Commentary

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Developing Diverse Leaders at Academic Health Centers: A Prerequisite to Quality Health Care?

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Health care disparities have long existed for racial and ethnic minority populations who continue to lag behind whites in several quality metrics, including quality of care, access to care, timeliness of care, and health outcomes. Effectively addressing these issues requires a health care workforce and leaders who represent the population they serve, and who are deeply committed to reducing health disparities by promoting equity, diversity, and inclusion.

Women currently comprise half the population of the United States. Minority groups (any group other than non-Hispanic whites) make up approximately 40% of our population and are projected to comprise the majority of the population over the next 3 decades.[1] Patients report that they are more comfortable communicating with clinicians of the same sex, race/ethnicity, and social background. This enhanced comfort and trust may in turn result in improved health care quality, increased adherence to medical recommendations, and better patient experience of care.[2,3]

Despite the imperative for diversity in high-performing teams and organizations, the academic health care pipeline remains more akin to a funnel because of attrition, especially for women and underrepresented minorities.[4,5] This attrition results in loss of diversity of thought and talent, so essential to the long-term success of academic health centers (AHCs). Diversity at the highest levels of leadership at AHCs contributes critical and innovative viewpoints and organizational-level changes that ensure excellent patient care, groundbreaking research, and serve as a model for health professions education. With the goal of identifying strategies to develop the next generation of diverse leaders, the University of California Davis (UC Davis) spearheaded the first University of California (UC) system-wide Health Sciences Leadership Development Conference, held in May 2016. This article summarizes best practices and themes from the conference.

Conference Goals and Format

The conference theme, "Paths to Leadership and Inclusion Excellence," developed from the strategic planning process for UC Davis' Women in Medicine and Health Sciences program, aligns with UC Davis' commitment to diversity and inclusion. Attendees comprised 106 faculty members, administrators, leaders, students, and trainees from the UC system. Two thirds of attendees were faculty, and the remainder were senior leaders or students/trainees.

The 1-day conference showcased national leaders who shared their career paths and addressed strategies to foster paths to leadership in the health sciences. Through post-conference evaluations, 60% of participants indicated they were highly confident that the conference improved their performance and competence in leadership. Approximately 70% of participants indicated they were highly confident that the conference improved their performance and competence in diversity.

Strategies to Develop Diverse Leaders at AHCs

The following themes emerged as critical best practices to leadership and diversity at AHCs:

1. *Define an institutional framework for diversity, Diversity 3.0*: The framework of diversity is inclusive of the complex and multiple identities (eg, sex, race, ethnicity, age, sexual orientation, religion, socioeconomic status) that define us, but also should encompass a broader context of diversity of thought, discipline, and specialty. Therefore, a broader framework of diversity, "Diversity 3.0," is increasingly critical in academic health.[6] Diversity 3.0 focuses on institutions moving toward workplace environments wherein individuals with diverse perspectives, ideas, potential, skills, cultures, languages, and experiences come

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together to address current health care issues and proactively anticipate and prepare for emerging issues.[7,8]

2. *Raise institutional awareness of the importance of diversity*: Diversity brings a broader range of information, experiences, talent, and perspectives to the table.[7] Strategies for initiatives to increase diversity include financially supporting institutional programs focusing on women in medicine, implicit bias training, targeted recruitment outreach through specific journals and professional associations, assembling diverse search committees, developing faculty recruitment and retention tool kits, and providing competitive starting salaries.
3. *Support research into the science of diversity*: Expanding inquiry into the science of diversity in the health sciences workforce will enhance our understanding of factors that contribute to diversity or its absence. Potential areas of scholarship include the impact of diversity on health sciences research; best practices in recruitment, retention, and career advancement; the impact of unconscious bias and stereotype threat on recruitment and retention; and strategies to sustain diversity.[8]
4. *Recognize and address faculty attrition during key career and personal transitions*: Lack of support during key career transitions and policies that unintentionally increase risk for faculty attrition should be examined closely and targeted for change. Mentoring teams can be highly effective in guiding AHC clinicians as they prepare for career and personal transitions. Moreover, we need to shift from the commonly utilized framework of a rigid academic advancement pipeline to recognizing that multiple points of entry, exit, and reentry may need to occur over the course of a career.
5. *Provide resources for self-development*: Critical focus areas for faculty development programs include personal leadership in setting effective career goals and priorities, and developing skills in time management, leading teams, and managing change. In addition, supporting minority and women faculty to attend national professional development programs, such as those organized by the Association of American Medical Colleges, has demonstrated significant impact on faculty retention.[9]
6. *Address work–life balance*: The culture of AHCs tends to reward individual achievement, face time, and unrestricted availability to work.[3,10] However, inadequate attention to work-life balance can result in burnout and unsustainable career pathways. Critically examining institutional definitions of academic success may identify policies that are detrimental to the retention of diverse faculty. Family-friendly policies that include aligning health system priorities with those of faculty (eg, flextime, paid maternity and paternity leave, accommodations for elder care, automatic tenure clock stoppage for childrearing) may reduce attrition at critical life phases.
7. *Highlight strategies to develop resilience*: Resilience is the optimism and ability to bounce back when faced with adversity. Strategies to enhance resilience include taking advantage of resources beyond those of one's department, developing self-awareness to recognize when to seek help, utilizing diverse mentors and sponsors, self-care, leading a well-rounded life, learning to decline commitments that do not contribute to one's career and personal goals, prioritizing long-term goals, and protecting one's time.
8. *Raise the visibility of diverse individuals*: Raising the visibility of diverse individuals plays a critical role in connecting them with opportunities. Strategies to increase one's visibility include fully participating in meetings by being engaged and asking questions, proactively setting up career planning meetings with direct supervisors, and engaging externally with other AHCs and national organizations to extend professional networks.
9. *Strengthen mentoring networks*: Current and future leaders should develop mentoring networks that include peer mentors and are diverse in expertise, academic rank, sex, race, ethnicity, and culture. Mentees need to drive mentoring relationships to ensure that their specific needs are met. Mentoring relationships must be flexible, yet need structure in the form of a mentoring contract or plan to define goals and progress toward milestones. Because new and junior hires may not be aware of mentoring resources within their departments or institutions, disseminating the availability of such resources during the onboarding process is crucial.
10. *To enhance diversity, recruit with deliberate intent*: Best practices during the search process include articulating the value of diversity, acknowledging the impact of unconscious bias, training search committee members on strategies to mitigate unconscious bias, assessing group process, conducting active searches for diverse individuals through targeted outreach, discouraging passive hiring practices, examining how qualifications are evaluated, offering competitive salaries, and utilizing standardized interview questions. Highlighting diversity during

departmental reviews and including mentorship of underrepresented groups as part of evaluation criteria for organizational leaders is a particularly effective strategy to promote accountability.[3]

It is critical that AHCs create road maps for diversity in health care leadership and acknowledge the interconnection between diverse leaders and high-quality health care. Leaders at AHCs need to help create pathways for success for the next generation of health care professionals by supporting a culture of diversity and inclusion in which every individual is valued and his or her talents and potential can be fully realized.

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