



AAMC

Tomorrow's Doctors, Tomorrow's Cures®

Reflections on Diversity and Inclusion in Academic Medicine

Commemorating Dr. Herbert W. Nickens' Legacy

15th Anniversary

Table of Contents

Acknowledgments.....	ii
Foreword	1
Welcome Letter	2
Essay: Reflections on Diversity and Inclusion in Academic Medicine: Commemorating Dr. Herbert W. Nickens' Legacy	4
Herbert W. Nickens, M.D., M.A., Life and Career	4
<i>Moving the Needle</i>	6
<i>Impact Across the Health Professions</i>	11
<i>Before His Time</i>	12
Commemorating a Leader—The Creation of the Herbert W. Nickens Awards	14
Herbert W. Nickens Awards and Its Enduring Impact.....	15
Herbert W. Nickens Award	15
Herbert W. Nickens Faculty Fellowship	18
Herbert W. Nickens Medical Student Scholarships.....	20
The Future of Diversity and Inclusion: Continuing Dr. Nickens' Legacy	27
Historical Context.....	27
Changes in the Numbers	28
Much Work to Be Done	30
Expanding the Pipeline	30
Diversity in Research	31
Improving Access	33
Next Steps	33
SMDEP Alumni Essay.....	36
Past Recipients	37

Acknowledgments

The Association of American Medical Colleges appreciates the many contributions to this publication that offer a glimpse into Dr. Herbert Nickens' illustrious career. We regret not being able to reach out to more of his colleagues and friends, but hope that this publication is an enlightening look at his contributions to academic medicine.

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AAMC is also grateful to past and current Award committee members for volunteering their valuable time reviewing applications and selecting award recipients amongst so many deserving candidates.

Foreword From the President and CEO



DIVERSITY IN HIGHER EDUCATION IS PERHAPS NOWHERE more important than in the health professions. Though we are making breakthroughs every day in medicine, the unfortunate truth is that not everyone benefits equally from these advancements. Significant health disparities persist along lines of socioeconomic status, urban or rural residence, and, most notably, race and ethnicity, with minority populations continuing to suffer disproportionately from numerous health conditions such as heart disease and diabetes.

Darrell G. Kirch, M.D.
AAMC Reporter, November 2012

The world of academic medicine is far more diverse today than it was when I went to medical school. The number of nonwhite students admitted to U.S. medical schools from 1980 to 2012 almost tripled. Still, we have a long way to go until our physician workforce truly represents all Americans. Equally concerning are the wide health disparities that continue in this country. Diversifying the physician workforce through holistic review and implementing cultural competence standards in training are critical to improving the health of everyone in our nation.

We have one person in particular to thank for leading early efforts to increase diversity in the physician workforce and address the nation's health care disparities. That man is Herbert W. Nickens, M.D. Few have worked as effectively and with the remarkable combination of insight, grace, and determination to promote diversity in medical education and equitable access to health care. Through his clinical practice, faculty contributions, government position, and ultimately as a leader member of the AAMC, Dr. Nickens was a consummate professional who distinguished himself through personal example and as an advocate in the public arena. His multifaceted perspective enabled him to frame critical issues with clarity and to suggest pathways forward that resonated throughout academic medicine.

Dr. Nickens' work continues to inform and inspire us as we refine and expand our efforts to advance diversity in medicine. The notable staying power of his ideas on ensuring equity in medical education and health care underscores the impact of his contributions. The AAMC is proud to honor his vital work through the Nickens Awards program. This year, we commemorate the 15th anniversary of this important program that bears his name. I invite you to spend a few minutes reading the following pages, which provide interesting details about Dr. Nickens and this awards program.

The AAMC is committed to building on the legacy that Dr. Nickens left for all of us. This includes moving diversity out of the periphery and into the core missions of academic medical institutions. As we reflect together on the remarkable work of Dr. Nickens, it is both a pleasure and an honor to join with you as we celebrate this genuine pioneer and truly inspirational leader. That so many of us continue to be inspired by his insights is a testament to his legacy.

Darrell G. Kirch, M.D.
President and CEO
Association of American Medical Colleges

Letter of Welcome From the Chief Diversity Officer



ON THE OCCASION OF THE 15TH ANNIVERSARY OF THE HERBERT W. Nickens Awards, it is a genuine pleasure to welcome you to the 2014 Nickens Awards Ceremony. It also is a pleasure to invite you to read this commemoration, which offers a retrospective look at the namesake of the Herbert W. Nickens Awards and explores his extraordinary legacy.

My own perspective on Dr. Nickens is both professional and personal. As the chief diversity officer at the AAMC, I hold the office he once

held—albeit with a different title. Early in my career, I had the privilege of meeting Dr. Nickens. In an all-too-brief conversation, he asked about my own aspirations. I recall telling him that in my own institution at the time, I was pursuing goals similar to those he was pursuing at the national level. I hoped one day to be able to follow in his footsteps and make a contribution on a broader scale. Now that has come full circle, and I have the honor of serving at the AAMC in much the same way Dr. Nickens did. Accordingly, his legacy is one of deep importance on many levels.

In ways that parallel his influence on my life, Dr. Nickens touched the lives of countless students and professionals in academic medicine, government, and beyond. As this publication documents, his work continues today—not just through the legacy of the awards that AAMC gives in his name, but also in the progress that has been realized through work he started personally. Just as it is a privilege to extend and expand

the work that Dr. Nickens started here at the AAMC, it is a deep honor to celebrate his legacy and the distinguished 15-year history of the Nickens Awards.

I would like to express our appreciation to all of the leaders who contributed to this commemoration and who support the Nickens awards year-round, especially Dr. Patrice Desvigne-Nickens, who continues to be a foundation for our efforts and the recipients of this esteemed honor. This commemoration not only highlights Dr. Nickens' accomplishments, but also offers leadership insights on the work that needs active engagement to advance diversity and inclusion in academic medicine. We anticipate that this will become a valued source of inspiration and ideas as we strive for excellence in the health professions. We hope you enjoy these reflections and perspectives on how we must continue to build on his legacy. Join us as we continue to keep Dr. Nickens' legacy alive.

Marc Nivet, Ed.D., M.B.A.
Chief Diversity Officer
Association of American Medical Colleges



Dr. Herbert W. Nickens was the first vice president of the newly formed Division of Minority Health, Education, and Prevention at the Association of American Medical Colleges in 1989.

Essay

Reflections on Diversity and Inclusion in Academic Medicine: Commemorating Dr. Herbert W. Nickens' Legacy

Celebrating the Life, Legacy, and Mission of a National Leader

If we are fortunate enough in life, our paths cross with individuals who inspire us, instruct us, illuminate pathways forward, and somehow compel us to take action for the greater good. Herbert W. Nickens, M.D., was such a person. Over the course of a distinguished and ground-breaking career, Dr. Nickens was a thoughtful, passionate,

and tireless advocate for underrepresented racial and ethnic minorities in medicine. His thinking inspired many individuals to view goals for diversity and inclusion in new ways, and with greater clarity. His inspired leadership helped keep national attention focused on the ongoing need to nurture and support underrepresented populations in medicine, and his

Herbert W. Nickens: Life and Career

Born on December 28, 1947, in Washington, D.C., Herbert W. Nickens attended John Burroughs Elementary School, Taft Junior High School, and St. Johns College High School before matriculating at Harvard College, where he received his A.B. degree in 1969. He earned his M.D. as well as a master of arts degree in sociology from the University of Pennsylvania, graduating in 1973 and earning the university's History of Medicine Prize.



Jordan J. Cohen, M.D.

work resulted directly in important programs and initiatives to advance the career development of racial and ethnic minorities in the field. Moreover, he led many colleagues to see that work in diversity

also encompassed the need to ensure equitable access to health care for all.

Dr. Nickens' legacy is honored through the Herbert W. Nickens Memorial Fund, established in 2000 through the efforts of then

AAMC President Jordan J. Cohen, M.D., to continue advancing Dr. Nickens' lifelong commitment to supporting the educational, societal, and health care needs of racial and ethnic minorities. Annually, the fund supports a leadership award, a faculty fellowship, and medical student scholarships. As of this year, more than 100 individuals have been recognized with Nickens awards.

In that 2014 marks the 15th anniversary of the Nickens Awards Program, we pay special tribute to the man for whom the program is named and the awards made in his name. In that spirit, this publication explores Dr. Nickens' life and mission and offers perspective on his enduring legacy from many distinguished leaders.

To help us celebrate Dr. Nickens' important work, many past recipients of Nickens awards, as well as leaders in medicine who knew him well, graciously, shared observations about Dr. Nickens that readers will find on the following pages. Because the work that Dr. Nickens engaged in so passionately does and must continue today, we asked select leaders to summarize progress made to date in advancing Dr. Nickens' vision and to offer their thoughts about work that still must be accomplished. Some of those thoughts also are reflected here. We know that many other individuals would gladly have shared their remembrances of Dr. Nickens, and we regret that time and space constraints precluded us from including more voices here.

1973 – Dr. Nickens received the Philadelphia Medical Society's Kenneth Appel Award and the Laughlin National Psychiatric Endowment Fund Award.

1973

1974 – Dr. Nickens interned at Chestnut Hill Hospital in Philadelphia and then completed one year of residency in psychiatry at Yale University.

1974

1975 – Dr. Nickens returned to the University of Pennsylvania as a resident and a Robert Wood Johnson Clinical Scholar.

1975

1978 – Dr. Nickens was named assistant professor and director of psychiatry emergency services at the University of Pennsylvania.

1978

1979 – Dr. Nickens accepted an additional position of faculty assistant to the president and the provost at the University of Pennsylvania.

1979

1982 – Dr. Herbert W. Nickens married Patrice Desvigne on June 26.

1982

1985 – Minority Students in Medical Education: Facts and Figures was created.

1985

1985 – Dr. Nickens was named director of the Office of Policy, Planning, and Analysis of the National Institute on Aging, a part of the National Institutes of Health (NIH), after serving as deputy chief of the Center on Aging of the National Institute of Mental Health at NIH. Dr. Nickens contributed substantively to a landmark federal report, the eight-volume *Report of the Secretary's Task Force on Black and Minority Health: A Summary and a Presentation of Health Data With Regard To Blacks*. An in-depth investigation of disparities in key health indicators, the report was released on October 16, 1985, by then U.S. Secretary of Health and Human Services Margaret Heckler, and is often referred to as the "Heckler Report."

1985

1986 – Dr. Nickens was named by Otis Bowen, M.D., then U.S. secretary of health and human services, to be the first director of the Office of Minority Health, the first federal agency dedicated exclusively to improving health and health care outcomes for racial and ethnic minority communities.

1986

1989 – The AAMC formed the Division of Minority Health, Education and Prevention and hired Herbert W. Nickens, MD as vice president.

1989

1990 – Start of the Minority Faculty Career Development Seminar

1990

1991 – Under the leadership of then AAMC President Dr. Robert G. Petersdorf, M.D., the AAMC launched Project 3000 by 2000, which was led by Dr. Herbert W. Nickens.

1991

1992 – Start of the Health Services Research Institute

1992

1995 – Simulated Minority Admissions Exercise (SMAE)/ Expanded Minority Admissions exercise (EMAE) became Holistic Admissions

1995

1995 – The Division of Minority Health, Education and Prevention changed its name to Division of Community and Minority Programs (DCMP)

1995

1996 – Creation of Health Professional for Diversity (HPD) Coalition

1996

1999 – Dr. Herbert W. Nickens passed away unexpectedly in March at the age of 51.

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Moving the Needle

Jordan Cohen, now AAMC president emeritus—observed that “Herbert Nickens was a passionate advocate for fairness and a tireless worker for equity in health care. Trained as a psychiatrist, he sought throughout his professional life to heal one of our country’s most distressing ills—limited opportunities for minorities in the health professions. No one in recent memory did more than Herbert Nickens to bridge the painful and persistent diversity gap in medicine.”

and more toward actuality and active engagement in advancing diversity,” said Joan Y. Reede, M.D., M.S., M.P.H., M.B.A., dean for diversity and community partnership at Harvard Medical School. Among his numerous accomplishments to support diversity along the medical education continuum, Project 3000 by 2000, launched in 1991, is often cited as a groundbreaking program designed to address the critical need for minority physicians. Dr. Nickens observed that society had not yet achieved equity in



Joan Y. Reede, M.D., M.S., M.P.H., M.B.A.

us from a nice conversation about diversity” to designing specific steps that would advance diversity in medical education.

Undergirding Project 3000 by 2000 was the belief that the high rates of poverty, limited educational opportunities, and broader societal issues influenced Black/African American, Mexican American, mainland Puerto Rican, and American Indian students’ access and preparation to successfully attain their educational and career goals. The project sought to disrupt traditional thinking and engrained practices in ways that would stimulate a substantial increase in the number of underrepresented minority medical students. “Project 3x2,” as it was known, linked medicine and other health professions to the pipeline of undergraduate colleges, local school systems, and community organizations to help build the applicant pool. These partnerships were crucial, and the programs they created were intended to be intensive and longitudinal. The implementation of the Health Professions Partnership Initiative, an innovative grant-making project, greatly expanded the implementation of the 3x2 model.



1992-1993 Leadership Team: E. Crocker, J. Diggs, K. Turner, D. Kassebaum, R. Knapp, R. Petersdorf, E. Stemmler, H. Nickens, E. Martin and J. Keyes

Many of the programs and initiatives developed under Dr. Nickens’ leadership have endured the test of time, and are still quite relevant today. “When I consider the work of Dr. Nickens, he helped bring AAMC forward in terms of concrete activities and initiatives that were designed to achieve diversity—moving from concept

medicine and together with Dr. Petersdorf’s insight, recognized that change could only come if existing practices were modified. Dr. Reede notes that the “Project 3000 by 2000” initiative demonstrated “very forward thinking and set a challenge for AAMC and for its member institutions that focused on evidence and moved

The success of Project 3000 by 2000 can be assessed by its stated goals of increasing the number of underrepresented minority (URM) matriculants, development of the URM applicant pool, and increased medical school involvement in educational programs and community collaborations to grow the applicant pool. For several years, the project was on pace to reach the goal of 3,000 URM students annually enrolling in medical schools by the year 2000. This would have nearly doubled the number of minority medical students from 1990 levels. Timothy Ready, Ph.D., currently director of the Lewis Walker Institute for the Study of Race and Ethnic Relations at Western Michigan University and former director of Project 3000 by 2000, explains, “Unfortunately, ballot initiatives like California’s Proposition 209 and court challenges to affirmative action dramatically slowed matriculant growth. Nevertheless, there are at least two lasting legacies of the project. One is the ongoing involvement of medical schools in efforts to improve educational opportunities and outcomes for younger students, and no less important a legacy are the

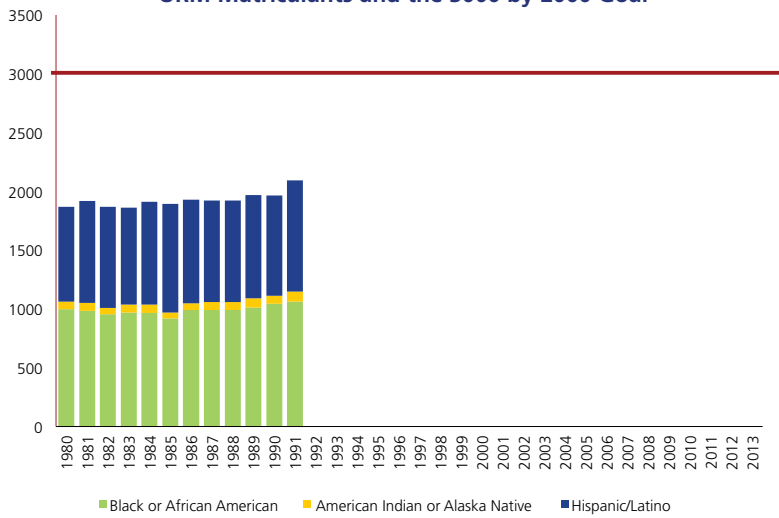
hundreds of additional minority physicians who might not be practicing today if it were not for Project 3000 by 2000.”

Under Dr. Nickens’ leadership, the AAMC partnered with the Robert Wood Johnson Foundation (RWJF) on the Minority Medical Education Program

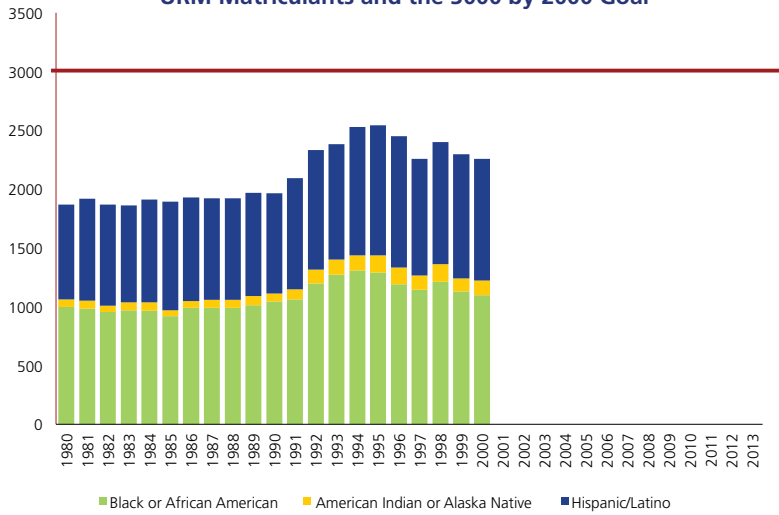


Timothy Ready, Ph.D.

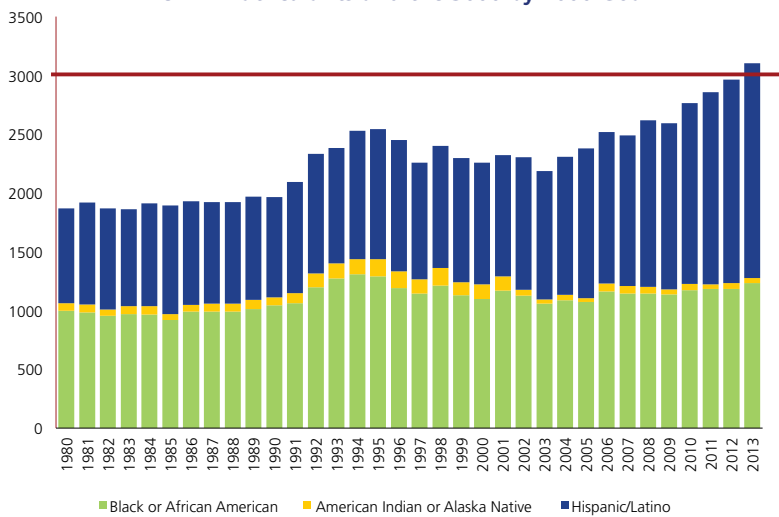
URM Matriculants and the 3000 by 2000 Goal



URM Matriculants and the 3000 by 2000 Goal



URM Matriculants and the 3000 by 2000 Goal



(MMEP)—today known as the Summer Medical and Dental Education Program (SMDEP)—as the National Program Office. MMEP's goal was to help “jump start” the medical education of promising minority college students through no-cost summer enrichment programs at eight leading medical schools. This year, RWJF, the AAMC, and the American Dental Education Association proudly celebrate 25 years of service to over 22,000 aspiring health professionals.

Dr. Nickens also substantially expanded several initiatives to increase the number and success of minority medical faculty. Chief among these programs is the annual Minority Faculty Career Development Seminar, designed for underrepresented minority junior faculty that provides essential information on succeeding in academics, obtaining grant funding, getting promoted, and developing leadership skills. Today, more than 1,000 faculty have participated in the program. Dr. Nickens was also instrumental in the development of the AAMC

Health Services Research Institute (HSRI), a two-year training and mentoring program that helped promising minority junior faculty in health services develop their research skills. HSRI worked with four cohorts of fellows over a span of approximately 11 years. In total, more than 100 fellows were trained. Ms. Lois Colburn, executive director, University of Nebraska College of Medicine, Center for Continuing Education, explains that HSRI provided a space “where minority faculty could play an important role in research and policy with the intent to improve health care and health services research.” She adds that the program also helped to identify diverse talent and allow AAMC staff to recommend minority faculty as part of study sections and national committees.

Lois highlighted an often unsung accomplishment under Dr. Nickens leadership—the development of the Minority Physician Database. She noted that Dr. Nickens understood the “power of data.” The database serves as the foundational resource of information for the AAMC Facts and Figures series that is used widely as a key data resource for researchers and leaders. Lois adds that Dr. Nickens “looked beyond just getting students in the door, and medical school admissions, to the larger system, shifting the paradigm.”

“Having been a member of the committee that helped to create the minority affairs section at the AAMC during the time when I was then in academic student affairs, I was thrilled when Dr.



Vivian Pinn, M.D.



A. Eugene Washington, M.D., M.Sc.

Nickens assumed leadership of that corresponding office of the AAMC because of his commitment to significantly increase the diversity of entering and graduating medical school classes, and especially because of his wonderful ability to be diplomatically, but forcefully, persuasive in these efforts,” Vivian Pinn, M.D., retired, National Institutes of Health, recalls. “One of the important initiatives that Dr. Nickens brought to the AAMC



Drs. Nickens and Tuckson

was to expand his office's purview to also embrace health disparities. He really deserves credit for expanding those concepts and therefore expanding the focus of minority programs and initiatives. That has been a very valuable contribution not only for the AAMC but for all those who are involved in medical education.”

A. Eugene Washington, M.D., M.Sc., vice chancellor for health sciences and dean of the David Geffen School of Medicine at the University of California—Los Angeles, and chief executive officer, UCLA Health System, met Dr. Nickens through colleagues. “I remember a gentle smile,” Washington recalls. “There was something about him that came

across as very welcoming and comforting. He left you with a sense of reassurance. There was just a level of maturity that you felt. The other thing that stood out for me was that there was an elegance, even an eloquence, in his manner and in his thought processes. He had a very clear way of framing things.” At the same time, Washington remembers, “It was clear that Dr. Nickens had real resolve about things to which he was committed. That dedication extended to social good and justice. It was reflected in his well-known commitment to diversity and his beliefs about good and fairness and societal justice and responsibilities.” That same resolve, Washington says, “was consistently reflected in his actions and his effectiveness.”



Reed Tuckson, M.D., FACP

Reed Tuckson, M.D., FACP, whose career includes service as the commissioner of public health for the District of Columbia, senior vice president at both the March of Dimes Foundation and the American Medical Association, president of the Charles R.



SMDEP Participants



Patrice Desvigne-Nickens, M.D.

Drew University of Medicine and Science, and his current role as managing partner of Tuckson Health Connections, remembers Dr. Nickens as “a public intellectual.” Tuckson says Dr. Nickens was “an extremely well-trained clinician who used his fundamental discipline as a psychiatrist and his motivation as a health professional to address the larger issues of healing the nation from its tragic experience of disparities in health care. He was a very smart guy, very committed, and really wanted to do something to change the society,” Tuckson adds.

To the deep regret and shock of many, Dr. Nickens' promise was cut short by his untimely death of

“We live as though Herbert is here. And that’s easy to do because his ideas and his excitement about life and opportunity are just as alive and important today as they were years ago.”

– Patrice Desvigne-Nickens, M.D.

a heart attack in 1999. Just 51 at the time, Dr. Nickens was survived by his wife, Patrice, and their two daughters, Caitlin and Chloe, as well as his parents and a sister.

A deeply personal perspective on Dr. Nickens comes from his widow, Patrice Desvigne-Nickens, M.D., who today serves as the medical officer for heart failure

and arrhythmias in the Division of Cardiovascular Sciences at the National Heart, Lung, and Blood Institute, the National Institutes of Health. Desvigne-Nickens recalls that as a youth Dr. Nickens did not feel personally impoverished or in need, but growing up in Washington, D.C., and then making his way to places like Harvard and the University of Pennsylvania made him “acutely aware of the imbalance between what some had and what others had.” Desvigne-Nickens observes that personal experiences like those helped shaped Dr. Nickens' thinking over time, leading him to develop a worldview based on a conviction that “the practice of medicine demands equity,” both in access to health care and in the representation of the individuals who provide care and serve as leaders in the field. The imperative for equity, she suggests, is reflected and perhaps rooted in the Hippocratic Oath and in the fundamental goal of medical practitioners to seek “the best possible health outcomes, regardless of circumstances.”

“From a family perspective, we don’t go a day that my kids don’t talk about their dad,” Desvigne-Nickens says. “We live as though Herbert is here. And that’s easy to do because his ideas and his excitement about life and opportunity are just as alive and important today as they were years ago. And so we miss him, but his thrill and drive for living is something that motivates us all, and hopefully will continue to fuel achieving equity in medicine.”

Impact Across the Health Professions

Jeanne C. Sinkford, D.D.S., Ph.D., Senior Scholar in Residence in the Office of the President and CEO at the American Dental



Jeanne C. Sinkford, D.D.S., Ph.D.

Education Association, was inspired by Dr. Nickens in her work to develop minority affairs and women’s affairs at the ADEA. “I was impressed with his vision,” Sinkford recalls, remembering that Dr. Nickens saw that changing opportunities for underrepresented minority students could increase access to the full range of medical professions and his perspectives on diversity encompassed not just medical disciplines, but also behavioral and public health. Sinkford praises Dr. Nickens for having “the wisdom of inclusion of dental students in the Health Professions Partnerships Initiative,” which enabled dental schools to be included in a seminal recruitment and development program for potential health students.

Dr. Nickens “personally inspired me to look at the barriers in the academic pipeline for the applicants

who were to be recruited, and to specifically address those barriers in the training program we were preparing for them,” Sinkford says. She also was impressed by Dr. Nickens' insistence on setting numerical goals for diversity, such as the “3000 by 2000” program. Prior to Dr. Nickens' insistence, Sinkford says, “we never used numerals. We just hoped that we would get individuals to see the need to grow your own. But he did draw a line in the sand, and established an aim or a goal to be achieved by the medical schools across the country.”

Helene D. Gayle, M.D., M.P.H., the president and CEO of CARE USA, who met Dr. Nickens when she was in medical school at the University of Pennsylvania, recalls that he



Helene D. Gayle, M.D., M.P.H.

was “a tireless spokesperson for the importance of greater diversity and inclusion in how we look at health and health issues, and also a real champion for greater diversity of physicians and other health professionals.” Gayle helped

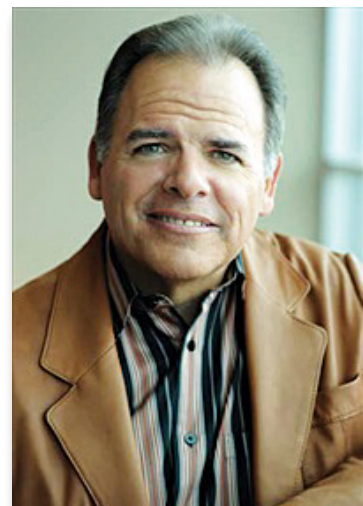
advance Dr. Nickens' legacy as one of the first volunteers to serve on the committee that selects the awards given in Dr. Nickens' name.

Another long-term volunteer on that committee is John B. Molitor,



John B. Molitor, Ph.D.

Ph.D., the CEO and President of Michigan State University Flint Area Medical Education and assistant dean and professor of Michigan State's College of Human Medicine. Molitor got to know Dr. Nickens through work in the 1980s on various AAMC professional groups, including those focused on student affairs, educational affairs, and regional medical campuses. “I think Dr. Nickens' work and his initiatives cut across all those groups,” Molitor says, suggesting that part of Dr. Nickens' legacy is his visionary focus on “a continuum or a timeline of how you get students into the pipeline, how you get them admitted, how you get them taken care of in medical school, and how they can impact their community.” Molitor believes the fact that Dr. Nickens'



Spero M. Manson, Ph.D.

vision intersected with so many of AAMC's professional groups—and, indeed, continues to resonate—helps sustain and spread the impact of that vision and keeps alive the spirit of Dr. Nickens' work.

Molidor says that Dr. Nickens helped underscore the importance of a community-based approach. "What [Dr. Nickens] did for me professionally was basically to say 'stay the course.' Keep doing what we're doing. To have somebody placed nationally within the AAMC saying that was very compelling and helpful," Molidor says. Dr. Nickens was artful in conveying that work to help students of color succeed in medical school was simply "the right thing to do," Molidor says. "He was personable. He was articulate. And it was never just about him; it was always about something much bigger."

Before His Time

Marc Nivet, Ed.D., M.B.A., AAMC chief diversity officer, suggests that Dr. Nickens "was probably 20 years ahead of his time" in some of his thinking. For example, Nivet says that the roots of new thinking about a more comprehensive, "holistic review" approach to medical school admissions can be traced in some respects to the ideas of Dr. Nickens and some of his contemporaries. "The crux of that work is that you have to look beyond standardized exam scores and GPAs to find individuals who have the greatest capacity to serve as physicians. You need to equally weight their experiences and other personal attributes. I think Dr. Nickens was a real believer in that, and a true architect in helping to push the

admissions practices of medical schools to really think that way."

Similarly, anthropologist Spero M. Manson, Ph.D., Distinguished Professor of Public Health and Psychiatry in the Centers for American Indian and Alaska Native Health and associate dean for research at the Colorado School of Public Health at the University of Colorado Denver and recipient of the Herbert W. Nickens Award in 2006, observes that "Dr. Nickens was really visionary and before his time in terms of arguing the importance and the challenges of achieving equity in health and health care for racial and ethnic minorities across the country." For example, Manson recalls that Dr. Nickens felt strongly about building a base of fundamental knowledge in health care, but argued that mere acquisition of knowledge was not enough. Manson recalls that Dr. Nickens prodded the medical community to focus on "how we can take the lessons learned and apply them in locally meaningful ways, with benefits to the populations that we're intended to serve."

"Dr. Nickens worked at this across all populations," Manson says. "He didn't allow himself to be marginalized within the context in which he made his arguments."

"For those of us who knew Dr. Nickens," Sinkford says, "we can't go by a year without thinking about the influence that he's had on what we've been able to do."

Reflecting on Dr. Nickens' legacy, Cohen said, "Dr. Nickens was both very experienced and very passionate about the issue

"Dr. Nickens was the best of the best then, in this arena. And if his legacy was juxtaposed to what's going on today, he'd still come out the best."

– A. Eugene Washington, M.D., M.Sc.



Eliseo J. Perez-Stable M.D.

of diversity, particularly in academic medicine. I so much enjoyed working with him, and I learned so much from him. His untimely death left such a huge hole not only in the association, but I think nationally. The passion that he communicated for diversity was instrumental in getting this issue generally on the agenda of virtually every medical school in the country."

In talking about Dr. Nickens' legacy, several members of the committee that selects Nickens awardees reported that narrowing down their choices to just a few individuals is extraordinarily difficult. About nominees for the Nickens Award, for example, John Molidor says, "These are just flat-out phenomenal human beings. They're all doing great work. What happens in the deliberations is you have to just accept the fact that being able to award only one annually is hard because they're all so good." Molidor adds that the decision process is directly and intentionally influenced by principles that Dr. Nickens lived by, including the importance of having every voice heard and every viewpoint expressed before the choice comes to a vote.

Eliseo J. Perez-Stable M.D., chief, Division of General Internal Medicine, Department of Medicine,

University of California, San Francisco (UCSF), and assistant director of health disparities, UCSF Helen Diller Family Comprehensive Cancer Center, also notes that the Society of General Internal Medicine (SIGM) named an award for Dr. Nickens. The award is given to an SIGM member who has demonstrated exceptional commitment to cultural diversity in medicine or to improving minority health. Perez-Stable received that award in 2008.

Eugene Washington, who has chaired the Herbert W. Nickens Award Selection Committee, says that the Nickens Award program is important symbolically in that "the AAMC is saying that this is important enough for us to want to make this a national award and recognition. It demonstrates the value that a major organization like this places on members." Further, Washington says, "the award also enables the whole field of medicine and health to acknowledge individuals who have lived up to the standards that Dr. Nickens established and who have exemplified the spirit of the commitment and dedication of Dr. Nickens himself."

Commemorating a Leader— **The Creation of the Herbert W. Nickens Awards**

The loss of Dr. Nickens was “extremely heartfelt and difficult to overcome,” Cohen said. “And there was no question that we had to do something—some things, actually—to commemorate his contributions and to keep his vision alive in the association and more generally.” It was in that context that the AAMC decided to create a series of awards in Dr. Nickens’ name that would recognize his legacy and help advance the work that he pursued so avidly.

It was through the leadership of then AAMC President Jordan J. Cohen, M.D., that the Nickens Awards were initiated. Dr. Cohen launched an intense fundraising campaign to raise \$1 million for the Nickens Awards Endowment. Today, this endowment is the foundation for the awards. The endowment originally was funded by the W. K. Kellogg Foundation, the Robert Wood Johnson Foundation, the Josiah Macy Jr. Foundation, the California Healthcare Foundation, The California Endowment, and many AAMC member institutions and associates.

Herbert W. Nickens Award and Its Enduring Impact

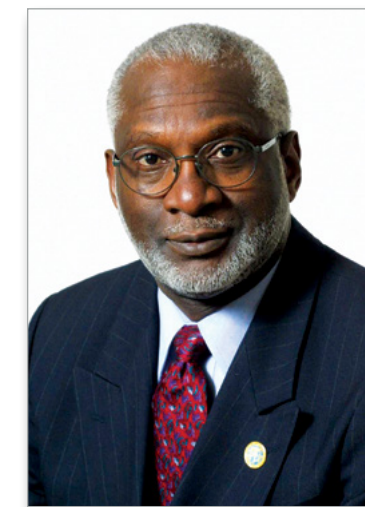
The Herbert W. Nickens Award Endowment supports an annual award for leadership in diversity in academic medicine, a faculty fellowship, and student scholarships.

The Herbert W. Nickens Award

This presidential award is given to an individual who has made outstanding contributions to promoting justice in medical education and health care equity in the United States. Because Dr. Nickens believed that a multidisciplinary approach is needed to address inequities in health, nominees may come from a wide range of fields, including medicine, dentistry, education, law, nursing, pharmacy, public health, and social and behavioral sciences. The recipient receives a \$10,000 award and presents the Nickens Lecture at the AAMC Annual Meeting.

Nickens Awards have had a significant personal impact on the distinguished roster of individuals who have received them. (A full listing of those individuals, along with their institutions, can be found at the end of this publication.)

David Satcher, M.D., Ph.D., Satcher Health Leadership Institute and the 16th Surgeon General of the United States, received the Herbert W. Nickens Award in



David Satcher, M.D., Ph.D.
2002 Recipient

2002. Satcher, who was president of Meharry Medical College from 1982 to 1993 and today directs the Satcher Health Leadership Institute at the Morehouse School of Medicine, received the Nickens Award at a pivotal juncture in his career: He had recently concluded his four-year term as surgeon general

and was headed to Morehouse to develop the National Center for Primary Care.

“The award meant a lot,” Satcher says, “because I knew [Dr. Nickens] and I knew about the program that he headed at the AAMC.” Satcher says that Nickens’ work and the Nickens award dovetailed with his own lifelong commitments to inclusion, going back to when Satcher was a medical student at Case Western Reserve University and “worked very hard to increase diversity of enrollment of medical students.” Noting that he was “really pleased when the AAMC made the commitment” to increase diversity, Satcher says that “Dr. Nickens embodied that commitment. I will always value what he did. And I will always be honored by the fact that I received the Nickens Award.”

Spero Manson, who received the Nickens Award in 2006, is a Pembina Chippewa who is widely recognized for his leadership, research, and expertise in the health and welfare of Native American and Alaska Native communities. “I have been blessed to work at the interface of my personal and my professional lives as an American Indian health professional and as someone who is deeply invested in improving the health and well-being of my people,” Manson says. “The Nickens award was a capstone, an acknowledgement of the efforts of not just myself, but many others who shared a similar vision and commitment in enhancing the health and wellbeing of Native people.” For Manson, however, the Nickens award was more than just a personal acknowledgment. “In addition to the social justice aspects of our work,” he says, “the award also acknowledged the contribution of myself and colleagues to the ever-increasing presence of Native people among the scientific work force.”

Vivian Pinn says she was both surprised and honored when she learned she would receive the Nickens Award in 2008. "I remember when the award was first established and I was aware of all of those who had received the Nickens award, people that I really respected and I knew had done so much," she says. "I knew Dr. Nickens personally and appreciated what the award represented when it was established in his name. So I was very honored and humbled to be included in that group of

outstanding medical educators. But I also saw this award as a challenge that we can't give up on what Dr. Nickens was trying to accomplish. We may have had some success, but there's still much more to be done.

Jeanne Sinkford, who received the Nickens Award in 2009, says the award certainly meant a lot to her and to her family, but it also was important because it recognized the work that had been done to advance diversity in dentistry. "My colleagues in dentistry had

never been recognized for the collaborative efforts they made, so to be recognized on the broader health scale was very significant to them," she says. "The award was significant to me because I had been working so diligently with the minority community, including as a dean of a dental school. But it also was meaningful to all the U.S. and Canadian dental schools because the award recognized their efforts in the broader community of health."



L to R: Drs. Wilson (Inaugural Recipient) and Desvigne-Nickens, Mr. Bollinger, J.D. (2001 Recipient) and Dr. Cohen

2014 Nickens Award Recipient



Lisa A. Cooper, M.D., M.P.H., FACP
James F. Fries Professor of Medicine
Division of General Internal Medicine
Director, Johns Hopkins Center to Eliminate
Cardiovascular Health Disparities
Johns Hopkins University School of Medicine

Lisa Cooper, M.D., M.P.H., revolutionized the nation's understanding of how race and ethnicity affect health and patient care. Through her work, she has identified precise inequities in how racial and ethnic minority patients perceive their health care providers and access the health system. Dr. Cooper also has worked diligently to achieve health parity by partnering with these minority populations on community-tailored solutions.

"She is a people's researcher/physician, with social justice at the forefront of all she does," says Rev. Deborah Hickman,

chief executive officer of Sisters Together and Reaching, Inc.

The Liberian-born internist's passion for human dignity and equality began in her childhood, when she was witness to and victim of discrimination and violence. Years later, she remains a tireless and dedicated advocate for justice and human equality.

Today, Dr. Cooper is director of the Johns Hopkins Center to Eliminate Cardiovascular Health Disparities, where she and her team work with the Baltimore community to achieve the center's namesake goal. Their efforts, funded by the National Institutes of Health, include further examination of how racial disparities manifest in cardiovascular outcomes and rigorous clinical trials to reveal proven, patient-centered solutions to alleviate the health disparities of race, particularly among African-Americans.

"Dr. Cooper's work has changed the landscape for equality and care and social justice in medical education," says Janice Clements, Ph.D., vice dean for faculty at the Johns Hopkins University School of Medicine.

Dr. Cooper's indelible mark on health equity efforts in the United States is further enhanced by her warm, encouraging, and welcoming demeanor, which also makes her a highly effective and sought-after educator, collaborator, and

mentor. She has mentored more than 50 scholars across the health professions since 1994 when she joined the faculty at Johns Hopkins, where she is the James F. Fries Professor of Medicine in the School of Medicine and a professor in both the Bloomberg School of Public Health and the School of Nursing.

Dr. Cooper received her B.A. from Emory University and her M.D. from the University of North Carolina at Chapel Hill. She completed her internship and residency at the University of Maryland Hospitals and Baltimore VA Medical Center. She received her M.P.H. from the Johns Hopkins Bloomberg School of Public Health while completing a postdoctoral fellowship at the Johns Hopkins School of Medicine.

A prolific scholar and dedicated investigator, Dr. Cooper has received numerous awards and honors for her work, including a prestigious MacArthur Fellowship, the James D. Bruce Memorial Award for Distinguished Contributions to Preventive Medicine from the American College of Physicians, and membership in the Institute of Medicine. This is the second time she has been honored in the spirit of Dr. Nickens, having received an award in his name from the Society of General Internal Medicine in 2006.

Herbert W. Nickens Faculty Fellowship

This award recognizes an outstanding junior faculty member who has demonstrated leadership in the United States in addressing inequities in medical education and health care; demonstrated efforts in addressing educational, societal, and health care needs of racial and ethnic minorities; and is committed to a career in academic medicine. The recipient receives a \$15,000 grant to support his or her academic and professional activities.



Vanessa B. Sheppard, Ph.D.
2001 Recipient

Vanessa B. Sheppard, Ph.D., who is assistant director for health disparities research and associate professor with tenure at the Georgetown University/Lombardi Comprehensive Cancer Center, says she received the Nickens Faculty Fellowship at a pivotal time in her career when she was transitioning from postdoctoral training and also completing an AAMC fellowship

in health services research. Dr. Sheppard's passion in health services research and a long-term interest in law were influenced by her diagnosis of Hodgkin's disease while in college. The experience ultimately caused her to commit herself to finding ways to improve delivery of health to women in general and underserved women of color in particular. The Herbert W. Nickens Fellowship "empowered me to pursue my true interests and helped me find and use my voice. As a result of the initial investment from the award, we piloted and developed interventions to inform patients about their treatment options and empowered them to communicate better with their providers," Sheppard says.

Sheppard notes that those early roots of her career took hold. "What I was interested in at the time was understanding the patient-provider relationship, and how that could impact disparities. That was the beginning of my scientific inquiry in this area," she says. Today that interest manifests itself in Sheppard's work in cancer. She says she continues to explore the relationship between a patient and her oncologist, which she says is "is critical for African-American women in particular," especially in terms of initiating chemotherapy. Sheppard says the award helped her stay true to her original interests and was part of the inspiration for her work today as a mentor to younger researchers.



Thomas Sequist, M.D., M.P.H.
2007 Recipient

Thomas Sequist, M.D., M.P.H., the chief quality and safety officer at Partners HealthCare, had three years of faculty experience under his belt when he was awarded a Nickens Faculty Fellowship in 2007. He observes that in academic environments, work to advance diversity can sometimes be overshadowed by the pressures on faculty to publish research and raise money. Sequist says that the most important thing about receiving the Nickens award was that it "helped to validate the work that I was doing in diversity" and showed him that his efforts were "reaching broader audiences." Noting that he is particularly active in contributing to student enrichment programs through community volunteer work, he says that receiving the Nickens award "really encouraged me to keep doing what I was doing."

The 2014 Recipient



Roberta Capp, M.D., M.H.S.
Assistant Professor, Department of Emergency
Medicine University of Colorado School of
Medicine

Last year, Roberta Capp finished the Robert Wood Johnson (RWJ) Clinical Scholar Fellowship at Yale and received a job offer as assistant professor at the University of Colorado, Denver. As a RWJ Fellow, she developed a community-based participatory research patient navigation intervention, and informed stakeholders of the needs of the frequent emergency department (ED) users population with Medicaid through research projects, using both local data and large national data sets. Specifically, Roberta worked closely with

community organizations, federally qualified centers, and the Yale-New Haven Hospital to understand how to better serve Medicaid enrollees who are frequent ED users—greater than four ED visits per year.

The ED is the safety net for patients who cannot access timely primary care services, and Medicaid patients gradually have become the group of patients that makes the largest contribution to the growth in ED use. Roberta and her colleagues surveyed and interviewed Medicaid patients who visited the ED to learn about their barriers to care and reasons for ED use. They found that these patients often have complex, chronic medical conditions requiring coordination of multiple providers, as well as nonmedical challenges that affect their health care utilization (e.g., calling an ambulance to go the ED because they lack transportation to get to a same-day primary care appointment). Based on the collection of these data, she led the development and implementation of a patient navigation program, funded by the Yale-CTSA CBPR grant (UL1 RR024139), for which she is the co-principal investigator. This project, which is tailored to coordinate medical and social care for Medicaid enrollees who are frequent ED users, is the first randomized control trial developed to evaluate the

outcomes of patient navigation services for that population.

The patient navigation program inspired Roberta to educate future health care leaders, such as nurses, physicians, pharmacists, and undergraduates about the importance of understanding social determinants of health and how to work as a team to address patients in a holistic way. This summer she developed and led a student hotspotter program where 12 students surveyed patients in the ED about their social determinants, learned about their community and issues related to health care, and received training to act as patient navigators for high-risk underserved populations. Roberta hopes the program will serve as a model for future medical education and help improve patient care.

Herbert W. Nickens Medical School Scholarships

This award consists of scholarships given to outstanding students entering their third year of medical school who have shown leadership in efforts to eliminate inequities in medical education and health care and demonstrated leadership efforts in addressing educational, societal, and health care needs of minorities in the United States. Each recipient receives a \$5,000 scholarship.

The unique life story of Monique Chambers, M.D., exemplifies



Monique Chambers, M.D.
2011 Recipient

the spirit of the Nickens Awards Program. Chambers received a Nickens Medical Student Scholarship in 2011 when she was a third-year medical student at the University of California, Davis, School of Medicine. "I was one of those people born knowing that she wanted to be a physician, and my life's journey has been about cultivating my gifts to accomplish

that goal," Chambers says. Growing up without health insurance in a low-income neighborhood in Los Angeles, Chambers' family relied on county clinics for their medical care—experiences that motivated her to work for better access to health care.

In her first years at University of California, Davis, School of Medicine, she served as a volunteer co-director at a student-run community clinic, created an elective course with a series

bone lesion in her brain just a few weeks before receiving the Nickens Award. This setback led to surgery and several challenges, including, as she says, "having to relearn how to learn." Over the past two and a half years, she has focused her efforts on doing just that, all the while continuing to "persevere in pursuing excellence in all things (professional and personal development), which is one of the things I really felt the Nickens Award represents."

"The award reminds me that no matter what specialty I go into, it's important to remember that my greater call is to be of service to my patients, to my peers, to my community, to this world."

— Monique Chambers, M.D.

of educational workshops on minority health, and coordinated a national forum focused on building medical leaders with an emphasis on reducing health disparities in minority populations. She also helped recruit applicants to the medical school from disadvantaged communities.

Her journey as a medical student was threatened, however, when she was diagnosed with a lytic

Fast forward to 2014. Now that she has successfully completed her medical curriculum, Chambers is spending the year completing research in the Orthopedic Surgery Department, applying for residency, and obtaining her master's of law for health professionals. "The journey through medicine, both as a provider and as a patient, can be quite daunting at times. But it is

also, very rewarding. I think we all go through moments when you feel like no one else can really relate to what you're going through," she says. "Every now and then, we have key moments, whether it's through mentors, patients, or donors with scholarship opportunities, where you're reminded that there's someone who believes in you, someone who has never met you. And sometimes they believe in you more than you believe in yourself at the time."

For Chambers, the Nickens scholarship provided that kind of affirmation. "The Nickens Award came at a pivotal time in my journey," she says. "The award reminds me that no matter what specialty I go into, it's important to remember that my greater call is to be of service to my patients, to my peers, to my community, to this world."



Marizabel Orellana, M.D.
2010 Recipient

Marizabel Orellana, who received a Nickens Medical Student Scholarship in 2010, was the first in her family to go to college. She worked full-time to pay for her undergraduate education, which she completed while also raising a daughter as a single mother. After earning her medical degree, she is completing a residency at Harbor UCLA Medical Center, where she also plans to serve an internship year in internal medicine.

Orellana sees her work at Harbor UCLA, which serves the people of southwestern Los Angeles County regardless of ability to pay, as a way of giving back. Growing up as the daughter of a single mom without much money, she sought care there herself. "I'm very familiar with the county system and not having insurance and not being able to afford to see a doctor. And having to wait for hours in the waiting room until a physician sees you. And then figuring out how you're going to pay the bill." Working at Harbor UCLA, she says, "It's a privilege to help and serve patients who are underserved and uninsured. I think it's important to make them feel that they're getting the best medical care from a physician who is very compassionate and understands their needs and their limited access to health care, and who tries to help them along the way to understand their medical condition and makes sure they get access to the care they need."

"I was very fortunate to have mentors and to have people help

me along the way and give me advice," Orellana says, noting that she also gives back by mentoring others, especially single moms from underprivileged backgrounds who are trying to pursue an education, as well as medical students.

Orellana finds it difficult to articulate what she felt when she learned she was going to receive a Nickens Award. "Reading about Dr. Nickens and everything he did and what his work stands for, and sitting among all the other award recipients—I can't even describe it," she says. "I never thought of myself as being someone that would be considered among such great people who did such wonderful work. It was a surprise. It was an honor. I was humbled. And I think that it just inspired me to keep on going, and to continue to do this type of work."

Asked where she hopes to go in her career, Orellana says she plans to continue working to increase health access. Down the road, she may consider leadership positions or even politics. Regardless of what particular position she ultimately holds, she says, "I know that I definitely want to continue the work that I'm doing with underserved patients, and patients who are under-insured and uninsured, to increase access to health care and diversity in the medical field." Her Nickens Award, she says, "continues to motivate me and to give me perseverance to push forward."

The 2014 Recipients



F. Garrett Conyers
Harvard Medical School

F. Garrett Conyers, a third-year medical student at Harvard Medical School, was lucky to witness the power of social justice advocacy at a young age. He credits his upbringing for establishing his core interest in social justice and his undergraduate experience for cultivating his passion for it.

Garrett graduated summa cum laude from Morehouse College with a degree in biology. He served in leadership positions in several mentorship and education equity advocacy groups, such as the Black Family & Child Institute, 100 Black Men of Atlanta, and the Big Brother Program of Atlanta. It was at Morehouse that his interest in social justice intersected with his interest in medicine. Garrett quickly got involved in

local Atlanta communities by initiating community outreach efforts surrounding health advocacy, proper nutrition, and stress management. He was awarded a position in the John H. Hopps Defense Research Scholars Program, a Department of Defense initiative to spur the growth of underrepresented minorities in science and research. During his time in school, he conducted basic science research around diseases that disproportionately affect minority populations. He presented his research at numerous national conferences and earned many research awards, including the Achievement Reward for College Scientists and the Fredrick E. Mapp Award in Biology. In addition, he was elected to the National Society of Collegiate Scholars, NASA's Mission to Advance Research and Science Scholarship Program, and Phi Beta Kappa.

Upon entering medical school, Garrett immediately became involved with curricular reform and health disparities. He joined the "Race in the Curriculum Working Group," which advocates for a more rigorous study of how health disparities arise in racial groups and how physicians can combat that trend, and also works with faculty to incorporate issues of race, ethnicity, and health inequities into the pre-clinical curriculum. Garrett has led the group in creating and presenting numerous lectures and small group learning sessions, with the goal of engaging students in these issues.

He and a fellow classmate designed and facilitated a weeklong, student-led workshop for incoming medical students around the topic of the 'isms' (racism, classism, sexism, etc.) and how they affect the delivery of equitable health care.

Garrett also has shown a deep passion for physician workforce diversification. He mentors local premedical students through the Student National Medical Association, Health Professions Recruitment and Exposure Program, and Minority Association of Pre-medical Students. Still committed to serving the local community, Garrett helps test for HIV, serves as an HIV counselor, and develops health education workshops. Additionally, he has served as a junior clinician in Harvard's student-faculty collaborative clinic and as president of the Harvard Medical School Black Health Organization and the Harvard Black Graduate Student Alliance. In addition, he is a member of the Harvard Partners Healthcare Cross-Cultural Care Committee, Harvard Medical School Multicultural Fellows Committee, and Harvard University Student Advocacy Group.

Garrett plans to pursue a master in public policy. He credits his success to being surrounded by dynamic, passionate people that all share a common desire to create a more righteous and just health care system.



Ami E. Kumordzie
Stanford School of Medicine

As a native of Accra, Ghana, Ami Kumordzie first stepped onto American soil at the age of six. Although she and her family faced many hardships and disadvantages while growing up, including lack of health insurance and bankruptcy, she remained connected to those less fortunate in her community and dedicated herself to helping others gain the same opportunities she had been given. Despite the many challenges, Ami became the first in her immediate family to pursue a bachelor's degree. She received a fully paid scholarship to Johns Hopkins University as a Bloomberg Scholar and graduated cum laude with a degree in biomedical engineering. She is now earning an M.D. from Stanford University School of Medicine.

Being only one of three African-American bioengineering majors,

Ami became keenly aware of the major educational disparities in minority populations, particularly in math and science. These disparities were even more pronounced in local Baltimore communities. As vice president of the university's National Society of Black Engineers, Ami organized weekend science outreach events for minority middle school girls. She founded the Great Space for Girls program, which uses space exploration to help girls see their potential for careers in math and science.

When Ami realized the power of educational enrichment in the lives of minority students, she continued her outreach through Stanford EXPLORE, a program that provides high school students with early exposure to careers in biomedical science. Because the substantial costs resulted in the program historically attracting students of upper socioeconomic status, Ami led an initiative to expand accessibility to low-income students by personally calling, emailing, and visiting schools throughout under resourced areas in East Palo Alto and San Jose. Her efforts led to a substantial increase in the number of disadvantaged students who attended the program with full funding.

Understanding the hurdles to increasing and retaining minority representation in health careers, Ami reached out to undergraduate minority students to provide them with the resources and mindset that helped her persevere. As a medical student, she led the Leland

Scholars Program, an initiative that supports first-generation and low-income minority students pursuing science and engineering fields in their freshman year. Ami serves on the Student National Medical Association and Stanford's Diversity Advisory Panel, where she reviews prospective medical student applications and advocates for underrepresented candidates. These efforts are aimed at building a pipeline for increased representation and retention of minority students.

Additionally, Ami sought ways to leverage technology to reduce educational disparities. This led to a collaboration with the Foundation for Learning Equality and Khan Academy to implement a novel platform that will enable access to medical education with minimal infrastructure. She is working on an inexpensive program called KA-Lite ("Kahn Academy Light"), on which interactive educational videos can be installed and distributed anywhere in the world. Ami along with her colleagues at the Foundation for Learning Academy implemented the project in Rwanda in December 2013. Her hope is that despite socioeconomic limitations, any student from inner-city Baltimore to rural Rwanda will have access to quality medical education. Ami's work will continue to focus on breaking down barriers limiting minority access to education, particularly in science and health careers.



Alexa M. Mieses
Icahn School of Medicine at Mount Sinai

Alexa M. Mieses is a native New Yorker and current medical student at the Icahn School of Medicine at Mount Sinai, where she is pursuing a joint M.D./M.P.H. degree. She is passionate about incorporating her public health knowledge into patient care and hopes to make an impact beyond the confines of an exam room, working to resolve health disparities in her community.

Witnessing health disparities in her own neighborhood inspired Alexa to pursue a career in medicine. After graduating from the prestigious Bronx High School of Science, she pursued undergraduate studies at the City University of New York-City College (CCNY), graduating magna cum laude with a B.S. in biology and a minor in psychology in 2011.

At CCNY, Alexa was very active within the surrounding Harlem community, working to resolve health disparities through service.

She organized health fairs as secretary and then president of the Minority Association of Premedical Students (MAPS), which served more than 200 community members annually. Under her leadership, the group was awarded the 2011 National MAPS Chapter of the Year Award in recognition of its service. She tutored disadvantaged public school students in math and English language arts, and tutored various science subjects at the college level as a CCNY peer tutor. As an exceptional student in the SEEK Program (an educational opportunity program for disadvantaged students), she also mentored SEEK students and co-taught the program's freshman orientation course.

As part of the Jeannette K. Watson Fellowship, a competitive program for New York City undergraduates, Alexa taught biology at the Bronx Zoo, conducted HIV public policy research at Gay Men's Health Crisis, and published an article about corrective rape and its public health impact. She spent three months in Santiago, Chile, completing needs-analysis work for a non-profit that works with at-risk youth.

At Mount Sinai, Alexa served as a clinic manager and Spanish interpreter for the student-run clinic for nearly two years. The clinic serves uninsured patients of East Harlem, many of whom are undocumented and do not speak English. Alexa recently became a chronic care student clinician, serving as the primary care provider to the clinic's chronically ill patients. She also raised awareness about disparities in medical

education as editor-in-chief of *The Rossi*, a medical education newsletter. To further promote the values of primary care, Alexa also served as co-president of the Family Medicine Interest Group (FMIG) from 2013 to 2014. In 2014, FMIG was awarded the AAFP Program of Excellence for its efforts.

Knowing that service alone cannot eliminate health disparities, Alexa conducted original neuroscience research for her thesis project at CCNY, for which she graduated with honors in biology and was awarded the Jonas Salk Award, the university's highest scientific honor. After graduation, Alexa completed a full-time biomedical research fellowship at the National Institutes of Health-National Institute on Drug Abuse. At Mount Sinai, Alexa conducts clinical research about Phelan McDermid syndrome, an autism-related condition for which health disparities exist.

Alexa believes great mentorship helped her succeed and therefore is very passionate about mentoring others. She has worked with Mentoring in Medicine, Inc. since 2007 and works extensively with the Center for Multicultural and Community Affairs at Mount Sinai to mentor underrepresented minority premedical students. In 2013, in an effort to mentor on a larger scale, Alexa published her first book, *The Heartbeat of Success*, a medical school admissions guide for first-generation aspiring physicians. She also blogs regularly for Medscape/WebMD. She hopes to become a primary care physician-scholar and work with underserved communities similar to her own.



Adam J. Milam, Ph.D.
Wayne State University School of Medicine

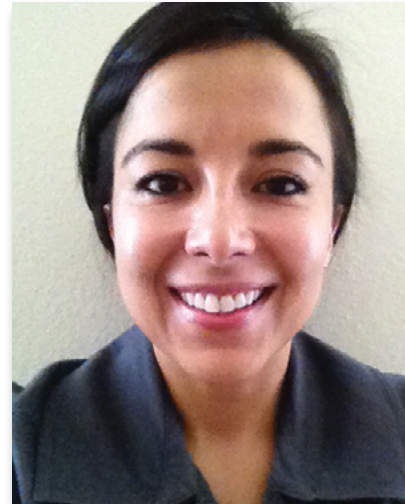
Adam J. Milam is a third-year medical student at Wayne State University School of Medicine (WSUSOM). After completing his degree in public health studies at the Johns Hopkins University Krieger School of Arts & Sciences, Adam attended graduate school to pursue education in public health and health disparities. While completing his master's degree in health science, he interned with Maryland State Delegate Shawn Tarrant, assisting with all health and public health legislation. One of the bills helped to improve student enrollment in the Maryland Children's Health Program by linking the application with the National School Lunch Program.

Adam completed his doctorate degree at Johns Hopkins Bloomberg School of Public Health. His dissertation, which focused on alcohol outlets and behavioral outcomes in minors, found that 46 percent of young

adults live within walking distance of an alcohol outlet, while only 13.1 percent have a grocery store within walking distance. His research on alcohol outlets has contributed to both local and state legislation aimed at reducing crime. For example, a recently passed bill prohibits underage purchases of any products from liquor stores.

Adam grew up in Baltimore, Md., where neighborhoods less than five miles apart have glaring differences in racial and economic composition, resulting in a 20-year gap in life expectancy. His passion to address health disparities began during his employment as a clinical technician in the emergency department (ED) of Johns Hopkins Hospital, where he witnessed patients who were gravely ill from preventable health conditions. Many relied on the ED for all of their medical needs, and their health often did not improve even with high-quality medical care. They could not afford their medication or did not have adequate housing. This experience, coupled with volunteer work for Project HEALTH (now Health Leads), a national student-run program that connects patients with resources (e.g., energy assistance) essential for healthy lifestyles, changed his educational trajectory. He volunteered for Project HEALTH for three years, providing resources to patients at two public clinics targeting low-income Hispanic and African-American patients.

As one of the few African-American male medical students at WSUSOM, Adam sought to identify ways to ensure that the enrollment of minority students grows. He has consistently been involved with mentorship activities and works closely with students. During his second year, he served as the internal vice president for the Black Medical Association. In this role, he oversaw the Reach Out to Youth Program (ROTY), an annual event that brings children age 7 to 11 and their parents to the WSUSOM campus to provide early exposure to medicine. He also led a grant application submission to the Student National Medical Association to expand ROTY to include high school students. The goal of the expanded program is to ensure that more students from Detroit Public Schools pursue education and careers in science and medicine. In the future, Adam hopes to return to Baltimore to combine clinical practice, research, and policy to address current racial and ethnic disparities and inequities in health. Adam has published 18 publications in peer-reviewed journals, with most research focusing on underserved and marginalized populations.



Maria Tobar
University of California, Los Angeles,
David Geffen School of Medicine

Maria Tobar is a third-year medical student at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA), with a passion for serving underserved rural and urban communities in the United States and internationally. She plans to specialize in either family medicine or emergency medicine. Working in these fields, she is confident that she will build long-lasting, longitudinal relationships with patients and their families as they renew their commitments to health.

Maria's keen interest in understanding the biological and social determinants of health led to her volunteering at homeless clinics in the United States and with indigenous populations in Colombia, Mexico, and the Dominican Republic. Being fluent in Spanish has been an invaluable tool in serving immigrant communities effectively. She helped push forward

partnerships between the Latino Medical Student Association and the medical Spanish selective course to supplement resources available to students interested in achieving Spanish fluency.

As a UCLA Programs in Medical Education (PRIME) medical student, Maria will receive a five-year dual degree focused on addressing health care disparities in medically underserved populations. She currently works with vulnerable homeless, immigrant day laborers, and geriatric minority populations within LA County, developing chronic disease prevention tools specific to and sensitive of each culture. As a summer research fellow, she investigated how to culturally adapt physical activity, promoting interventions aimed at preventing stroke among older adult minority populations.

Maria also created a half marathon training/mentorship program between the Lennox School District and the UCLA graduate programs to provide inner-city kids with role models who understand the value of community in maintaining health and achieving personal and professional goals. She designed the program to include family members, neighbors, local businesses, and other members of the community so that in supporting the goals of the younger generations together, they strengthen Lennox as a whole.

Maria is passionate about supporting health through education as well as public policy. She tutored undergraduate students from disadvantaged backgrounds

who are interested in careers in health through the Summer Medical and Dental Education Program, and she is currently a peer tutor for UCLA medical students. As part of her dual degree program, she will pursue a master of public policy in the fall of 2015.

Her commitment as a physician will be to deliver care to underserved communities in Southern California and abroad, empowering patients to be their own greatest advocates in health.

The Future of Diversity and Inclusion: Continuing Dr. Nickens' Legacy

The leaders who shared their insights about Dr. Nickens generally agree that while progress has been made in advancing diversity and inclusion in academic medicine, much work remains to be done.

Historical Context

Jordan Cohen provides some historical context. "I graduated from medical school in 1960. There were zero African Americans or Hispanics in my class, and only six women for that matter," he says. "Diversity was certainly not on the agenda at that time. With the civil rights movement and the attention that was paid to these issues in the early '70s, there was a substantial increase in the percentage of students from minority backgrounds who gained entrance to medical school. I think it rose to something like 7 or 8 percent. But then it plateaued. From the early '80s to 1990 there was essentially no progress, even though there had been some increase in the overall class size."

Cohen credits "Project 3000 by 2000," one of the initiatives that Dr. Nickens started, as pivotal in beginning to turn that tide. "With the onset of '3000 by 2000,' there was really quite a sharp increase" in minority enrollments in medical school, he says. "And during the '90s, we were on the trajectory to reach 3000 by 2000 as a matter of fact, and came very close to that." But subsequent political challenges, such as Proposition 209 in California and key court

rulings that changed practices around affirmative action, took some of the wind out of those sails.

Project 3000 by 2000 was created in 1991 under the leadership of then AAMC President Robert G. Petersdorf, M.D. The campaign's goal was to increase the number of underrepresented minority school matriculates each year to 3000 by the year 2000. Dr. Ready explains that Project 3000 by 2000 was a call to action supported by Dr. Petersdorf and resulted in an overwhelmingly positive response by AAMC member medical schools.

Despite periodic setbacks, however, broad trends show progress in achieving diversity and inclusion. Evidence can be seen, for example, in the fact that the imperative of diversity and inclusion has been inculcated as an integral goal in the missions of medical schools and academic health centers. "You can't think of yourself as being a contemporary, state-of-the-art, top academic health science center or medical school without having a declared commitment to diversity," Eugene Washington says. "Maybe we define it a little bit differently, depending on where we are in the nation, but it's just so commonplace now. It's the

norm in terms of the conversation. And it's the expectation."

"Besides talking the talk, many institutions are walking the walk, at least in terms of the efforts that you can see," Washington adds. "It's the efforts in terms of the leadership that they have in place, the recruitment efforts that they have in place, the pipeline programs that they have in place, the development programs they have in place, the accountability and checkpoints they have in place," he says. Washington also sees progress toward diversity in that it is "part of the evaluation for success" for both institutions and their leaders, observing that "those process metrics are increasingly present in institutions."

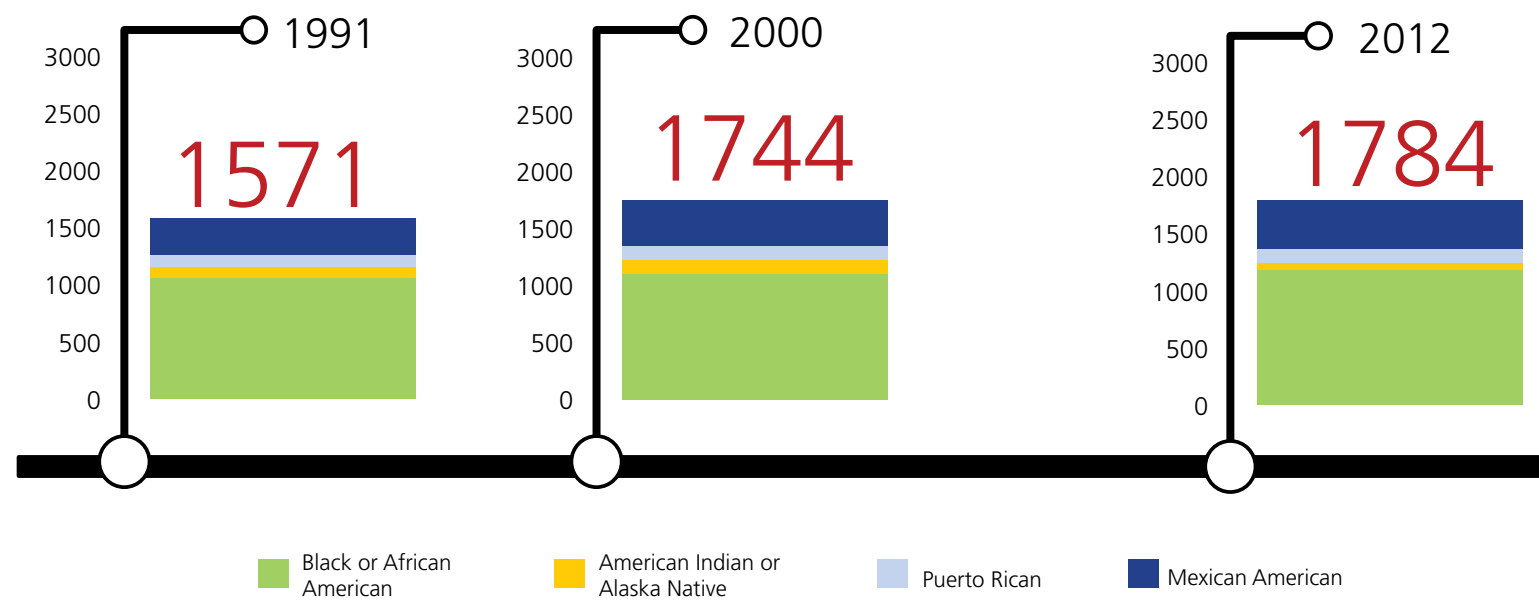
Yet another marker of progress is that the discussion of diversity has broadened to include more than single groups of people. Cohen frames this shift, for example, by observing that beyond just a focus on a particular group, the goal today is "to try to get a medical profession that looks more like America. I think I'm quoting Dr. Nickens when I say that. He was fond of saying that we need a medical profession that looks like America."

Cohen suggests that medical education as a whole has embraced the premise that “it is a matter of social justice to enable students from all sectors of our heterogeneous society to have access to a profession that’s as gratifying and as rewarding as medicine is.”

Changes In the Numbers

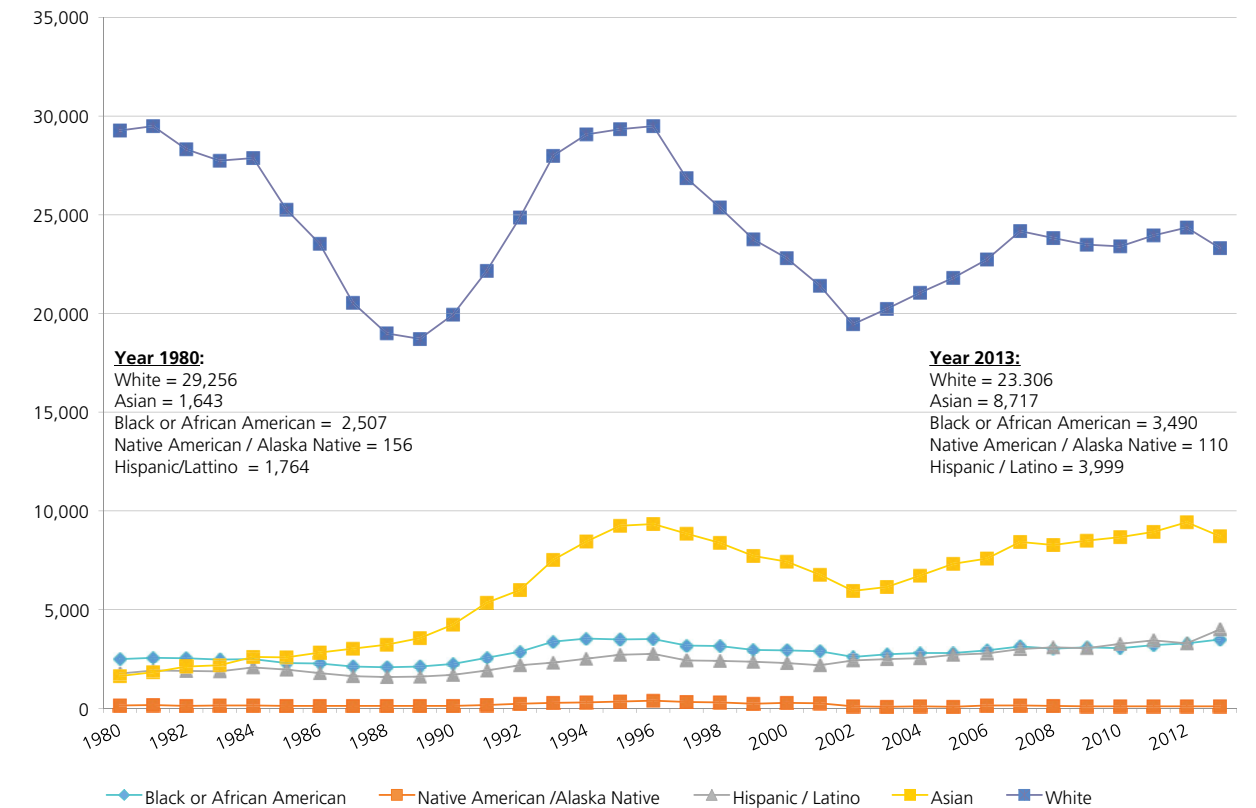
While data alone do not show the full breadth and depth of advances in diversity and inclusion, statistics do document some of the progress that has been made. “If we talk in terms of progress over the past 50 or 60 years, it’s very clear that we have made tremendous strides in improving the diversity of the nation’s institutions of higher education in general and medical schools more specifically,” says Marc Nivet. “However, if we look at the data in medical schools over a shorter time horizon, say from the 1990s to now, we have not made as much progress as hoped for. I think the time is now to redouble our efforts to find and develop the talent pool of underrepresented students.”

URM Matriculants and the 3000 by 2000 Goal

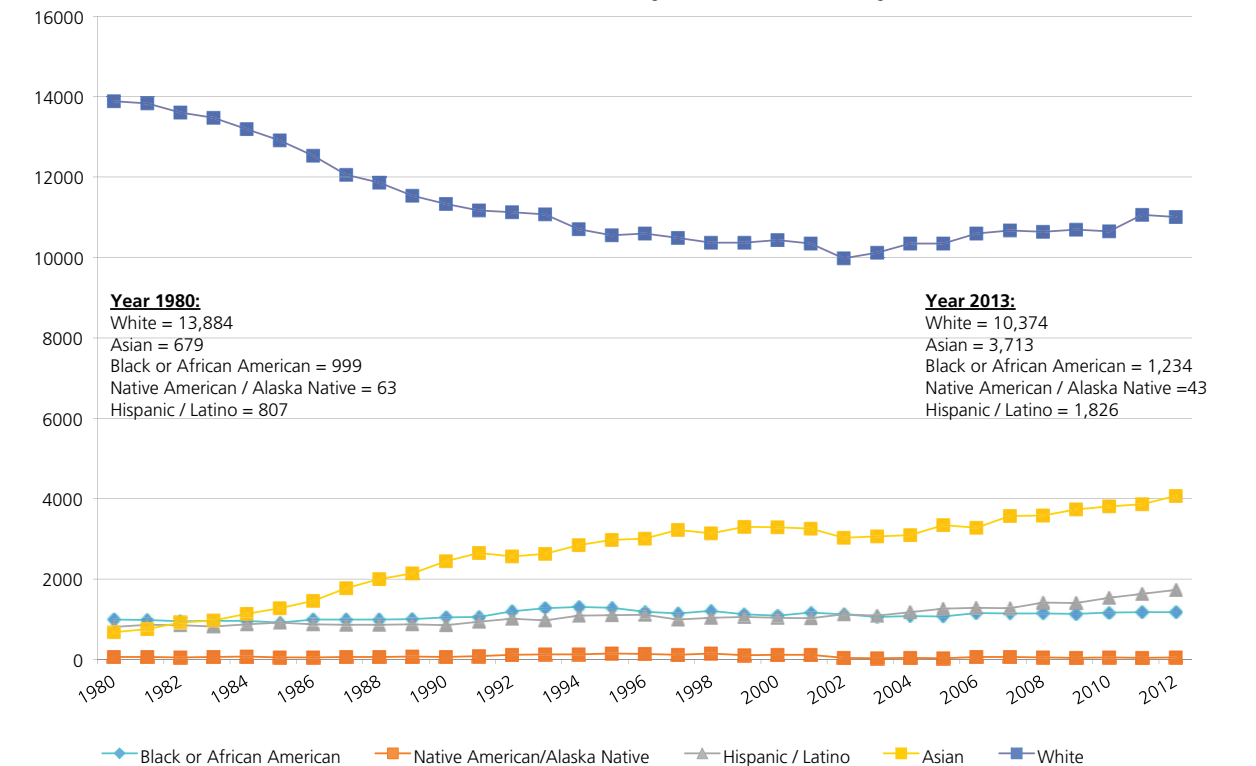


Data show 3000 by 2000 goals based on its intent to increase the number of African American/Black, American Indian and Alaska Native, Mexican American and Mainland Puerto Rican matriculants to medical school.

U.S. Medical School Applicants by Race and Ethnicity, 1980-2013



U.S. Medical School Matriculants by Race and Ethnicity, 1980-2013



Source: AAMC Data Warehouse: Applicant and Matriculant File, as of 7/22/2014.

Much Work to Be Done

While leaders in the work to advance diversity and inclusion in medical education can rightfully take satisfaction from the considerable progress that has been made in recent decades, there is widespread consensus that much work remains to be done.

"I have a feeling that Dr. Nickens would be both pleased and disappointed at where we are today," Vivian Pinn says. "I know that he would be in favor of broadening the concepts of diversity to look at different populations and different ideas. He'd be very much in support of that. But I don't think he would be pleased about some areas in which the progress he envisioned has not been attained. For example, while we have witnessed more opportunities opening up in academic medicine in terms of career options and faculty appointments, we still have not reached parity for minorities in medical education. Progress for minority or women department chairs or in other leadership positions is growing, but these appointments or promotions are still too often seen as making history, as opposed to having become an accepted part of the norm. I think he would be very pleased that progress has occurred, but disappointed that even more has not been accomplished."

"I would characterize progress as having been slower than we might have hoped for," Nivet adds. For example, he observes, "we need to keep a very cautious eye on particular trends within racial and ethnic minority groups. If you look at African-Americans from 1980 to 2013, you see an increase of fewer than 200 African-Americans in the first-year class of medical

"We need to encourage medical schools and teaching hospitals to reach back further into the pipeline," Dr. Nivet believes.

school. But if you look at African-American males, you actually have 100 fewer African-American males in medical school. We need to pay attention to and understand better what's happening to our African-American males."

Eliseo J. Perez-Stable suggests that progress has been "slow, gradual, and incremental." He says that "from the demographic side, there is a clear mandate. If one looks at population projections, how can you have a profession that isn't serving that population? We have to have a workforce that looks more like the population we're serving."

Expanding the Pipeline

The work that Dr. Nickens did to expand diversity in the pipeline to medical education is another specific area where greater progress is needed. Citing the Sullivan Commission on Diversity in the Healthcare Workforce and its seminal report, *Missing Persons: Minorities in*

the Health Professions, David Satcher notes that "we are dealing with an environment that has not been conducive for a lot of people to enter medical school and to become a part of academic medicine." To meet that challenge, he says, "We've got to continue to get more students in and out of medical school, which means we've got to get more students graduating from college, prepared for medical school and then being successful." Moreover, he says, "all of that has to be looked at comprehensively. In order to be successful, we're going to have to work with elementary school all the way up. I think [the Sullivan Commission] made the

point that if we're going to be successful, we've got to work along that entire continuum." Satcher credits Dr. Nickens as one of the first advocates to have voiced the need to look at the entire educational pipeline to produce more medical students of color.

"We need to encourage medical schools and teaching hospitals to reach back further into the pipeline," Nivet believes. "I think that if Dr. Nickens were here, he would argue for us to try to expand that model lower down, probably somewhere at the junior high school level."

Echoing Nivet, Helene Gayle suggests that greater diversity in medical education "starts with a vigorous pipeline." For example, she asks, "Are we doing enough to make sure that young people are getting into the STEM areas?" Observing that medical education is "nowhere near the kind of representation that is reflective of America," Gayle believes that a critical focus needs to be "how do we make going into academic medicine a more attractive option for diverse populations?"

Dr. Adam Aponte, assistant dean for diversity & inclusion, Hofstra North Shore-LIJ School of Medicine and longtime chair of the Herbert W. Nickens Medical Student Scholarships Selection Committee believes that progress has been made in increasing the number of African Americans, Latinos, and Indian/Alaskan Natives in medicine, but we are still not where we need to be.



Adam Aponte, M.D., MSc, FAAP

For example, "African-American and Puerto Rican males have not increased substantially or even have lost ground." Dr. Aponte believes diversity is truly a driver to achieving excellence in patient care, health outcomes, and research. "We all benefit from this and need to continue to insure all students who are capable and have a passion and commitment to medicine are afforded the guidance and opportunity to fulfill their dreams." When reflecting on his conversation with Dr. Nickens, Dr. Aponte notes that they discussed some of the same issues we are facing today.

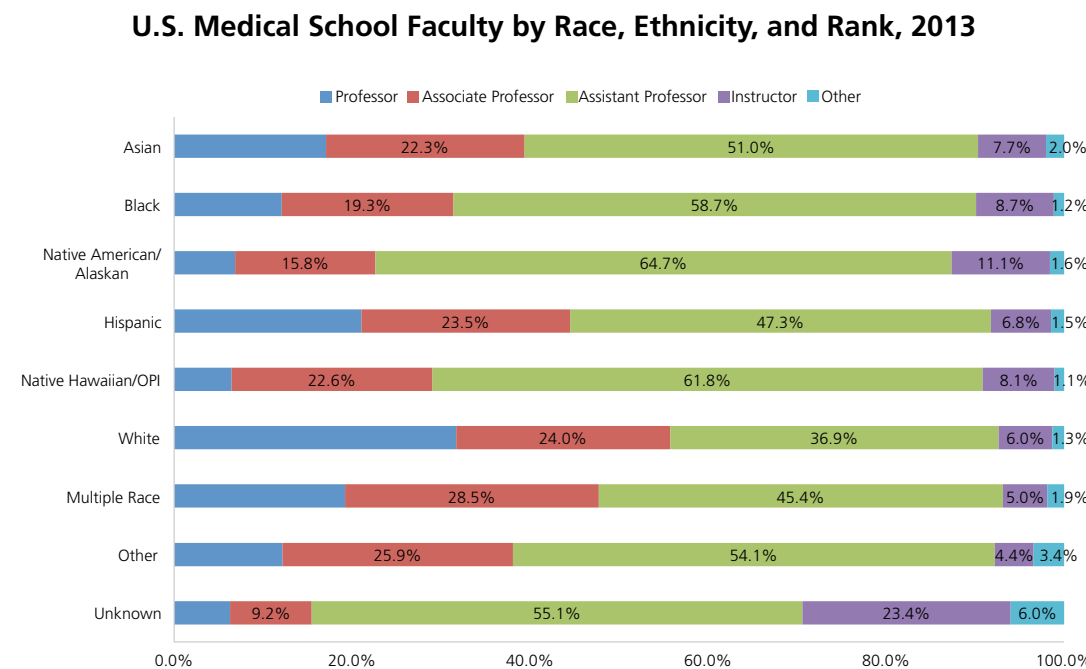
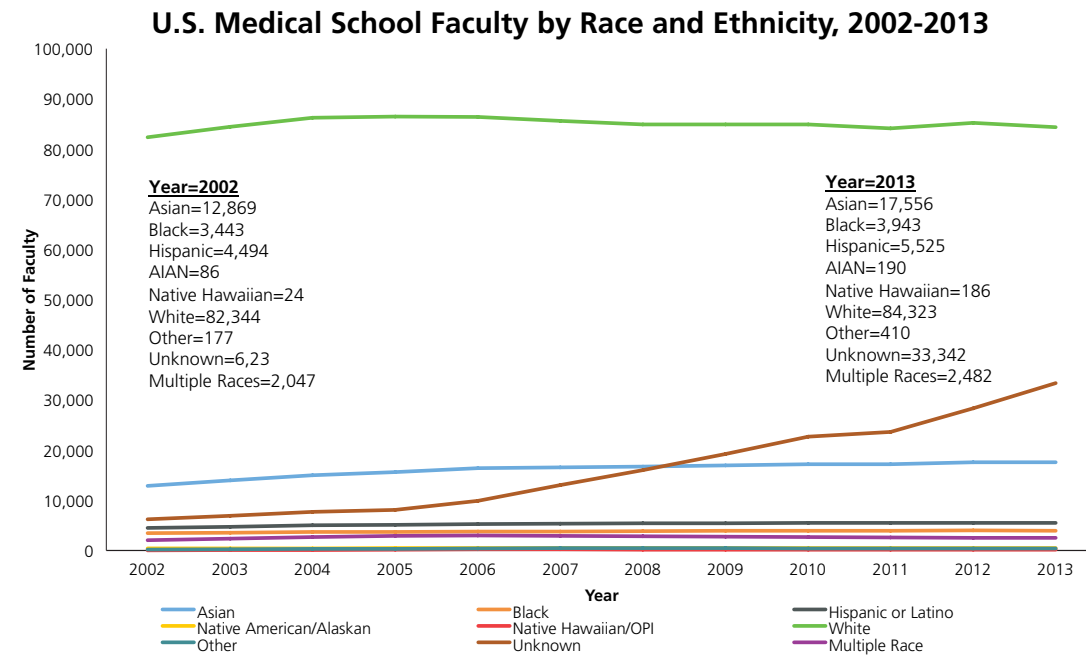
Leaders also suggest that further work is needed at the other end of the pipeline. Sequist notes, for example, that while "medical school classes have clearly gotten more diverse with time, I think that the representation of minorities falls off at higher levels of training.

Minorities really don't get all the way to the full professor level at the same rates as other groups." To help ameliorate such challenges, Sequist suggests, academic medical institutions should be more intentional in recognizing that work in diversity and health equity "isn't always best demonstrated by the typical products that we reward, which are papers and grants." Further, he notes, it is typically challenging to secure funding for work in diversity and health equity. Sequist would like to see more institutions provide more financial support and protected time specifically for faculty work in these areas, particularly by young faculty.

Diversity in Research

The ranks of researchers also must be made more diverse. Spero Manson, for example, says, "I think we've made substantial strides with respect to diversity among the scientific research workforce. Although we can point to certain trends in excellence, we still have an enormous way to go with respect to increasing that diversity." Manson observes that recent data show that "ethnic minorities are still disproportionately underrepresented among those receiving research awards." In fact, he adds, "among American Indians and Alaska Natives, the number remains proportionately so small that we're still lumped under 'Other.'"

Similarly, Vanessa Sheppard notes that "disparities still remain in terms of the pipeline of clinicians as well as scientists who are



doing medical-related research.” In terms of specifics, Sheppard says “the mentoring piece is critical.” She adds that she and many colleagues have benefitted from training, workshops, and mentoring that they have found through the AAMC. Noting that training of mentors is vital, she says it is important that mentees learn what a mentor can offer and what the differences are between mentors, supervisors, and friends.

In educating the next generation of professionals in academic medicine, Manson argues that “a historical perspective is extremely important.” He is concerned that “my younger colleagues and their generation are coming up not well-steeped in the historical precedence and events that shaped the circumstances that helped us understand where we are today. One of the things that I feel very strongly about is making sure my younger colleagues are deeply schooled in this history so they understand that history ebbs and flows and we recognize that what we do presently has roots in the past and implications for what we may do in the future.”

Improving Access

A critical component of diversity in medicine has to do with ensuring equitable access to health care. Diversity in medical education is a critical lever in that quest. Dr. Cohen observes, “As a matter of record, minority students do, on average, tend to choose to serve minority populations in a higher percentage than students that come from other backgrounds. So if we’re interested in trying to increase access to medical care in this country, a diverse medical profession is certainly one element in that aspiration.”

Equitable access to quality health care is also top-of-mind as Spero Manson considers diversity. “With respect to the health status and health care of racial and ethnic minorities and diverse sub-populations, I think we’ve made some substantial progress with respect to American Indians, Alaska Natives particularly, around the prevention and treatment of cardiovascular disease, diabetes, and other chronic diseases of

that nature, which are part of a legacy of our increased longevity,” Manson says. “So we have some pockets of excellence and a great advance that we’ve made on the forefront of reducing the gaps in health equity and improving the nature of health care. But there are still major areas of concern that surround this oasis of hope.”

Next Steps

What other steps might help address the disparities that still exist? Looking broadly at this question, leaders in the field offer many insightful perspectives.

“We all have a responsibility to continue the work,” Satcher says. “We have to see ourselves as having that responsibility because we’ve had opportunities to get as far as we’ve gotten. That means helping students get admitted to medical school. But I think that we have a responsibility to open the doors even wider. We have a responsibility to interact with the students coming behind us. We have to create a kind

of environment where black students, Hispanic students, and Native American students can feel comfortable reaching back and saying to younger students that they ought to go into medicine, and that this particular medical school is a great place, and that there are other great places where you can go and develop as a physician or physician scientist.”

“I think we need to continue what many institutions are doing, and the initiatives and programs that the AAMC has been championing, but bring a greater focus to embracing diversity, accepting it, and not making it something different or a special circumstance,” Pinn says. “How do we do that? I think just to continue to value each individual, regardless of how he or she may be different or be the same. I also think institutions have to make their expectations clear and be more transparent—in admissions, in promotions, and in their expectations for success in academics, career advancement, and in patient care that can and will eliminate health disparities for all.”

“So we have some pockets of excellence and a great advance that we’ve made on the forefront of reducing the gaps in health equity and improving the nature of health care. But there are still major areas of concern that surround this oasis of hope.”

– Spero Manson, Ph.D.

“There is an opportunity for us to do much more and to redouble our efforts to get more leaders in academic medicine to buy in more naturally than they perhaps did when Dr. Nickens was leading these efforts,” Nivet says. “One challenge now is how we arm the leaders and admissions committees in medical schools with the tools and resources they need to really make the kinds of improvements that they say they would like to have.”

At the same time, Satcher argues, medical schools “can’t compensate for all of the deficiencies in the system that make up the pipeline.” For their part, though, Satcher believes that medical schools “have to be committed to a more diverse student body, and their commitment has to be clear. I think medical schools can be aggressive about admitting a more diverse group.”

“It starts with expectations and with people taking real action steps in meaningful kinds of ways,” Washington says. “And that’s what has happened. I feel that it’s like pursuing quality. We never get perfection. We never get totally there. But we can measure that we’re making progress. And as long as we continue to hold ourselves accountable, we’ll continue to make that progress and get better and better.”

“Academic medicine exists to pay attention to both the current and future health needs of the nation, along with preparing the next generation of physicians,” Nivet

says. “As we prepare physicians to care for both current and future populations—populations that are rapidly becoming more diverse—I think we don’t have the luxury of only selecting from a small demographic. I think we also need to be ensuring we find all of the talent that exists out there, and not miss that power because of their socioeconomic status, racial and ethnic background, school they went to, geographic location, or where they grew up. We in academic medicine have a responsibility to find all that talent, harness it, and develop it. And to find people who can help us leverage differences, to talk about diversity in different ways, and to build cultures that are more inclusive.”

Inspired by her own experiences, Marizabel Orellana urges every institution of academic medicine to offer mentorships like the ones that were so invaluable for her. She also recommends what she calls “a diversity of rotations” that would give medical students the chance to work with different patient populations in different types of hospitals. “I think that it should be required that medical students rotate through the VA, county hospitals, private hospitals, and academic centers so that they can get an idea of the diversity of patient populations,” she says, “and can gain a better understanding of how difficult it is for a patient who is from an underserved background to gain access compared with a person who has private insurance.”

Orellana also has a message for young physicians. “They should engage in health equity,” she says, “because it benefits us all. The health of our community affects us all on so many different levels. If all patients had equitable access to health care, patients wouldn’t have barriers to certain things that they need. And then they’d be healthier than they are when they don’t have access to certain resources.”

Joan Reede suggests that a fundamental challenge going forward is “understanding that we need to continuously move the bar forward and not accept where we stand today.” One way to move the bar, she says, is to envision diversity more broadly than just the right thing to do—which of course it is—and to frame it in terms of “understanding the benefits of diversity that accrue not just to the individual, but to our institutions, our patients, our communities, and society.”

Reede, the 2005 recipient of the Nickens Award, suggests that institutions of academic medicine need to become even more intentional in recognizing that diversity is integral in fulfilling missions of service, education, and research. A central challenge, she says, is to first recognize “how concepts of diversity contribute to a capacity for excellence” and then to determine “how diversity gets embedded across organizations in terms of policies, practices, and programs.” Moving forward, Reede says that she hopes to see diversity progress “from being

something that is partitioned in organizations to what we in our office call ‘diversity inclusion’—not ‘diversity and inclusion’”

Reede also says that institutions of academic medicine must do more to help the next generation

remains to be done. First, he says, “we have far to go in terms of being able to prepare and then to train young people of color to enter into the medical profession.” That work, he suggests, starts with focusing on the K-12 pipeline through

profession,” Tuckson says. “As health professionals, we take an oath and responsibility to be respectful and attentive to the health challenges not only of individuals, but also to our society. And so if we are going to

“Dr. Nickens understood that the fundamental responsibility of a health professional is to engage in a lifetime of learning and a development of expertise that should be and must be used in service to and discourse with society.”

– Reed Tuckson, M.D.

understand and advance diversity—and to provide a context for the next generation to understand the considerable work around diversity that has been accomplished before them. “Our organizations must create the space for this learning to occur,” she says. “What skills, frameworks, and networks are needed to be successful in advancing diversity and inclusion and equity? How do we help those who will be coming behind us to understand what we did, how we did it, why we did it, and who did it, so that they can take those lessons and then apply them in their own way to whatever issues they are facing.”

Reed Tuckson uses a tripartite construct to summarize what he believes is the scope of work that

undergraduate education, and then “shoring up the pipeline that then connects to medical school and the post-graduate environment.” Second, he argues, “the academy certainly has more than it can and should do to identify and accept more students of color into its ranks.” Finally, he says, “we’ve got a long way to go in terms of changing the way that research can function to produce optimal outcomes for all people in our society. The medical education paradigm, especially clinical education, needs to be even more attentive to issues of quality health care outcomes for everyone, but especially for people of color whose clinical experiences continue to be sub-optimal.”

“It goes back to the fundamental purposes for which we enter the

be developing leaders, we must have leaders who have a passion for the fundamental ethic of our profession and its responsibility to society.” Tuckson adds that Dr. Nickens “understood that the fundamental responsibility of a health professional is to engage in a lifetime of learning and a development of expertise that should be and must be used in service to and discourse with society. It’s not only to be a health professional, but also to be a health professional leader. This notion of leadership—of leaders who understand the fundamental ethics of the role of the health professional—is what Dr. Nickens was all about.”

Summer Medical and Dental Education Program Alumni Essay

Dr. Nickens legacy reflects broad engagement across the health professions, disciplines and generations. In celebration of the 15th anniversary of the Herbert W. Nickens Awards and the 25th anniversary of the Summer Medical and Dental Education Program (SMDEP), we asked SMDEP alumni to give us their views of health care equity in the United States. We present below the essay submitted by Ms. Yezmin Crespo-Adorno, a physiology and Neurobiology major at University of Connecticut. Ms. Crespo-Adorno attended SMDEP in 2012 at Yale School of Medicine.



Yezmin Crespo-Adorno

Health equity is the ability for every individual to have equal opportunity to proper health care. To do so, there must be a change in the way science and the medical fields view each individual.

Scientists and health care providers need to start relating individuals' culture, religion, finances, and education back to their overall health.

Research needs to be done to discover why health disparities exist in our population. The question of why African American men are more at risk of developing prostate cancer or why Hispanics are more prone to becoming diabetics needs better answers and solutions. Research needs to incorporate other variables such as environment, workplace, and lifestyle and not solely focus on the biology. Scientists must think about ways to improve societal disparities. For example there needs to be more efficient and inexpensive technology/methods for screening, diagnosing, and treating patients from lower income households.

Furthermore, information collected should be more accessible and understandable for the common people. If statistics show that a group of people is more susceptible to developing a chronic disease, then that group should be informed early so it has a better prognosis.

The middle man between an individual and his or her health is a health professional. Communication between patients and health care providers has been of concern. The mass of unorganized information from the media and the high volume of patients to a low volume of health professionals have led to a progressively worse patient-to-provider relationship. Vital information about a person's background is not being considered, which leads to worse outcomes. Health professionals need to become more proactive and improve on communicating and educating people. Health professionals should put themselves in their patients' shoes more often so that the goal of providing necessary and efficient care becomes more significant. Hospitals need to create more organized ways to communicate correct and vital information. For example they could create an easy to use, up-to-

date website or pamphlets, or add more providers to patient discussions so that people have all the correct information they need.

Both the science and medical fields are in need of more people to efficiently create progress. People who are most affected by health disparities, including those from urban areas and minorities, need to be encouraged to become more involved in these two fields. Every individual in our diverse population needs to realize that he or she has a lot to offer and gain from these two fields.

In addition, improvements from other areas of society must occur to attain health equity through science and health professions. The school systems need to become more involved and teach about nutrition as well as provide more encouragement and preparation to the younger generations so that more people are recruited for these fields. Lawmakers must continue to provide funds for education and research. Insurance companies must be more willing to provide what's best for the patient. But first, the way in which individuals and their health are viewed must change so that progress can happen.

Past Nickens Awards Recipients

Herbert W. Nickens Award Recipients

2013

Aaron Shirley, M.D.
Jackson Medical Mall Foundation

2012

David Hayes-Bautista, Ph.D.
University of California,
Los Angeles
David Geffen School of Medicine

2011

Elijah Saunders, M.D., FACC,
FACP, FAHA, FASH
University of Maryland
School of Medicine

2010

Alvin F. Poussaint, M.D.
Harvard Medical School

2009

Jeanne C. Sinkford, D.D.S., Ph.D.
American Dental
Education Association

2008

Vivian W. Pinn, M.D.
National Institutes of Health (NIH)

2007

M. Roy Wilson, M.D., M.S.
University of Colorado Denver

2006

Spero M. Manson, Ph.D.
University of Colorado at Denver
and Health Sciences Center

2005

Joan Y. Reede, M.D., M.P.H., M.S.
Harvard Medical School

2004

Michael V. Drake, M.D.
University of California

2003

Anna Cherrie Epps, Ph.D.
Meharry Medical College

2002

David Satcher, M.D., Ph.D.
Morehouse School of Medicine

2001

Lee C. Bollinger, J.D.
University of Michigan

2000

Donald E. Wilson, M.D.
University of Maryland
School of Medicine

Herbert W. Nickens Faculty Fellowship

2013

Philip A. Chan, M.D.
The Warren Alpert Medical School
of Brown University
[View video](#)

2012

Olafeju M. Simoyan,
M.D., M.P.H., B.D.S.
The Commonwealth
Medical College

2011

Tumaini Coker, M.D., M.B.A.
University of California,
Los Angeles
David Geffen School of Medicine

2010

Carmen Peralta, M.D.
University of California,
San Francisco

2009

Elizabeth Miller, M.D., Ph.D.
University of California,
Davis, School of Medicine

2008

Marcella Nunez-Smith,
M.D., M.H.S.
Yale University School of Medicine

2007

Thomas D. Sequist, M.D., M.P.H.
Harvard Medical School

2006

Alfredo Quiñones-Hinojosa, M.D.
Johns Hopkins University
School of Medicine

2005

Ugo A. Ezenkwele, M.D., M.P.H.
New York University
School of Medicine

2004

Katherine J. Mathews,
M.D., M.P.H.
Washington University
School of Medicine



2003

Monica J. Mitchell, Ph.D.
University of Cincinnati
College of Medicine

2002

Janice C. Blanchard, M.D., M.P.H.
George Washington University
School of Medicine
and Health Sciences

2001

Vanessa B. Sheppard, Ph.D.
Eastern Virginia Medical School

2000

Charles E. Moore, M.D.
Emory University
School of Medicine

Herbert W. Nickens Medical Student Scholarship

2013

Robert Bonacci
Perelman School of Medicine
of the University of Pennsylvania
[View video](#)

Keith Glover
Stanford University
School of Medicine
[View video](#)

Shermeeka Hogans-Mathews
The Florida State University
College of Medicine
[View video](#)

Tyler Mains
Johns Hopkins University
School of Medicine
[View video](#)

Ray Mendez
Loyola University Chicago
Stritch School of Medicine
[View video](#)

2012

Ndang Azang-Njaah
The University of Chicago
Pritzker School of Medicine

Olivia Marie Campa
University of California,
Davis, School of Medicine

Senyene Eyo Hunter, Ph.D.
University of North Carolina
School of Medicine

Elaine Khoong
Washington University School
of Medicine, St. Louis

Alison L. Smith, M.P.H.
Mercer University
School of Medicine

Brett A. Thomas
The Florida State University
College of Medicine

2011

Monique Chambers
University of California,
Davis, School of Medicine

Toussaint Mears-Clarke
University of Chicago Division
of the Biological Sciences
The Pritzker School of Medicine

Teresa K. L. Schiff
University of Hawaii John A.
Burns School of Medicine

LaShon Sturgis, Ph.D.
Medical College of Georgia at
Georgia Health Sciences University

Martha Tesfalul
Johns Hopkins University
School of Medicine

2010

Noemi LeFranc
The Florida State University
College of Medicine

Shazia Mehmood
University of Medicine and
Dentistry of New Jersey-Robert
Wood Johnson Medical School

Marizabel Orellana
University of California,
Los Angeles, David Geffen
School of Medicine

Jaime W. Peterson
University of California, San
Diego School of Medicine

Kara Toles
University of California,
Davis School of Medicine



2009

Olatokunbo M. Famakinwa
Yale University School of Medicine

Yohko Murakami
Stanford University
School of Medicine

Lisa M. Ochoa-Frongia
Mount Sinai School of Medicine

Blayne Amir Sayed
Northwestern University
Feinberg School of Medicine

Lloyd A. Webster
University of Medicine and
Dentistry of New Jersey-New
Jersey Medical School

2008

Aretha Delight Davis
Harvard Medical School

Nereida Esparza
University of Chicago Pritzker
School of Medicine

Tamika E. Smith
Northwestern University
Feinberg School of Medicine

Jorge A. Uribe
University of Pennsylvania
School of Medicine

Bryant Cameron Webb
Wake Forest University
School of Medicine

2007

Christian A. Corbitt
University of Texas Health
Science Center at San Antonio

Cherie C. Cross
University of California,
Los Angeles
David Geffen School of Medicine

Maria-Esteli Garcia
Johns Hopkins University
School of Medicine

Marlana M. Li
Loyola University of Chicago
Stritch School of Medicine

Danielle Ku`ulei Potter
Creighton University
School of Medicine

2006

Nehkonti Adams
Eastern Virginia Medical School

Dora C. Castaneda
Stanford University
School of Medicine

Luis I. Garcia
New York University
School of Medicine

AeuMuro G. Lake
University of Kentucky
College of Medicine

Katherine L. Neuhausen
Emory University
School of Medicine

2005

Erik S. Cabral
Stanford University
School of Medicine

Christopher T. Erb
University of Illinois
College of Medicine at
Urbana-Champaign
Harlan B. Harvey
University of North Carolina at
Chapel Hill School of Medicine

Osita I. Onugha
University of California,
Los Angeles
David Geffen School of Medicine

Sloane L. York
Eastern Virginia Medical School

2004

Nicolas L. Cuttriss
George Washington University
School of Medicine
and Health Sciences

Joy Hsu
University of California,
San Francisco
School of Medicine

Angela Chia-Mei Huang
Brody School of Medicine at
East Carolina University

Risha R. Irby
Harvard Medical School

Richard M. Vidal
University of Pennsylvania
School of Medicine

2003

Cedric Dark
New York University
School of Medicine

Francine E. Garrett
Albert Einstein College of
Medicine of Yeshiva University

David Montgomery, Ph.D.
Northwestern University
Feinberg School of Medicine

Johnnie J. Orozco
University of Washington
School of Medicine

Nicholas J. Smith
University of Alabama
School of Medicine

2002

Aimalohi A. Ahonkhai
Johns Hopkins School of Medicine

Lukejohn W. Day
Stanford University
School of Medicine

Tarayn A. Grizzard
Harvard Medical School

Alejandrina I. Rincón
University of California,
San Francisco
School of Medicine

David T. Robles
University of Colorado
School of Medicine
and University of Southern
California Keck
School of Medicine

2001

Alberto Mendivil
University of Utah
School of Medicine

Constance M. Mobley
Vanderbilt University
School of Medicine

Chukwuka C. Okafor
Boston University
School of Medicine

Sheneika M. Walker
University of North Carolina at
Chapel Hill School of Medicine

Melanie M. Watkins
Stanford University
School of Medicine

2000

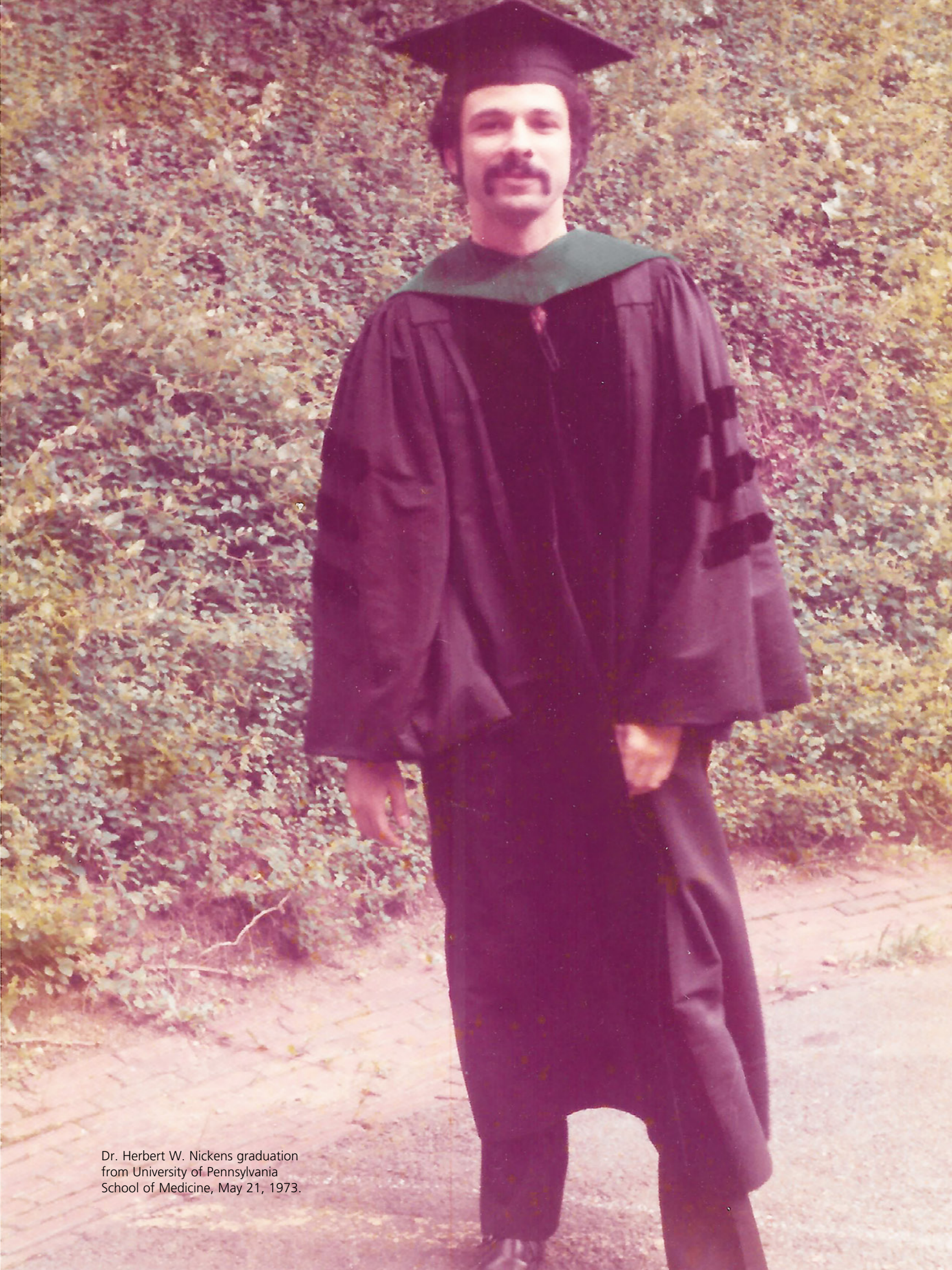
Opeolu M. Adeoye
University of Pittsburg
School of Medicine

Diana I. Bojorquez
Yale University School of Medicine

Jim F. Hammel
Harvard Medical School

Yolandra Hancock
University of California,
Los Angeles

Sonia Lomeli
University of California,
San Francisco
School of Medicine



Dr. Herbert W. Nickens graduation
from University of Pennsylvania
School of Medicine, May 21, 1973.



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25th Anniversary
Summer Medical And Dental Education Program



For twenty five years the Robert Wood Johnson Foundation (RWJF) **Summer Medical and Dental Education Program** has been shaping careers and changing lives.


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Want to make a difference? Make a contribution!

Tax-deductible contributions and grants to the Herbert W. Nickens memorial Fund are welcomed. Contributions of \$1,000 or more may be paid over three years in equal annual amounts. All contributions are tax deductible to the extent allowed by the law. Contributions and grants can be sent to:

Herbert W. Nickens Memorial Fund
c/o Angela R. Moses
Association of American Medical Colleges
655 K Street, N.W., Suite 100
Washington, D.C. 20001-2399



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