



## **Diversity of the Faculty at the University of California Davis**

### **Betty Irene Moore School of Nursing**

#### **2017-18 Annual Report**

#### **Diversity in the academy: It's fundamental to the mission.**

Diversity is fundamental to the defined mission of The University of California (UC) to serve the interests of the State of California, which requires access to the University and equal opportunity for all groups. However, the UC has faced tremendous challenges in recruiting, retaining and promoting a diverse faculty. The University must urgently improve upon these efforts and outcomes in order to satisfy its core mission to serve the interests of the State of California as described in the Regents Policy 4400:

<http://regents.universityofcalifornia.edu/governance/policies/4400.html>.

A critical aspect of the Regents Policy is the explicit recognition of:

*“..the acute need to remove barriers to the recruitment, retention, and advancement of talented students, faculty, and staff from historically excluded populations who are currently underrepresented.”*

#### **Diversity in the academic medicine: It's fundamental to all the missions.**

Diversity in academic medicine is of critical importance for a number of reasons including strong evidence linking a lack of diversity among health care providers to major and persistent health disparities [1]. Diversity of perspective has been linked to better solutions for complex problems [2],

diverse teams publish higher impact papers [3, 4], and diversity in the health care workforce promotes cultural competence [5-7]. Lack of diversity is not a problem unique to the UC Davis School of Medicine, but the complexity of our system will require a specific and substantial commitment and new approaches to improve diversity and equalize the rate of advancement of underrepresented groups [8, 9].

This report shows the current state of faculty diversity in the UC Davis Health Sciences and Betty Irene Moore School of Nursing (BIMSON). These data compilations include individual departmental data as of December 20, 2017. Also shown for comparison is School of Medicine data at the same point in time, as well as the National availability workforce data. The Betty Irene Moore School of Nursing data is shown as a green bar when the SON is greater than 10% above the national workforce availability pools (more diverse). Red indicates more than 10% below national workforce availability pools (less diverse). Black bars indicate a close association (within 10%) of BIMSON diversity and national workforce availability.

We hope that this information provides you with a useful baseline for your faculty diversity efforts. We look forward to working with you on future recruitments to help you reach your diversity goals!

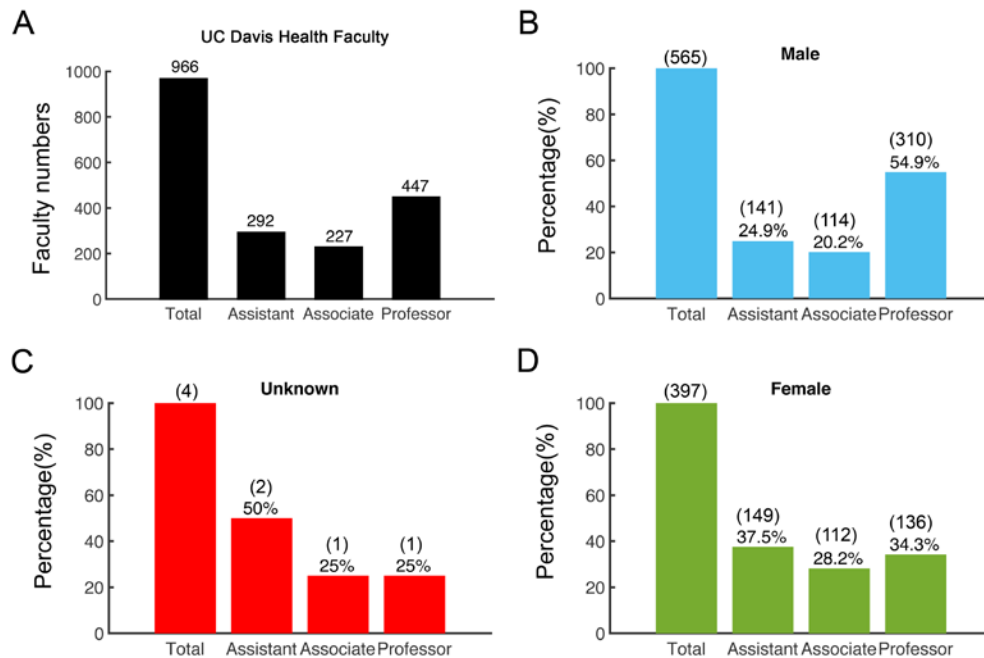


Figure 1: Shown on the Y-axis is the percentage of faculty in each *rank*. Percentages were indicated on top of each bar. Absolute faculty numbers were indicated in parentheses.

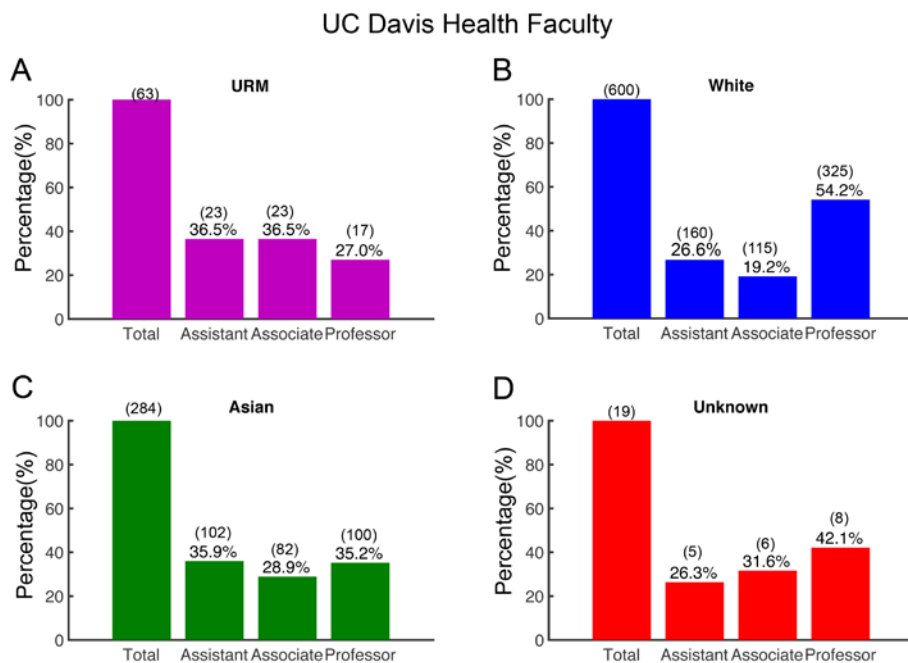
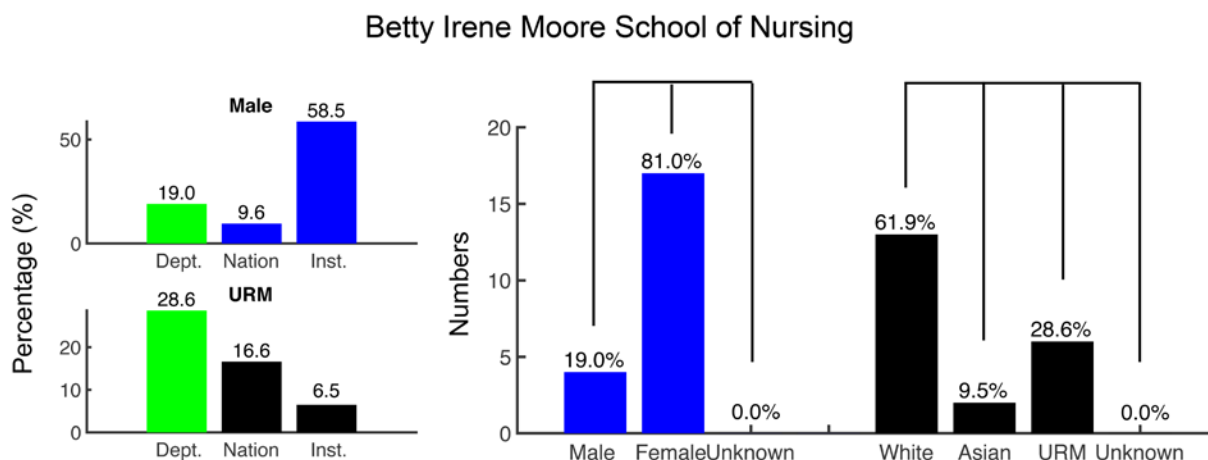


Figure 2: Shown on the Y-axis is the percentage of faculty in each *rank*. Percentages were indicated on top of each bar. Absolute faculty numbers were indicated in parentheses.



**Nation:** National data is from [10]

**URM** included American Indian/Alaskan Native, Black or African American, Hispanic, Native Hawaiian or Other Pacific Islander. (Not included “Other Race/Multiple Race”)

**Inst.:** Institution data is from whole UC Davis Health faculty.

### References:

1. Nivet, M.A., et al., *Diversity in Academic Medicine No. 1 Case for Minority Faculty Development Today*. Mount Sinai Journal of Medicine, 2008. **75**(6): p. 491-498.
2. Apfelbaum, E.P., K.W. Phillips, and J.A. Richeson, *Rethinking the Baseline in Diversity Research Should We Be Explaining the Effects of Homogeneity?* Perspectives on Psychological Science, 2014. **9**(3): p. 235-244.
3. Kerr, W.R., *Ethnic scientific communities and international technology diffusion*. Review of Economics and Statistics, 2008. **90**(3): p. 518-537.
4. Freeman, R.B. and W. Huang, *Strength in diversity*. Nature, 2014. **513**(7518): p. 305-305.
5. Leishman, J., *Perspectives of cultural competence in health care*. Nurs Stand, 2004. **19**(11): p. 33-8.
6. Betancourt, J.R., J. Corbett, and M.R. Bondaryk, *Addressing disparities and achieving equity: cultural competence, ethics, and health-care transformation*. Chest, 2014. **145**(1): p. 143-148.

7. Soule, I., *Cultural competence in health care: an emerging theory*. ANS Adv Nurs Sci, 2014. **37**(1): p. 48-60.
8. Fang, D., et al., *Racial and ethnic disparities in faculty promotion in academic medicine*. Jama-Journal of the American Medical Association, 2000. **284**(9): p. 1085-1092.
9. Carnes, M., C. Morrissey, and S.E. Geller, *Women's health and women's leadership in academic medicine: hitting the same glass ceiling?* J Womens Health (Larchmt), 2008. **17**(9): p. 1453-62.
10. U.S. Department of Health and Human Services, H.R.a.S.A., National Center for Health Workforce Analysis., *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)*. 2017: Rockville, Maryland.