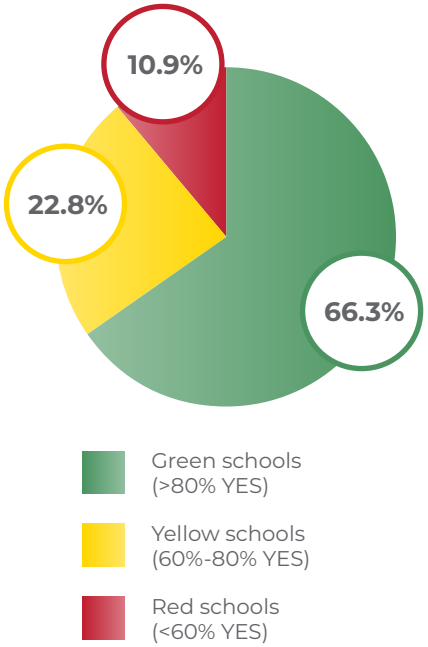
1) Community partnerships created to address local needs.
2) Institution is engaged with local and national diversity, inclusion, and equity policies.

### *Table 11.* Local and National Diversity, Inclusion, and Equity Engagement

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 41 | Has the institution/school developed a community engagement process to identify community priorities around research, service learning, volunteerism, and engagement? | **81.2%** | 16.8% | 2.0% |
| 42 | Does the institution/school prioritize development of community partnerships and/or community engagement initiatives in its current strategic plan? | **89.1%** | 10.9% | 1.0% |
| 43 | Does the institution/school advocate for policies and/or legislation at a local, state, or federal level related to its diversity, inclusion, and equity mission? | **75.3%** | 18.8% | 5.9% |
| 44 | Are institutional leaders active within local, regional, and national forums to promote equity, diversity, and inclusion? | **99.0%** | 1.0% | 0.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **88.5%** | | |

*Figure 11.*

**School Distribution of Local and National Diversity, Inclusion, and Equity Engagement Subsection Total Scores.**




*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### Key Takeaway

A large majority of medical schools reported prioritizing the development of community partnerships and community engagement in their current strategic plan (89.1%) and having community engagement processes to identify community priorities for research, service, learning, volunteerism, and engagement (81.2%). About one-third of medical schools (33.7%) scored below 80% in the "Local and National DEI Engagement" subsection.

## Survey Subsection: Diversity, Inclusion, and Equity Data Collection and Reporting

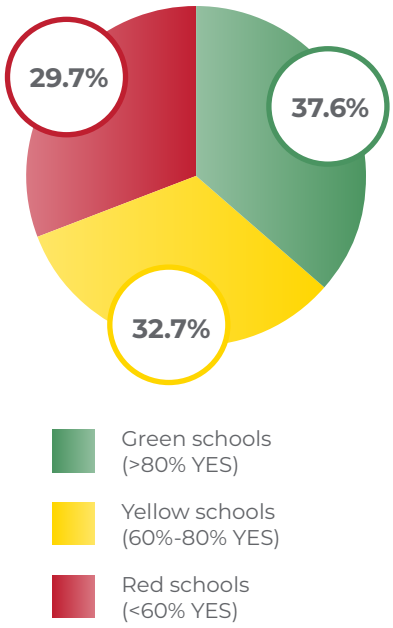
**Subsection descriptions:**

1) Diversity, inclusion, and equity data are regularly collected and shared with the campus community.
2) Diversity, inclusion, and equity data are leveraged for continuous improvement.

### *Table 12.* Diversity, Inclusion, and Equity Data Collection and Reporting

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 45 | Are demographic data on faculty, staff, student, and leadership easily accessible to the campus community (e.g., via web-based portals, websites, reports)? | **48.5%** | 46.5% | 5.0% |
| 46 | Does the institution/school provide demographic data to schools, departments, or units to facilitate their diversity, inclusion, and equity action planning? | **80.2%** | 16.8% | 3.0% |
| 47 | Have senior leaders used demographic data to promote change within the institution/school? | **85.1%** | 12.9% | 2.0% |
| 48 | Does the institution/school have an action plan for following up on the results of demographic data collection? | **63.4%** | 31.7% | 4.9% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **72.7%** | | |

### *Figure 12.* School Distribution of Diversity, Inclusion, and Equity Data Collection and Reporting Subsection Total Scores.




*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### Key Takeaway

While approximately 80% of medical schools reported that demographic data are made available at either the school, department, or unit level to facilitate DEI action planning, only 48.5% said that demographic data on students, faculty, staff, and leadership are easily accessible to the campus community via websites, reports, etc. Slightly more than one-third of medical schools scored more than 80% in the "DEI Data Collection and Reporting" subsection.

## Survey Subsection: Culture and Climate Data Collection and Reporting

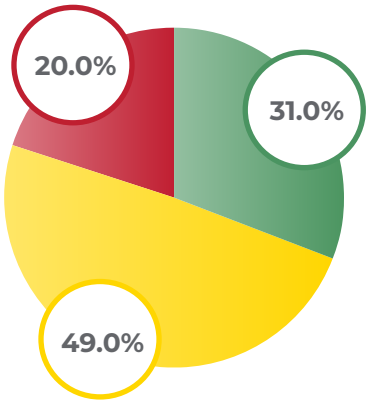
**Subsection descriptions:**

1) Culture and climate data are regularly collected and shared with campus community.
2) Culture and climate data are leveraged for continuous improvement.

### *Table 13.* Culture and Climate Data Collection and Reporting

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 49 | Within the past three to five years, has the institution/school conducted a culture and climate assessment (e.g., via surveys, focus groups or other methods)? | **87.1%** | 10.9% | 2.0% |
| 50 | Are culture and climate assessment data easily accessible to the campus community (e.g., via web-based portals, websites, reports)? | **46.5%** | 46.5% | 7.0% |
| 51 | Does the institution/school provide disaggregated culture and climate data to schools, departments, or units to facilitate their diversity, inclusion, and equity action planning? | **45.5%** | 45.5% | 9.0% |
| 52 | Within the past five years, have senior leaders used data from culture and climate assessments to undertake specific actions to improve climate? | **76.2%** | 18.8% | 5.0% |
| 53 | Are there mechanisms in place for future iterations of culture and climate assessments? | **81.2%** | 12.9% | 5.9% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **71.0%** | | |

### *Figure 13.* School Distribution of Culture and Climate Data Collection and Reporting Subsection Total Scores.




### Key Takeaway

Similarly, while 87.1% of medical schools reported conducting a culture and climate assessment within the past three to five years, only 46.5% reported that those data were easily accessible to the campus community, and 45.5% provided disaggregated data at the school, department, or unit level to facilitate action planning. Similar to the previous subsection, only 31% of medical schools scored more than 80% in the "Culture and Climate Data Collection and Reporting" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Community Data Collection and Reporting

**Subsection descriptions:**

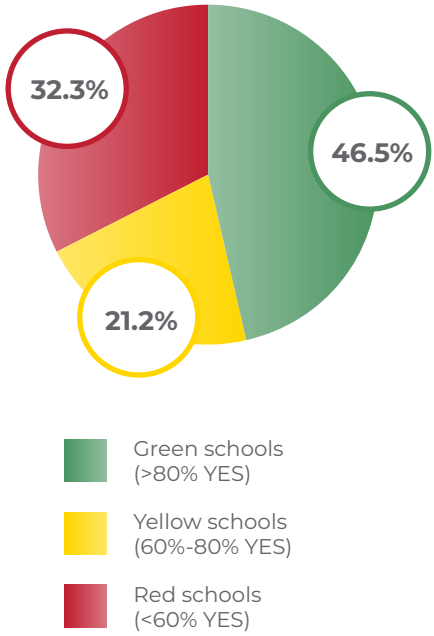
1) Collects data on community needs and perceptions.

### *Table 14.* Community Data Collection and Reporting

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 54 | Within the past five years, has the institution/school collected data on local community needs related to its mission such as improving workforce development or health equity? | **74.2%** | 23.8% | 2.0% |
| 55 | Did the institution/school include input from the local community in the development of its most recent strategic plan or in current institutional planning? | **61.4%** | 33.7% | 4.9% |
| 56 | Does the institution/school have a formal community advisory board that is engaged in the development of new initiatives and projects affecting the community? | **56.4%** | 39.6% | 4.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **66.5%** | | |

### *Figure 14.*

**School Distribution of Community Data Collection and Reporting Subsection Total Scores.**




### Key Takeaway

While a majority of medical schools have collected data over the past five years about local community needs related to the school's mission (74.2%), fewer have used this input for strategic planning (61.4%) and forming a community advisory board to aid in developing subsequent community initiatives or projects (56.4%). While 46.5% of medical schools scored over 80% in this subsection, approximately one-third of medical schools again scored less than 60%.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Diverse, Inclusive, Equitable Faculty Recruitment

**Subsection descriptions:**

1) Diversity, inclusion, and equity is actively pursued in faculty recruitment and hiring.

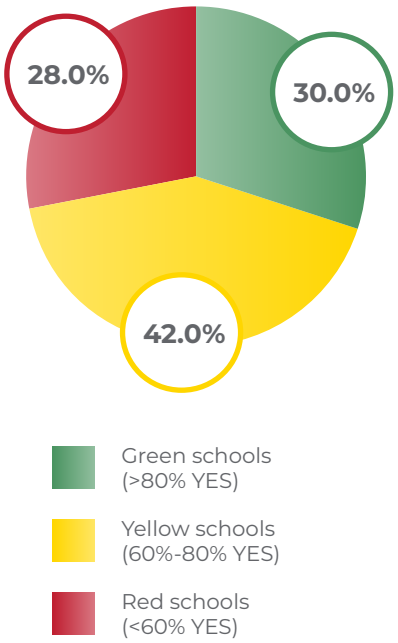
### *Table 15.* Diverse, Inclusive, Equitable Faculty Recruitment

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 57 | Does the institution/school have a diversity recruitment plan (e.g., utilizing data on national availability and characteristics of the applicant pool) in place to increase recruitment of faculty from diverse backgrounds? | **63.4%** | 34.6% | 2.0% |
| 58 | Does the institution/school require departments/units to assemble a diverse pool of candidates for faculty positions? | **67.3%** | 30.7% | 2.0% |
| 59 | Has the institution/school imbedded diversity, inclusion, and equity training/participation within the faculty hiring committee (e.g., diversity advocates or equity advisors serving on all hiring committees, all committee members participating in unconscious bias and/or cultural awareness training)? | **79.2%** | 17.8% | 3.0% |
| 60 | Does the institution/school have processes to specifically assess faculty candidates' contributions to diversity, inclusion, and equity (e.g., requiring candidates to submit a diversity statement)? | **50.5%** | 48.5% | 1.0% |
| 61 | Does the institution/school track faculty recruitment and hiring outcomes (e.g., applications, interviews granted, employment offers, acceptances) by demographic group? | **79.2%** | 17.8% | 3.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **69.5%** | | |

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

*Figure 15.*

**School Distribution of Diverse, Inclusive, Equitable Faculty Recruitment Subsection Total Scores.**




### Key Takeaway

About two-thirds of medical schools reported having a faculty diversity recruitment plan (63.4%) and require departments and units to assemble a diverse pool of candidates for faculty positions (67.3%). Forty-two percent of medical schools scored between 60% and 80% in the "DEI Faculty Recruitment" subsection.

## Survey Subsection: Diverse, Inclusive, and Equitable Faculty Scholarship, Promotion, and Development

**Subsection descriptions:**

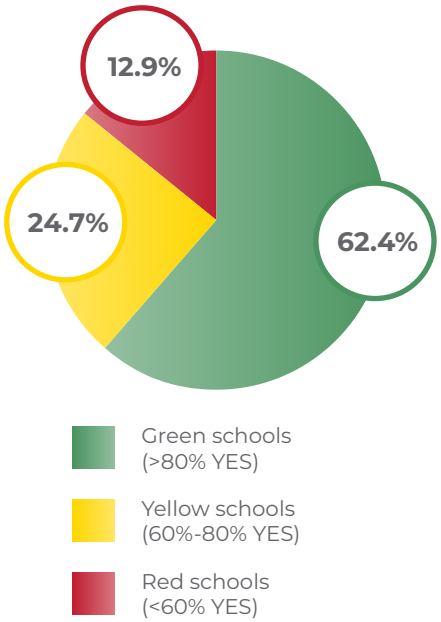
1) Research and service on diversity, inclusion, and equity topics are valued.
2) Policies and programs support diverse, inclusive, and equitable faculty in promotion and advancement.
3) Policies and programs support diverse, inclusive, and equitable faculty retention and professional development.

### *Table 16.* Diverse, Inclusive, and Equitable Faculty Scholarship, Promotion, and Development

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 62 | Do the institution's/school's tenure and promotion policies specifically reward faculty scholarship and service on diversity, inclusion, and equity topics (e.g., pedagogy, research, and/or clinical practice centered on community engagement or outreach to underrepresented communities)? | **43.6%** | 51.5% | 4.9% |
| 63 | Has the institution/school allocated resources to stimulate research on diversity, inclusion, and equity (e.g., hosting symposiums, grants, fellowships, research centers, faculty cluster programs)? | **77.2%** | 20.8% | 2.0% |
| 64 | Has the institution/school established formal procedures for faculty to successfully navigate the tenure and promotion process? | **94.1%** | 4.9% | 1.0% |
| 65 | Does the institution/school track faculty promotion and advancement outcomes (e.g., rank advancement, number of years in rank) by demographic group? | **72.3%** | 24.7% | 3.0% |
| 66 | Does the institution's/school's tenure and promotion policies offer accommodation and flexibility with regard to tenure clock stoppages? | **80.2%** | 4.0% | 15.8% |
| 67 | Does the institution's/school's support leadership training and development opportunities (e.g., travel grants, sponsored workshops) for faculty interested in advancing to senior leadership roles? | **94.0%** | 4.0% | 2.0% |
| 68 | Does the institution/school sponsor faculty affinity groups related to diversity, inclusion, and equity? | **76.2%** | 22.8% | 1.0% |
| 69 | Does the institution/school provide professional development programs or events for faculty from underrepresented backgrounds (e.g., networking, mentoring, social opportunities)? | **81.2%** | 16.8% | 2.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **80.5%** | | |

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### *Figure 16.* School Distribution of Diverse, Inclusive, and Equitable Faculty Scholarship, Promotion, and Development Subsection Total Scores.




### Key Takeaway

Slightly less than half of medical schools (43.6%) have promotion and tenure policies that specifically reward faculty scholarship and service on DEI topics, such as pedagogy, research, and/or clinical practice centered on community engagement or outreach to underrepresented communities. About 62% of medical schools scored over 80% in the "DEI Faculty Scholarship, Promotion, and Development" subsection.

## Survey Subsection: Diverse, Inclusive, and Equitable Staff Recruitment and Development

**Subsection descriptions:**

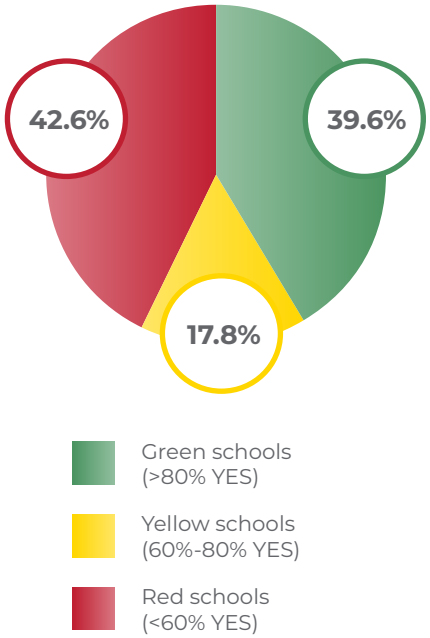
1) Diversity, inclusion, and equity are actively pursued in staff recruitment, development, and recognition.

### *Table 17.* Diverse, Inclusive, and Equitable Staff Recruitment and Development

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 70 | Does the institution/school track its staff recruitment outcomes (e.g., applications, interviews granted, employment offers, acceptances) by demographic group? | **67.3%** | 29.7% | 3.0% |
| 71 | Does the institution/school have processes to specifically assess candidates' contributions to diversity, inclusion, and equity (e.g., requiring candidates to submit a diversity statement)? | **39.6%** | 57.4% | 3.0% |
| 72 | Does the institution/school have a program or initiative for educating staff about the value of diversity, inclusion, and equity? | **83.2%** | 15.8% | 1.0% |
| 73 | Does the institution/school sponsor staff affinity groups related to diversity, inclusion, and equity? | **68.3%** | 29.7% | 2.0% |
| 74 | Does the institution/school have a staff service award to recognize contributions to diversity, inclusion, and equity? | **53.5%** | 43.5% | 3.0% |
| 75 | Does the institution/school provide professional development programs or events for staff from underrepresented backgrounds (e.g., networking, fellowships, mentorships, social opportunities)? | **57.4%** | 40.6% | 2.0% |
| 76 | Does the institution/school provide professional development programs specifically for staff seeking to advance to a more senior administrative position? | **76.2%** | 20.8% | 3.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **65.5%** | | |

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

### *Figure 17.* School Distribution of Diverse, Inclusive, and Equitable Staff Recruitment and Development Subsection Total Scores.




### Key Takeaway

Unlike with faculty, only slightly more than half (57.4%) of medical schools reported providing professional development programs or events for staff from underrepresented backgrounds, such as networking, mentorship, or social opportunities. Slightly less than half of medical schools (42.6%) scored under 60% on the "DEI Staff Recruitment and Development" subsection.

## Survey Subsection: Diversity, Inclusion, and Equity Valued Curricular and Cocurricular Experiences

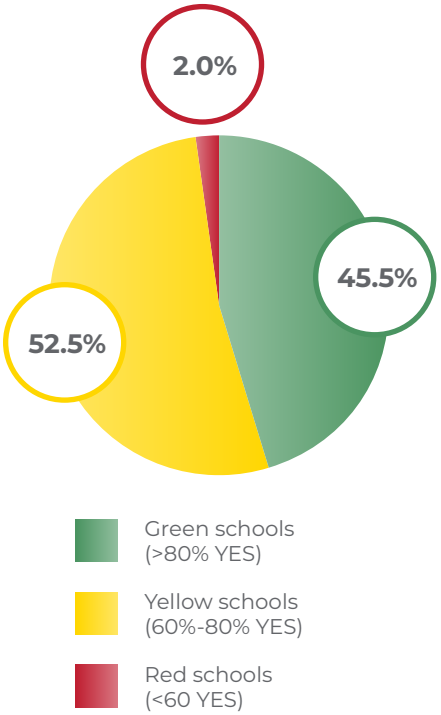
**Subsection descriptions:**

1) Diversity, inclusion, and equity pedagogy is integrated into the curriculum.
2) Organizations and venues for diversity, inclusion, and equity are supported.

### *Table 18.* Diversity, Inclusion, and Equity Valued Curricular and Cocurricular Experiences

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 77 | Has the institution/school undertaken efforts to integrate diversity, inclusion, and equity within the curriculum as a key learning outcome? | **96.0%** | 4.0% | 0.0% |
| 78 | Does the institution's/school's core curriculum require a course on diversity, inclusion, or cultural competence? | **70.3%** | 27.7% | 2.0% |
| 79 | Has the institution/school established spaces (e.g., cultural centers) for members of the campus community to gather with members of their own identity group? | **54.4%** | 43.6% | 2.0% |
| 80 | Does the institution/school sponsor student organizations for diverse demographic groups? | **98.0%** | 0.0% | 2.0% |
| 81 | Does the institution/school regularly sponsor speakers or events (e.g., town halls, listening groups) to encourage dialogue related to diversity, inclusion, and equity? | **96.0%** | 1.0% | 3.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **84.7%** | | |

### *Figure 18.* School Distribution of Diversity, Inclusion, and Equity Valued Curricular and Cocurricular Experiences Subsection Total Scores.




### Key Takeaway

While almost all medical schools (98.0%) sponsor student organizations for diverse demographic groups, only 54.4% reported having established spaces for members of the community to gather with individuals of their own identity group. Yet, only two percent of medical schools scored less than 60% in the "Diversity, Inclusion, and Equity Valued Curricular and Cocurricular Experiences" subsection.

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

## Survey Subsection: Diverse, Inclusive, and Equitable Student Development

**Subsection descriptions:**

1) Diversity, inclusion, and equity is valued during student recruitment and admissions.
2) Programs in place to support diverse student retention and success.

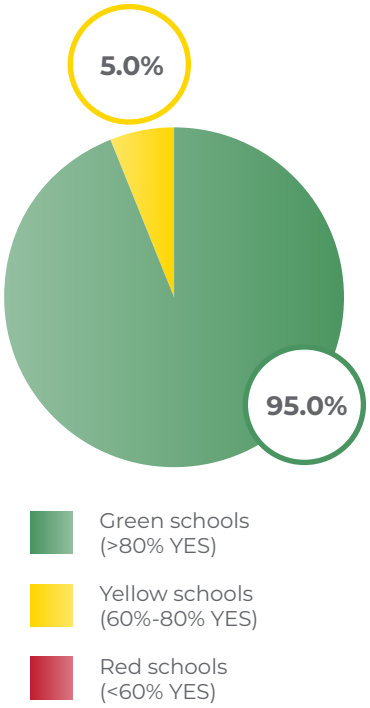
### *Table 19.* Diverse, Inclusive, and Equitable Student Development

| Item No. | Inventory Item | % Yes | % No | % N/A |
|---|---|---|---|---|
| 82 | Does the institution/school have admissions policies and practices for encouraging a diverse class of students (e.g., holistic admissions policy)? | **100.0%** | 0.0% | 0.0% |
| 83 | Does the institution/school provide scholarships for students from diverse backgrounds? | **94.0%** | 3.0% | 3.0% |
| 84 | Does the institution/school have pipeline [sic] programs to increase college access and/or access to health careers from diverse backgrounds? | **97.0%** | 3.0% | 0.0% |
| 85 | Does the institution/school track its admissions outcomes (e.g., applications, interviews granted, matriculation offers, enrollment) by demographic group? | **98.0%** | 2.0% | 0.0% |
| 86 | Does the institution/school have a program or initiative for educating students about the value of diversity, inclusion, and equity? | **93.1%** | 6.9% | 0.0% |
| 87 | Does the institution/school have targeted programs and practices to identify and support students who are academically at risk to increase retention and success? | **96.0%** | 4.0% | 0.0% |
| 88 | Does the institution/school provide social community-building programs to support and retain students from diverse backgrounds (e.g., cultural events)? | **94.1%** | 5.9% | 0.0% |
| 89 | Does the institution/school provide financial assistance programs to support student retention (e.g., retention grants, emergency loans)? | **93.1%** | 5.9% | 1.0% |
| **AVERAGE SUBSECTION TOTAL SCORE** | | **96.2%** | | |

*Note: The AAMC Diversity, Inclusion, Culture, and Equity (DICE) Inventory, which includes the proprietary questions, user guide, and report based on responses, is available for purchase on the AAMC Store.*

***Figure 19.***

**School Distribution of Diverse, Inclusive, and Equitable Student Development Subsection Total Scores.**




### Key Takeaway

Over 90% of medical schools reported having DEI-related policies that guide the recruitment, admission, and retention of students from groups underrepresented in medicine as assessed through each item in this section. Almost all medical schools (95.0%) scored over 80% in the "DEI Student Development" subsection, with no school scoring less than 60%.

SECTION 04

# COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

This section provides a summary of the item-level supporting evidence provided by medical schools as part of their completed DICE Inventory. The data were reviewed to identify common practices and are presented by section and aligned with item-level descriptors. Institutions that may have identified areas for improvement in a particular section can leverage these examples of policies and practices to advance DEI on their campuses.

## GOVERNANCE, LEADERSHIP, AND MISSION

### 1) Strategies to achieve diverse and equitable governance and leadership (items 1-3)

Medical schools explained that depending on their school's ownership structure (e.g., public institutions) they may or may not have influence over the composition of their university's board. However, medical schools report that they have opportunities to diversify boards at the school of medicine level in addition to groups like community advisory boards, boards of visitors, or faculty senates and councils. To track progress in diversifying leadership bodies over time, medical schools reported sharing statistics with school and university leadership at least annually through dashboards or score cards, including tracking the diversity of leadership positions including board members, decanal positions, department chairs, and division chiefs. At the overall institution or university level, schools also tracked information on president/chancellor, provost, dean, and vice president positions. Some schools also chose to track applicants for roles, as well as those who might have declined positions.

### 2) Leadership serves as a diversity, inclusion, and equity role model (items 4-6)

Medical schools reported that their leaders take a wide variety of personal actions to show their public support of DEI, including

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

providing funding and resources toward the creation or expansion of pathway programs and student scholarships for those underrepresented in medicine, hiring DEI office leadership and staff, developing community engagement efforts, revising curriculum to incorporate DEI content, and initiating strategic plans that integrate DEI within and throughout institutional goals.

Leaders also leverage myriad methods to clearly and consistently discuss their commitment to build diverse, equitable, and inclusive environments through electronic communications such as the school's website, Facebook, Twitter, LinkedIn, or other social media outlets. Some leaders also communicate their commitment through newsletters or op-eds in news outlets or through face-to-face practices, such as incorporating DEI topics into speeches or townhall discussions and sponsorship of DEI-related lectures or talk series.

During DEI crises, schools reported using similar face-to-face methods, but also leveraging listening sessions and small group discussions to invite dialogue. Others initiated solidarity walks, collective days of action, and community-building events, including volunteer projects. Additional events included creating new learning opportunities such as book clubs, panel series, teach-ins, and webinars to support individual learning on important DEI topics, such as anti-racism. Lastly, schools relayed dedicating new institutional resources or funds to existing DEI offices or new task forces during times of crisis.

### 3) Diverse campus stakeholders are engaged in governance and decision-making (items 7-9)

Schools reported a number of actions to intentionally build diversity within governance groups, including assessment of current committees that have direct opportunities to influence senior leadership and creating DEI subcommittees as part of faculty senates or other governance groups. To include student feedback, some institutions also involve students and other learners in decision-making on DEI-related issues, such as inviting students to participate in standing committees.

### 4) A diversity office or administrator has been established (items 10-12)

Many medical schools have a leader or leaders appointed to direct an office of DEI and its related activities; however, how this is incorporated into each institution's organizational structure varies

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

from school to school. For some, DEI-related activities may be operated by stand-alone offices that report directly to the dean, while other schools might have DEI leaders within their offices of student affairs or faculty affairs. Regardless of the medical school's organizational structure, schools reiterate that having a decanal leader, dedicated office staff, and budgetary resources specifically to support DEI activities were critical to ensuring institutional accountability for advancing DEI.

**5) Diversity, inclusion, and equity are integrated and prioritized in the mission, vision, and values (items 13-16)**

While many institutions publicly recognize the benefits of DEI, not all have a clear commitment to DEI explicitly called out in their school's mission, vision, or values statements. For some schools, their connection to DEI is recognized in efforts to diversify their student bodies and the future physician workforce, and for others, they publicly state their commitment to serving patients from diverse backgrounds or advancing health equity. Some institutions also create an official definition for diversity, which they use to guide institutional policies and operational practices.

While DEI might not be an explicit part of an institution's mission, vision, and values statements, some schools choose to include DEI goals as part of their strategic plan. As will be discussed in the next section, strategic planning can be accomplished in many ways, whether a plan for the school writ-large that touches upon various mission areas, with DEI as a part of the plan, or separate strategic plans for each mission area (e.g., a separate DEI strategic plan).

## INSTITUTIONAL PLANNING AND POLICIES

**1) Accountability structures and processes exist for diversity, inclusion, and equity goals (items 17-20)**

Although accountability for DEI may differ by role, many schools asserted that all individuals should be responsible for creating and fostering a learning and workplace environment that supports DEI. For these institutions, employees are held responsible for understanding and following institutional policies and practices that support DEI. Unit managers, division and department heads, and decanal leaders are also responsible for ensuring that DEI policies and practices are upheld (e.g., implementing recruitment practices

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

to increase applicants from historically marginalized groups) and for advancing DEI-specific goals (e.g., identifying and monitoring metrics for interviewing and hiring candidates from underrepresented backgrounds).

Often, decanal leaders (e.g., the senior associate dean for DEI or chief diversity officer) are additionally responsible for overseeing the execution of DEI goals within a school's strategic plan or a separate DEI strategic plan. Progress toward these goals is often shared with the leadership and the community via dashboards or report cards or as a part of the DEI office's or school's annual report.

Some medical schools will also offer incentives to department chairs and unit leaders to facilitate the successful completion of DEI goals identified as part of their annual performance reviews. Incentives can include salary matches or start-up packages for recruitment of faculty who are underrepresented in medicine (URiM), funding for URiM students' and faculty's travel to academic conferences, or extra funding for the department if it meets its DEI goals or demonstrates a positive culture according to engagement survey results. However, beyond incentives, deans and decanal leaders also report efforts to publicly recognize and reward positive DEI initiatives enacted at the department and unit levels through dean's awards for DEI, awards luncheons, letters of commendation, recognition by the board, etc.

### 2) Policies and processes to address discrimination, bias, and harassment (items 21-23)

Many medical schools have systems and processes to address complaints of discrimination, bias, and harassment, and this often includes collaboration among individuals and offices such as the offices of DEI, faculty affairs, student affairs, human resources, and Title IX. These schools also use ombudspersons, ethics hotlines, or online reporting systems to respond to complaints. Policies for addressing these behaviors are often outlined in school handbooks, professionalism codes, and human resources policies. To help educate the campus community and prevent these behaviors, many schools implement trainings that address sexual harassment, microaggressions, and implicit bias, some of which are annually mandatory. Additionally, some schools have adopted zero-tolerance policies or campaigns to further build cultures of prevention.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

### 3) Salaries and benefits are awarded equitably (items 24-27)

While many institutions study their salary trends for internal equity and market equity, not all evaluate the equity of salaries based on individual demographics like gender and race/ethnicity on a regular basis (e.g., annually or alternating years). As part of an institution's efforts to advance equity, some schools have evaluated their parental and family leave policies to ensure equitable accommodation for all employees regardless of gender and sexual orientation. While federal and state laws may govern Family and Medical Leave of Absence (FMLA) policies at some institutions, other schools may be able to adjust their paid leave policies. For example, some institutions have extended their parental leave policies or modified policies to clearly state that domestic partners are included in policies that apply to immediate family members.

### 4) Diversity, inclusion, and equity integrated into policies and procurement (items 28-32)

The DICE Inventory identifies operational and policy areas for review, including procurement policies, student data systems, and support resources for those with marginalized identities (e.g., LGBTQ+ community, individuals with disabilities). With regards to procurement, a number of institutions reported creating policies with a stated commitment to support small or local business and businesses owned by women, historically marginalized racial and ethnic groups, and veterans. Additionally, regarding purchasing, construction, and facilities, some schools maintain lists that identify suppliers from historically marginalized backgrounds that they might consider.

Another inclusive practice described in the data is to create flexible policies and databases for students to provide self-identified gender identity information. Some schools leverage the AAMC's American Medical College Application Service® (AMCAS) system for this data and link their internal systems with application information. However, some schools find collecting this information difficult, for example, due to institutional restrictions regarding different types of learners, and thus maintain different data systems for admissions, undergraduate medical education, and graduate medical education. Recognizing the need for shared and accurate information, many institutions are now working to expand their capabilities in this area and link data systems.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

Lastly, while there may be local, state, and federal laws that dictate support for those with marginalized identities, such as the LGBTQ+ community or individuals with disabilities, the DICE Inventory asks schools what additional efforts they have in place to further build inclusive environments. Some schools stated a commitment to specifically recruit individuals with disabilities and ensure support resources are in place not only for learners but for faculty and staff as well. To support the LGBTQ+ population, many schools have added curriculum to address the health needs of the LGBTQ+ population, as well as offered trainings to learners, faculty, and staff on gender identity, sexual identity, and allyship. Other actions schools have initiated include establishing gender neutral bathrooms, creating employee resource groups for LGBTQ+ faculty and staff, hosting PRIDE and Safe-Zone events, and founding centers for transgender medicine.

### COMMUNICATIONS AND ENGAGEMENT

#### 1) Past exclusionary practices have been addressed (items 33-36)

Many medical schools have begun to examine their institutional history to identify and address past and current practices related to admissions, student support services, curriculum, hiring, etc. that might be exclusionary or discriminatory, whether consciously or unconsciously. Schools have approached this by creating task forces to examine these issues and incorporating this historical review into preexisting DEI efforts, such as their strategic plans. Some medical school leaders have also spoken about issues, such as the impact of slavery on the institution's history or previous exclusionary admissions practices, in public speeches and delivered formal apologies. To address past admission practices, for example, many medical schools have implemented holistic review practices, begun virtual interviews, created partnerships with historically black colleges or universities, invested in pathway programs, and created scholarships for marginalized groups.

In addition to assessing past policies and practices, medical schools are examining their communications, branding, icons, and visual displays to ensure they reflect their commitment to DEI. Medical schools are now implementing annual reviews of their communications content to acknowledge past images of exclusion and to intentionally include content that represents the diversity of students, faculty, and staff in both written and visual content on

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

their websites, brochures, and social media. Medical school and university communications staff are using best practices identified by organizations such as the University Photographers' Association of America and others to redesign websites and communications collateral to spotlight DEI content and photos, change images in public spaces to illustrate diversity, create icons that celebrate inclusion (e.g., an LGBTQ+ allyship graphic), remove offensive statues and mascots, or change names of buildings representing individuals who supported exclusionary practices, and move to representations that support inclusion. Some institutions have hired a dedicated DEI communications specialist to assist in these efforts. Respondents reiterated the value of soliciting feedback from students, faculty, and staff to holistically evaluate how individuals perceive the institution.

### 2) Local community history highlighted on campus (items 37-38)

Schools are implementing a range of new practices to improve visual displays on campus and highlight the contributions of individuals from historically marginalized backgrounds that are part of the school or local community. Physical displays include banners, posters, and flyers to advertise DEI events; designated locations on campus to celebrate history tied to DEI (e.g., underground railroad); and memorabilia displays, artwork, and photos of leaders from underrepresented backgrounds and from schoolwide activities, such as White Coats for Black Lives events. To identify, communicate, and celebrate these types of inclusive practices, medical schools are also establishing award committees or service award events, including naming or dedication ceremonies, to publicly acknowledge the contributions of historically marginalized individuals.

### 3) Diversity, inclusion, and equity goals are broadly communicated (items 39-40)

Medical schools reported that they communicated the school's commitment to advancing DEI goals, initiatives, and policies, beginning with student, faculty, and staff orientations and on-boarding activities. Some medical schools created strategies to make information about DEI goals and policies easily accessible to the campus community through their school's website and reiterated this commitment to DEI consistently through dean's office emails, newsletters, social media, digital signage, annual reports, speeches, and town halls.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

### 4) Community partnerships created to address local needs (items 41-42)

Community engagement is now widely recognized as a core mission of academic medicine. Many medical schools have developed committees and task forces or created offices to oversee community engagement. These groups and offices are tasked with identifying community priorities around research, service learning, volunteerism, outreach, and partnerships. Many medical schools have created pathway programs with local schools, established service learning as a component of the curriculum, and developed partnerships with local health agencies and organizations to address this mission. While some of these activities have been going on for some time, many schools are looking to expand their community engagement efforts and establish them as a priority area within their strategic plans.

### 5) Institution is engaged with local and national diversity, inclusion, and equity policies (items 43-44)

While governmental advocacy efforts may depend on policies associated with a medical school's parent university or health care partners, schools actively have shown their support for DEI issues in a variety of ways. Some medical schools' advocacy and DEI teams work together to specifically address legislative or policy issues that may arise. At some institutions, staff from the school or university's general counsel have joined government committees that support DEI issues. Medical school leaders have also written opinion pieces or letters to the editor in news outlets to express the institution's views on advocating for DEI issues or to leverage school institutes and centers to promote issues related to equity in research and health care. Lastly, schools reported the value that the AAMC and other health care organizations provide for them to participate in national meetings and join national efforts to support DEI advocacy campaigns and initiatives.

## DATA AND ASSESSMENT

### 1) Diversity, inclusion, and equity data are regularly collected and shared with the campus community (items 45-46)

While many schools collect DEI information, respondents reported that data have been shared with the campus community at varying levels. For example, data may be regularly compiled or available at

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

request for the dean's office, department chairs, and boards, but some medical schools may not make the information accessible to the community via school websites. Additionally, some schools reported being more transparent with particular learner data points (e.g., applicant student statistics) rather than those related to faculty and staff. As illustrated by the results in this area, creating processes to regularly collect and transparently report data to the entire community is an area for improvement for many medical schools.

**2) Diversity, inclusion, and equity data are leveraged for continuous improvement (items 47-48)**

Those that regularly collect demographic data about their campus populations leverage their findings to promote action and change at the local level. For example, demographic data on students, faculty, and staff inform changes to admission and hiring processes. Data are also used to support the development of goals for an institution's strategic plan and action plans to advance DEI initiatives.

**3) Culture and climate data are regularly collected and shared with the campus community (items 49-51)**

Many institutions use electronic surveys to conduct culture and climate assessments. Some medical schools participate in larger university-wide survey initiatives, while others employ assessments specific to academic medicine that may be targeted to learners or also include faculty and staff. Culture and climate assessments are often wrapped into larger efforts such as faculty and staff engagement surveys or learning environment surveys.

Similar to the reported approaches to communicating and publicly sharing demographic data, some institutions were very transparent in sharing results of culture and climate assessments, while others chose not to publish widely and share data only with leaders or upon request. More comprehensive approaches included sharing disaggregated results with departments and divisions to facilitate action planning around DEI. Additionally, institutions reported sharing schoolwide results via writing and town halls to convey the school's commitment to advancing DEI and how the data collected were being used.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

### 4) Culture and climate data are leveraged for continuous improvement (items 52-53)

Senior leadership at some schools, including department chairs, use culture and climate data to prioritize resources and drive change. At those institutions, department chairs are held accountable in their annual performance reviews to create and achieve DEI action plans. Deans and dean's office leadership also use culture and climate data to support the development of new policies and programs, such as establishing departmental DEI champions or creating ombudsmen positions and policies. Some medical schools collect culture and climate data every two or three years to assess their areas of strength and opportunity. These institutions share insights gathered with leaders across the dean's offices to ensure all leaders can use the data to drive change within their areas of leadership.

### 5) Collects data on community needs and perceptions (items 54-56)

As community engagement has emerged as a core pillar of academic medicine, some institutions collect data on local community needs related to their school's mission (e.g., improving workforce development or health equity). This includes administering community health needs assessments or collecting information through in-person events, such as community roundtables or community engagement symposiums, to create community "report cards" or other reports. Others may rely on the community health needs assessment completed by their nonprofit hospital partners. Schools also leverage health informatics information to create initiatives with local partners to improve community health. Given the importance of community engagement to the mission of academic medicine, some medical schools are creating formal community advisory boards to engage local individuals in the development of new initiatives that impact the community or include community members in existing groups (e.g., Board of Trustees or directors).

## FACULTY AND STAFF

### 1) Diversity, inclusion, and equity are actively pursued in faculty recruitment and hiring (items 57-61)

Many leaders of human resources, DEI, and faculty affairs work together with department chairs to use data-driven approaches

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

to increase the recruitment of faculty from underrepresented backgrounds, including use of formal diversity recruitment plans. Those medical schools with more formalized policies have ensured that DEI practices are included in hiring guidelines and that recruitment advertisements are strategically placed to attract candidates from backgrounds underrepresented in academic medicine. Schools with stated recruitment goals also require departments to assemble a diverse pool of candidates for faculty positions, provide them with guidelines and trainings for hiring committees (e.g., unconscious bias or DEI trainings), and include a representative from the DEI office or a departmental DEI advocate in the hiring committee.

From the potential candidate perspective, some schools require a diversity statement from faculty that describes the individual's experiences related to DEI as part of their application. Rubrics are then used to objectively evaluate these statements. Other institutions include DEI topics as part of their interview questions and assessments. To diversify their faculty, some institutions choose to track recruitment and hiring outcomes, such as the numbers of applications, interviews granted, employment offers, and acceptances from candidates from underrepresented groups, as defined by each institution (e.g., women and URiM faculty). These metrics may be tracked by various offices, including offices of institutional research, or by human resources employee systems like Workday or PageUp.

**2) Research and service on diversity, inclusion, and equity topics are valued (items 62-63)**

Medical schools also demonstrate their support for DEI by rewarding faculty DEI scholarship and service as part of their promotion and tenure policies. Some schools have implemented new policies to include recognition of these accomplishments through adopting holistic review practices for appointment, promotion, and tenure. Others have included diversity statements as part of promotion and tenure dossiers. To stimulate research on DEI topics, some schools have developed grants and fellowships, created new partnerships and collaborations with internal (e.g., university centers) or external (e.g., HBCUs) organizations, or hosted events such as symposiums and seminar series to foster networking and present new research.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

### 3) Policies and programs support diverse, inclusive, and equitable faculty in promotion and advancement (items 64-67)

Medical school offices of faculty affairs are often charged with coordinating promotion and tenure processes and offering faculty development to support the successful promotion of faculty. To promote diversity in faculty ranks, medical schools often track and analyze advancement outcomes across groupings by gender, race/ethnicity, age, full- or part-time appointments, etc., and review them with department chairs and promotions committees to ensure that equity is maintained in advancement decisions. Another strategy institutions have adopted to support equitable advancement is tenure clock stoppages, which many faculty opt to pursue when taking parental or other extended leaves of absence. The requirements for these policies vary from institution to institution in terms of the length and number of clock stoppages and qualifying reasons. Some institutions noted revising these policies during the COVID-19 pandemic to increase their support of women faculty in particular.

### 4) Policies and programs support diverse, inclusive, and equitable faculty retention and professional development (items 68-69)

Both offices of faculty affairs and offices of DEI often offer professional and leadership development trainings to faculty to support their advancement. In addition to programs developed to serve all faculty, many medical schools create leadership development programming to support the advancement of faculty underrepresented in medicine. Some schools also sponsor their participation in external programs with the same mission (e.g., the AAMC's Mid-Career Minority Faculty Leadership Seminar, Mid-Career Women Faculty Leadership Development Seminar, Executive Leadership in Academic Medicine). Medical schools may also set aside funding to support faculty participation in development programs, workshops, or conferences that can help them grow their leadership skills and network with others. In addition to professional development opportunities, medical schools often host affinity groups, such as a women in medicine and science group or a Hispanic and Latin American faculty group, or local chapters of national organizations that serve as social avenues to find networks and mentors.

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

### 5) Diversity, inclusion, and equity are actively pursued in staff recruitment, development, and recognition (items 70-76)

For many schools, establishing recruitment and hiring policies and practices to support staff diversity is still an emerging area. Some medical schools are implementing consistent recruitment and hiring policies for all employees, whether faculty or staff, to illustrate that leadership values building diverse environments. For many schools, training and professional development programs for staff — similar to those for faculty and students — are also an area of opportunity for change. However, some institutions are creating affinity groups available to both faculty and staff, such as a Black faculty and professional staff association or military/veterans resource group.

## STUDENTS

### 1) Diversity, inclusion, and equity pedagogy is integrated into the curriculum (items 77-78)

Many medical schools have made intentional efforts to integrate DEI content into their curriculum. Approaches to this vary greatly; schools may have DEI learning goals across all four years of instruction, have specific DEI courses or lectures as part of the curriculum, or offer electives on DEI topics (e.g., cultural competence). Others use patient advocacy and service-learning projects to introduce topics such as health equity and disparities in health outcomes. Some schools have made substantial changes to their curriculum, including integrating content on health equity, social determinants of health, health needs of marginalized communities (e.g., LGBTQ+ health, individuals with disabilities), and issues related to racism in medicine and social justice.

### 2) Organizations and venues for diversity, inclusion, and equity are supported (items 79-81)

Most medical schools sponsor student organizations; however, funding and resources for these groups vary. Some schools provide funding specifically to groups with goals related to supporting populations underrepresented in medicine, while other schools reported having no or little dedicated funding to support such groups. Additionally, some parent universities have cultural centers or other spaces established where individuals of shared identities can meet; however, medical schools might not create additional spaces

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

beyond what is already offered. Yet, most medical schools do sponsor speakers and events to encourage dialogue related to DEI, such as town halls, lecture series, symposiums, lunch and learn sessions, cultural events, and listening sessions.

### 3) Diversity, inclusion, and equity is valued during student recruitment and admissions (items 82-85)

Medical schools have invested a great deal of resources and time to update their admission processes, expand scholarships for applicants from historically marginalized groups, and grow their pathway programs. With regards to admission policies, schools have adopted holistic review approaches to account for factors beyond GPA and MCAT scores and acknowledge the value of an applicant's broader life experiences, such as one's socioeconomic status, being a first-generation college student, speaking English as a second language, or identifying with a group underrepresented in medicine (e.g., Black, Indigenous, and people of Color [BIPOC], LGBTQ+, those with disabilities). Inclusive admission practices adopted include the use of multiple mini interviews, virtual interviews, and situational judgement tests. Schools also seek to diversify the composition of their admission committees and provide them with unconscious bias training and data that consider the various personal demographics of applicants (e.g., examining MCAT scores by race/ethnicity) to support holistic evaluation of applicants.

Identifying funding to support scholarships for students from historically marginalized groups is another strategy schools use to increase access to medical education. The scholarship types and stipulations vary from school to school; however, most institutions have scholarships for URiM students or students whose life experiences align with the school's mission (e.g., in-state students, those planning to serve rural populations). Pathway programs, which can also help increase access to college and health careers for students from historically marginalized groups, vary greatly, with programs directed to learners in K-12 education, as well as individuals in undergraduate studies and postbaccalaureate programs. Some medical schools also seek to create pathway programs to specifically support the educational experiences of individuals from their local communities or specific groups underrepresented in medicine (e.g., Native Americans or Alaskan Natives).

Given the investment many medical schools make to grow the diversity of their student body, they often seek ways to assess the efficacy of these policies, programs, and practices through the

## COMMON INSTITUTIONAL DEI PRACTICES TO ADDRESS DICE INVENTORY CONTENT

review of admission outcomes. Metrics used include the numbers of applications, interviews granted, matriculation offers, and enrollment, whereby local and national data (e.g., from AMCAS®) are used to monitor the success of yearly efforts.

### 4) Programs in place to support diverse student retention and success (items 86-89)

In addition to building admissions processes to support DEI goals, medical schools also employ efforts to ensure the success and retention of their students. Medical schools seek to support the academic success of their students through use of advisors, counselors, educational specialists or coaches, tutors, and mentors. Some also establish systems to track student learning outcomes and proactively identify students who may be at risk. For students whose academic success may be at risk, some medical schools find that one-on-one or individualized support plans with ongoing follow-up can be helpful. This also includes programs to specifically identify and support URiM students who may be having academic difficulties.

Another important factor to ensure student success and retention is building a culture of inclusion through social community-building efforts. Medical schools employ several strategies to build community, including sponsoring events by student affinity groups and schoolwide cultural holiday celebrations, creating student diversity councils, offering lunch bunches with school DEI leadership, and offering volunteer and services events, healing circles, conversation partner programs, networking dinners with URiM students and physicians, and URiM alumni awards.

Finally, some medical schools offer additional financial assistance (e.g., emergency loans or retention grants) to support student retention. While most institutions address this through yearly scholarships, some offices of financial aid offer additional financial retention opportunities to help students defer or postpone loans, secure emergency grants for while one is in clerkship rotations, find additional federal loans, or obtain short-term advancements, zero interest loans for a short period of time, or emergency grants that do not need to be repaid. Many schools also provide access to financial counseling and wellness programs to help students understand the options that are available to help them successfully afford tuition.

SECTION 05

# REFLECTIONS ON THE FINDINGS OF THE COD CAI ON ADVANCING DEI

**The COD's commitment to and participation in the CAI has been a critical first step in identifying gaps and areas for institutional and collective effort as academic medicine advances along a journey to integrate and prioritize diversity, equity, inclusion, and anti-racism.** Results from the COD CAI confirm the national trend of support of DEI within AAMC-member medical schools. As these data show, most participating institutions have taken action across the majority of recommended policies and practices within the DICE inventory with expected variations among schools. In addition, the qualitative data provided by some medical schools aided in understanding the depth of institutional efforts in particular areas.

The DICE Inventory results indicate substantial efforts nationally to embed DEI in governance-, leadership-, mission-, and student-focused policies and practices. As new medical schools form, new leaders enter their roles, and policies evolve, continued emphasis on these areas will be important to sustain current progress. Making significant progress toward DEI goals requires data collection and transparency. The results of the "Data and Assessment" section indicated moderate DEI efforts nationally. Institutional commitment to collect data related to DEI, make them publicly available, and set strategic goals and benchmarks goes beyond what is currently required by federal and accreditation standards, but it is necessary to make meaningful progress to advance DEI with transparency and accountability.

"The DICE Inventory results indicate substantial efforts nationally to embed DEI in governance-, leadership-, mission-, and student-focused policies and practices."

## REFLECTIONS ON THE FINDINGS OF THE COD CAI ON ADVANCING DEI

Other opportunities for improvement were noted in the assessment and recognition of faculty and staff contributions to DEI and within the "Diverse, Inclusive, and Equitable Staff Recruitment and Development," and "Strategic Planning and Accountability" subsections. Because there was robust participation in the CAI, these areas for improvement should be prioritized for collective action.

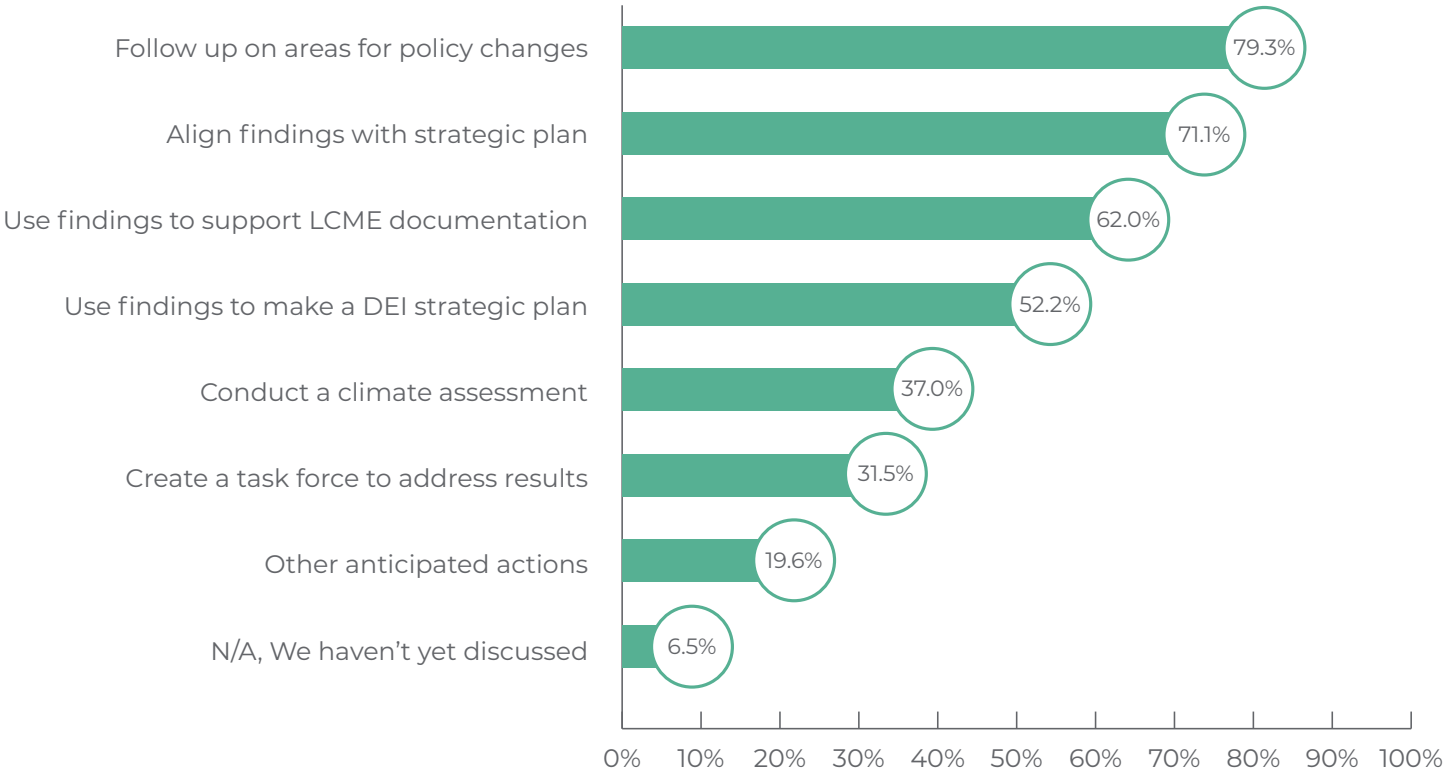
The findings in this report prompt further exploration of how effective DEI practices can be embedded into the entire infrastructure of medical schools and ensure all individuals take responsibility for the culture and climate. Consideration should be given to implement policies to positively impact the individual experiences of students, faculty, staff, and local communities. Ultimately, our hope is that students, faculty, staff, and the communities we serve will feel the impact of these institutional changes and know they are valued, they belong, and they can thrive in our medical school communities.

SECTION 06

# NEXT STEPS FOR ACTION

As part of the DICE Inventory questions for this initiative, medical schools were asked what they intended to do with the findings of this assessment. As shown in Figure 20 below, a majority of medical schools plan to use their findings to follow up on areas for policy change and support the development of new strategic plans. Some also intend to use the findings to support their LCME accreditation documentation and support the development of a DEI strategic plan.

***Figure 20.*** **Medical school plans for acting upon DICE Inventory responses.**




*Note: Only 92 of the 101 participating schools answered this question.*

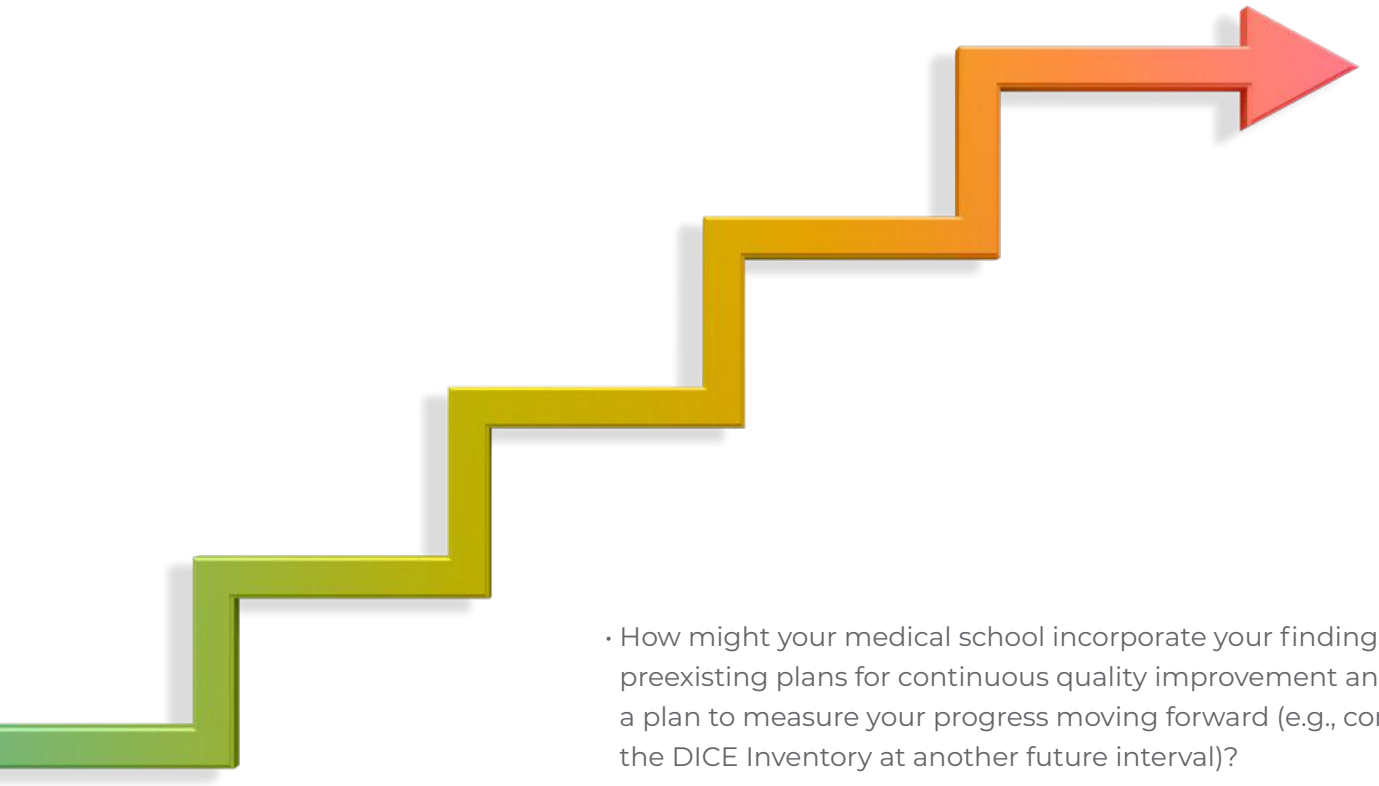
# NEXT STEPS FOR ACTION

## As medical schools begin to reflect on their findings, we offer the following questions for consideration:

- In what areas could your medical school employ efforts beyond the policies or practices set forth at the university level that might further improve the culture and climate? (Refer to the "Common Institutional DEI Practices" section of this report.)

- What were the areas where your medical school fulfilled basic requirements or met compliance measures and where you might consider developing more robust policies or practices?

- What types of DEI practices has your medical school initiated that might not be well known by your campus community (e.g., data collection or outcomes tracking) that could improve the culture if more transparently communicated?



- How might your medical school incorporate your findings into preexisting plans for continuous quality improvement and establish a plan to measure your progress moving forward (e.g., completion of the DICE Inventory at another future interval)?

- How might your medical school be more inclusive of learners, faculty, staff, and community members in your current DEI efforts?

- Once your medical school decides on actions for moving forward with the DICE Inventory findings, how will you transparently communicate this with your campus community?

# NEXT STEPS FOR ACTION

**Based on the information medical schools submitted through this initiative, the following recommendations may be considered for future action:**

- Review the list of common institutional DEI practices from this report that might be helpful for your institution.
- Evaluate where your efforts can be enhanced beyond compliance measures to show the campus community your deepened commitment to DEI.
- Use data to inform decision-making and communicate to your community about how data collected have informed changes (e.g., "you said..., we did...").
- Assess the efficacy of your DEI efforts through regular tracking of outcomes and collection of on-going feedback from the campus community.
- Consider, based on current data, what DEI programs or efforts would become more successful with enhanced resource allocation, and adjust budgeting accordingly.
- Create and enforce accountability measures to ensure follow-through on DEI policies and goals that reiterate how individuals at each level of the medical school are responsible for fostering a diverse, equitable, and inclusive culture and climate.
- Convene department chairs, division chiefs, and unit leaders to share promising practices within your medical school that could be adopted elsewhere.
- Identify and communicate areas of strength and success of DEI efforts through public recognition and rewards.
- Ensure alignment, coordination, and equitable efforts are enacted regarding policies, programs, and practices for learners, faculty, staff, and administrators.

## NEXT STEPS FOR ACTION

- Engage local community members and integrate their voices into medical school decision-making processes, operations, and institutional efforts to deliver upon the school's mission.

- Work with communications professionals at your medical school and university to use best practices for communicating with different members of the campus community regarding DEI policies and programs (e.g., tracking readership via websites, newsletters, and social media; using diversity advocates or other events where individuals can share information in person or virtually).

- Repeat the DICE Inventory or other culture and climate assessments to measure potential progress made in advancing areas previously identified for improvement.

SECTION 07

# CONCLUSION

The COD Administrative Board specifically chose the advancement of diversity, equity, inclusion, and anti-racism as the focus of the COD's first Collective Action Initiative. The broad participation of medical school deans in this effort is a testament to the willingness of leaders to drive change in this area. By employing the DICE Inventory, medicals schools seized on the opportunity to assess their DEI efforts at the institution and national levels and to engage with leaders from across evaluation areas to inform this effort. While many medical schools have comprehensive initiatives in some programmatic or policy areas, such as the support of students or DEI-related governance policies and practices, the DICE Inventory findings indicate opportunities for expanding efforts to support faculty, staff, and local community members. The COD Collective Action Initiative allowed medical schools to reflect upon areas where they might be meeting basic requirements but have opportunities to expand their efforts and ultimately magnify their impact in creating diverse, equitable, and inclusive environments. As the COD considers — both collectively and individually — how best to leverage the findings from this effort, the AAMC will hone resources to support our cohesive strategic goal for advancing DEI and engaging all members of the campus and local communities across academic medicine in successfully achieving the mission of academic medicine.

# REFERENCES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4. Shore LM, Cleveland JN, Sanchez D. *Inclusive workplaces: a review and model.* Human Resource Management Review. 2018; 28:176-189.
5. AAMC. *Assessing Institutional Culture and Climate: Webcast Supplemental Guide.* Washington, DC: AAMC; 2013.

# APPENDIX

## Appendix 1. The AAMC Diversity 3.0 Framework[2]

The AAMC developed the Diversity 3.0 Framework[3] to improve support systems for quality, excellence, and innovation; promote a wide appreciation for differing perspectives; and foster an inclusive climate and culture in high-performing academic institutions. It is a lens through which to view the pursuit toward institutional excellence by capturing, representing, and responding to the wide range of diversity of attitudes, abilities, and talents at each level of the institution. Unlike Diversity 1.0 and 2.0, Diversity 3.0 does not merely focus on reducing disparities in structural diversity and solving the problem of inadequate representation. It incorporates core institutional values into policies and programs to promote diversity and inclusion as a principal solution to improving the institutional climate and culture. This innovative framework is a response to the evolving literature on diversity and inclusion; it emphasizes the need to broaden the scope of climate and culture assessment and evaluation of best practices[4].

The Diversity 3.0 Framework highlights three key components of diversity and inclusion:

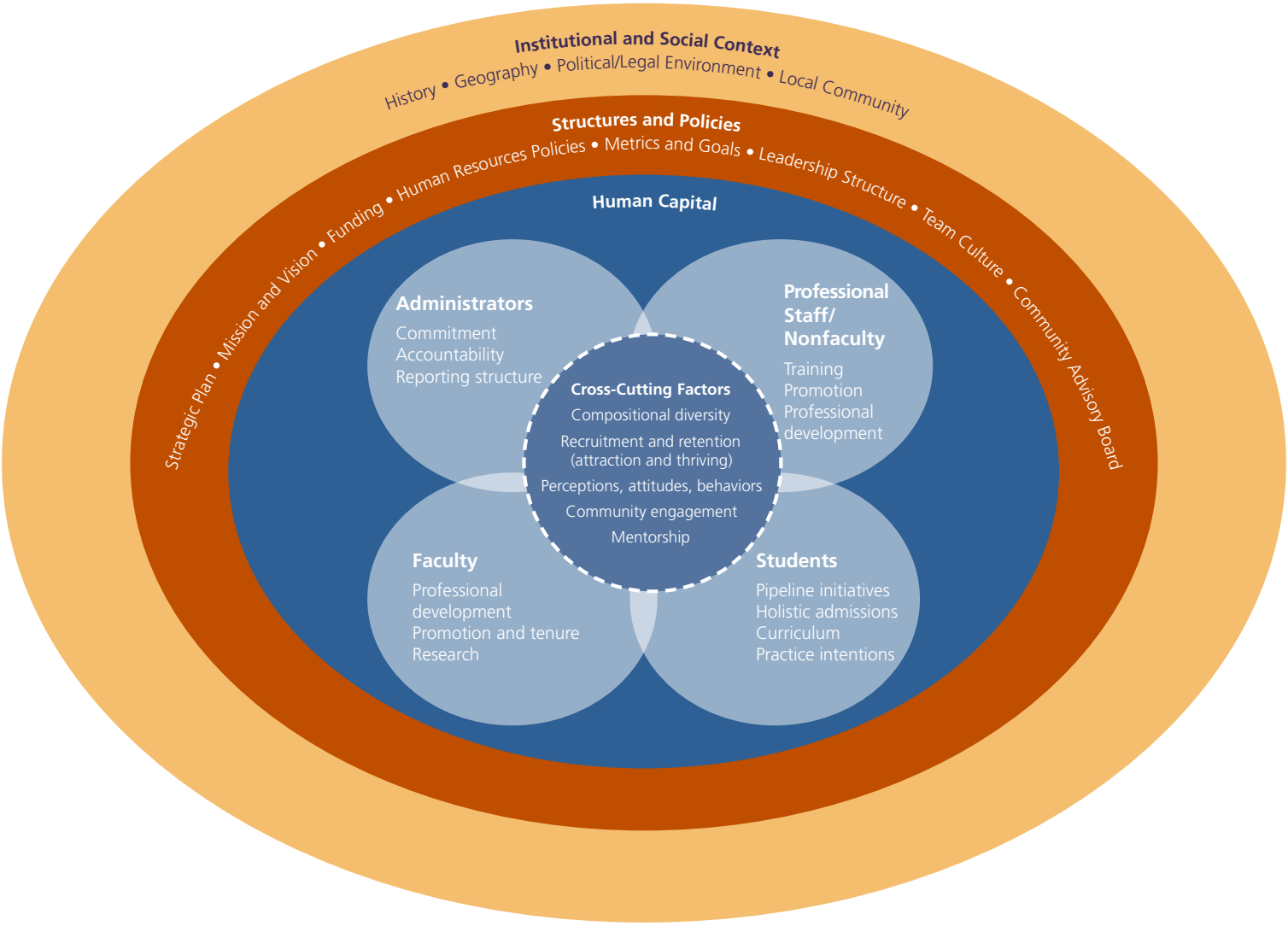
**Institutional and social context:** Myriad external forces that affect one's expectations, experiences, and institutional processes[5]. These forces include, for example: the local community, history, geography, political environment, and even community engagements. This idea stems from what sociologists have interpreted as habitus — the internalization of external factors, influences, and occurrences.

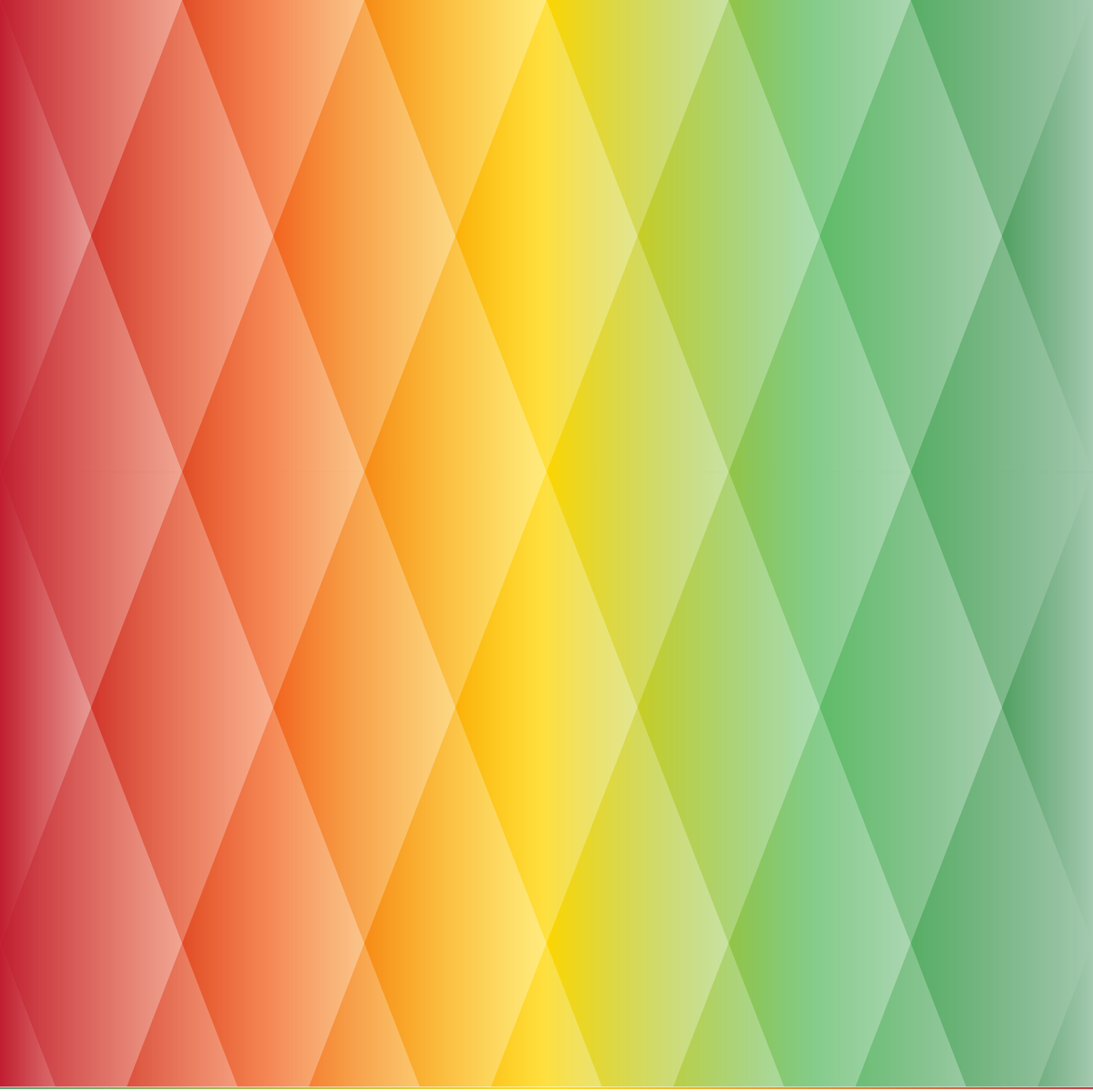
**Structures and policies**: Institutional policies, processes, and practices that act as hurdles to or accelerants of culture[5]. Examples include mission statements, strategic plans, vision and values, funding, metrics and goals, leadership structure, team culture, and human resource recruitment and retention. Unlike institutional and social context, institutions have more influence over these items.

**Human capital**: Human capital consists of the individuals who make up the institution. This includes the structural diversity of administrators, faculty, staff, and students. Human capital takes into consideration perceptions, attitudes, behaviors, community engagement, and mentorship.[5]

## CULTURE OF DIVERSITY AND INCLUSION IN ACADEMIC MEDICINE

Diversity 3.0 Framework





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