

The
WAY FORWARD 

A LOGIC MODEL FOR DIVERSITY POLICY & PROGRAMS

Moving Diversity from Periphery to Core

This is a defining moment for health and wellness in America. The combined forces of health reform, demographic shifts, continued economic woes and the projected worsening of physician shortages portend major upheaval for the healthcare enterprise in the near future. The reform package alone represents a major opportunity to fundamentally transform the way we access, finance, deliver and evaluate healthcare in pursuit of a sustainable and equitable health system. The academic medicine community has a critical role to play in achieving meaningful change.

To lead during this dramatic transition, the myriad components of academic medicine will need to strengthen their capacity to adapt and innovate. Diversity has the potential to accelerate our ability to innovate, if we can adopt the mindset of diversity as a solution rather than a problem.

“The enemy of the conventional wisdom is not ideas but the march of events.”

— J. K. Galbraith

Moving Diversity from Periphery to Core

DEFINING DIVERSITY & INCLUSION

***Diversity** refers to the richness of human differences and encompasses socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, age, and individual aspects such as personality, learning styles, and life experiences.*

***Inclusion** is a core element for successfully achieving diversity. It refers to active, intentional, and ongoing engagement with diversity. Inclusion is achieved by creating a climate and culture within the institution that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.*

The heart and soul of the diversity movement is rooted in the principle of fairness and the pursuit of gender and racial and ethnic equity. Over time, the case for diversity has expanded to include the need to address health disparities and reap the educational dividends of diversity. By adopting a broader definition of diversity, and linking it with a commitment to a culture of inclusion, we seek to bring an additional rationale to the table – not as a replacement of thought but as an extension of thought. Building on those efforts that have come before, this growing movement strives to revision diversity – in its broadest sense – as a driver of institutional excellence.

The choice facing academic medical centers and teaching hospitals is that between preservation and innovation. We can continue to keep diversity as an important and valued but sideline issue or we can nurture a culture of inclusion to harness all the power that differences provide to unleash transformative ideas that create the way forward.

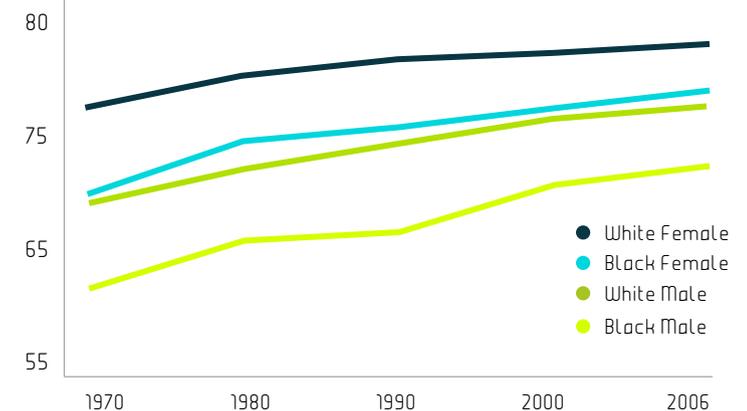
Linking Equity to Excellence



Academic medical centers and teaching hospitals across the United States strive perpetually toward excellence and improved patient outcomes—whether through research, direct care or educating future practitioners. Despite these efforts, some segments of our society still lack access to quality health care, and the goal of excellence in health care outcomes for all remains elusive. There is an urgent need for the field of medicine to continue to adapt so that societal needs and expectations are fully realized.

Life Expectancy at Birth by Race and Sex

United States, 1970 - 2006



Health equity is when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

Source: Centers for Disease Control and Prevention

“ We overlook just how large a role we all play -
and by 'we' I mean society - in determining
who makes it and who doesn't.

— Malcolm Gladwell

Diversity as a Lever of Innovation



We seek to discover how diversity can act as a catalyst for transformational change across all dimensions of academic medicine, working towards better health outcomes for all.

Led by Dr. Marc A. Nivet, CDO, in partnership with Dr. Daryl G. Smith – a scholar and consultant on channeling diversity for organizational improvement -- Diversity Policy and Programs (DPP) held a “staff advance” in the summer of 2010 that resulted in the development of a framework for future work. While the traditional terminology for these events is “staff retreat”, we made a conscious effort to frame our brainstorming, learning and strategy sessions to encourage forward thinking and advance our approach to the complex challenges we face. To ensure alignment with our constituents, leaders of the Group on Diversity & Inclusion (GDI) and the GSA Committee on Diversity Affairs (CODA) joined us in this effort. Using the AAMC’s existing Strategic Priority (STP) 5: “Lead efforts to increase diversity in medicine” as a starting point, we developed a set of guiding questions, supported by a motivating premise:

We seek to discover how diversity can act as a catalyst for transformational change across all dimensions of academic medicine, working towards better health outcomes for all.

GUIDING QUESTIONS

- ▶ *If we agree health equity is our target outcome, how does what we already do contribute to this outcome, what is missing, and how can these pieces fit together to generate meaningful change?*
- ▶ *How can we improve our interface with other ARMIC units and its membership to increase the impact of our shared work?*
- ▶ *How can we continually reenergize our programs and augment our capacity to affect change?*

KEY OUTCOMES

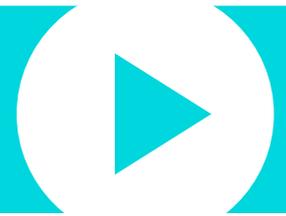
- ▶ *A shared vision for the future of DPP, GDI and GSA-CODA*
- ▶ *A renewed connection to the value of our work*
- ▶ *A revised structure made up of three distinct but connected portfolios of work*



Innovation provides the seeds for economic growth, and for that innovation to happen depends as much on collective difference as on aggregate ability. If people think alike then no matter how smart they are they most likely will get stuck at the same locally optimal solutions. Finding new and better solutions, innovating, requires thinking differently. That's why diversity powers innovation.

— Scott E. Page, Professor, University of Michigan

A Logic Model for DPP



What is a logic model?

Developing a logic model is a collaborative process which seeks to align resources & program activities with measurable outcomes and meaningful impacts. The result is a visual representation of the relationships among resources, activities and desired results which guides programming decisions and helps ensure success. The logic model that emerged from our advance reflects how DPP will strive to play an increased leadership role and cause diffusion of its

“Effective evaluation and program success rely on the fundamentals of clear stakeholder assumptions and expectations about how and why a program will solve a particular problem, generate new possibilities, and make the most of valuable assets. The logic model approach helps create shared understanding of and focus on program goals and methodology, relating activities to projected outcomes.”

— W.K. Kellogg Foundation, Logic Model Development Guide, January 2004

diversity and inclusion agenda across the nation's medical schools and teaching hospitals. Through programming, data, resource development and information sharing, we aim to increase the understanding and use of diversity in medical education, research, and clinical care as a tool and resource to drive institutional mission and organizational excellence. This vision requires a new structure which reflects how our portfolio of work is core to realizing the AAMC's mission.

HUMAN CAPITAL

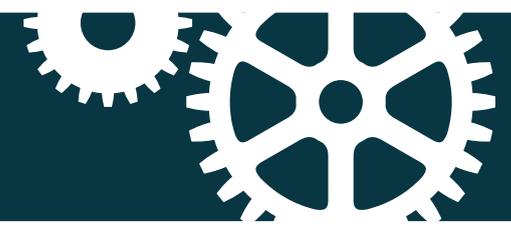
ORGANIZATIONAL
CAPACITY BUILDING

POLICY, RESEARCH
& KNOWLEDGE DEV.

MISSION

*The AAMC serves and leads the
academic medicine community
to improve the health of all.*

Our Portfolios



HUMAN CAPITAL

- ▶ Impact-driven initiatives, research, and professional development aimed at cultivating and enhancing the knowledge, skills, abilities, and behaviors of individuals.

ORGANIZATIONAL CAPACITY BUILDING

- ▶ Improving an organization's ability to use diversity as a driver of institutional excellence.

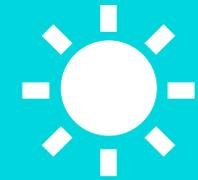
POLICY, RESEARCH AND KNOWLEDGE DEVELOPMENT

- ▶ The creation and dissemination of leading-edge research, data, concepts and ideas to enrich the thinking in the field of academic medicine around diversity.

Tackling Complex Challenges Requires a Multilayered and Coordinated Approach

For too long there has been a siloed set of approaches to diversity efforts. Institutions have developed pipeline programs to diversify the medical school matriculant pool without a complementary investment in the systems and policies which influence inequality of opportunity. These include the K-12 and undergraduate education systems, as well as the admissions policies and climate at medical schools. Only when the pipeline and pipe fixing efforts are combined with federal, state and institutional policies that incentivize and reward an expanding use of our nation's talent will there then be enough alignment to create the change we seek. The intersections of people, systems and polices is where the magic of diversity happens.

Our Strategic Vision



The DPP unit is a trusted and respected provider of high-quality knowledge and programming within the medical education community and throughout health professions on issues of diversity and inclusion. DPP's capacity-building ability and knowledge development are used to inform planning and decision-making within academic medical centers and teaching hospitals to address critical issues facing the health of the public. As a result of the quality, timeliness and relevance of our work, DPP is positioned as a leader within medical education.

The logic model presented here provides a framework for decision-making going forward, and is the first step in an ongoing process. Reaching this ambitious vision will require that DPP build strong collaborative relationships with other units in AAMC, with the following targets in mind:

- *Guiding the development of future leaders for medical education*
- *Providing high-quality, timely, and useful data to support planning and decision-making within academic medicine and conducting research in areas relevant to the needs of medical education, research and clinical care*
- *Identifying significant issues facing medical schools and teaching hospitals and recommending policies to AAMC leadership on matters influencing the relationship between academic medicine and the health of the public*
- *Serving as a visible and engaged unit within the AAMC*
- *Underpinning the fundamental importance of diversity to academic medicine and to the public, and emphasizing how it contributes to advancing the health of all*

Next Steps



Going forward, DPP will use this Logic Model to guide decisions about the unit's structure and programming. The following indicators will serve as benchmarks while we develop concrete metrics to track success:

-  *Deeper engagement of DPP with internal and external constituents*
-  *Increasing awareness of DPP as an incubator of ideas and driver of innovation*
-  *The implementation of promising practices advanced by DPP for increasing the representation of diverse individuals in the medical education community*
-  *Evidence of a transformation in the culture of academic medicine as we collectively strive towards better health for all*

DPP within AAMC



Diversity and excellence are inseparable.

Like the medical schools and teaching hospitals we represent, the AAMC has a tripartite mission which seeks to advance the education, research and patient care capacities of academic medicine to better the health of the public. The AAMC is a complex and dynamic entity that seeks to serve and lead for the greater good of society. To augment the association's ability to meet its *Learn, Serve, Lead* targets while simultaneously stretching the horizons of possibility, DPP revises its contribution as central rather than parallel. To achieve health equity will require alignment between diversity & inclusion and the core mission areas.

“ There are those who look at things the way they are, and ask why... I dream of things that never were and ask why not?

— Robert Kennedy