WHITE COATS 4 BLACK LIVES

Racial Justice Report Card

2018

FULL REPORT WITH SUPPLEMENTAL MATERIALS

Table of Contents

Introduction
- Background to the Racial Justice Report Card (RJRC)
- Methods
- Pilot Report Cards

Metrics
- URM Representation
- Anti-Racism Training
- URM Recognition
- URM Recruitment
- URM Leadership
- Anti-Racist Curriculum
- Discrimination Reporting
- URM Grade Disparity
- URM Support/Resources
- Campus Policing
- Marginalized Patient Protection
- Equal Access for All Patients
- Immigrant Patient Protection
- Staff Compensation & Insurance
- Anti-Racist IRB Policies

Report Card Summaries

Conclusions & Recommendations
- URM Representation
- Anti-Racism Training
- URM Recognition
- URM Recruitment
- URM Leadership
- Anti-Racist Curriculum
- Discrimination Reporting
- URM Grade Disparity
- URM Support/Resources
- Campus Policing
- Marginalized Patient Protection
- Equal Access for All Patients

- Immigrant Patient Protection
- Staff Compensation & Insurance
- Anti-Racist IRB Policies
- Summary

References

Appendix A: Racial Justice Report Card

Appendix B: Full Report Cards by School
- Harvard Medical School
- Johns Hopkins University School of Medicine
- Icahn School of Medicine at Mt. Sinai
- Perelman School of Medicine at the University of Pennsylvania
- Sidney Kimmel Medical College at Thomas Jefferson University
- University of California, San Francisco School of Medicine
- University of Michigan School of Medicine
- University of Pittsburgh School of Medicine
- Washington University in St. Louis School of Medicine
- Yale School of Medicine

Appendix C: Glossary

Introduction

Background to the Racial Justice Report Card (RJRC)

Racism is a powerful and active force in the American healthcare system. This is apparent in population-level health outcomes (white Americans live about 3.5 years longer than Black Americans), healthcare delivery metrics (Black patients presenting with chest pain are less likely than white patients to undergo ECGs, chest X-rays, or oxygen saturation monitoring), and physician workforce statistics (Black, Latinx, and Native American people represent 32% of the overall U.S. population, but only 8.9% of U.S. physicians) (Pezzin 2007, AAMC 2014). Given their tremendous power in healthcare, medical schools and their affiliated health systems have a key role to play in addressing racism in medicine. They are the gatekeepers to health professions, large employers, primary sites of biomedical research, and healthcare providers for millions of patients. Yet, by and large, medical schools and academic medical centers have failed to ensure racial justice:

- In 2016, only 10.7% of medical school graduates were Black, Latinx, or Native American (AAMC 2017).
- Patients of color are often unable to access care at academic medical centers in their communities; for example, Black patients in New York City are less than half as likely as white patients to receive care at academic medical centers (Tikannen 2017).
- Low-wage workers at academic medical centers, many of whom are people of color, are often underpaid. One survey in Boston, for example, found that many employees of large academic medical centers were paid less than a living wage (McKluskey 2016, Glasmeier 2018).

Although there is significant heterogeneity in the policies and practices of different academic medical centers, all have the ability and responsibility to address racism more forcefully and directly. The Racial Justice Report Card is an initiative of the White Coats for Black Lives that seeks to encourage academic medical centers to play an active role in fighting racism in medicine. The Racial Justice Report Card has three principal goals:

1. Articulate a vision of the specific ways in which academic medical centers can promote racial justice
2. Encourage students and health professionals to research and organize around the current policies and practices of their institutions
3. Generate public accountability for academic medical centers to promote racial justice

The Report Card consists of fifteen metrics that evaluate the institution's curriculum and climate, student and faculty diversity, policing, racial integration of clinical care sites, treatment of workers, and research protocols. Ultimately, White Coats for Black

Lives hopes that the Racial Justice Report Card will highlight best practices and encourage our academic medical centers to direct their considerable power and resources towards addressing the needs of our patients and colleagues of color.

Methods

The Racial Justice Report Card was initially developed in the fall of 2016, inspired in part by the American Medical Student Association's PharmFree Scorecard (AMSA 2012). Students at Icahn School of Medicine at Mount Sinai created a comprehensive set of metrics that was then edited by the National Working Group of White Coats for Black Lives.

Research for the Racial Justice Report Card was conducted by medical students at the schools being graded whenever possible, and included focus groups with current students. The remainder of the research was conducted by members of the National Working Group using information available on public websites. For all schools, the percentages of URM students were calculated based on data from the American Association of Medical Colleges (AAMC 2017). The shares of patients covered by Medicaid insurance at each teaching hospital were calculated using Medicare Cost Reports HCRIS files for 2016.

The office of the dean of each medical school was supplied with a draft copy of the school's report card, and was given the opportunity to provide feedback and additional data. Where public data sources contradicted information supplied by the school, public information was considered the basis of the school's grade, and the school's claim was noted in a footnote.

Scoring

Each of the metrics within the Racial Justice Report Card is graded separately with a grade of A, B, or C, with the exception of Question 14, which is graded only A or C. The institution's overall grade is an average of the grades on the fifteen individual metrics. Of note, because the lowest possible grade on each metric was a C, grades of C often, in fact, represent what in most settings would be a grade of F -- that is, a complete failure on the part of the institution to meet the criteria laid out in the metric. In light of this fact, overall grades should be interpreted conservatively; an overall grade of B, for example, likely reflects significant shortcomings on many specific metrics.

Pilot Report Cards

This year's inaugural Racial Justice Report Card grades ten medical schools and their affiliated academic medical centers. The ten schools are:

- Harvard Medical School (Boston, MA)
- Icahn School of Medicine at Mount Sinai (New York, NY)
- Johns Hopkins School of Medicine (Baltimore, MD)

- Perelman School of Medicine at the University of Pennsylvania (Philadelphia, PA)
- Sidney Kimmel Medical College at Thomas Jefferson University (Philadelphia, PA)
- University of California, San Francisco School of Medicine (San Francisco, CA)
- University of Michigan Medical School (Ann Arbor, MI)
- University of Pittsburgh School of Medicine (Pittsburgh, PA)
- Washington University School of Medicine in St. Louis (St. Louis, MO)
- Yale School of Medicine (New Haven, CT)

These schools were chosen for the inaugural Racial Justice Report Card based on student interest in the report card and national prominence of the school as measured by NIH funding. Of note, these pilot schools were not chosen because they perform poorly with regard to racial justice relative to other medical schools; indeed, we anticipate that other medical schools will fare similarly when graded in the future. Rather, the shortcomings of the ten schools graded in this inaugural report card reflect broader failures to achieve racial justice in medicine and medical training.

Metrics

URM Representation

Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

Given the significant underrepresentation of Black, Latinx, and Native American people among physicians, it is imperative that medical schools proactively seek to rectify these disparities by training a physician workforce that is *at least* representative of the U.S. population. Although medical schools frequently argue that their failure to enroll URM students reflects shortcomings of the K-12 and undergraduate education systems, medical schools themselves have significant power to address disparities in the educational pipeline to medical school. For one thing, many medical schools are affiliated or otherwise have close working relationships with undergraduate institutions and can collaborate with those institutions to support URM students interested in pursuing careers in medicine. Moreover, medical schools and academic medical centers are often the largest and wealthiest institutions in their local communities and thus have significant potential to financially support local public schools and their students, both directly through taxes and voluntary contributions to local governments, and indirectly through improved wages for school childrens' parents. Finally, medical schools must think of themselves as educational institutions, not merely credentialing organizations. It is therefore their role to support and train students who may have received inadequate education prior to enrolling in medical school.

Anti-Racism Training

All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

Medicine has a long and troubling history of exclusion, eugenics, and unethical experimentation on people of color; therefore, medical students and their professors must engage in in-depth discussion about the history of racism in medicine within the required formal curriculum. Curricula about the history of medicine should include discussion about the ways in which historical racism remains entrenched in contemporary medical practice, such as in spirometry or eGFR corrections for Black patients. Students and faculty must develop the ability to identify and address the ways in which racism intersects with other forms of oppression, including misogyny, transphobia, homophobia, Islamophobia, xenophobia, classism, and ableism. Furthermore, physicians-in-training must be equipped with tools to address both interpersonal and structural racism within and outside of the healthcare system. These tools might include techniques for addressing racist comments by colleagues, data analysis skills for identifying disparities in care, and training in activism and

organizing. In order to properly train faculty and students in these topics, medical schools may need to seek assistance from outside organizations or individuals with relevant expertise and personal experience.

URM Recognition

The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

In recent years, many municipalities and universities have removed the names and likenesses of Confederate generals and white supremacists from public spaces. Because many medical school founders and donors are not well-known, there has been less attention paid to the individuals celebrated on medical school campuses. As part of a broader project of reckoning with medicine's troubling history of racism, medical schools ought to undertake research into the ideologies and activities of individuals featured on their campuses, and remove the names and images of those found to have supported eugenics or other white supremacist causes. This research must extend not only to historical figures, but also to contemporary donors who have engaged in practices such as weapons manufacturing, exploitation of low-wage workers, funding of racist political causes, or employment discrimination. Furthermore, medical schools must ensure that alumni of color, as well as patients and other people of color who have contributed to the advancement of medical science, are celebrated publicly.

URM Recruitment

The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

As a part of their commitment to the communities they serve, medical schools ought to enroll students of color from their local communities. This requires the development of meaningful pipeline programs with longitudinal investment in students of color, and a commitment to admitting students to medical school after they have completed the pipeline programming. This also requires ensuring that students of color, including undocumented students who cannot receive federal educational loans, are financially able to complete medical school.

With regard to recruitment, most medical schools rely on URM medical students to volunteer large amounts of their time to recruit prospective URM students. These commitments reduce the time that URM medical students have available for other activities, such as studying, research, or leisure. While many URM medical students feel motivated to participate in recruitment activities, medical schools ought to compensate these students fairly for their time and/or pay other professional staff to carry out recruitment activities.

Of note, WC4BL would like to acknowledge that many medical school staff members, especially staff members of color, have engaged in serious, committed efforts in recent years to recruit and support URM students. WC4BL has heard from students at many institutions how much they value and appreciate these staff members; WC4BL hopes through this report card to highlight the additional resources, cultural changes, policies, and protections that are necessary in order to more effectively support URM students.

URM Leadership

Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

Medical schools have increasingly incorporated lectures or discussion sessions on health disparities and public health into their curricula. While people of color and local community members are sometimes asked to speak on panels addressing these issues, they are rarely involved in the design and leadership of mandatory curricular activities. Medical schools should develop formal structures for community advocates and people of color, including students of color, to design and lead curricular activities on topics about which they have expertise.

Anti-Racist Curriculum

The curriculum incorporates information about the history of racism in various medical fields and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race (rather than *racism*) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

Many medical school lecturers, following standard practice in the medical literature, state or suggest that race is biological or genetic. This is sometimes done explicitly, but is more often implied by stating that persons of a particular race are at elevated risk of a given disease. The problem with the implication that race is genetic or biological -- beyond the fact that is is not true -- is that it obscures the fact that differences between people of different races are social in nature and are amenable to being changed by social policy. When, for example, "being Black" is described as a risk factor for hypertension, it curtails discussion of how the manifestations of racism, such as chronic stress, food deserts, and poor access to healthcare, might contribute to hypertension. It is essential that future physicians be aware that race is a sociopolitical construct designed to create a social hierarchy, and that it is dominant groups' pursuit of power that contributes to illness. To this end, any discussion of "racial disparities" in medical school courses should, in fact, be framed as "racist disparities," with a thorough examination of the ways in which oppression may contribute to the disease process under discussion.

Discrimination Reporting

The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

Many students of color, LGBTQ students, women, and members of other marginalized groups, experience incidents of bigotry, harassment, or discrimination in the course of their medical school careers. In order to ensure a safe learning environment for all students, medical schools must have well-described procedures for reporting such incidents to trusted members of the administration, ideally individuals who share the student's relevant identity (e.g. a URM faculty member should be available to receive reports of racism). Reporting systems should allow students the option of reporting the incident anonymously, and there should be clear procedures for following up on student reports in a timely manner. A general description of each reported incident and the follow-up actions taken should be available to all students.

URM Grade Disparity

There are no racial disparities in medical students' grades or honors, including AOA election.

It is widely acknowledged among medical students that there are significant racial disparities in the grades students receive. Medical schools must take responsibility for these disparities, whether they reflect bias on the part of graders or disparities in "performance," such as on standardized tests. It is the job of medical schools to ensure that they create an environment in which all students can thrive and receive equally high-quality training. Medical schools must therefore conduct internal investigations of grading disparities, and develop clear, publicly-available action plans for how they plan to address disparities.

Moreover, it is well-documented that, among students with the same grades, Black and Asian students are less likely than white students to be elected to the Alpha Omega Alpha (AOA) Honor Medical Society (Boatright 2017). It is the position of White Coats for Black Lives that the ranking of medical students in general, and AOA election in particular, is contrary to the purpose of medical education, which is to create uniformly well-trained physicians who are skilled at working as members of a collaborative team. At a minimum, medical schools must evaluate for the existence of racial disparities in AOA membership, and if disparities exist, suspend AOA elections until new criteria have been created that result in the election of a representative group of students.

URM Support/Resources

Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

Given the underrepresentation of Black, Native American, and Latinx students in medical school, and pervasive racism both within medicine and in the broader society, URM students require designated supports to ensure their success in medical school. These include private physical spaces where URM students can spend time together and seek out resources, designated staff prepared to address common concerns, URM physician mentors, URM mental health providers who can accommodate medical students' schedules, and peer counseling programs.

Campus Policing

There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

White Coats for Black Lives advocates for the abolition of police forces and the development of alternative structures to ensure community safety. These alternatives include, but are not limited to, restorative/transformative justice and mediation structures, unarmed intervention teams, walking escorts, geographically-dispersed "safe spaces," and adequate healthcare for people with mental illness and substance use disorders. Some of these alternatives are already in place within hospitals -- for example, mental health professionals are available at all times to provide care for individuals who are agitated.

Medical schools and hospitals are encouraged to pilot safety structures that do not rely on the police, and ultimately eliminate the need for police or security officers within the hospital or medical school campus. Medical schools that have security officers or police must document the activity of those officers and assess whether there are racial disparities in the community members they stop, arrest, or otherwise interact with. This data, and clear plans for addressing any disparities identified, must be publicly available.

Marginalized Patient Protection

Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

Most medical schools coordinate student-run free clinics, in which uninsured and otherwise marginalized patients are able to access free care provided by first or second year medical students. While these first or second year students are not permitted to care for patients within hospitals or clinics, they are allowed to do so in the setting of free clinics. The fact that these students, who have no clinical training, are permitted to provide healthcare, is often justified on the basis that these patients do not have access to more comprehensive care provided by fully-trained providers. Moreover, in many medical schools, students are allowed to practice with greater independence in settings (such as public hospitals) that serve marginalized patients, than in those that serve more privileged patients. Given that all patients' health and safety is equally important, students should practice under the same guidelines and with the same level of supervision in all clinical settings. Academic medical centers must ensure that all patients in their local area have access to high-quality healthcare, and are not reliant on untrained medical students for care.

Equal Access for All Patients

At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

Many practices at academic medical centers have a policy of not accepting patients who have public Medicaid insurance or lack health insurance altogether. Given that uninsured patients and those with Medicaid are disproportionately people of color, this policy effectively limits the access of people of color to care at academic medical centers (Tikkanen 2017). Moreover, in cases where uninsured or publicly insured patients can be seen at academic medical centers, they are often segregated in clinics staffed by physicians-in-training (residents and fellows), while privately insured patients are have access to fully-trained (attending) physicians. Academic medical centers must create policies that ensure that patients of color have equal access to care, and ensure that all patients are seen by the same providers and within the same clinics. To assess the effectiveness of these policies, academic medical centers should document the racial demographics and insurance status of patients seen in each clinic, and make this information publicly available.

Immigrant Patient Protection

The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

Given the violent anti-immigrant policies of the federal executive branch, it is essential that hospitals affirm their commitment to immigrant patients and conduct outreach to immigrant communities to assure patients that they will be safe if they seek care. Ensuring the safety of immigrant patients requires limiting cooperation between

hospital staff and immigration authorities, as well as training hospital staff to refuse to speak with immigration authorities until it has been ascertained that they are legally required to do so.

Staff Compensation & Insurance

All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

Medical schools and their affiliated hospitals are large employers, frequently among the largest in their city or state. However, many healthcare workers, disproportionately workers of color, earn below a living wage, or are themselves without health insurance (Chou 2009). Medical schools and academic medical centers must ensure that all of their employees have access to high-quality medical care and have sufficient earnings to live above poverty.

Anti-Racist IRB Policies

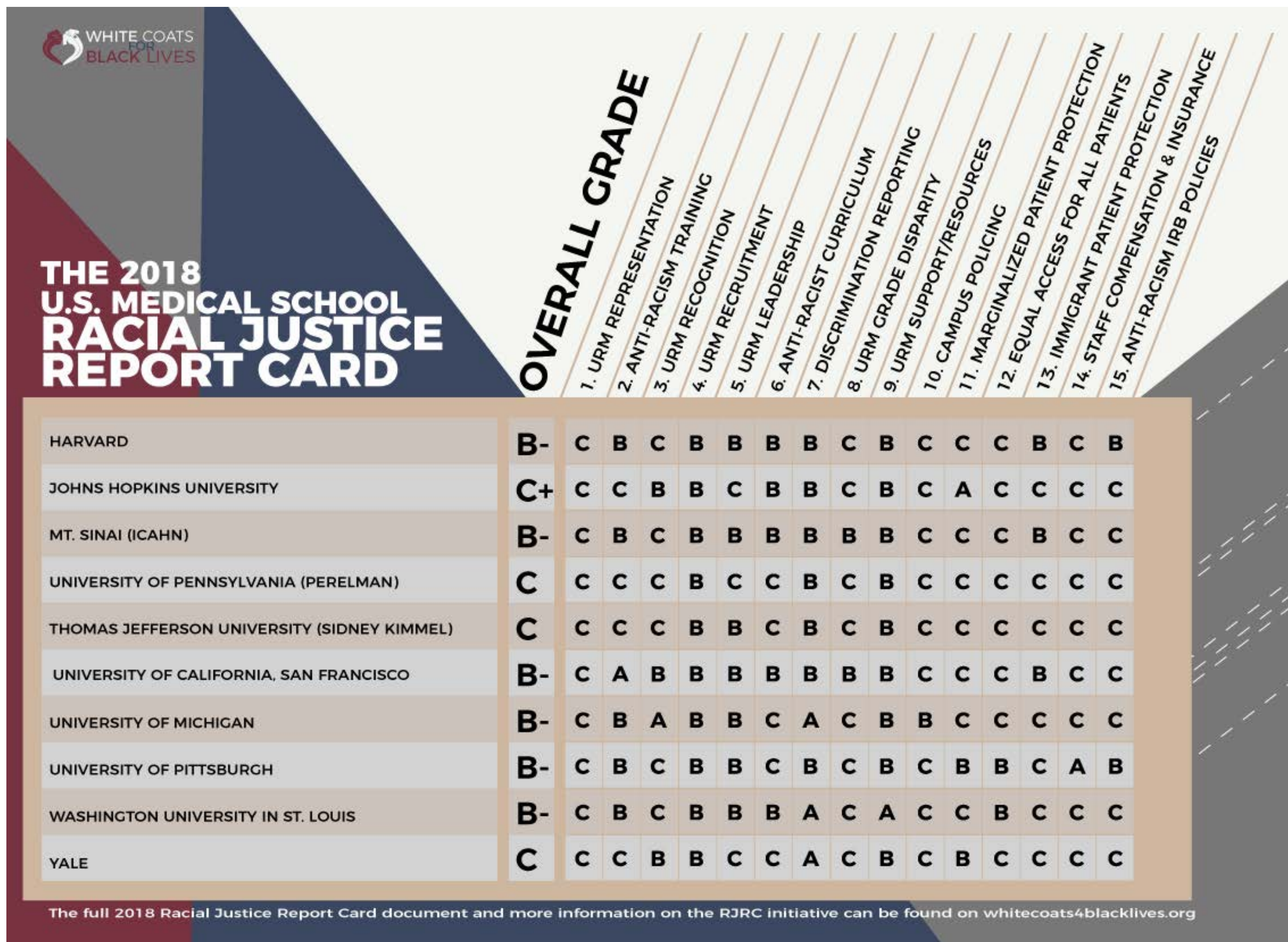
IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

Although it has been standard within the scientific literature to treat race as biological or genetic, it is well-documented that there is, in fact, significant genetic heterogeneity between individuals who are sociopolitically defined to be of the same race (Yudell 2016). Institutional Review Boards (IRBs), the bodies responsible for approving research projects involving human subjects, therefore ought to require researchers to precisely define the purpose and function of race in their research, and reject projects that define race unscientifically as biological. Student projects should be specifically reviewed by qualified faculty to ensure that they do not utilize biological conceptions of race. Furthermore, given the history of abuse of people of color in scientific research, IRBs must specifically delineate protections for research subjects of color.

Report Card Summaries

Report Card Summaries

Below are graphic summaries of the ten evaluated academic medical centers.



WHITE COATS FOR BLACK LIVES

THE 2018 U.S. MEDICAL SCHOOL RACIAL JUSTICE REPORT CARD

	OVERALL GRADE	1. URM REPRESENTATION	2. ANTI-RACISM TRAINING	3. URM RECOGNITION	4. URM RECRUITMENT	5. URM LEADERSHIP	6. ANTI-RACIST CURRICULUM	7. DISCRIMINATION REPORTING	8. URM GRADE DISPARITY	9. URM SUPPORT/RESOURCES	10. CAMPUS POLICING	11. MARGINALIZED PATIENT PROTECTION	12. EQUAL ACCESS FOR ALL PATIENTS	13. IMMIGRANT PATIENT PROTECTION	14. STAFF COMPENSATION & INSURANCE	15. ANTI-RACISM IRB POLICIES
HARVARD	B-	C	B	C	B	B	B	B	C	B	C	C	C	B	C	B
JOHNS HOPKINS UNIVERSITY	C+	C	C	B	B	C	B	B	C	B	C	A	C	C	C	C
MT. SINAI (ICAHN)	B-	C	B	C	B	B	B	B	B	B	C	C	C	B	C	C
UNIVERSITY OF PENNSYLVANIA (PERELMAN)	C	C	C	C	B	C	C	B	C	B	C	C	C	C	C	C
THOMAS JEFFERSON UNIVERSITY (SIDNEY KIMMEL)	C	C	C	C	B	B	C	B	C	B	C	C	C	C	C	C
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	B-	C	A	B	B	B	B	B	B	B	C	C	C	B	C	C
UNIVERSITY OF MICHIGAN	B-	C	B	A	B	B	C	A	C	B	B	C	C	C	C	C
UNIVERSITY OF PITTSBURGH	B-	C	B	C	B	B	C	B	C	B	C	B	B	C	A	B
WASHINGTON UNIVERSITY IN ST. LOUIS	B-	C	B	C	B	B	B	A	C	A	C	C	B	C	C	C
YALE	C	C	C	B	B	C	C	A	C	B	C	B	C	C	C	C

The full 2018 Racial Justice Report Card document and more information on the RJRC initiative can be found on whitecoats4blacklives.org

Harvard Medical School

RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American students are underrepresented, and only 6% of full-time and part-time faculty are URM.
2. ANTI-RACISM TRAINING	B	Students have some coursework that discusses racism, but limited exposure to intersectionality, or anti-racism strategies. Faculty do not universally receive training in these topics.
3. URM RECOGNITION	C	Individuals with troubling racist histories are publicly celebrated on the Harvard Medical School campus. Efforts are underway to re-evaluate public artworks and monuments.
4. URM RECRUITMENT	B	Harvard Medical School has a number of recruitment programs directed at URM students, and undocumented students are able to matriculate at Harvard Medical School.
5. URM LEADERSHIP	B	MD curricular decisions incorporate the feedback of students of color, but do not include community members in design or leadership roles.
6. ANTI-RACIST CURRICULUM	B	Basic science coursework includes some discussion of the role of racism in health and disease.
7. DISCRIMINATION REPORTING	B	Multiple procedures exist for reporting mistreatment. There is no anonymous system for reporting in real time and follow-up is at the discretion of the Dean for Medical Education.
8. URM GRADE DISPARITY	C	There is no publicly available information about grade disparities at Harvard.
9. URM SUPPORT/RESOURCES	B	The Office Recruitment and Multicultural Affairs provides some support to URM students. There are no designated physical spaces or mental health services for URM students.
10. CAMPUS POLICING	C	There is a campus police force, and there is no public evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C	Harvard medical students providing care to marginalized patients through the Crimson Care Collaborative have more autonomy than they do in other clinical settings.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Patients of color and patients with Medicaid insurance are underrepresented at many Harvard teaching hospitals.
13. IMMIGRANT PATIENT PROTECTION	B	Most Harvard teaching hospitals have policies protecting undocumented patients, but these policies are not always public or effectively advertised to patients.
14. STAFF COMPENSATION & INSURANCE	C	Most Harvard teaching hospitals have a minimum wage above the Boston living wage, but it is unclear whether all full-time staff have access to comprehensive health insurance.
15. ANTI-RACISM IRB POLICIES	B	IRB policies include some protections for people of color. They do not, however, require researchers to precisely define their use of race.
OVERALL GRADE:	B-	Harvard Medical School must take additional measures to promote racial justice in student diversity, policing, and access to care.

*A full report on this institution (i.e. links to sources, student anecdotes, and institution's responses), other institutions, and details on the RJRC initiative can be found on whitecoats4blacklives.org.

WHITE COATS FOR BLACK LIVES

Johns Hopkins University School of Medicine

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Less than 20% of incoming students in 2017 were URM, and public diversity reports do not describe faculty diversity.
2. ANTI-RACISM TRAINING	C	Students have only limited exposure to curricula about health disparities, without specific discussion of the history of racism, intersectionality, or anti-racism strategies.
3. URM RECOGNITION	B	There are representations of people of color on the Hopkins campus; there has been no public effort to evaluate whether monuments to racist/white supremacist individuals are present.
4. URM RECRUITMENT	B	Although Johns Hopkins has a number of pipeline programs for Baltimore high school students, it is unclear how many of these students successfully enroll in medical school at Johns Hopkins.
5. URM LEADERSHIP	C	Community members and students of color are not involved in design or leadership of mandatory curricular activities.
6. ANTI-RACIST CURRICULUM	B	There is some discussion of the sociopolitical (i.e. non-biological) nature of race, but race is sometimes described as a risk factor for disease or predictor of treatment response.
7. DISCRIMINATION REPORTING	B	There is significant concern about abusive treatment of students at Johns Hopkins, and there are inadequate systems for reporting and responding to mistreatment.
8. URM GRADE DISPARITY	C	There is no publicly available information about grade disparities at Johns Hopkins.
9. URM SUPPORT/RESOURCES	B	The Office of Medical Student Diversity, Office of Diversity & Inclusion, and Office of Graduate Student Diversity have some resources to support URM students.
10. CAMPUS POLICING	C	Hopkins campus security that includes off-duty police officers, and there is a proposal to create a campus police force. There are some efforts to address racism in policing.
11. MARGINALIZED PATIENT PROTECTION	A	There are clear policies on the scope of practice and supervision of medical students, and these extend to all clinical sites.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Black patients are underrepresented at Johns Hopkins. Local Baltimore patients are disproportionately cared for at Johns Hopkins Bayview Medical Center.
13. IMMIGRANT PATIENT PROTECTION	C	Although there is a hospital policy of referring immigration authorities to hospital lawyers, there is no information provided to patients informing of their rights or safety.
14. STAFF COMPENSATION & INSURANCE	C	Some hospital and school of medicine staff earn below the Baltimore living wage of $13.28/hour for a single adult.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	C+	Johns Hopkins must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

Icahn School of Medicine at Mount Sinai

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	17.1% of students for the 2017-2018 academic year were URM. Black, Latinx, and Native American faculty percentages are not specified.
2. ANTI-RACISM TRAINING	B	Training about the history of racism in medicine exists for students and some faculty. There are no trainings on intersectionality or anti-racism strategies.
3. URM RECOGNITION	C	School and hospital names, portraits, etc. largely celebrate racist or white supremacist individuals.
4. URM RECRUITMENT	B	There are some efforts to recruit students of color and undocumented students are able to enroll.
5. URM LEADERSHIP	B	Most curricular decisions do not incorporate the feedback of community members or students of color.
6. ANTI-RACIST CURRICULUM	B	Students have lectures on race as a social construct but it is often implied to be biological in clinical and basic science lectures. Students are taught to use race in diagnostic reasoning.
7. DISCRIMINATION REPORTING	B	Students are able to report mistreatment, but it is unclear whether their reports receive adequate follow-up.
8. URM GRADE DISPARITY	B	URM students are concerned about racial bias in grading. In response to the underrepresentation of URM students in AOA, Sinai plans to discontinue AOA.
9. URM SUPPORT/RESOURCES	B	There is a diversity office; however, there is no dedicated staff for URM students and current resources are not sufficient.
10. CAMPUS POLICING	C	A campus security force is present, and students of color report being racially profiled. There is no evidence of alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C	Students are given more autonomy when caring for marginalized patients in free clinics or at clinical sites with largely patients of color.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Sinai cares for a lower share of Medicaid patients than other New York City hospitals, and patient care is highly segregated between different clinics.
13. IMMIGRANT PATIENT PROTECTION	B	Sinai has publicly affirmed a commitment to immigrant patients, students, and staff, including non-cooperation with immigration agents. Hospital signage is in English only.
14. STAFF COMPENSATION & INSURANCE	C	Mount Sinai does not pay all employees the NYC living wage. It is unclear if all full-time employees have access to comprehensive health insurance that is accepted by Mount Sinai providers.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	B-	Mount Sinai must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

Perelman School of Medicine
at the University of Pennsylvania

RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	26% of 2016 incoming students were URM, but Black, Latinx, and Native American students and faculty remain significantly underrepresented.
2. ANTI-RACISM TRAINING	C	There are no mandatory trainings about the history of racism in medicine, intersectionality, or anti-racism strategies.
3. URM RECOGNITION	C	Although some alumni of color are celebrated, some buildings bear the names of white supremacists.
4. URM RECRUITMENT	B	There is poor recruitment of students of color from Philadelphia, and undocumented students are unable to enroll.
5. URM LEADERSHIP	C	Most curricular decisions do not incorporate the feedback of community members or students of color.
6. ANTI-RACIST CURRICULUM	C	Race is implied to be biological/genetic in many basic science lectures and is described as a risk factor for multiple diseases.
7. DISCRIMINATION REPORTING	B	Students are able to report mistreatment, but it is unclear whether their reports receive adequate follow-up.
8. URM GRADE DISPARITY	C	Many URM students are concerned about racial bias in grading, and URM students are significantly underrepresented in AOA.
9. URM SUPPORT/RESOURCES	B	There are full-time staff and mentoring programs for URM students offered through the Program for Diversity and Inclusion.
10. CAMPUS POLICING	C	Penn has a campus police force, and there is no evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C	Students are given more autonomy when caring for marginalized patients in free clinics.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Penn cares for a lower share of Medicaid patients than other Philadelphia hospitals, and patient care is highly segregated between different Penn clinics.
13. IMMIGRANT PATIENT PROTECTION	C	Hospital signage is in English only, and no efforts have been made to affirm a commitment to undocumented patients.
14. STAFF COMPENSATION & INSURANCE	C	Some subcontracted hospital staff earn below the Philadelphia county living wage of $11.70/hour for a single adult.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	C	Penn must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

Sidney Kimmel Medical College at Jefferson

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	No URM groups are proportionately represented among faculty or students.
2. ANTI-RACISM TRAINING	C	There are no mandatory trainings about the history of racism in medicine, intersectionality, or anti-racism strategies.
3. URM RECOGNITION	C	The physical space explicitly celebrates racist/white supremacist individuals.
4. URM RECRUITMENT	B	There is poor recruitment of students of color from Philadelphia as well as few incentives to retain students of color who have been accepted.
5. URM LEADERSHIP	B	Community advocates and/or URM students are sometimes involved in planning events on health disparities and community health.
6. ANTI-RACIST CURRICULUM	C	Race is implied to be biological/genetic in many basic science lectures and is described as a risk factor for multiple diseases.
7. DISCRIMINATION REPORTING	B	Students are able to report mistreatment, but it is unclear whether their reports receive adequate follow-up.
8. URM GRADE DISPARITY	C	Many URM students are concerned about racial bias in grading, and URM students are significantly underrepresented in AOA.
9. URM SUPPORT/RESOURCES	B	There are full-time staff for URM students offered through the Office of Diversity and Inclusion Initiatives.
10. CAMPUS POLICING	C	A campus police force was created recently. There is no evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C	Students are given more autonomy when caring for marginalized patients in free clinics.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Long wait times may make many services unavailable to Medicaid patients, and Medicaid patients are underrepresented at Thomas Jefferson University Hospital
13. IMMIGRANT PATIENT PROTECTION	C	Jefferson has made no public statements affirming a commitment immigrant patients.
14. STAFF COMPENSATION & INSURANCE	C	This information has not been made publicly available.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	C	Jefferson must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

University of California, San Francisco

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American people are underrepresented among UCSF students and faculty.
2. ANTI-RACISM TRAINING	A	There are a wide variety of trainings offered through the Office of Diversity and Outreach and the Differences Matter initiative.
3. URM RECOGNITION	B	Some buildings bear the names of oppressive individuals (Zuckerberg), financial institutions (Wells Fargo), and corporations (Genentech).
4. URM RECRUITMENT	B	Outreach programs exist. Undocumented students are encouraged to enroll. Many students of color are still lost due to a lack of financial aid.
5. URM LEADERSHIP	B	Curriculum feedback from URM students is incorporated. More work should be done to invite community organizations to provide feedback.
6. ANTI-RACIST CURRICULUM	B	Race is sometimes defined as sociopolitical, but at other times is implied to be biological/genetic. Lecturers and facilitators tasked to deliver content related to racism often lack expertise.
7. DISCRIMINATION REPORTING	B	Students are able to report mistreatment, but follow-up to reports has been inconsistent.
8. URM GRADE DISPARITY	B	UCSF has been working to change their AOA criteria and hosting community feedback sessions. Racial grading disparities have improved in recent years.
9. URM SUPPORT/RESOURCES	B	The Multicultural Resource Center and LGBT Center provide invaluable support for URM students, despite office displacement, understaffing, and limited resources.
10. CAMPUS POLICING	C	UC police has not addressed racism or developed alternative safety structures. Students rotate at hospitals where security is provided by armed sheriff and deputies who run the county jails.
11. MARGINALIZED PATIENT PROTECTION	C	Many providers devote their careers to the care of marginalized patients. Unfortunately, due to underfunding of clinics, students are given more autonomy when caring for the underserved.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Medi-Cal patients, who are disproportionately patients of color, are underrepresented at UCSF and are segregated in resident clinics.
13. IMMIGRANT PATIENT PROTECTION	B	UCSF has a stated commitment to immigrant patients, and it is against hospital policy to share information with ICE. However, more work needs to be done around language access.
14. STAFF COMPENSATION & INSURANCE	C	Some hospital workers earn below the San Francisco county living wage of $19.63/hour, some staff suffer from food insecurity, and tech jobs are being outsourced.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	B-	UCSF has a strong curriculum and Multicultural Resource Center but must take additional measures to promote racial justice in student support, treatment of workers, and patient care.

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WHITE COATS FOR BLACK LIVES

University of Michigan Medical School

RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American people are underrepresented among University of Michigan students and faculty.
2. ANTI-RACISM TRAINING	B	Students have some teaching on this history of racism, and none on intersectional oppression or anti-racism strategies. Faculty do not receive training on these topics.
3. URM RECOGNITION	A	One of the four medical school houses is named after the school's first Black graduate, and other major donors after whom buildings are named have made commitments to racial justice.
4. URM RECRUITMENT	B	There some outreach and pipeline programs for URM students. Undocumented students are invited to apply and provided financial assistance to attend to U-M Medical School.
5. URM LEADERSHIP	B	URM students participate in some aspects of curricular design. Community members have a limited role in the curriculum.
6. ANTI-RACIST CURRICULUM	C	There is no evidence that students learn about the sociopolitical (i.e. non-biological) nature of race, and lecturer guidelines make no mention of how professors should discuss race and racism.
7. DISCRIMINATION REPORTING	A	There are well-defined procedures for reporting and responding to mistreatment. The Bias Response Team publicly reports bias incidents and the university's response.
8. URM GRADE DISPARITY	C	There is no evidence that U-M has sought to assess for or address racial disparities in grades or honors.
9. URM SUPPORT/RESOURCES	B	The Office for Health Equity and Inclusion coordinates a variety of supports for URM students, including dedicated physical space.
10. CAMPUS POLICING	B	There are some programs that reduce reliance on police, as well as oversight and advisory committees composed of university-affiliated community members.
11. MARGINALIZED PATIENT PROTECTION	C	Pre-clinical students are permitted to interview patients in the U-M Student-Run Free Clinic under the supervision of upper-level medical schools, a practice not routine in most clinical settings.
12. EQUAL ACCESS FOR ALL PATIENTS	C	There is no public information on racial segregation of care. Medicaid patients appear to be underrepresented at U-M facilities.
13. IMMIGRANT PATIENT PROTECTION	C	University Hospital has no public policies or statements affirming their support for immigrant patients or governing interactions between hospital staff and immigration officials.
14. STAFF COMPENSATION & INSURANCE	C	Almost all staff are paid at or above the living wage for Washtenaw County. It is unclear whether all full-time staff have access to comprehensive health insurance accepted at Michigan Medicine.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	B-	University of Michigan Medical School must take additional measures to promote racial justice in student recruitment, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

University of Pittsburgh School of Medicine

RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	URM students are underrepresented. There are no publicly available data on faculty diversity.
2. ANTI-RACISM TRAINING	B	There are unconscious bias workshops for some students and faculty. There are no mandatory trainings on racism in medicine, intersectional oppression, or anti-racism strategies.
3. URM RECOGNITION	C	The primary medical school building is named for a member of the Scaife family, which is well known for support of anti-immigrant and white supremacist causes.
4. URM RECRUITMENT	B	There are a number of programs designed to recruit URM students. Undocumented students cannot enroll at Pitt School of Medicine.
5. URM LEADERSHIP	B	URM students and community leaders participate in teaching some mandatory and elective coursework.
6. ANTI-RACIST CURRICULUM	C	Publicly available course materials make no mention of race or racism. It is unclear whether race is stated or implied to be biological.
7. DISCRIMINATION REPORTING	B	Students are able to report mistreatment through multiple mechanisms, but it is unclear whether their reports receive adequate follow-up.
8. URM GRADE DISPARITY	C	Pitt does not assess for the existence of racial disparities in grades or AOA election.
9. URM SUPPORT/RESOURCES	B	There are full-time staff and mentoring programs for URM students offered through the Office of Diversity Programs.
10. CAMPUS POLICING	C	Pitt has a campus police force, and there is no evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	B	Pre-clinical students are given more responsibility for the care of marginalized patients in free clinics than would be allowed in other settings.
12. EQUAL ACCESS FOR ALL PATIENTS	B	There is conflicting data about the representation of patients with Medicaid insurance at UPMC's hospitals. There is no public data about the racial demographics of UPMC patients.
13. IMMIGRANT PATIENT PROTECTION	C	UPMC has not issued any public statements about access to care for immigrant patients
14. STAFF COMPENSATION & INSURANCE	A	The average institutional starting salary in 2016 was $11.73/hr (per Pitt, the current starting wage is $13/hour), more than the living wage in Pittsburgh for a single adult ($10.34/hr).
15. ANTI-RACISM IRB POLICIES	B	Pitt IRB policies require additional scrutiny for research involving patients of color.
OVERALL GRADE:	B-	Pitt must take additional measures to promote racial justice in recruitment curriculum, and to increase transparency in racial justice and diversity issues.

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WHITE COATS FOR BLACK LIVES

Washington University School of Medicine in St. Louis

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	People of color (which includes URM and non-URM PoC) represent 16% of medical students, 11% of residents and fellows, and 5.5% of faculty.
2. ANTI-RACISM TRAINING	B	There is an annual "diversity week," and all students participate in a "diversity retreat." Implicit bias training is provided to all new employees and managers.
3. URM RECOGNITION	C	Some campus buildings bear the names of individuals accused of racist hiring practices and involved in weapons manufacturing.
4. URM RECRUITMENT	B	There are a number of programs designed to recruit URM students. Undocumented students cannot enroll at WUSTL.
5. URM LEADERSHIP	B	WUSTL students are required to have some interaction with members of the St. Louis community, and community members are invited to collaborate with the School of Medicine.
6. ANTI-RACIST CURRICULUM	B	The curriculum incorporates discussion about residential segregation and its impact on health. There is no explicit discussion of the sociopolitical (i.e. non-biological) nature of race.
7. DISCRIMINATION REPORTING	A	WUSTL has a Bias Report & Support System. Reports submitted non-anonymously are sent to the Assistant Provost, who can connect students with the appropriate resources.
8. URM GRADE DISPARITY	C	There is no evidence that WUSTL has assessed for the existence of racial disparities in grades or honors.
9. URM SUPPORT/RESOURCES	A	URM students have access to designated physical space, URM mentors, and mental health services provided by psychologists of color.
10. CAMPUS POLICING	C	The WUPD has an "Impartial Policing Policy," but enforcement is at the discretion of WUPD leadership. WUPD guidelines tacitly blame civilians for police abuses.
11. MARGINALIZED PATIENT PROTECTION	C	Students are given more autonomy when caring for marginalized patients in free clinics.
12. EQUAL ACCESS FOR ALL PATIENTS	B	Patients of color are represented at teaching hospitals proportionally to their share of St Louis Metropolitan Statistical Area, but not proportionally to their share of the city of St Louis.
13. IMMIGRANT PATIENT PROTECTION	C	WUSTL teaching hospitals have made no public statements in support of immigrants, and and do not have policies of non-cooperation with immigration authorities.
14. STAFF COMPENSATION & INSURANCE	C	Full-time regular School of Medicine employees earn a living wage and have comprehensive health insurance. There is no public information on the wages and benefits of hospital workers.
15. ANTI-RACISM IRB POLICIES	C	The Washington University Institutional Review Board Policies and Procedures does not include the words "race" or "racism."
OVERALL GRADE:	B-	WUSTL must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

Yale School of Medicine

RACIAL JUSTICE REPORT CARD

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METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American people are underrepresented among Yale students and faculty.
2. ANTI-RACISM TRAINING	C	Elective coursework is available that includes discussion of "cultural competence," but anti-racism training is not a part of the general curriculum.
3. URM RECOGNITION	B	Although efforts have been made to remove the names of white supremacists from Yale building, it is unclear whether alumni of color are publicly celebrated.
4. URM RECRUITMENT	B	Undocumented students are encouraged to enroll at Yale. There are a wide variety of outreach programs for local URM students.
5. URM LEADERSHIP	C	There is no evidence that community members or URM students are involved in curricular design.
6. ANTI-RACIST CURRICULUM	C	Publicly available course materials do not refer to the sociopolitical (i.e. non-biological) nature of race, nor do they include discussion of the history of racism in medicine.
7. DISCRIMINATION REPORTING	A	There are well-defined procedures for reporting and clearly identified individuals responsible for carrying out responses to mistreatment.
8. URM GRADE DISPARITY	C	This information is not publicly available.
9. URM SUPPORT/RESOURCES	B	The Office of Multicultural Affairs employs a full-time director and coordinates support for URM students, although the scope of these supports is unclear.
10. CAMPUS POLICING	C	Yale has a campus police force, and there is little evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	B	Policies covering supervision and roles are different for students at Yale New Haven Hospital and those serving marginalized patients at the HAVEN Free Clinic.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Despite being the state's largest hospital and located in one its poorest cities, Yale New Haven Hospital provides low rates of uncompensated care.
13. IMMIGRANT PATIENT PROTECTION	C	Yale-New Haven Hospital has no public policies or statements affirming their support for immigrant patients.
14. STAFF COMPENSATION & INSURANCE	C	There is no publicly-available information on whether all Yale School of Medicine and hospital employees are paid a living wage or have adequate health insurance.
15. ANTI-RACISM IRB POLICIES	C	IRB policies do not explicitly protect people of color, and do not require researchers to precisely define how they plan to use race in their research.
OVERALL GRADE:	C	Yale School of Medicine must take additional measures to promote racial justice in student recruitment and support, curriculum, and patient care.

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WHITE COATS FOR BLACK LIVES

Conclusions & Recommendations

The Racial Justice Report Card consists of fifteen metrics that evaluate each institution's curriculum and climate, student and faculty diversity, policing, racial integration of clinical care sites, treatment of workers, and research protocols. This report is not comprehensive of all that is required to ensure racial justice in American medical education and care; however, we believe it is a starting point for highlighting the state of racial equity or inequity at academic medical centers and what needs to be done to address racist medical education and practice. Based on our Report Card grades for these pilot schools, we share the following conclusions and recommendations.

URM Representation

The representation of Black, Latinx, and Native American (URM) medical students in all of the schools assessed is well below the share of these groups in the U.S. population. URM underrepresentation is even more stark among faculty and individuals in leadership positions.

This diversity cannot consist merely of having people of color present. Instead, medical centers need to develop justice-oriented cultures that actively value and celebrate people of all social identities, backgrounds, and experiences. This requires dedicated resources, the will to engage with diversity of people and thought, and the justice-oriented leadership of people of color.

We recommend that all medical schools and academic medical centers:

- Publish data on student, faculty, and leadership demographics, including explanations for inequities and plans to increase URM representation
- Avoid the use of standardized exams such as the MCAT in admissions decisions
- Create comprehensive pipeline programs that support URM students from the medical school's local community, including financial support to local public schools and their students (in the form of taxes, voluntary payments, and living wages for all employees), and guaranteed undergraduate and medical school admission and financial aid
- Increase the importance placed on URM faculty members' participation in mentorship, recruitment, and community outreach in hiring and promotion decisions

Anti-Racism Training

Many of the evaluated schools have unconscious bias training and/or at least one lecture addressing the history of racism in medicine. However, among schools that offer training on history of racism in medicine or unconscious bias, most have no mechanism ensuring *all students and faculty* receive the training.

Moreover, very few schools offer training specifically in anti-racism organizing or advocacy strategies. Racism has been built into American medical practice, and must

therefore be purposefully deconstructed through directly naming racism and training students in anti-racist practice. This extends far beyond unconscious bias training; the mechanisms that generate racial inequity in medicine are structural, and students and faculty must be taught how to intentionally dismantle these structures. Anti-racism training can cover many topics, but should include discussion of the intentional creation of race as a hierarchical system (first through religious justifications and then "scientific" ones), the link between racism and capitalism in the United States, and white supremacy. With this foundation, participants can then learn about anti-racism as a practice that intentionally dismantles racism and white domination, elevates the voices of marginalized individuals, and fights for the well-being of all individuals, regardless of social identity.

The manner in which this information is imparted to faculty and trainees is important. Even well-conceived trainings are unlikely to be effective if they are optional, non-longitudinal, purely lecture-based and/or limited to online modules. Trainings must involve active participation to fully engage trainees in discussions about complex topics and situations. All trainings should be fully incorporated into the entire curriculum, and not restricted to stand-alone sessions.

We recommend that all medical schools and academic medical centers:

- Create mandatory, in-person, interactive comprehensive trainings in racism and anti-racism for students and faculty. Student trainings should be longitudinal integrated into the curriculum.
- Consider employing community members and outside organizations with expertise in anti-racism, intersectionality, and the history of racism in medicine to conduct workshops on these topics

URM Recognition

Among the schools graded, there is significant variation in the recognition given to URM students, faculty, and leadership. Some schools celebrate URM individuals in medicine with portraits, collections, and building names. Other institutions lack this URM recognition, and some promote racist alumni, donors, and researchers.

It is important that the value and contributions of URM individuals be consistently woven into the fabric of the institution, and not merely highlighted in the context of "diversity" celebrations, special lectures or exhibits, or holidays. Highlighting URM individuals only in the context of "diversity" demonstrates a shallow understanding of inclusion and places value on URM individuals only as proof that an institution is not homogenous.

Moreover, schools must proactively seek to remove public recognition of donors, alumni, and other individuals who have endorsed white supremacy in their ideologies or actions. In its response to the first draft of the racial justice report card, one school aptly recognized that "the lack of diversity seen in art at [our school] *reflects the School's past, not its present.*" This recognition makes the continuing presence of racist and white supremacist individuals and ideals in public spaces all the more egregious. It

is each school's responsibility to recognize and de-center the racist history of medicine in the United States.

We recommend that all medical schools and academic medical centers:

- Evaluate the racial makeup of individuals who are publicly celebrated in names, portraits, sculptures, etc.
- Remove any representations of individuals who have espoused racist/white supremacist ideologies or have participated in racist oppression
- Increase representations of people of color, particularly individuals with intersecting marginalized identities (e.g. Black women), in order to ensure that public representations are *at least* representative of the U.S. population

URM Recruitment

Several of the graded schools reported having pipeline programs for URM students interested in medicine. While many of these programs have been in place for decades, the number of students from pipeline programs that eventually matriculated in the medical school is small or unknown, and URM students remain significantly underrepresented at all of the schools graded.

The majority of schools reported doing targeted recruitment of URM students through recruitment fairs or school visits, however, few schools spoke about specifically recruiting local students of color. A common theme was that current URM students devote significant time to participate in recruitment, but are not compensated for their time or efforts.

Several schools consider applications from undocumented students on the same basis as international students. Because undocumented and international students are ineligible for federal student financial aid, international applicants are generally required demonstrate that they have on hand sufficient funds for 2-4 years of medical school tuition. Such policies effectively bar undocumented students from enrolling in the medical school. Other schools that were evaluated offer institutional loans to DACA recipients and other undocumented students, and consequently have successfully enrolled undocumented students.

We recommend that all medical schools and academic medical centers:

- Annually evaluate and publicly share data on the effectiveness of pipeline programs, e.g. the number of pipeline participants who ultimately enroll in medical school
- Provide longitudinal support for URM students through pipeline program beginning in elementary and middle school (see recommendations under "URM Representation")
- Increase recruitment efforts at historically black colleges and universities (HBCUs), Hispanic-serving institutions (HSIs), and local public colleges (including community colleges)

- Publicly state that undocumented students are invited to apply to the medical school, and provide institutional financial aid that allows undocumented students to matriculate
- Compensate URM students at a rate at or above the local living wage for the time they spend performing recruitment on behalf of the medical school

URM Leadership

Many schools reported incorporating the voices of students of color in the planning of education sessions. However, most schools fail to proactively include and compensate local community members, activists, policymakers, and organizations in the curriculum and co-curricular activities. Comprehensive medical education that includes medical history, racism in medicine, public/community health, and health policy and access, requires the involvement of URM leadership from both within and outside of medical schools.

We recommend that all medical schools and academic medical centers:

- Create formal structures for soliciting URM students' feedback on curricular decisions
- Involve URM students in curriculum design and leadership, publicly recognize their efforts, and compensate them at a rate at or above the local living wage for their efforts
- Involve local community members, activists, policymakers, and organizations in curriculum design and leadership, publicly recognize their efforts, and compensate them at a rate at or above the local living wage for their efforts

Anti-Racist Curriculum

While the majority of schools evaluated had some form of education on social determinants of health, schools did not uniformly provide instruction on the sociopolitical (non-biological) nature of race. Moreover, even at schools where students received instruction on the sociopolitical nature of race, lecturers continue to describe race itself (rather than racism) as a risk factor for disease, tool for diagnostic reasoning, or predictor of treatment response.

We recommend that all medical schools and academic medical centers:

- Provide education to students and faculty on racialization as a sociopolitical process
- Issue guidelines to all instructors specifying that race should not be described in lectures or other forms of instruction as a risk factor, tool for diagnostic reasoning, or predictor of treatment response
- Provide students with a comprehensive education on the history of racism in medicine and medical research that extends beyond singular examples (for example, the Tuskegee syphilis experiment)
- Explicitly discuss and challenge racialized medical guidelines (for example, guidelines for the treatment of hypertension)
- Advocate for the removal of racialized medicine from all shelf and board exams

Discrimination Reporting

All schools evaluated had a policy addressing racial discrimination, and all had some mechanism for students to report mistreatment. Many schools did not have an anonymous reporting mechanism, had no appropriately trained staff tasked with addressing reports, or did not provide public data on concrete actions taken to address incidents. Indeed, no school provided examples of specific actions that had been taken in response to medical students complaints of mistreatment. Many schools emphasized the formation of committees and the planning of dialogues on topics such as microaggressions. While these are important actions in the process of addressing the breadth of mistreatment students experience, schools must ensure that these processes and efforts result in a safe, healthy learning environment for marginalized students.

We recommend that all medical schools and academic medical centers:

- Publicly describe the process for addressing incidents of racial discrimination on campus, including steps the school is taking to ensure all reported incidents are reviewed in a timely manner by appropriately trained individuals
- Ensure that students have the option of discussing incidents of discrimination with individuals who share their relevant identity (e.g. discussing incidents of racism with a URM staff member)
- Publicly describe all reported incidents of bias or discrimination, and the concrete steps taken to address each incident
- Ensure that all students have access to anonymous reporting systems
- Provide students with a variety of options for responding to racist incidents

URM Grade Disparity

Several schools reported not participating in the Alpha Omega Alpha Honor Medical Society (AOA) or expressed an intent to discontinue AOA elections in response to concerns about racial disparities. All schools evaluated either did not assess for the existence of disparities in URM grading or did not publicly report disparities in grading. No schools had public plans to address racial grading disparities.

We recommend that all medical schools and academic medical centers:

- Collect data on grading disparities and make this information public in an aggregated, de-identified manner, alongside plans to address these inequities
- Provide all evaluators with individualized data on racial and other disparities in their grading practices, and feedback on changes they should implement
- Discontinue participation in AOA

URM Support/Resources

All of the schools in this report have, at minimum, a dedicated office for diversity and inclusion that is tasked with recruiting and supporting URM students. Beyond the

existence of such an office, additional resources and supports, such as mentorship by faculty of color, dedicated physical space for student use, and tutoring vary widely from school to school. Similarly, the mental health needs of URM students, who face [racial battle fatigue]() within and outside of medical school, are inconsistently considered. The medical schools evaluated in this report largely have one, but not all, of the following: dedicated support staff, mental health providers, and physical spaces.

We recommend that all medical schools and academic medical centers:

- Provide physical spaces specifically for URM students to study, hold meetings, and relax
- Hire support staff who are URM themselves and are empowered to liaise with administration for the provision of necessary resources for URM students
- Provide mental health providers, preferably who are URM themselves, available free-of-charge for individual and group therapy for URM students
- Create infrastructure to further support URM students academically, including early identification of students who might benefit from one-on-one tutoring. Tutoring should preferably be conducted by a faculty member with teaching experience who is compensated for their time
- Remove financial barriers to URM students preparing for and taking USMLE exams, which may include subsidizing study materials and question banks

Campus Policing

Many schools reported having a campus police presence, and all had some form of security staff. While several schools reported unconscious bias training for officers or security guards, no school provided public information demonstrating that security practices in the medical school or hospital(s) are non-discriminatory.

Policing in the United States was established from slave patrols and continues to target and terrorize communities of color (Kappeler 2017, Mitrani 2015). Communities should have access to alternative systems of safety and justice that promote the well-being of people of color. These alternatives are particularly important in hospitals, where patients and families predictably experience significant distress that requires medical care and support, not police or security intervention.

We recommend that all medical schools and academic medical centers:

- Dismantle their police and security forces, and instead opt for alternative methods of safety and security such as restorative/transformative justice and mediation structures, unarmed intervention teams, walking escorts, and geographically-dispersed "safe spaces"
- Public information should be provided on the race of individuals with whom police or security officers interact, and any identified disparities should be addressed with a clear action plan
- Create civilian oversight committees that include students, faculty, staff, patients and families of color, which are empowered to investigate civilian complaints and patterns of discrimination

Marginalized Patient Protection

All but one of the schools assessed allowed preclinical (first and second year) medical students to provide patient care in the setting of student-run clinic for uninsured patients. This is not the standard of care in academic medical centers, where preclinical students are generally restricted to observation and shadowing. Moreover, students at some schools reported being provided more autonomy when caring for marginalized patients in public hospitals than they were afforded when caring for patients in the primary teaching hospital.

WC4BL affirms that healthcare is a human right and every individual deserves the same standard of care regardless of race, citizenship status, or the ability to pay. Medical centers must integrate their clinics so people of all insurance statuses have access to equitable resources and physicians of a similar level of training. With regards to the greater autonomy granted to medical students when caring for patients of color and/or poor patients, we cannot forget the history of medical education in the U.S., which includes using enslaved people as "clinical material" and placing medical schools in communities of color to attract students hoping to "learn on" these patients. Medical schools must definitively end this long and ugly history of experimentation and training on patients of color, and ensure that students are equally involved in the care of patients of all social identities.

We recommend that all medical schools and academic medical centers:

- Discontinue the practice of allowing preclinical students to provide medical care in free clinics
- Ensure that all patients have full access to care at professionally-staffed clinics and hospitals regardless of citizenship status, insurance status, or the ability to pay, thereby obviating the need for free clinics
- Teach medical students about Black activist organizations, such as the Black Panther Party, who created a free clinic model to provide much needed care for their communities when medical institutions refused to do so

Equal Access for All Patients

All of the medical schools evaluated had some system of segregated care based on insurance status. Because of the link between racism and capitalism in the United States, segregation based on insurance status generates *de facto* racial segregation. In some cases, publicly-insured patients and patients of color were underrepresented at the academic medical center; in others, affiliated hospitals safety net hospitals were proudly noted to have a patient population in which people of color were overrepresented. Both of these cases, however, describe a system in which patients are segregated based on insurance status and race. Furthermore, it is common for academic medical centers to segregate Medicaid and uninsured patients in trainee (resident or fellow) practices, while privately insured patients are cared for by attending physicians; this practice was noted at several of the graded schools.

We recommend that all medical schools and academic medical centers:

- Integrate all clinics, so that patients of all insurance statuses are seen in a single physical location by an integrated team of trainee and attending providers
- Provide public information on quality of care metrics for patients of varying insurance status and racial groups. This may include the level of training of the primary healthcare provider, wait times for appointments, etc.
- Provide public information on patient demographics and plans to address discrepancies in Medicaid patients and/or patients of color seen at the academic medical center and affiliated clinical sites in comparison to surrounding hospitals

Immigrant Patient Protection

The hospitals evaluated varied widely in their policies and practices around treatment of immigrant patients. Some hospitals had no public commitment to immigrant patients, and no policies governing interactions between hospital staff and immigration authorities. Other hospitals had created public statements welcoming immigrant patients and assuring them of their safety within the hospital, and had made significant efforts to publicize those statements in multiple languages. Some hospitals also had clear policies prohibiting cooperation between hospital staff and immigration authorities. Many hospitals, even those with exemplary policies protecting immigrant patients, were noted to lack multilingual signage, adequate in-person interpreters, or other services that ensure immigrant patients' meaningful access to high-quality care.

We recommend that all medical schools and academic medical centers:

- Publicly state that immigrant patients are welcome at the hospital, and make efforts to inform immigrant patients of this through multilingual outreach
- Develop a policy directing hospital staff not to cooperate with immigration authorities, and instead to refer all such authorities to hospital lawyers
- Provide multilingual signage, in-person interpreters, and written materials in all languages spoken by at least 5% of the local community. Other means of interpretation, such as phone interpreters, should be provided for all other languages.

Staff Compensation & Insurance

Nearly all of the evaluated academic medical centers paid at least some of their workers less than the living wage for the local area. In addition, there was a large variation in the health benefits available for all employees. Public information on wages and benefits for all employees was largely unavailable.

We recommend that all medical schools and academic medical centers:

- Develop a policy of paying all workers at or above the local living wage for a single adult, while considering that many employees support dependents and may require higher wages to avoid living in poverty

- Offer comprehensive health insurance to all full-time employees that is accepted at the academic medical center

Anti-Racist IRB Policies

Some medical centers' institutional review boards (IRBs) listed racial and ethnic minorities as "vulnerable subjects," including one school which changed its policy after being made aware in the first draft of this Report Card that its list of "vulnerable subjects" did not include people of color . However, no school required researchers to define race or how researchers planed to use race in their research prior to approval. No school reported denying research proposals due to the presence of racialized medicine.

We recommend that all institutional review boards:

- Include people of color among their listed "vulnerable populations," thereby requiring additional scrutiny of research involving people of color
- Require that all research submissions in which the project involves race have a *written* definition of race and a description of how race will be used in the research study
- Reject any proposed study that will explicitly or tacitly reinforce biological definitions of race

Summary

The Racial Justice Report Cards for our ten pilot schools strongly suggest there is much work to be done to ensure racial justice in medical education and care at American academic medical centers. The inequities present -- from URM representation to the disparate care provided to patients of color -- speaks to the long and active role racism plays in medical education and the American healthcare system. While this report card is not representative of all that is required to address racism and rectify inequities in medical care and education, we hope that it will spark further dialogue and action at every level of the medical system.

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Appendix A

Racial Justice Report Card

Appendix A: Racial Justice Report Card

URM Representation
Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty or students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty and students

Anti-Racism Training
All faculty and students participate in multiple mandatory workshops, courses, or trainings that address the history and ongoing presence of racism in medicine, intersectional oppression, racial trauma, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

URM Recognition
The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating PoC
C. The physical space explicitly celebrates racist/white supremacist individuals

URM Recruitment
The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

URM Leadership
Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leading of all sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

Anti-Racist Curriculum

The pre-clinical curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Pre-clinical lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Discrimination Reporting

The medical school has a system for collecting student feedback on racism and other forms of oppression, and also conducts routine formal studies of institutional culture, harassment, racism in curricular content, and racial inequities in clinical and pre-clinical grades.

A. The above metric is fully met
B. There is some system for collecting student feedback or assessing institutional culture and policies
C. There is no system for collecting student feedback or assessing institutional culture and policies

URM Grade Disparity

The school has described in detail what anti-racist competencies they expect all students to achieve and has a system for evaluating whether those competencies are met.

A. The above metric is fully met
B. Anti-racist competencies are described, but not measured formally
C. There is no description of anti-racist competencies that students must achieve

URM Support/Resources

Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

Campus Policing
There is no campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

Marginalized Patient Population
Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. There are policies in place to ensure that all patients receive equally well-supervised student care, but these may be inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Equal Access for All Patients
At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to ensure that all patients have equal access to care (e.g. Medicaid patients are seen in faculty clinics)
C. Patient care is highly segregated

Immigrant Patient Protection
The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual public signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The primary teaching hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients seeking care

C. The primary teaching hospital has no public or policy commitment to immigrant patients

Staff Compensation and Insurance
All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance.

Anti-Racist IRB Policies
IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. IRB process has no requirements regarding the treatment of race
B. IRB process requires researchers to explain their use of race but this does not impact approval
C. The above metric is fully met

Appendix B

Full Report Cards by School

Appendix B: Full Report Cards by School

Harvard Medical School

This section provides further detail on each metric for the Harvard Medical School. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

13.7% of current Harvard medical students,[1] and 6% of full-time and part-time faculty, are Black, Latinx, or Native American.

Additional information may be found at the following links:

- Faculty Development and Diversity Task Force Recommendations
- AAMC Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

All students receive a workshop on unconscious bias as a part of their "Professional Development Days." Required sessions within the courses "Essentials of the Profession 1" and "Essentials of the Profession 2" include the following:

- Social Determinants of Health
- History of Health Care in America
- The Role of Medicine

[1] For all schools, the percentage of URM students was calculated based on the numbers of Black, Latinx, and Native American students as documented by the Association of American Medical Colleges. Using a different methodology, Harvard states that 17.9% of current students identify as URM.

- History and Ethics of Research
- Mechanisms of Disparities
- Solving Disparities
- Ethics of Disparities
- Taking Medicine Beyond Clinic
- Liberation in the Exam Room
- Why Epidemiologists (and Other Health Professionals) Must Reckon with Racism
- Hidden Biases in Medicine

Additional electives are available for students with an interest in community health and engagement, but are not required of all students. The Equity and Social Justice lecture series is available to all members of the Longwood and Greater Boston community, but is likewise optional. It is unclear whether required coursework specifically addresses intersectional oppression and anti-racism strategies.

Faculty in specific roles at Harvard Medical School receive some training relevant to racial justice. All members of professorial search committees, the MD Admissions Committee, and the Leadership Course for Physicians and Scientists receive training in unconscious bias; some of these individuals also receive training on diversity. Harvard has also engaged outside consultants to educate 16 trainers on issues of racism and unconscious bias. The Academy at Harvard Medical School has a faculty interest group on cross-cultural care, which seeks to support faculty development, education, and research around issues of cross-cultural care. However, faculty do not universally participate in these activities, and few appear to be specifically focused on racism, intersectional oppression, or anti-racism strategies.

Additional information may be found at the following links:

- The Equity and Social Justice (ESJ)
- Pathways Curriculum Course Summaries
- Equity and Social Justice Committee
- Cross Cultural Care

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

Oliver Wendell Holmes, after whom one of the Harvard Medical School academic societies is named, was a former dean of Harvard Medical School. When, in 1850, white students protested the admission of three Black students to Harvard Medical School, Holmes led the faculty in expelling the Black students. The overwhelming majority of

individuals whose likenesses are present in Harvard Medical School public spaces are white men.

The Dean of Harvard Medical School has established the Dean's Standing Committee on Artwork and Cultural Representation, which is chaired by the Dean's Chief of Staff and will evaluate existing artwork at Harvard Medical School and make proposals for changes to the artwork. This Committee will collaborate with the Culture, Climate, and Communication subcommittee of the Harvard Medical School Task Force on Diversity and Inclusion. Harvard University also has a Presidential Task Force on Inclusion and Belonging that has recommended the creation of "inclusive symbols and spaces."

Additional information may be found at the following links:
- Against All Odds
- Pursuing Excellence on a Foundation of Inclusion
- Harvard Medical School Diversity Statement
- Dialogue: Images at HMS - Picturing Diversity, Creating Community

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

The Office of Recruitment and Multicultural Affairs organizes a number of programs to recruit and retain URM students, including maintaining a registry of URM applicants, attending the AAMC recruitment fair, and entrance and exit interviews with all URM students. URM medical students also participate in mentoring URM undergraduate students from Harvard and Northeastern University and attend the SNMA Annual Medical Education Conference to recruit URM students. Harvard medical students of color involved in recruitment are provided with funded travel but are not compensated for their time. Harvard Medical School has a policy of enrolling DACA students and currently has four DACA students enrolled.

Additional information may be found at the following links:
- Office of Recruitment & Multicultural Affairs
- Undocumented Santa Ana Scholar Accepted to Harvard Medical School
- Office for Diversity Inclusion and Community Partnership Programs
    - Middle School Programs
    - High School Programs
    - College Programs
    - Medical and Graduate Programs
- Admissions Selection Factors: DACA
- American Dreamers

- Success for Harvard medical students in DACA could mean their parents are deported
- Dismantling DACA Could Also Destroy These Harvard Med Students' Dreams

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

Members of the medical student-run Racial Justice Coalition have helped to create a session on microaggressions on the medical wards, which will be a part of the curriculum for all students in the coming school year. Harvard Medical School has a faculty theme director for health equity and cross-cultural care who works with students, including URM students, to revise the curriculum, for example by diversifying cases and incorporating content about racism. All MD curriculum governance committees, including the Race in the Curriculum and Health Equity in the Curriculum working groups, have student voting members. Students are also involved with the Diversity Pipeline and Community Engagement subcommittee of the Harvard Medical School Task Force on Diversity and Inclusion. Community members are involved in the planning and leadership of several community engagement programs, and the Faculty Associate Dean for Community Engagement conducts outreach to community partners. However, community members do not routinely participate in curricular design for medical students.

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Students receive a lecture in their Foundations course on "Genes, Race and Ethnicity," and some courses incorporate discussion of the fact that race is a sociopolitical, not biological construct. Moreover, as noted previously in this report, the Essentials of the

Professions courses incorporate discussion of the role of history and racism in generating health disparities. It is unclear whether lecturers describe race (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning, as there is no public policy or training for lecturers on this topic.

Additional information may be found at the following link:

- Pathways Curriculum Course Summaries

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

The medical student handbook clearly defines "racial harassment" and encourages students to report such harassment. Students may also report mistreatment anonymously at the end of each course via the course evaluation system, and may report incidents of discrimination through the Harvard Medical School ombudsperson. There is a clear anti-discrimination policy at Harvard Medical School, and a grievance procedure for addressing violations of this policy. However, there is no online portal or other anonymous system for students to report mistreatment in real time, and follow-up of student complaints of mistreatment is at the discretion of the Dean for Medical Education.

Additional information may be found at the following links:

- Discrimination, Harassment, and Student Mistreatment
- Harvard Medical School and Harvard School of Dental Medicine Anti-Discrimination Policy
- Harvard Medical School and Harvard School of Dental Medicine Faculty Grievance Procedures
- Common Concerns
- Office for Academic & Research Integrity

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them

C. **There are significant racial disparities in grades and/or honors or this information is not publicly available**

Harvard Medical School does not have an Alpha Omega Alpha Honor Medical Society; students are not assigned GPAs and there is no formal class ranking. Pre-clinical courses are graded unsatisfactory/satisfactory; courses in the third and fourth years are graded with distinction/honors/pass/unsatisfactory.[2] Additionally, Harvard Medical School offers "honors in a special field" for a scholarly thesis. There is no publicly available information on disparities in clerkship grades or the receipt of "honors in a special field," and no plan to address any existing disparities.

Additional information may be found at the following link:

- Grading System -- PCE & Post-PCE

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. **There are some resources specifically designated to support URM students**
C. There are no designated resources for URM students

Harvard maintains an Office of Recruitment and Multicultural Affairs, which employs three full-time staff members and a variety of physician mentors for URM students. The Faculty Associate Dean for Student Affairs, the Faculty Assistant Dean for Student Affairs, and the ORMA staff are available to students for personal and academic counseling. Of note, the ORMA office was previously located in its own physical space; however, consolidation of administrative offices has meant that ORMA staff are now dispersed in a large, open-plan office with other administrative staff in the Office of Student Affairs. The Harvard University Health Services provide primary care for most medical students at the Medical Area Health Service. This facility is staffed by three internists, one nurse, three psychiatrists, one psychologist, and two LCSWs. It is unclear whether any of these staff identify as URM. The Harvard Medical School Ombuds Office can also assistant students in identifying appropriate support resources. There is no separate designated physical space or mental health providers specifically for URM students.

Additional information may be found at the following links:

- Office of Recruitment & Multicultural Affairs
- Harvard University Health Services

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[2] The office of the Dean of Harvard Medical School has indicated that, as of Fall 2017, core clerkships are graded unsatisfactory/satisfactory, but this change is not documented in publicly-available policies.

10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

The Harvard University Police Department has diversity and community liaisons and geographically-based community policing teams; the department also conducts diversity and inclusion training. There is no publicly available information on attempts to address racism in policing, and there are no programs designed to reduce reliance on police.

Additional information may be found at the following links:
- Security and Campus Safety at Harvard Medical School
- Harvard University Police Department

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Harvard Medical School has clear language in its agreements with affiliated teaching hospitals regarding the appropriate supervision of medical students. It is, however, unclear whether these policies extend to the Crimson Care Collaborative, the school's student-run free clinic. Although they are supervised by attending physicians, it appears that preclinical students are allowed to provide direct patient care in the setting of the Crimson Care Collaborative that is beyond what they are permitted to provide in other settings.

Additional information may be found at the following links:
- Crimson Care Collaborative
- Responsibilities of Teachers and Learners
- Crimson Care Clinical Teams

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

Medicaid patients, who are disproportionately people of color, are underrepresented at some of Harvard's flagship teaching hospitals. While 21% of Massachusetts adults rely on Medicaid insurance, only 6% of patients discharged from Beth Israel Deaconess Medical Center in 2016,[3] and only 8% of those discharged from Brigham and Women's Hospital, had Medicaid insurance. At Mass General, 20.9% of patients discharged in 2016 had Medicaid insurance.[4] Boston Children's asserts that 37% of its Massachusetts patients are covered by Medicaid/CHIP (as compared to 30% of Massachusetts children overall), but has provided no data on what share of their overall patient population is covered by Medicaid.

Patients of color are overrepresented at some Harvard teaching hospitals, and underrepresented at others. At the public hospital system Cambridge Health Alliance, 20% of patients are Latinx (vs. 17% in the communities served), and 15% are Black (vs. 9% in the community).[5] Beth Israel Deaconess Medical Center reports that 30% of their patients are people of color, while over 50% of Boston residents are people of color.[6] Boston Children's asserts that their "patient population racial mix is consistent with the Massachusetts population," but has disclosed no supporting data. Per data provided by Harvard Medical School, in 2017, 24.8% of Brigham and Women's Hospital patients were people of color (11.5% Black and 4.6% Latinx), while 20.7% of outpatients were people of color (7.7% Black and 5.0% Latinx). According to Mass General's 2016-2017 Annual Report on Equity in Health Care Quality, the breakdown of patients by race and ethnicity is as follows:

	Inpatient	Outpatient
White	76%	58%

[3] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Using a different methodology, Harvard Medical School reports that in 2017, 17% of patients at Beth Israel Deaconess Medical Center were covered by Medicaid.
[4] As noted above, Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Mass General reports that 16.4% of patients discharged from Mass General in 2016 were insured by Medicaid.
[5] Per internal Cambridge Health Alliance data and the 2016 U.S. Census American Community Survey (ACS), provided by Harvard Medical School.
[6] Demographics for the city of Boston are calculated using publicly available data from the 2012-2016 5-year Estimates from the American Community Survey (ACS), with all individuals not identifying as "White alone" considered to be people of color.

Latinx	8%	21%
Black/African-American	6%	7%
Other	3%	4%
Unknown	4%	3%

Mass General has recently announced outreach efforts to increase access to care for patients of color in Boston.

In summary, patients of color appear to be overrepresented at the public hospital system Cambridge Health Alliance and underrepresented at other Harvard teaching hospitals.

Additional information may be found at the following links:

- Color Line Persists, in Sickness as in Health
- Teaching hospitals pledge to hire, treat more minorities
- Massachusetts General Hospital Annual Report on Equity in Health Care Quality 2015
- [zip file] Health Care Information System (HCIS) Data File for 2010
- Health Insurance Coverage of Adults 19-64, Massachusetts
- U.S. Census FactFinder
- Massachusetts Snapshot of Children's Coverage
- The MGH Annual Report on Equity in Healthcare Quality

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

There is significant heterogeneity across Harvard teaching hospitals, with some fully meeting this metric and others having no policies or public commitment to immigrant patients:

- Brigham and Women's Hospital (BWH) has a policy of non-cooperation with immigration authorities, and has made public statements, displayed in the hospital on digital signage in four languages, stating that undocumented immigrants are welcome at BWH. Additionally, BWH policy requires the hospital's office of general counsel to be informed of the circumstances

surrounding the potential arrest of a patient for any reason, including immigration status.

- Boston Children's hospital has a policy of non-cooperation with immigration authorities, and has publicly stated its commitment to serving patients regardless of immigration status. The hospital states that it has "extensive multilingual capabilities and translation services available in order to create a welcoming environment for children and their families," but does not further specify the nature of these services.
- Massachusetts General's statement of Patient Rights and Responsibilities affirms a policy of non-discrimination on the basis of national origin/ethnicity or citizenship. Hospital leadership have been vocal in sharing with the hospital community their opposition to executive orders and actions that threaten patients, families, staff, and community members with deportation, and have shared their policy of not voluntarily reporting immigration information about patients. There is, however, no public statement describing a policy of non-cooperation with immigration officials.
- Beth Israel-Deaconess has no publicly published policies regarding immigration status. Per Harvard Medical School, "Beth Israel Deaconess has a written policy of treating patients regardless of their immigration status. Signs are posted in the medical center, and we have created patient materials that make it clear we treat patients regardless of immigration status. The signs and other materials include contact information for our interpreter services department, so that non-English speakers can have free access to interpreters. We also offer training to our staff to educate them in assisting undocumented patients. In addition, we have a policy to refer immigration authorities to hospital attorneys."
- Cambridge Health Alliance serves a large number of immigrant patients, and has multilingual signage in many of its facilities. CHA's "We Care for All" and "Diversity Matters to Us" campaigns have sponsored multilingual banners in clinical settings and in the communities they serve that affirm the hospital system's commitment to immigrant patients, including undocumented immigrants. CHA has a clear policy that no information regarding a patient or employee (including the whereabouts of a person) may be provided to immigration officials or any law enforcement officer without the approval of CHA attorneys. CHA has established procedures for referring all such inquiries from immigration officials to its public safety and legal departments.

In addition, Boston teaching hospitals (including all Harvard Medical School affiliates) issued a joint statement in opposition to the president's Executive Order on immigration.

Additional information may be found at the following links:

- Brigham and Women's Hospital: Patient Welcome
- Brigham and Women's Hospital: Notice of Nondiscrimination and Accessibility
- Massachusetts General Hospital: Patient Guide
- Massachusetts General Hospital: Patient Rights and Responsibilities
- Cambridge Health Alliance: Resources for Supporting Immigrants in Massachusetts

- Cambridge Health Alliance: Statement of Commitment to Immigrants and Refugees
- Statement of Conference of Boston Teaching Hospitals Leaders on President Trump's Executive Order on Immigration
- Diversity at Cambridge Health Alliance

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

The living wage in Boston is $14.11/hour for a single adult. The polices at several major Harvard teaching hospitals are as follows:

- Cambridge Health Alliance pays all employees at or above the living wage. All full-time staff are eligible for employer-sponsored health insurance that is accepted at CHA and other providers.
- Beth Israel Deaconess Medical Center (BIDMC) has an institution-wide minimum wage of $15/hour, as of 2015. All full-time staff have health insurance that is accepted at BIDMC.
- Boston Children's has an institution-wide minimum wage of $15/hour for all employees. It is unclear whether all full-time employees have access to comprehensive health insurance that is accepted at Boston Children's.
- Brigham and Women's Hospital (BWH) has an institution-wide minimum wage of $15/hour, although this wage does not apply to some research staff, fellows, postdocs, interns, and co-op students. All employees working over 20 hours per week are eligible for health insurance accepted at BWH.
- Massachusetts General Hospital (MGH) has an institutional minimum wage of $15/hour for all regular and per-diem-status employees. It is unclear whether all full-time employees have access to comprehensive health insurance that is accepted at MGH.

Additional information may be found at the following links:

- Living Wage Calculation for Boston-Cambridge-Newton, MA
- Which hospitals pay the highest starting wages?

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not

approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

Harvard Medical School has recently added "racial and/or ethnic minorities" to its list of specified vulnerable populations in its IRB Investigator Manual. There is, however, no policy in the Investigator Manual requiring that researchers precisely define the use of race in their research, although Harvard Medical School states that the IRB "has long required researchers to consider and explain whether and how race expects to be used in a proposed research project." Is it also required that the IRB is "sufficiently qualified through its experience, expertise, diversity in terms of race, gender, cultural background and sensitivity to such issues as community attitudes to promote respect for its advice and counsel in safeguarding the rights and welfare" of research subjects.

Additional information may be found at the following link:

- Harvard IRB Investigator Manual

Johns Hopkins University School of Medicine

This section provides further detail on each metric for the Johns Hopkins University School of Medicine. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

Note: this report card primarily reflects the experiences of School of Medicine students within the MD program, and not those enrolled in PhD and MA/MS programs. WC4BL hopes to more comprehensively describe the experiences of students in these other degree programs in future versions of the report card.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

According to the Johns Hopkins School of Medicine, only 19 of 120 entering MD students in 2017 were URM. Among PhD students in the medical school, 6% were Latinx, 4% were Black, and less than 1% were Native American in 2016. Among faculty member, 8% (226) were URM in 2015; this is an improvement from 2012, when 181 faculty members were URM, but URM faculty remain significantly underrepresented relative to their share of the general population.

Additional information may be found at the following links:

- Class Statistics
- Diversity Annual Report 2017
- Faculty Composition
- JHU Report on Graduate School Diversity

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

There is a three-day required Intersession course for first year students that discusses "social determinants of health, implicit bias, and health disparities for specific

populations and communities, and activities focused on cultural awareness." Students are also enrolled in a Foundations of Public Health class that includes instruction about advocacy, and the Clinical Foundations of Medicine course includes discussion of cross-cultural communication. First year students discuss healthcare disparities as a part of the "Culture of Medicine" curricular strand. However, no public course materials refer specifically to racism, intersectionality, or anti-racism strategies. The Johns Hopkins Medicine's Office of Diversity and Inclusion offers a workshop on unconscious bias, which aims to reduce the role of bias in hiring decisions.

Additional information may be found at the following links:
- TIME: Health Care Disparities & Service Learning
- Curriculum: Foundations in Public Health
- JHU Roadmap to Diversity & Inclusion
- Curriculum: Horizontal Strands

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color (there are items celebrating people of color; there has been no assessment of whether there are celebrations of racist or white supremacist individuals).
C. The physical space explicitly celebrates racist/white supremacist individuals

Johns Hopkins School of Medicine has been a part of the project, "The Indispensable Role of Blacks at Johns Hopkins," a partnership between the university's Black Faculty and Staff Association and the Office of the President. This project seeks to highlight the contributions of people of color to Johns Hopkins, and includes physical and and virtual profiles of distinguished Black individuals affiliated with Johns Hopkins.

The JHMI Portrait Collection and Medical Archives includes portraits of Emanuel Chambers, Vivien Thomas, Levi Watkins, Ben Carson, and Fannie Gaston Johansson and one of the School of Medicine colleges is named for Vivien Thomas, a Black

Hopkins surgical technician who helped develop life-saving pediatric cardiac procedures. Additionally, there are tributes to Henrietta Lacks in two on-campus locations. It is, however, unclear, whether Hopkins has undertaken any assessment of the history of the individuals commemorated on their campus to assess whether any may have promoted racist or white supremacist ideologies.

Additional information may be found at the following links:

- Portrait Collection: Emanuel Chambers
- Portrait Collection: Vivien Theodore Thomas
- Paper Collection: Vivien Thomas
- Portrait Collection: Levi Watkins Jr
- Portrait Collection: Levi Watkins Jr 2
- Portrait Collection: Ben Carson
- Portrait Collection: Fannie Gaston Johansson

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

Johns Hopkins has a large number of pipeline programs to support local URM students interested in health careers, and maintains an Office of Student Pipeline Programs to support these programs. There is also targeted recruitment at HBCUs in Maryland and Washington D.C. However, it is unclear how many URM students from the local area, and Baltimore County in particular, have enrolled in the medical school. While the university has made a general statement in support of undocumented students, the School of Medicine has made no similar statement, and it is unclear whether undocumented students may enroll in the School of Medicine. URM students who participate in recruitment are provided with funded meals and travel, but are not compensated for their time.

Additional information may be found at the following links:

- Student Pipeline Programs
- SPP: Hopkins CARES
- Diversity Progress Report 2018
- DACA Immigration message

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of

sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

Some community organizations are involved in teaching the Health Care Disparities Curriculum and in monthly community walks for students, and there are some structures for promoting dialogue between patients/families and hospital leadership (Patient Family Advisory Councils, Patient Cafes, Community Conversations). However, community members and URM students are not involved in planning or leadership of mandatory MD curricular activities.

Additional information may be found at the following links:
- MD Curriculum
- MLK Day of Service

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

During the Health Care Disparities course for first year students, Hopkins medical students are taught that race is a social, rather than biological construct, and there is some discussion of the history of racism and its impact on health. Students participate in a small group discussion called "Worlds Apart," for which they are required to complete background reading on racial disparities. Students also receive a lecture/panel discussion on whether the patient's race should be included in clinical presentations; a slide describing the advantages of including race in presentations includes the bullet points, "Race is an important predisposing factor for certain medical conditions" and "Race indicates responsiveness to certain therapeutic interventions."

Additional information may be found at the following links:
- Genes to Society Curriculum
- Workshop: Patient Identifiers

7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

Historically, students at Johns Hopkins have reported rates of mistreatment, including mistreatment based on race or ethnicity, that are higher than the national average. Johns Hopkins policy on Learner Mistreatment, Harassment, and Discrimination specifically prohibits discrimination on the basis of race. Johns Hopkins maintains the Safe at Hopkins online portal for reporting safety issues such as bullying, yelling, or threats, but does not specifically describe discrimination as a behavior that should be reported through this mechanism; rather, students who experience abuse or mistreatment are encouraged to speak with the deans in the Office of Student Affairs. It is unclear what, if any follow-up student reports receive. Per the Johns Hopkins administration, there is a plan to launch an ombudsperson office for medical students, but this office is not yet in place.

Additional information may be found at the following links:

- Teacher Learner Conduct Policy
- Faculty Senate Meeting Minutes
- Policy: Learner Mistreatment, Harassment and Discrimination
- Safe at Hopkins

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

There is no publicly available information about racial disparities in grades or AOA election.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

Johns Hopkins maintains an Office of Medical Student Diversity led by the Assistant Dean for Medical Student Affairs and the Director of Medical Student Diversity, an Office of Diversity & Inclusion led by the Vice President and the Chief Diversity Officer, and an Office of Graduate Student Diversity led by the Assistant Dean for Graduate Biomedical Education and Graduate Student Diversity. URM students to not have access to dedicated physical spaces, mental health providers, or peer counselors.

Additional information may be found at the following link:

- Office of Medical Student Diversity

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

Johns Hopkins University does not have a police force, although there are ongoing discussions of a proposal in the Maryland legislature to create such a force. Moreover, Baltimore Police and Deputy Sheriffs are currently employed part-time in the emergency department and three outside stationary posts. All newly-hired Hopkins security staff receive a training on cultural diversity, unconscious bias, discrimination and harassment, and all security staff also receive annual refresher courses on these topics. Security officers also participate in a "simulation-based training program focused on culturally competent de-escalation." There is, however, no public reporting on racial demographics of those with whom security officers interact, and there are no programs designed to reduce reliance on security officers.

Additional information may be found at the following link:

- Campus Safety & Security
- JHU Roadmap on Diversity & Inclusion 2016

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not

disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. **The above metric is fully met**
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Johns Hopkins has a clear policy on student supervision, which states:

> School of Medicine Office of Student Affairs and SOURCE prohibit medical students from participating in clinical work at sites where there is not a full or part-time Johns Hopkins School of Medicine faculty member on-site and available for precepting... Stated again, medical students should not be involved in the practice of medicine (as defined by health screening, medical history gathering, physical examination, and medical decision making) unless under the guidance of a JHUSOM fulltime or part-time faculty member.

Furthermore, Hopkins maintains clear guidelines on medical students' scope of practice and required supervision, and these guidelines apply to medical students participating in extracurricular clinical activities, including free clinics or international rotations.

Additional information may be found at the following links:
- SOM Safety Letter
- Policy: Faculty Supervising & Evaluating Medical Students

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. **Patient care is highly segregated or this information is not publicly available**

Black patients are significantly underrepresented in Johns Hopkins hospitals as compared to their share of the Baltimore population (31% of Johns Hopkins hospitals' patients in 2017 were Black, as compared to 63% of the Baltimore population). Johns Hopkins hospitals care for 50% of the patients in the six zip codes immediately around the institution, 68% of whom are Black, Latinx, or Native American. Patients from these zip codes account for 18% of all Hopkins patients, and people of color from these neighborhoods are overrepresented at Hopkins relative to their share of the neighborhood population. However, patients from these six zip codes are

disproportionately cared for at Johns Hopkins Bayview Medical Center rather than Johns Hopkins Hospital (JHBMC has 28% of the Hopkins beds in Baltimore, but cares for 38% of the Hopkins patients from these zip codes). There is no other publicly available data on segregation of patients across different practices within Johns Hopkins facilities. While 43% of Baltimore residents have Medicaid insurance, less than 30% of patients discharged from Johns Hopkins Hospital in 2016 had Medicaid insurance.

Additional information may be found at the following links:

- Diversity & Inclusion Annual Report 2017
- Baltimore Demographics
- Maryland Medicaid Landscape
- [zip file] Health Care Information System (HCIS) Data File for 2010
- Baltimore City Maryland County Census Table
- JHM Fast Facts

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

The Johns Hopkins Medicine 2017 Diversity Annual Report describes health professionals' participation in rallies to support immigrants and refugees, but describes no institutional policies to improve access or safety for these patients. Per Johns Hopkins Hospital, hospital policy states that any employee contacted by a representative of a government agency, including immigration or law enforcement, should contact the Legal or Compliance Department immediately. Centro SOL, the Center for Salud/Health and Opportunities for Latinos, has working groups that focus on language access and other access-to-care issues, but it is not clear to what extent their recommendations have been adopted by the Hopkins health system. There is no hospital signage or handout addressing patients' due process rights or protections in the hospital.

Additional information may be found at the following links:

- Diversity & Inclusion Annual Report 2017
- Center for Salud
- Article: An undercurrent of fear in Baltimore's immigrant communities

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

The living wage in Baltimore for a single adult is $13.28/hour. Johns Hopkins University has committed to paying its full-time, part-time, and limited staff no less than $12.51/hour, effective July 1, 2017. Per Johns Hopkins, almost all full-time School of Medicine employees earn at least $13.28/hour, but it is unclear what share of part-time employees make above this wage. Full-time employees are eligible for university medical insurance. The institutional minimum wage for full-time employees is re-evaluated annually, and any changes to wages will be announced in July.

Additional information may be found at the following links:

- JHU Exempt Salary Range Structure
- Living Wage: Baltimore

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

Policies on IRB membership emphasize the importance of drawing members with "varied backgrounds" including "diversity of race, gender, and culture." IRB policies also state that, when reviewing research that involves "vulnerable participants," the IRB members should include "one or more members who are knowledgeable about or experienced working with such participants." Of note, people of color are not included in the listed vulnerable populations. There are no specific IRB policies related to race or racism, including no requirements related to how race is defined in research protocols.

Per Johns Hopkins, the IRB values community input to inform research design and interpretation, and directs researchers who do not have "established working relationships with community representatives" to the services of the Community Research Advisory Council. All student researchers are required to have a faculty member as their principal investigator (PI); students are not permitted to serve as the PI on any project.

Additional information may be found at the following links:

- JHU IRB Policy: 107-1
- JHU IRB Organizational Policies
- JHU IRB Policy: 111-8
- JHU IRB Policy: Community Research Advisory Council
- JHU IRB Policy: 103-1
- JHU IRB Policy: 103-3
- JHU IRB Policy: Community
- JHU IRB Policy: Investigator Responsibility

Icahn School of Medicine at Mt. Sinai

This section provides further detail on each metric for the Icahn School of Medicine at Mount Sinai. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Per the Icahn School of Medicine at Mount Sinai website, 17.1% of medical students for the 2017-2018 academic year were URM. Per AAMC data, in 2016 7% of Mount Sinai students were Black, 5% were Latinx, and none were Native American.[7] The percentage of faculty that is URM is not publicly available.

Additional information may be found at the following links:

- Icahn Facts & Figures
- Table B-5: Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018
- Diversity
- The Patricia S. Levinson Center for Multicultural and Community Affairs

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

Students have a mandatory lecture on the ongoing presence of racism in medicine. Students are taught about the idea of race as a social construction in the context of social determinants of health. There is no discussion about intersectionality or

[7] Per ISMMS, in the 2017-18 academic year the ISMMS student body had the following racial/ethnic composition: 8% Black, 9% Latinx, 0.4% American Indian, 0.1% Native Hawaiian, and 1% self-identified as 2 or more races within URM groups. ISSMS reports that in 2016, approximately 8.5% faculty self-identified as Black or Latinx.

anti-racism strategies in the formal curriculum. The extent to which the existing trainings on the history of racism in medicine are required for faculty remains unclear.

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

The school bears the name of Carl Icahn, who briefly served as the economic adviser to Donald Trump in 2017, and was an early public supporter of Trump's candidacy for president. Mr. Icahn resigned as special advisor to the president amidst reports that he may have illegally profited from his role within the government. Icahn himself is well known as a corporate raider who has made his billions at the expense of low income and unionized workers. While a rotating advertising campaign in the main atrium has included some women and people of color, the permanent portraits, statues, and building names almost exclusively celebrate white individuals.

Additional information may be found at the following links:

- Article: Trump regulatory advisor Carl Icahn may have a 'huge conflict' due to energy investments
- Article: Carl Icahn Sold Steel-Related Stocks Days before Trump announced Tariffs
- Article: Carl Icahn's Failed Raid On Washington

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

The Icahn School of Medicine has very poor representation of URM students from its local community of East Harlem. Mount Sinai participates in the NERA MedPrep program, a partnership pipeline program for NYC-area URM and disadvantaged college students. Approximately 90% of these students are eventually accepted to medical school, but there is no published data on the number of matriculants to Mount Sinai from this program. Mount Sinai also conducts science enrichment education programs for NYC public school students but there is no published data on matriculation to medical schools in general or Mount Sinai in particular. Undocumented students are

able to matriculate at Mount Sinai and financial needs are met. The medical school conducts recruitment at targeted schools (including HBCUs) and national meetings. The interview process incorporates URM lunches to recruit students of color. Students participating in recruitment are not compensated for their time.

Additional information may be found at the following links:

- MD Program Admissions Process
- Northeast Regional Alliance (NERA) Med Prep Program
- Center for Excellence in Youth Education (CEYE)

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

Some medical students are included in medical curriculum development, but there is no clear, transparent process for ensuring that URM students voices are fairly represented. There are no dedicated faculty members to ensure an anti-racist curriculum that incorporates the voices of URM students without the burden of curriculum development being placed on these students. Other lectures and sessions touching on community health or health disparities have no clear student or community input. Students and community leaders are not compensated for their time.

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Medical students do receive lectures on the concept of race as a sociopolitical construct. However, pre-clinical lecturers frequently explicitly state or imply that race is genetic or biological (i.e. listing race as a risk factor for disease). Students are taught to consider race in their diagnostic reasoning.

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

There is a student mistreatment policy, and students are able to report incidents of mistreatment to the Student Mistreatment Panel. Additionally, a Confidential Compliance Hotline allows for anonymous reporting of race and bias concerns or incidents. The school releases anonymized data from the mistreatment panel quarterly. A faculty member was recently removed from teaching responsibilities based on an anonymous complaint; however, it remains unclear how this will be enforced, as anecdotal evidence from students suggests that promises that individuals will be removed from teaching responsibilities have been poorly enforced in the past. Many students feel that reporting systems at Mount Sinai are burdensome and URM students are largely unsupported in incidents of racism or bias.

Additional information may be found at the following links:

- Student Mistreatment Guideline
- Audit and Compliance

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

Many URM students express concern about discrimination in grading, and URM students are significantly underrepresented among students elected to the Alpha Omega Alpha Honor Medical Society (AOA). Mount Sinai leadership has made recent moves to address these disparities, most notably in agreeing to discontinue participation in AOA. Information on grading disparities is not publicly available and plans to address them are still forthcoming.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

Mount Sinai has a Center for Multicultural & Community Affairs whose focus is on addressing health disparities and promoting diversity in medicine and science. However, it states a commitment to diversity in general without particular faculty members devoted to URM students. Resources for URM students are insufficient. There are no designated physical spaces for URM students, and no dedicated mental health providers; within the broader Student Mental Health program, there are inadequate numbers of providers of color.

Additional information may be found at the following links:
- The Patricia S. Levinson Center for Multicultural and Community Affairs
- Student Groups & Programs
- Diversity

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

Security officers are present on campus and URM students report that they are actively profiled on campus and receive poorer treatment. Mount Sinai is aware of these issues and reports working to address these concerns with unconscious bias trainings for the security department. There are no programs designed to reduce reliance on security.

Additional information may be found at the following links:
- Faculty Handbook: Security Department
- The Richard Netter Diversity Education Series

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not

disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. **Students are routinely given more independence when caring for marginalized patients**

Medical students at student-run free clinics are allowed to see patients with a lower level of attending supervision than on clinical rotations. Students state that they are given more autonomy when working in clinical sites with greater numbers of patients who are of color, poor, and/or undocumented. For example, many students report a greater ability to participate in the deliveries of the mostly immigrant women at the public affiliate, Elmhurst Hospital, as compared to their role in the care of wealthy white women at Mount Sinai. Mount Sinai reports that a formal medical student protocol has been established through the Mount Sinai Compliance Line for students to report experiences related to the biased treatment of patients who are of color, poor, and/or vulnerable in any way, and that all calls to the compliance line are investigated and reviewed by a committee that includes students underrepresented in medicine and is led by the President of The Mount Sinai Hospital. It is unclear whether these steps have impacted the differential level of supervision that medical students receive at different sites.

Additional information may be found at the following link:

- East Harlem Health Outreach Partnership

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. **Patient care is highly segregated or this information is not publicly available**

There is no formal data available on patient racial demographics in different hospital practices. In New York City, segregation by insurance largely correlates to segregation by race. In general, academic medical centers in New York City see fewer patients with Medicaid that other hospitals in the city, and Mount Sinai is no exception. Indeed, while 24% of New York State residents have Medicaid insurance, only 5% of patients discharged from Mount Sinai Hospital in 2016 had Medicaid insurance.[8]

[8] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Using a different methodology, ISMMS reports that 28% of all hospitalized patients in 2017 were insured by Medicaid and 55% of patients seen in outpatient practices were insured by Medicaid (FFS and HMO).

Mount Sinai has responded to student concerns about segregation of care by forming a Health Equity Work Group. Some clinical practices have been integrated by insurance type, including IBD, cardiovascular, geriatrics, Visiting Doctors, Adolescent Health Center, and family medicine, with plans to integrate rheumatology. Practices segregated by insurance status persist, however. In internal medicine, one of Sinai's largest departments, there are two practices: the Faculty Practice on 98th street, which is staffed by attendings and is generally acknowledged to largely see patients with private insurance, and Internal Medicine Associates on 102nd street, which is staffed by residents who see patients with public insurance.

Additional information may be found at the following links:

- Few poor or minority patients in New York City's academic hospitals
- Article: Two Hospitals are accused of Segregating by Race
- https://monroecollege.edu/uploadedFiles/_Site_Assets/PDF/MedicalApartheidNYC.pdf
- [zip file] Health Care Information System (HCIS) Data File for 2010
- Fact Sheet: Medicaid in New York state

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

Mount Sinai has publicly affirmed their a commitment to immigrant patients, students and staff, stating "Icahn School of Medicine at Mount Sinai (ISMMS) and seven hospital campuses [are] a safe haven where patients, students, and employees are free to receive care, learn, and work without fear of discrimination, harassment or intimidation." As a part of this statement, Mount Sinai outlined the following policies:

We will neither allow immigration officials on our campuses nor provide them with information about the immigration status of our patients, students, or employees, without appropriate legal process, such as a warrant or subpoena. Our Security Officers will not contact, detain, or question an individual solely on the basis of suspected undocumented immigration status or to discover their immigration status, except as required by law. We will not treat medical or graduate school applications of undocumented students any differently than those of students who are United States citizens or permanent residents. If the Deferred Action for Childhood Arrivals (DACA) policy is terminated or substantially curtailed, we pledge to continue providing financial aid and other support to undocumented students, regardless of their immigration status.

Additional information may be found at the following link:
- DACA

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

Although Mount Sinai complies with all New York City wages laws (under which Sinai is require to pay a minimum wage of $12.15/ hour with health benefits or $13.95/hour without health benefits, it has no public policy of paying all employees the NYC living wage ($16.14/hour for a single adult), and acknowledges that some workers earn below this wage. It is unclear whether all full-time Mount Sinai employees have access to comprehensive health insurance that affords them access to care from Mount Sinai providers.

Additional information may be found at the following links:
- Living Wage: New York County
- Living Wage Law

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

There are no specific IRB policies protecting research subjects of color. There is no required review of how researchers are using “race” in their research, and there is no routine review of student projects for their treatment of race.

Additional information may be found at the following link:
- Program for the Protection of Human Subjects

Perelman School of Medicine at the University of Pennsylvania

This section provides further detail on each metric for the Perelman School of Medicine at the University of Pennsylvania. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Per the Perelman School of Medicine at the University of Pennsylvania website, 12% of new faculty hires in 2016-2017 were URM; the share of URM faculty has increased from 4.9% in 2010 to 7.2% in 2017. In 2017, and 26% of 2016 entering medical students were URM. Of current students, 8% are Black, 9% are Latinx, and none are Native American.

Additional information may be found at the following links:

- Office of Inclusion & Diversity: Annual Report 2016-2017
- PSOM Diversity Profile
- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

There is some discussion of privilege and racism in the mandatory Doctoring course, but marginalized students often find these sessions traumatizing and ineffective. The history of racism in medicine is discussed in a very limited fashion in bioethics coursework (largely confined to discussion of Nazi doctors and the Tuskegee syphilis experiments). There is no discussion for students about intersectionality or anti-racism strategies in the formal curriculum. Many Penn Med students participate in the Racism in Medicine Conference, which is coordinated by students from multiple Philadelphia medical schools and was most recently hosted at Penn. The Racism in

Medicine conference includes workshops on a variety of topics related to racism, intersectionality, and anti-racism strategies; this conference is not, however, formally organized by the medical school and is not mandatory for all students.

There are optional implicit bias workshops for faculty, and there are plans for a mandatory "cultural competency" training for faculty to be launched in 2018.

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

John Morgan, the founder of the medical school, is featured prominently on the walls of the Jordan Medical Education Center, and a medical school building bears his name. He is quoted in *Stamped From: The Definitive History of Racist Ideas in America* as asserting the inferiority of Black people.

There are some images of Black alumni and faculty in public spaces, including Dr. Helen Dickens and Dr. Bernett Johnson, and there is a lecture series named for Dr. Nathan Mossell.

Additional information may be found at the following link:

- John Morgan Building

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

The University of Pennsylvania has very poor representation of URM students from Philadelphia. Despite the existence of a number of pipeline programs, they have not allowed meaningful numbers of Philadelphia public school alumni to enroll at Penn Med. Per Penn Med, the medical school collaborates with the School of Social Policy and Practice to conduct ongoing evaluation of these programs. In addition, the medical school has conducted recruitment at targeted schools (including HBCUs) and national meetings. The interview process incorporates Diversity Breakfasts to recruit students

of color and LGBTQ students. Students participating in recruitment receive funded travel and meals but are not compensated for their time.

Undocumented students are not able to matriculate at Penn Med.

Additional information may be found at the following links:
- Article: Undocumented Med Students Addressing Health Disparities
- Pipeline Program
- Summer Mentorship Program

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

Some fourth year students are involved in helping to plan sessions for the Doctoring course, but there is no clear, transparent process for ensuring that URM students are represented among these students. Other lectures and sessions touching on community health or health disparities have no clear student or community input.

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Pre-clinical lecturers frequently explicitly state or imply that race is genetic or biological. Notable examples of disease processes for which race is described as a risk factor include type II diabetes, hypertension, and a variety of malignancies.

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

There is a student mistreatment policy, and students are able to report incidents of mistreatment through SafetyNet. Anecdotal evidence suggests that students often report mistreatment and receive some follow-up about their reports (if they choose to report non-anonymously) but that these reports rarely result in significant action (e.g. removal of a faculty member from medical student teaching or revision of a grade).

Additional information may be found at the following links:

- Safety Net
- Safe & Healthy Learning Environment

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

Many URM students express concern about discrimination in grading, and URM students are significantly underrepresented among students elected to the Alpha Omega Alpha Honor Medical Society.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Program for Diversity and Inclusion (PDI) employs two dedicated full-time staff members, although it is emphasized that their role is to serve all medical students without a particular focus on URM students. There are two Assistant Deans of Diversity

and Inclusion who are URM whose role seems to be to mentor URM students, although their stated purpose is also to serve all students. There are formal URM mentoring programs and supportive programs through the Alliance of Minority Physicians and through PDI. There are no designated physical spaces for URM students and no dedicated mental health providers.

Additional information may be found at the following links:
- Program for Diversity & Inclusion (PDI)
- Petition: Save the Office for Diversity and Community Outreach

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

All Penn public safety officers undergo state-mandated Municipal Police Officers training, which includes some training around diversity. Per Penn Med, the University of Pennsylvania Police Department is "held accountable for university initiatives related to diversity," but it is unclear what this accountability process is. There are no alternative safety structures to reduce reliance on police.

Additional information may be found at the following links:
- SCTR Security
- Security Services

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Preclinical students at student-run free clinics are allowed to see patients with resident supervision, whereas, at UPHS facilities, they are only able to shadow or observe. The existing policies on student supervision do not explicitly address free clinics.

Additional information may be found at the following links:
- Medical Student Supervision Policy
- Student-Led Clinics

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

There is no formal data available on patient demographics in different hospital practices. However, anecdotal evidence suggests that, in many departments, patients are segregated by insurance status, which, in the city of Philadelphia, correlates closely with race. One notable example is within the OB/GYN department, in which Medicaid and uninsured patients are seen at the Helen O. Dickens Center for Women (a resident clinic), and privately insured patients seen at Penn OB/GYN Associates (staffed by attending physicians). Additionally, Penn provides significantly less uncompensated and Medicaid care than other Philadelphia hospitals; while 16% of Pennsylvania adults have Medicaid insurance, only 3% of patients discharged from the Hospital of the University of Pennsylvania in 2015 had Medicaid insurance.

Additional information may be found at the following links:
- Article: Hospitals in Philadelphia on Opposite Ends of Spectrum when it comes to Charity Care
- Financial Analysis Analysis 2016
- Pennsylvania State Indicator: Health Insurance Coverage of Adults 19-64
- [zip file] Health Care Information System (HCIS) Data File for 2010

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients

C. **The hospital has no public or policy commitment to immigrant patients**

Signage at UPHS facilities is monolingual, and the 2016 UPHS Community Health Needs Assessment includes no strategies to ensure that undocumented patients are well-served at UPHS facilities. Furthermore, UPHS has made no public statements affirming a commitment to immigrant patients.

Additional information may be found at the following link:

- 2016 Community Health Needs Assessment

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. **Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available**

Although it is difficult to obtain wage information for UPHS staff, it is known that some subcontracted staff, including hospital security staff, earn below the Philadelphia County living wage of $11.70/hour for a single adult.

Additional information may be found at the following link:

- Living Wage: Philadelphia County

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. **IRB process has no requirements regarding the treatment of race or this information is not publicly available**

Penn IRB policies refer in a general way to "vulnerable population," but does not include people of color in this definition. There are no specific guidelines around treatment of race in research.

Additional information may be found at the following link:

- IRB Member Toolbox

Sidney Kimmel Medical College at Thomas Jefferson University

This section provides further detail on each metric for the Sidney Kimmel Medical College at Jefferson. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. **No URM groups are proportionately represented among faculty or students**

Less than 2% of medical students are Black, 2.5% are Latinx, and less than 0.1% are Native American.

Additional information may be found at the following links:

- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018
- Admissions FAQ

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. **No such training exists**

Jefferson's focus has been on expanding exposure to diversity initiatives, but this work is being implemented incompletely. While a promising speaker series that began this year, none of the programming is mandatory.

Additional information may be found at the following links:

- Diversity and Inclusion at SKMC Fall 2017
- Confronting Racism, Bias and Social Injustice in Healthcare Series

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

The name of the school is Thomas Jefferson University, and there is a statue of Thomas Jefferson in front of the alumni hall. Additionally, J. Marion Sims is a celebrated alumnus of the school, and his work is shown in the library and archives. There is one poster in the alumni building that commemorates black graduates of the school.

Additional information may be found at the following links:

- Notable Alumni: J. Marion Sims
- African American Graduates of JMC

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

In the past two years, SKMC has received significant donations towards the formation of a scholarship for Black students that covers tuition. For example, they have partnered with the oldest African-American fraternity to offer the only scholarship in the country specifically for African-American males in medical school.

Additionally, the Office of Diversity and Inclusion Initiatives (ODII) has made efforts to increase LGBTQ and URM student matriculation (including an ODII interview day "Meet and Greet" that students established in 2016); however, their efforts have not yet resulted in a significant increase in URM students.

Additional information may be found at the following link:

- Pipeline Programs

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of

sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

This incorporation has historically been largely student-led. More recently, the Office of Diversity and Inclusion Initiatives as well as the recently-formed Department of Humanities have begun highlighting local groups (e.g. The Colored Girls Museum) and radical individuals extracurricularly.

Additional information may be found at the following link:

- The Colored Girls Museum: Urgent Care

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

The new JeffMD curriculum aims to include increasing discussion of social determinants of health and of discrimination as a negative impact on health. However, much of this discussion and education remains limited to the co-curricular Population Health track.

Otherwise, race is infrequently discussed. Pre-clinical lecturers explicitly state or imply that race is genetic or biological when teaching about, for example, blood pressure medications and the earlier onset of puberty in African American children.

Additional information may be found at the following link:

- SKMC Catalog 2015

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

This year, SKMC changed its reporting from RUB ("Reporting Unprofessional Behavior") to the anonymous (if so desired) AlertLine system. However, it is unclear what the follow-up for reports entails as well as who is receiving the reports. Reports have also, in the past, been more difficult to follow-up with. This is particularly true for anonymously submitted reports.

The school suggests that non-anonymous concerns be reported to the Associate Dean for Professionalism, the Student Professionalism Conduct Committee, Student Affairs Deans, or course directors. Of note, none of these faculty are faculty of color and the Office of Diversity and Inclusion Initiatives is not incorporated into this recommended list.

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

Unfortunately this information is not publicly available and largely anecdotal in nature. Women and people of color are significantly more likely to fail courses and/or have to repeat a year. AoA has historically had few to no URM members.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Office of Diversity and Inclusion Initiatives is the only official physical space for URM students, though it is primarily administrative in nature. This is where students can meet with ODII staff. Most campus diversity initiatives remain student-driven. If certain students decide to promote and maintain organizational programming, they will have support through ODII, but the university's diversity programming is neither mandatory nor well-integrated into the curriculum.

Additional information may be found at the following link:

- Diversity at Sidney Kimmel Medical College

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

The campus security team has transitioned to becoming an official police force in the past two years. The available policing data describes types of crimes on campus but gives no information about race or police training.

Additional information may be found at the following link:

- Campus Crime Report: Clery Act

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

There is no written policy about underserved/race-based medicine aside from an overall sentiment of treating all patients equally and with compassion. Pre-clinical and clinical students are active in student-run free clinics with mostly resident-only

supervision and no training on working with underserved, marginalized, or at-risk populations.

Additional information may be found at the following link:

- SKMC Student Handbook 2017

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

Providers in the Department of Family and Community Medicine (DFCM) provide care to refugees through the Center for Refugee Health. Jefferson is also a major partner for Puentes de Salud, which cares for Spanish-speaking immigrants (including undocumented patients). However, Jefferson's Community Health Needs Assessment describes no efforts to make the hospital broadly more accessible or safe for immigrant patients.

Medicaid patient access is a bit more difficult to ascertain. Not all Medicaid policies are accepted; although certain departments (e.g. Family Medicine) technically accept Medicaid, appointment waiting times (stated over the phone or otherwise) may be unreasonably long so patients do not get true access to care. While 16% of Pennsylvania adults have Medicaid insurance, only 4% of patients discharged from Jefferson Hospital in 2016 had Medicaid insurance.

Additional information may be found at the following links:

- Center for Refugee Health
- Puentes de Salud
- CHNA 2016 Implementation Plan
- Community Health Needs Assessment Report
- Pennsylvania State Indicator: Health Insurance Coverage of Adults 19-64
- [zip file] Health Care Information System (HCIS) Data File for 2010

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met

B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

Jefferson has made no public statements affirming a commitment immigrant patients.

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

Information about staff wages and benefits has not been made publicly available.

Additional information may be found at the following link:

- Employee Benefits

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

There are no specific guidelines around treatment of race in research at Jefferson.

Additional information may be found at the following link:

- Human Research Forms

University of California, San Francisco School of Medicine

This section provides further detail on each metric for the University of California, San Francisco. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Black people represent only 2% of UCSF faculty, 4% of trainees, and 8% of students. Latinx people represent 6% of faculty, 10% of trainees, and 11% of students. Native American people represent less than 1% of faculty, trainees, and students at UCSF. These percentages do not include all staff, adjunct faculty, and facilitators that students come into contact with during their training. The University of California Diversity Pipeline Initiative seeks to diversify the UCSF community but still has not achieved a student or faculty body that is nationally representative.

Additional information may be found at the following links:

- UCSF Diversity Data
- : Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018
- Diversity Throughout the Academic Pipeline

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

UCSF has a wide variety of initiatives in which various members of the community participate in workshops or forums to discuss diversity. The annual Chancellor's Leadership Forum on Diversity brings senior leadership into dialogue with members of the broader community. Faculty and staff bias and diversity training is available through the Office of Diversity and Outreach, although not mandated (as compared to sexual assault training, which is required by the UC President's Office). These trainings

include “Introduction to Diversity and Inclusion” sessions that discuss bias, micro aggressions, and cultural humility, as well as Quarterly Diversity 101 trainings. The Office of Diversity and Outreach offers a Diversity and Inclusion Staff Certificate Program. The UCSF Differences Matter campaign also includes faculty trainings designed to create a more inclusive learning environment.

Student anti-racism training for school of medicine is required with discussions around “unconscious bias,” race ethnicity and medicine, and health and healthcare disparities. Lecturers and small group facilitators tasked at delivering content related to racism often lack expertise and adequate training. All students also participate in a “Differences Matter” orientation at the beginning of their first year, and required readings for students include texts that describe Black Panther health clinics and former Chilean president Salvador Allende’s socialist analysis of the healthcare system.

Additional information may be found at the following links:

- Diversity Training
- Diversity and Inclusion Staff Certificate Program
- On-Demand Training
- Post: New Curriculum Launches with Diversity Training
- Post: Achieving Inclusivity
- 11th Annual Chancellor's Leadership Forum on Diversity and Inclusion
- Diversity, Equity, and Inclusion Champion Training: What & Why
- Differences Matter Focus Area 3: Education

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color *(the physical spaces at UCSF celebrate people of color, as well as some oppressive/white supremacist individuals)*
C. The physical space explicitly celebrates racist/white supremacist individuals

Pillars within the medical school at UCSF are decorated with photographs of alumni (including students of color) who have contributed to the community, UCSF publications and campus shuttles celebrate community members of color, there is a campus mural of the 'Basement People' recognizing hospital workers who organized to desegregate the hospital and fight for more students of color at UCSF.

Despite these recognitions, it is important to continue challenging tokenism and work towards a truly multicultural space. UCSF employees and students rotate at Zuckerberg San Francisco General -- named after the founder of Facebook who has contributed to the displacement of people of color in the Bay Area and in Hawaii. There are plaques dedicated to Wells Fargo, which has financed the Dakota Access

Pipeline, invested in private prisons, and and participated in discriminatory lending against Black and brown home-owners.

Finally there are growing partnerships between UCSF and pharmaceutical corporations like Genentech that are changing the physical space of UCSF. There are ongoing concerns about the ways that UCSF is contributing to the rapid gentrification of San Francisco and displacement of people of color.

Additional information may be found at the following links:

- Article: Hawaiians call Mark Zuckerberg 'the face of neocolonialism' over land lawsuits
- Article: Philly sues Wells Fargo for alleged housing discrimination practices
- Report: The Banks that Finance Private Prison Companies
- Article: These Cities are Divesting from the Banks that support the Dakota Access Pipeline

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

UCSF states explicitly that they review files from undocumented applicants without prejudice, and that a social security number is not required to apply to the medical school. The financial aid department has clear statements around AB-540 and DACA exemption, and offers both institutional aid and Undocumented Student Support.

However, UCSF continues to lose low income students and students of color to other institutions with more robust financial aid. For the 10-year period from 2005-2006 to 2015-2016, the overall Cost of Attendance increased 51%, with tuition/fees increasing 78%, and Cost of Living increasing 40% at UCSF. Over the past five years, debt/cost/economy has been by far the top reason why accepted students elect not to attend UCSF. In the UIM Student Indebtedness Survey, 72% of participants responded that they declined larger financial aid awards when deciding to matriculate into UCSF and 76% stated that they have considered residency options in more affordable cities. Nearly all (91%) stated that they had trouble finding affordable housing. At UCSF, students' self-reported level of debt is positively correlated with concern over the cost of attendance ($r(237) = .400$, $p < .01$), impact on specialty choice ($r(237) = .389$, $p < .01$), and poorer mental well-being ($r(237) = .396$, $p < .01$) -- all with a moderately large effect size.

There are a variety of pipeline and outreach programs to recruit local URM students, including the Summer Science Camp (a biomedical and health sciences camp for URM

5th and 6th graders), the Early Academic Outreach Program (a large academic program for middle and high school students in the San Francisco Unified School District), and Inside UCSF (a two-day interprofessional outreach program for URM undergraduate students). The University of California Diversity Pipeline Initiative, the Pathways to Discovery Program, and Visiting Elective Scholarship Program are programs to support URM faculty, residents, and medical students. SNMA and LMSA also coordinate recruitment conferences for local students. Of note, medical students who participate in recruitment are not compensated for their time.

Additional information may be found at the following links:
- UCSF Undocumented Student Support Services
- Diversity Initiatives: Recruitment & Retention
- Diversity Hub
- Post: Survey of Student Expenses Reveals Strained Finances
- State of Student Finances

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

The curriculum's devotion to drawing its structure and core materials from within the medical field limits the transformative potential of its efforts to acknowledge issues that affect marginalized communities. Community members and advocates are invited to speak as guests at UCSF panels but are not trusted to frame discussions in required classes or make recommendations about the curriculum. URM students are sometimes involved in curriculum planning and feedback, particularly in "Health and Society." Students have some opportunities to provide feedback on the new Bridges curriculum. In addition, students are employed over the summer to serve as "topic stewards" and revise the curriculum.

Additional information may be found at the following link:
- Curriculum Governance
- Curriculum Evaluation

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a

biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. **Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.**
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Course materials in the required "Health and Individual" and "Health and Society" blocks clearly define race as a sociopolitical construct. Medical students are required to read books discussing the history of racism in medicine during the "Health and the Individual" block. There is less explicit discussion of race and racism in other parts of the curriculum, but many instructors include sociopolitical aspects of race into their lectures.

Unfortunately some lecturers and small group facilitators tasked with delivering content related to racism often lack expertise about race and ethnic studies. Race is occasionally treated as genetic in discussion of genetic diseases, such as sickle cell anemia and cystic fibrosis, although one lecturer spoke specifically about the importance of patients' ancestry rather than race in determining risk of genetic disease. In pre-clinical lectures, race is sometimes described as a risk factor for diseases such as hypertension.

Additional information may be found at the following links:
- Pathway to Discovery in Health & Society
- Foundations 1

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. **There is some system for collecting reports, but there is no clear follow-up after reports are made**
C. There is no system for collecting reports

The UCSF mistreatment policy protects against "physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation." Students may report mistreatment through their mandated formal evaluations of instructors, and can also anonymously report incidents at any time through the SAFE reporting form or "request an evaluation for investigation of faculty misconduct according to the Faculty Code of Conduct."

The Associate Dean for Students is responsible for following up on and addressing reports of mistreatment. Anecdotal student reports suggest that deans welcome students to discuss incidents with them, but it is difficult to maintain anonymity if action against the faculty member is desired. Students also cited an incident involving transphobia that took 3-4 months for the administration to respond and address, suggesting that in some situations those responsible for answering to misconduct may take an unnecessarily long time to generate a report.

Additional information may be found at the following links:

- Medical Student Mistreatment Policy
- UCSF School of Medicine SAFE: Supporting a Fair Environment

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

UCSF has substantially changed the criteria for election to the Alpha Omega Alpha Honor Society. There are now blinded reviews of applications by faculty and residents who were previously uninvolved in assigning grades to students. This year's AOA class included over 40% URM students, exceeding the prevalence of URM students in the class. UCSF has also hosted a number of community feedback sessions on this topic, and per student report, there have been significant improvements in racial disparities in grading in recent years. There is, however, no publicly available information on racial grading disparities.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Multicultural Resource Center (MRC) and LGBT Resource Center support medical student organizations including SNMA, LMSA, NAHA, LGBTQSA, and WC4BL. A number of staff members have worked particularly hard to ensure that there is a welcoming community for students with intersectional identities, such as queer

students of color. Additionally, staff from these centers have consistently provided financial and staff support for student events and initiatives.

However, there are concerns that the MRC and LGBTQ Resource Center is underfunded, understaffed, and was displaced for over a year from its physical location making it difficult for students of color to access support. UCSF maintains a "Diversity Hub," an online database to help connect UCSF community members with appropriate organizations and resources, including scholarships and grant funding.

Additional information may be found at the following links:

- Diversity Hub
- LGBT at UCSF
- Multicultural Resource Center at UCSF

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

Security at UCSF is provided by uniformed police officers employed by the UCSF Police Department, UCSF Medical Center Security, and UCSF Campus Security Guards. Campus Security and Police Department offer walking support, and conflict mediation is offered through the San Francisco Staff Assistance Program and Ombudsman Office. The department does not release its statistics around race/ethnicity, nor does it acknowledge its responsibility to be held accountable to communities of color.

The UCSF Police Department has received Commission on Law Enforcement Accreditation (CLEA). Students do not report systematic problems with disproportionate stops or arrests of people of color, but do note that at the 9th Annual LQBTQIA Forum in 2017, one of the speakers was racially profiled and denied entry to the building where he was scheduled to speak.

In addition, medical students rotate at San Francisco General Hospital where security are armed and run by the same Sheriff's Deputies that cycle in and out of jail.

Additional information may be found at the following links:

- http://police.ucsf.edu/
- Office of the Ombuds: Resolve

- Conflict Resolution Resources

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Pre-clinical students at student-run free clinics are allowed to see patients with resident supervision and a lower level of attending supervision than required at other facilities. The UCSF Student Education Policy Supervision of Medical Students policy covers required and elective clinical rotations, including students working at free clinics.

Additional information may be found at the following links:

- Student Education Policy: Supervision of Medical Students
- Student-Run Clinics

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

There is no publicly available information on racial segregation of care at UCSF facilities yet a lot can be inferred from segregation by insurance. Patients of color disproportionately rely on Medi-Cal for insurance (among 2017 Medi-Cal recipients 68% were people of color). At UCSF only 15% of patients seen at UCSF have Medi-Cal, yet 25% of people in San Francisco rely on Medi-Cal to receive care.[9] The share of

[9] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Using a different methodology, UCSF reports that Medi-Cal patients constitute 39.2% of inpatient and outpatient care at UCSF. Moreover, UCSF notes that UCSF cares for fewer Medi-Cal patients than other UC hospitals because, unlike some other UC hospitals, UCSF does not serve as the regional safety net hospital; rather, that role is filled by Zuckerberg San Francisco General Hospital.

Medi-Cal patients seen at UCSF is lower than at all other UC hospitals except for UCLA. It is widely recognized among UCSF attendings, residents, and students, that low-income patients of color go to San Francisco General Hospital for their care and that residents are given more autonomy when caring for marginalized patients.

Additional information may be found at the following links:

- https://finreports.universityofcalifornia.edu/index.php?file=med_ctr/16-17/Med-Centers-16-17-report.pdf
- Medi-Cal Quick Stats
- Medi-Cal at a Glance Nov 2017
- [zip file] Health Care Information System (HCIS) Data File for 2010
- California State Indicator: Health Insurance Coverage of Adults 19-64

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

UCSF facilities have public signage that reads in English, "We welcome: All races, All religions, All countries of origin, All sexual orientations, All genders, All ethnicities, All abilities, We stand with you."
In addition, postcards carrying the same message in English, Spanish, Russian, Chinese and Arabic are available in patient waiting rooms and lobbies, with a link to information on UCSF's inclusion policies. Furthermore, UCSF Health does not share patient information with U.S. Immigration and Customs Enforcement or other federal authorities. More work needs to be done around language access to discharge instructions, fixing loopholes in language certification process, and funding more in-person interpreters.

Additional information may be found at the following links:

- Our Mission
- Post: UCSF Launches Campaign to Reinforce Inclusiveness, Safety for Patients

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

As of October 2017, the University of California has a system-wide minimum wage of $15/hour for all workers working at least 20 hours/week and all subcontracted workers. This is, however, below the living wage for a single adult in San Francisco County ($19.63/hour).

Furthermore, there is widespread discontent among workers and their unions at UCSF. There are concerns that large numbers of support staff are unable to afford to live in San Francisco. Some administrative support staff have been moved without compensation for additional transportation costs, and defined-benefit retirement plans are in jeopardy (see Teamsters Call for General Strike 1/10/2018). Large numbers of UC staff also suffer from food insecurity, according to a 2016 Occidental College study.

Additional information may be found at the following links:

- Compensation and Benefits: Fair Wage
- Living Wage: San Francisco County
- Article: Occidental Study shows Widespread Food Insecurity
- Local 2010 ULP Strike Makes Waves Across California

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

UCSF IRB policies include special scrutiny of research involving subjects from a "vulnerable population" but does not include people of color in this definition. There are no specific guidelines around treatment of race in research, and there is no specific review process that addresses responsible treatment of race by a qualified faculty member.

Additional information may be found at the following link:

- IRB: Special Consent Requirements, Vulnerable Populations

University of Michigan School of Medicine

This section provides further detail on each metric for the University of Michigan Medical School. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Black people represent only 4% of University of Michigan faculty and 6% of students. Latinx people represent 4% of faculty, and 4% of students. Native American people represent less than 0.5% of faculty and students.[10]

Additional information may be found at the following links:

- UM-UHR: Demographic Trends
- Diversity, Equity & Inclusion Year 2 Plan
- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

Unconscious bias training is mandatory for the Medical School Admissions Committee, all first-year students, Doctoring faculty, and Standardized patients, but is optional for other faculty. First year faculty undergo inclusive language training.

First year students receive a session on "Racial Preferences and Prejudices in Medicine" in their Doctoring course, which includes among its objectives: "Consider

[10] For all schools, the percentage of URM students was calculated based on the numbers of Black, Latinx, and Native American students as documented by the Association of American Medical Colleges. Using a different methodology, University of Michigan states that 6.5% of current students are Black, 7.8% are Latinx, and 0.5% are Native American/Native Hawaiian.

the historical impact of racism in health care delivery, medical resource allocation and patients' attitudes toward the medical establishment." The Doctoring course also includes sessions on "Health Disparities," "Bias," and "Stigma," although these do not include specific reference to race or racism among their objectives. Global Health coursework for medical students includes discussion of "Disparities," although the objectives of these sessions contain no mention of racism, colonialism, or imperialism. The objectives for the discussion of the Tuskegee syphilis experiments in the Leadership and Health Systems course likewise do not include any specific mention of racism.

In sum, medical students receive some training in the history of racism, but appear to have little exposure to teaching on the ongoing presence of racism in medicine, intersectional oppression, or anti-racism strategies. Faculty likewise do not uniformly receive such training.

Additional information may be found at the following link:
- Professional Development: Trainings

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. **The above metric is fully met**
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

One of the four medical school houses is named after the school's first African-American graduate. Other large donors after whom buildings are named appear to have made commitments to racial justice (e.g. C.S. Mott, a white donor, has a foundation which is dedicated to, among other things, fighting structural racism).

Additional information may be found at the following link:
- Fitzbutler House

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. **There are some efforts to recruit/retain students of color**
C. There are no efforts to recruit/retain students of color

The Office of Health Equity and Inclusion (OHEI) Leaders and Learners Pathway coordinates recruitment and pipeline activities. In 2017-2018, these recruitment activities included visits to six HBCUs and five national conferences of URM organizations. The Pathways unit also has several pipeline programs to prepare students of color for medical school, including the Michigan Health Sciences Summer Institute, the Michigan Health Sciences Pre-College Exposure Academy, the Michigan Health Sciences Undergraduate Research Academy (MHSURA), and the Michigan Health Sciences Career Development Academy (MHSCDA). According to Pathways data, 38 (27%) of the students who have participated in the MHSURA and MHSCDA programs are currently in medical school, 56% of whom are Black. Nine of those students are enrolled in Michigan Medicine, two of whom are Black.

The University of Michigan has issued a statement of support for undocumented students, which states that "consistent with federal and state law, DACA students and those without proof of citizenship are welcome to seek admission and enrollment at U-M." Moreover, the medical school explicitly encourages applications from DACA students and states its willingness to provide undocumented students with institutional loans to facilitate their enrollment in medical school.

University of Michigan states that URM student groups that participate in recruitment receive $6,500 annually, but this funding is presumably used for general activities of the group and is not compensation for recruitment. Medical students who participate in recruitment activities are reimbursed for their travel and other expenses.

Additional information may be found at the following links:

- Educational Programs
- Undocumented Students
- Message: INTERNATIONAL AND UNDOCUMENTED STUDENTS AT U-M
- MD Admission Requirements

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

URM and other students are members of the newly formed Inclusivity Steering Committee, which is charged with evaluating ways to incorporate social justice issues and health disparities into the curriculum. URM students and community members also serve on curricular, admissions, and promotions committees. Community Engagement Projects are an important part of the student-led Health Equity Scholars Program, but not all medical students participate in this program. Community

members play a role in authoring the Community Health Needs Assessment and in designing health outreach projects but are not routinely involved in planning required curricular activities.

Additional information may be found at the following links:

- Health Equity Scholars Program: Community Engagement Project
- 2016 Joint CHNA Report
- RFP

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

As noted in Metric 2, there is some discussion of the "historical impact of racism in healthcare delivery" and the Tuskegee syphilis experiments. The Interprofessional Clinical Experience provides students with an opportunity to discuss the structural barriers to care that may contribute to health disparities. Moreover, as a part of their first year Doctoring course, medical students are assigned to watch Dorothy Roberts' TEDMED 2015 talk, "The problem with race-based medicine." It is does not appear, however, that there is additional discussion about the sociopolitical (i.e. non-biological) nature of race. The University of Michigan has provided a policy document, "Respectful Language: Creating Inclusive Learning Environments," which provides medical school faculty with guidelines on language to use in their lectures. These include "people first" language and avoiding "assumptions and judgments" but make no mention of how lecturers should discuss or refer to race and its role in health and disease; it is therefore likely that, following standard medical practice, many lecturers imply that race is biological, for example by stating that it is a risk factor for disease.

Additional information may be found at the following link:

- Doctoring Course

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. **The above metric is fully met**
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

The Office for Institutional Equity has a clear protocol for filing and following up on complaints of discrimination or harassment, including mistreatment on the basis of race or ethnicity. There is also a campus Bias Response Team that publicly documents bias incidents and institutional responses to the incident.

Additional information may be found at the following links:
- Discrimination & Harassment Resolution Process
- Filing a Complaint
- How to Get Help
- Prohibited Forms of Discrimination and Harassment
- Bias Incident Report Log
- Policy 201.35: Non-Discrimination
- Learning Environment Statement

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. **There are significant racial disparities in grades and/or honors or this information is not publicly available**

There is no publicly available information on whether disparities exist in AOA membership or grades at University of Michigan Medical School. There is no evidence that the medical schools had evaluated for the existence of such disparities or developed a plan to eliminate them.

Additional information may be found at the following link:
- Article: Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Office of Health Equity and Inclusion (OHEI) coordinates support for URM students, including academic coaching, wellness initiatives, workshops, and lecture series. The OHEI has two dedicated faculty mentors and multiple staff members, as well as a dedicated physical space for URM medical students. All medical students have access to confidential mental health services, but there are no specific mental health services for URM students, and no formal peer mentoring programs.

Additional information may be found at the following link:

- Office of Healthy Equity and Inclusion

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

As noted above, University of Michigan has a Bias Response Team that facilitates responses to incidents without law enforcement involvement in some cases. In addition, there is a campus Police Department Oversight Committee composed of students, faculty, and staff, and a Student Advisory Board. Non-university-affiliated community members are not included in these oversight structures. There is no evidence that there have been explicit attempts to address racism in policing.

Additional information may be found at the following links:

- Police Department Oversight Committee
- Police Department

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met

B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

The University of Michigan has no public policies on student supervision. In the UM Student-Run Free Clinic (SRFC), preclinical (first and second year) medical students are permitted to take patient histories with upper level (third and fourth year) medical students acting as "peer educators." By contrast, in most clinical settings, preclinical medical students are not supervised by other medical students in providing patient care. Furthermore, first year medical students participating in the Michigan Medicine Community Health Services Flu and Wellness Clinics are permitted to conduct diabetes, hyperlipidemia, and hypertension screening for vulnerable patients and are responsible for ensuring follow-up for those found to be a risk for diabetes or hypertension; however, in most clinical settings, preclinical medical students are permitted only to shadow or observe clinicians, and do not provide direct patient care.

Additional information may be found at the following links:
- UM Student Run Free Clinic
- UM SRFC Medical Student Volunteers - Info Sheet

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

There is no publicly available information on racial segregation of care at University of Michigan facilities. Patients with Medicaid, who are disproportionately people of color, are underrepresented at UM hospitals; while 19% of Michigan adults rely on Medicaid health insurance, only 10% of patients discharged from University Hospital in 2016 had Medicaid.[11] Per the University of Michigan, there are no separate trainee (resident/fellow) clinics at Michigan Medicine, and all patients are seen in attending clinics, regardless of insurance status.

Additional information may be found at the following links:
- Michigan State Indicator: Health Insurance Coverage of Adults 19-64
- 2017 U-M Financial Report

[11] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Using a different methodology, University of Michigan reports that 20.1% of their patients have traditional Medicaid or Medicaid HMO insurance coverage. It is unclear whether this number refers to hospitalized patients, outpatients, or both.

- [zip file] Health Care Information System (HCIS) Data File for 2010

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

There are many multilingual signs displayed throughout Michigan Medicine, but there are no public policies or statements affirming the health system's support for immigrant patients. There are no policies governing the interactions between hospital staff and immigration authorities.

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

It is University of Michigan policy to "ensure that all regular staff are paid at or above the minimum full-time rate of $25,000 per year or $12.02 per hour"; temporary staff are ensured a wage of only $9.25/hour. The Washtenaw County living wage is $12.39/hour for a single adult. There is no publicly-available information on employee access to health insurance. Per the University of Michigan, only one of the 29,000 faculty and staff at Michigan Medicine is paid less than $12.39/hour. It is unclear whether all full-time staff have access to health insurance that is accepted at Michigan Medicine.

Additional information may be found at the following links:

- Union Contracts & Wage Schedules
- Salary Disclosure 2017
- Living Wage: Washtenaw County

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. **IRB process has no requirements regarding the treatment of race or this information is not publicly available**

The University of Michigan Office of Research Ethics & Compliance does not include people of color among its examples of vulnerable research subjects, and there are no specific policies protecting research subjects of color. There is no required review of how researchers use "race" in their research, and there is no routine review of student projects for their treatment of race. IRBMED, the IRB of the University of Michigan Medical campus, offers a variety of optional courses to support researchers, but these do not include courses discussing race and racism in scientific research. All student projects are mentored by faculty members, but there is no special scrutiny of students' treatment of race.

Additional information may be found at the following links:

- Operations Manual: Participant Protection
- IRB Education

University of Pittsburgh School of Medicine

This section provides further detail on each metric for the University of Pittsburgh School of Medicine. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

URM students are underrepresented; of current students, 9% are Black, 4% are Latinx, and none are Native American.[12] There is no publicly available information on faculty diversity.

Additional information may be found at the following links:

- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018
- Our Students

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

All employees of UPMC participate in a mandatory training module on unconscious bias. There is, additionally, an optional Unconscious Bias Workshop, which has been delivered to School of Medicine graduate program directors, admissions committee members, course directors, chief residents, as well as other faculty, staff, and students of the Schools of the Health Sciences and Deans of every school at Pitt, with a goal of providing the training to every member of the medical school and other schools of the health sciences. There are no mandatory workshops for students or faculty that address racism in medicine, intersectional oppression, or anti-racism strategies.

[12] URM student statistics for all schools were derived from data collected by the Association of American Medical Colleges. Using a different method, Pitt states that 24% of currently enrolled students are URM.

Additional information may be found at the following link:

- The Office of Diversity Programs

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

The primary medical school building, Scaife Hall, is named for a past chair of the board and major donor, Alan Magee Scaife. Alan Scaife's wife contributed to the eugenicist Population Council. Cordelia Scaife May and Richard Mellon Scaife, Alan Scaife's children, are well-known for their funding and support for anti-immigrant organizations. Richard Scaife is also known as the "funding father of the Right" and has made large financial contributions to organizations supporting a variety of white supremacist causes (e.g. advocacy for "welfare reform" and opposition to affirmative action).

Additional information may be found at the following links:

- Article: Late heiress' anti-immigration efforts live on
- Article: Scaife: Funding Father of the Right

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

University of Pittsburgh Office of Diversity Programs coordinates a number of programs for pre-med and matriculating medical students to recruit and support students of color, including the Health Sciences Career Exploration Institute, Biomedical Informatics for URM Students, the Journey to Medicine program, and the Doris Duke Foundation Academy for Clinical Research. Recruitment visits are made to historically Black colleges and universities (HBCUs) and to Hispanic-serving institutions (HSIs), and the Office of Student Affairs/Diversity Programs (SADP) uses the Medical Minority Applicant Registry to conduct outreach to URM applicants. The SADP also collaborates with the Pre-Health Organization of Minority Students at Pitt. It is unclear whether significant numbers of URM students from Pittsburgh have successfully enrolled at Pitt School of Medicine. The University of Pittsburgh accepts applications from international students but requires that they place a sum of money equivalent to two years of medical school tuition in an escrow account prior to

enrolling in medical school, effectively barring undocumented students from enrolling. Students who participate in recruitment are not compensated for their time.

Additional information may be found at the following links:

- Office of Diversity Programs
- Office of Diversity: Student Support
- Health Sciences Diversity: High-School Students
- International Student Policy
- Summer Short-Term Trainee Program
- Post: Journey to Medicine Program Featured in New Pittsburgh Courier
- UPMC: The Hillman Academy

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

URM students have sometimes assisted in revision of course materials but play no formal role in development or leadership of curricular activities. URM students and community organizations are also involved in the development of the Behavioral Health, Populations Health, and Transitions courses, although their precise roles are unclear. Fourth year medical students who choose to participate in the "Changing Science, Changing Society" elective work at a community site in Pittsburgh, where community advocates lead the course and serve as faculty. These community members are reimbursed by the medical school for their planning and teaching time.

Additional information may be found at the following link:

- Curriculum: Changing Science, Changing Society: A Guide to 21st Century Medicine

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.

C. **Race is implied or stated to be biological, and is described as a risk factor for disease**

Online curricular materials do not include any description relevant to these topics and do not include the words, "race," "racism," or "racial justice." Pitt states that online course materials are incomplete and that “several topics including the role of racism in health disparities have been discussed” in the curriculum. It is unclear how these topics are discussed and whether race is stated or implied to be biological in pre-clinical coursework.

Additional information may be found at the following link:

- Curriculum

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. **There is some system for collecting reports, but there is no clear follow-up after reports are made**
C. There is no system for collecting reports

The Professionalism or Mistreatment Incident Report Form is available to students for reporting mistreatment or unprofessional behavior, and students may make either confidential or anonymous reports. There are no public guidelines about the follow-up that occurs after students report an incident, and no individuals are publicly identified as being responsible for addressing student concerns. Pitt also conduct quarterly surveys of third and fourth year students to obtain additional information about possible mistreatment (of patients, students, or staff) in specific clerkships at specific locations, although follow-up is likewise poorly defined. Beyond the School of Medicine, students may report incidents of discrimination, bias, harassment, accessibility barriers, or retaliation to the university’s Office of Diversity and Inclusion.

Additional information may be found at the following links:

- Incident Report Form
- Make a Report

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them

C. **There are significant racial disparities in grades and/or honors or this information is not publicly available**

Pitt does not routinely assess for the existence of racial disparities in grades or rates of election to the Alpha Omega Alpha Medical Honor Society, and there is no clear plan for addressing disparities that may exist.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. **There are some resources specifically designated to support URM students**
C. There are no designated resources for URM students

The Office of Diversity Programs offers some tutoring and mentorship programming to URM students, including Advisory Deans, the FAST (Faculty and Students Together) program, and the Prologue to Medicine Program. These programs collaborate with other individuals and offices to form the Student Success Management Network for all medical students. The Office of Diversity Programs is co-located with the Office of Student Affairs and Medical Education; URM students do not have designated physical spaces, mental health providers, or peer counselors.

Additional information may be found at the following link:

- The Office of Diversity Programs

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. **There is a campus police force, and no evidence that they have sought to address racism in policing**

University of Pittsburgh has a campus police force. There are no publicly published reports on racism in policing, and there is no public information on efforts to reduce racism. Per Pitt, officers are required to undergo training in "cultural awareness," "anti-bias training," "racial profiling," and "investigating hate crimes." UPMC also employs police officers, who are required to participate in "anti-bias training" mandated for all UPMC employees. There are no structures or programs in place to reduce reliance on police.

Additional information may be found at the following link:

- Safety at Pitt

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

The University of Pittsburgh has a very clear and recently updated policy on medical student supervision, which extends to medical students working in free clinics (such as the Birmingham Free Clinic). However, pre-clinical medical students are permitted to provide direct patient care in the setting of the Birmingham Free Clinic; in other clinical settings, pre-clinical students are generally not permitted to participate beyond observation or shadowing.

Additional information may be found at the following links:

- Policy on Clinical Supervision
- Birmingham Free Clinic

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

Although UPMC maintains a website describing "Community Benefits Fast Facts," there is no publicly available information on racial segregation of patient care. Medicaid patients, who are disproportionately patients of color, may be underrepresented at UPMC Presbyterian, the system’s flagship hospital. While 16% of Pennsylvania adults have Medicaid insurance, only 2% of patients discharged from

UPMC Presbyterian in 2016 had Medicaid insurance.[13] There is no available data on racial or insurance status-based segregation of patients within UPMC practices.

Additional information may be found at the following links:

- Community Benefits
- Financial Analysis 2016
- Pennsylvania State Indicator: Health Insurance Coverage of Adults 19-64
- [zip file] Health Care Information System (HCIS) Data File for 2010

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

The UPMC policy on patient financial assistance states that "The granting of financial assistance will not take into account age, gender, race, social or immigration status, sexual orientation, gender identity or religious affiliation," but immigration status is not included among the protected identities in the hospital's nondiscrimination policy on patient care and employment. Moreover, UPMC has not issued any public statements about access to care or safety for immigrant patients and has no public policies governing how employees interact with immigration authorities.

Additional information may be found at the following links:

- UPMC FAST FACTS: COMMITMENT TO THE COMMUNITY
- UPMC POLICY AND PROCEDURE MANUAL
- Nondiscrimination in Patient Care and Employment

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[13] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Per UPMC, this number for UPMC only includes patients with traditional Medicaid, and excludes the 80% of Pennsylvania Medicaid recipients who are covered by Medicaid Managed Products (data from the Kaiser Family Foundation indicates that more than 80% of PA residents are covered by managed care). Per UPMC, in FY16 and FY17, 16-19% of inpatients and 25% of outpatients at UPMC Presbyterian and UPMC Shadyside had Medicaid insurance (UPMC did not provide disaggregated data for UPMC Presbyterian). UPMC states that at other primary teaching hospitals – Children's Hospital of Pittsburgh of UPMC, Magee-Women's Hospital of UPMC and Western Psychiatric Institute and Clinic of UPMC – approximately 20% of patients had Medicaid in 2017 and that, thus far in 2018, 17.8% of patients admitted to UPMC Presbyterian had Medicaid. They further note 15.33% of net patient revenues from UPMC Presbyterian/Shadyside in 2016 was from Medical Assistance, and that, given that the reimbursement rate by Medical Assistance is lower than other insurance, this suggests that the share of low income patients is higher than 15%.

14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. **The above metric is fully met**
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

UPMC has committed to raising its institutional minimum wage to $15/hour by 2021. As of 2016, the average starting salary at UPMC was $11.73/hour; UPMC has stated that the current starting salary for UPMC employees in urban hospitals is $13.00/hour. The current living wage in Pittsburgh for a single adult is $10.34/hour. It is unclear whether all staff have access to comprehensive health insurance.

Additional information may be found at the following link:

- Article: UPMC Pledges to Boost Starting Wage to 15 an Hour by 2021

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. **IRB process requires researchers to explain their use of race**
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

The policies of the IRB require a diverse IRB committee, stating, "The membership of the IRB will be sufficiently qualified through the experience and expertise of its members and the diversity of its members, including consideration of race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human research subjects." The policies and procedures also state, "The possibility for benefits and the potential burdens of the research should be equitably distributed among the potential research subjects. Application of this principle requires the close scrutiny of the enrollment process to ensure that particular classes (welfare patients, racial and ethnic minorities, or persons confined to institutions) are not selected for their compromised position or convenience to the research investigator." The IRB policy on recruitment states, "Recruitment plans for research projects should be designed to fully encompass racial, ethnic, and gender diversity. Efforts to identify and recruit potential human research subjects should be designed with respect personal

rights to privacy and confidentiality," and the renewal application asks, "Has subject accrual reflected the racial/gender/ethnic subgroups as outlined in your protocol? If you answer 'No,' address the steps that will be taken to correct this deficiency." All student research projects require a faculty mentor, although it is not required that student projects be specifically reviewed for their use of race. International (but not domestic) research studies require a memo of cultural appropriateness.

Additional information may be found at the following links:

- IRB Committee Membership
- Chapter 1 - Ethical and Regulatory Mandates to Protect Human Research Participants
- Requirements for a Memo of Cultural Appropriateness

Washington University in St. Louis School of Medicine

This section provides further detail on each metric for the Washington University School of Medicine in St Louis. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Among WUSTL students, 5% are Black, 4% are Latinx, and less than 1% are Native American.[14]
16% of students, 11% of residents and fellows, and 5.5% of faculty are people of color.[15]
Per WUSTL, on March 7, 2018, "the governance group of the School of Medicine adopted the recommendations of its Senior Leadership Committee on Diversity and Inclusion and established numeric goals for increasing the number of URM faculty to 8% over the next decade, with interim metrics to monitor progress."

Additional information may be found at the following links:

- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018
- Addressing Diversity at Washington University
- Washington University School of Medicine Faculty Hiring Policy

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

All first year medical students participate in a mandatory Diversity Retreat, which includes discussion of implicit bias, non-judgmental communication, and diverse

[14] For all schools, the percentage of URM students was calculated based on the numbers of Black, Latinx, and Native American students as documented by the Association of American Medical Colleges. WUSTL states that 16% are current first year students are URM, and 7% are Black.
[15] These data were derived from publicly available reports; WUSTL states that, in fact, 5.9% of faculty are URM.

definitions of "health." Per WUSTL, some exercises help students identify barriers faced by people of color and explore the effects of racism on access to healthcare. During Orientation, students also participate in talks and city tours that address diversity, racial health care disparities, and challenges faced by specific communities of color in St Louis. There is also an annual "diversity week" that consists of lunch talks by student-selected speakers.

The Office of Diversity & Inclusion sponsors a series of one-hour "Diversity 1.0-4.0" workshops for Washington University School of Medicine community members, which cover diversity, biases, and prejudice. All current faculty, staff and students must complete the training by 2020, and Sessions 1 and 2 are part of new-employee orientation for staff; all new employees must complete the entire training sequence within their first three years of employment. The University's Teaching Center offers faculty optional courses in creating inclusive learning environments.

No student or faculty training specifically addresses the history and ongoing presence of racism within medicine, intersectional oppression, or anti-racism strategies.

Additional information may be found at the following links:

- The Office of Diversity & Inclusion
- The Office of Diversity & Inclusion: Diversity Retreat
- The Office of Diversity & Inclusion: Diversity Week
- The Office of Diversity & Inclusion 1.0 and 2.0
- The Office of Diversity & Inclusion: Training Report
- The Office of Diversity & Inclusion: Training
- WUSM Plunge Schedule
- WUSM Plunge 2017 Video
- Article: Leading with empathy

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

The McDonnell Medical Sciences Building is named after James S. McDonnell, the founder of an aerospace and defense contractor that was a leading producer of fighter jets for the U.S. military during the Vietnam War. His company, McDonnell Douglas, was the plaintiff in the 1973 case McDonnell Douglas Corp v. Green, in which it was accused of having illegally fired a Black worker for taking part in civil rights demonstrations in St. Louis. The case was litigated in the Supreme Court, and the Supreme Court decision in the case set the standard for evaluating Civil Right Act

claims of employment discrimination (McDonnell Douglas Corp v. Green, 411 U.S. 792 (1973)).
The Bernard Becker Medical Library has a travelling Community Research Notable African-Americans in Science & Technology Poster Series, which is currently on display.

Additional information may be found at the following links and resources:

- *That St. Louis Thing, Vol. 2: An American Story of Roots, Rhythm and Race*, by Bruce R. Olson
- Case: McDonnell Douglas Corporation v. Green
- Notable African-Americans in Science & Technology Poster Series

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

The Office of Diversity Programs is led by the Associate Dean for Diversity and the Assistant Dean for Student Diversity and Engagement and participates in recruitment at the AAMC Minority Medical Student Career Career Fair, American Medical Education Conference, and Summer Health Professions Education Programs. WUSTL also has a robust re-visit weekend for URM students. WUSTL also sponsors a number of pipeline programs for St. Louis K-12 students, including the Young Scientist Program and the Saturday Scholars program. WUSTL also helped draft the curriculum for a new medical high school, the Collegiate School of Medicine and Bioscience, and WUSTL medical students continue to serve as mentors and tutors at the school. However, it is unclear whether there is a meaningful pipeline for URM students from St. Louis to enroll at WUSTL School of Medicine.

WUSTL accepts applications from international students, explicitly including DACA students, but requires that, prior to enrollment, they document that they have funds sufficient to cover four years of medical school tuition and living expenses, effectively barring undocumented students from enrolling. Students who participate in recruitment are not compensated for their time.

Additional information may be found at the following links:

- The Office of Diversity Programs
- Student Profiles
- Prospective Students: Revisit Weekend
- http://ysp.wustl.edu/
- The Office of Diversity Programs: Saturday Scholars Program
- https://www.slps.org/CSMB

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

URM students are highly involved in planning community celebrations such as the Homer G. Phillips Public Health Lecture and the Annual Martin Luther King Jr. Lecture but do not play any formal role in the mainstream, mandatory curriculum.

There is a full-time manager of Diversity and Community Engagement, whose role is to increase staff diversity and improve the University's relationship with community organizations. The Office of Diversity & Inclusion states: "We invite 'community voices' from experts with diverse backgrounds across the St. Louis region to collaborate with us in ways that add to establishing a diverse and inclusive environment at Washington University School of Medicine." Although there are a variety of structures for community engagement in research, it does not appear that community feedback and leadership is incorporated into formal MD curricular activities beyond the week-long Washington University Medical Plunge (WUMP) orientation program for first year medical students. The WUMP program brings community leaders to speak to medical students and places students in nonprofit organizations to volunteer.

Additional information may be found at the following links:
- The Office of Diversity & Inclusion
  The Office of Diversity & Inclusion: Leadership
- The Office of Diversity & Inclusion: Community Engagement
- The Office of Diversity & Inclusion: In Response to Ferguson

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.

C. Race is implied or stated to be biological, and is described as a risk factor for disease

The Washington University Medical Plunge (WUMP) program includes a two-day Diversity Retreat, with specific discussion of "the historical legacy of local, state, and national policies that enabled and perpetuated segregation in St. Louis" and the ways in which segregation contributes to racial health inequities. The IDEA (Inclusion, Diversity, Equity and Advocacy) longitudinal curriculum incorporates communication strategies, providing "culturally appropriate care," and "addressing health disparities." There is no policy that lecturers or preceptors should avoid the implication that race is biological (e.g. by asserting race is a risk factor for disease) and no explicit discussion of the sociopolitical (i.e. non-biological) nature of race.

Additional information may be found at the following links:

- Cultural Awareness
- Diversity Retreat
- WUSM Plunge Schedule

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. **The above metric is fully met**
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

WUSTL has a robust Bias Report & Support System which allows individuals who have experienced or witnessed bias, prejudice, or discrimination to report their experience. The BRSS team supports the individual who makes the report and provides public summary reports of incidents. It is unclear whether medical students have access to the full system and whether normal protocols are followed for reports by medical students. The website of the system states, "Non-anonymous BRSS reports on the Washington University School of Medicine campus are sent to the Assistant Provost who assists WUSM students in navigating their programs and connects them with the relevant policies and contacts within those programs."

Additional information may be found at the following links:

- Bias Report & Support System
- Bias Report & Support System Summary Reports

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

WUSTL states that it has plans to blind the selection of students to the Alpha Omega Alpha (AOA) Honor Medical Society. Currently, the Executive Committee has access to student names during the selection process. WUSTL states that two of the five current Executive Committee members are Black but provides no statement on the demographics of students in current or recent AOA classes. There is no evidence that WUSTL has assessed whether racial disparities in AOA or grading exist, and there is no clear plan to address disparities.

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Office of Diversity Programs provides support to URM students, including support staff and administrators, physician mentors, networking socials, an annual directory of URM individuals, a room specifically designed as a safe space for study groups or informal gatherings, and support for student-led groups that provide peer mentoring. Student Health Services provides medical care for medical students, including onsite counseling, where 66% of Student Health Services psychologists are Black. Diversity trainers, who provide mandatory training to faculty, staff, and students are also available to students for support and counseling.

Additional information may be found at the following links:
- Post: Who You Are & Where You've Been
- Student Affinity Groups
- The Office of Diversity Programs
- Mental Health Information: Counseling

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

WUSTL has a fully-armed campus police force (WUPD). The WUPD has an Impartial Policing policy, which explicitly prohibits racial profiling and requires that officers receive training to address this. The policy states, "Proper stops are based on observable and articulable actions and behaviors. They are not based on 'he/she didn't look like they belonged there.'" The policy includes a process of civilian complaints, but all oversight of the policy is conducted by the department itself with no public reporting or accountability. Furthermore, the WUPD website includes guidelines about "What to do if you are stopped by police" that tacitly blame civilians for police abuses.

Additional information may be found at the following link:

- WUSTL Police

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced
C. Students are routinely given more independence when caring for marginalized patients

Although WUSTL has established guidelines requiring supervision of medical students during formal clinical rotations, these do not appear to extend to students volunteering at the Saturday Neighborhood Health Clinic, a student-run free clinic. At the Saturday Neighborhood Health Clinic, preclinical students are permitted to take patient histories with upper level medical students serving to "fill in any gaps"; by contrast, in most clinical settings, preclinical medical students shadow or observe physicians providing patient care.

Additional information may be found at the following link:

- Saturday Neighborhood Health Clinic: Volunteer Manual

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met

B. **There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)**
C. Patient care is highly segregated or this information is not publicly available

There is no publicly available information about the racial demographics of patients served at WUSTL-affiliated hospitals and practices. However, WUSTL states that 22% of patients served at their institutions are URM and provides the following data (St. Louis MSA and city data provided by the Census Bureau):

	White	Black	Latinx	Asian	Native American	Pacific Islander	Other
St Louis Metropolitan Statistical Area	74%	18%	3%	3%	0%	0%	2%
City of St Louis	43%	48%	4%	3%	0%	0%	2%
Barnes-Jewish Hospital	61%	31%	2%	1%	0%	0%	4%
St Louis Children's Hospital	58%	33%	1%	1%	0%	0%	7%

The data above demonstrate that Black patients are overrepresented and Latinx patients underrepresented at WUSTL-affiliated hospitals relative to their share of the population in the St Louis Metropolitan Statistical area, while both populations are underrepresented relative to their share of the population in the city of St Louis.

Data from the Washington University Physician Billing Service indicate the following representation of URM patients in specific departments:

Region/Department	URM Share
St Louis Metropolitan Statistical Area	21%
City of St Louis	52%
Total WUSM	23%
Emergency Medicine	60%
Internal Medicine	22%

Neurology	25%
OB/GYN	29%
Pediatrics	31%
Psychiatry	37%
Radiology	22%
Surgery	22%

The above data demonstrate significant heterogeneity in the share of URM (Black/Latinx) patients served by different clinical departments. It is unclear whether patients of color disproportionately receive care in trainee (resident/fellow) clinics. WUSTL notes that they are making efforts to expand access to care for patients of color, for example by opening at new cancer center at Christian Hospital in North St. Louis County.

Medicaid patients, who are disproportionately people of color, are likely underrepresented at Barnes-Jewish Hospital, the medical school's adult teaching hospital. Overall, 10% of the patients discharged from Barnes-Jewish Hospital in 2016 had Medicaid insurance.[16] Although 10% of Missouri adults rely Medicaid, rates of Medicaid insurance coverage are likely much higher in St Louis, given that 24% of individuals in St Louis live below the poverty line (vs. 14% in the state of Missouri). Of note, Missouri is not a Medicaid expansion state, and 12% of Missouri adults lack health insurance altogether. WUSTL states that Washington University Physicians (WUSTL's physician practice group) has provided charity care equivalent to 8.8% of its total clinical revenues. With regard to outpatient care, WUSTL states that 16% of patient visits are insured by Medicaid at Washington University Physicians.

Additional information may be found at the following links:

- SNHC Volunteer Manual
- Barnes-Jewish Hospital: Facts and Figures
- [zip file] Health Care Information System (HCIS) Data File for 2010
- Missouri State Indicator: Health Insurance Coverage of Adults 19-64
- Census: QuickFacts Missouri; St. Louis city, Missouri (County)
- Census Reporter:St. Louis, MO-IL Metro Area

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of

[16] Medicaid populations for all hospitals were derived from Medicare Cost Reports HCRIS files. Using a different methodology,WUSTL reports that in 15% of Barnes-Jewish Hospital patients have a payer of Medicaid Traditional/Risk.

immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

WUSTL is associated with Casa de Salud clinic, which provides care for Latinx patients, but WUSTL-affiliated hospitals have taken no public actions to support immigrant patients. There is no formal policy of non-cooperation with ICE, and no signage or statements explicitly welcome immigrant patients at hospital or clinic facilities.

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

The St. Louis living wage is $11.06/hour for a single adult. Washington University's minimum hourly wage for all regular full time medical school staff of $11.75/hour, which will increase to $12.25 on July 1, 2018. However, part-time and temporary medical school staff do not have access to the same wages and benefits. Furthermore, there is no publicly available information on the wages and benefits of workers at affiliated hospitals.

Additional information may be found at the following links:
- Living Wage: St. Louis
- WUSTL Health Insurance Benefits

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. **IRB process has no requirements regarding the treatment of race or this information is not publicly available**

The Washington University Institutional Review Board Policies and Procedures requires that the IRB "is qualified through the diversity of its members including consideration of race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes." People of color are not specifically included in the policy's definition of "vulnerable populations"; however, the policy does state that, when vulnerable populations are involved in research as subjects, reviewers of the research should include at least one person "who has experience with this population."

Additional information may be found at the following links:

- WU IRB Policies & Procedures
- Policy: §46.107 IRB membership

Yale School of Medicine

This section provides further detail on each metric for the Yale School of Medicine. Each metric (numbered 1-15 in the truncated report card) includes the full metric prompt, the grade for the institution, and an explanation of what that grade represents. Below each metric, we provide any relevant links to sources.

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1. Medical school faculty and students are at least 13% Black, 1% Native American, and 17% Latinx (corresponding to the share of these groups in the U.S. population).

A. All URM groups are proportionately represented among faculty and students
B. Some URM groups are proportionately represented among faculty and/or students
C. No URM groups are proportionately represented among faculty or students

Black people represent only 3% of Yale faculty and 6% of students. Latinx people represent 3% of faculty and 4% of students. Native American people represent less than 0.5% of faculty and students.

Additional information may be found at the following links:

- Diversity Summit Report
- Total Enrollment by U.S. Medical School and Race/Ethnicity, 2017-2018

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2. All faculty and students participate in mandatory workshops, courses, or trainings about the history and ongoing presence of racism in medicine, intersectional oppression, and anti-racism strategies.

A. Comprehensive training is attended by all faculty and students
B. Training sessions exist, but are not comprehensive or are not attended by all faculty and students
C. No such training exists

The U.S. Health Justice course is an elective offered to Yale medical students that provides some, but not all, students access to education about racial justice and racism in medicine. The "Overarching Goals" of the course include the following: "Students learn to practice medicine with cultural competence and fiscal responsibility in preparation for work in a society characterized by diverse populations and economic constraints." There is no specific mention of race or racism.

Additional information may be found at the following links:

- Post: New class brings health justice to medical curriculum
- Yale Curriculum: Goals & Principles

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3. The physical space of the medical school acknowledges the contributions of alumni and other physicians of color (through plaques, statues, portraits, and building names) and does not celebrate racist or white supremacist individuals.

A. The above metric is fully met
B. There are no items celebrating racist/white supremacist individuals, and also none celebrating people of color
C. The physical space explicitly celebrates racist/white supremacist individuals

Recent efforts have been made throughout Yale University to remove the names of white supremacist individuals from buildings and other positions of honor. It is unclear, however, whether alumni of color are publicly celebrated in the physical space of the medical school.

Additional information may be found at the following links:

- Post: School of Medicine Honors its first African-American Women Graduates
- Post: Yale Changes Calhoun College's Name to Honor Grace Murray Hopper

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4. The medical school takes proactive measures to recruit and retain students of color, prioritizing undocumented students and students from the local community. Students of color who participate in recruitment are compensated for their time.

A. The above metric is fully met
B. There are some efforts to recruit/retain students of color
C. There are no efforts to recruit/retain students of color

Yale School of Medicine states that they "welcome applicants regardless of documented or undocumented immigration status" and endorse the University President's commitment to financial aid policies that ensure that undocumented students can enroll at Yale. Yale has several pipeline programs to prepare URM students for medical school, including the Yale Summer Enrichment Medical Academy, a program for local community college students, which prioritizes URM students, DACA students, and first generation college students. It is unclear how many pipeline students and URM students from New Haven have enrolled at Yale School of Medicine. URM medical students who participate in recruitment are not compensated for their time.

Additional information may be found at the following links:

- Admissions
- Yale Summer Enrichment Medical Academy (YSEMA)
- Pipeline Programs

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5. Community advocates and students who are underrepresented in medicine (Black, Native American, or Latinx) are incorporated in the planning and leadership of sessions on community health and health disparities, and are compensated for their time.

A. The above metric is fully met
B. Community advocates and/or URM students are sometimes involved in planning
C. Community advocates and URM students are not involved in planning

There is no evidence that community members or URM students play a role in designing or leading curricular activities.

Additional information may be found at the following link:

- Yale Curriculum

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6. The curriculum incorporates information about the history of racism in various medical fields, and explicitly addresses the fact that race is a social construct, not a biological one. Lecturers avoid describing race per se (rather than racism) as a risk factor for disease, cause of health disparities, or basis for diagnostic reasoning.

A. The above metric is fully met
B. Race is sometimes acknowledged to be a social, rather than a biological category. Some parts of the curriculum discuss the role of history and racism in generating health disparities.
C. Race is implied or stated to be biological, and is described as a risk factor for disease

Publicly available course materials make no mention of the history of race or racism in medicine, nor do they include discussion of the sociopolitical (i.e. non-biological) nature of race.

Additional information may be found at the following link:

- Yale Integrated Course Curriculum

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7. The medical school has a system for collecting student and faculty reports of racism and other forms of oppression, and a clear plan for follow-up when problems are reported.

A. The above metric is fully met
B. There is some system for collecting reports, but there is no clear follow-up after reports are made
C. There is no system for collecting reports

The Yale mistreatment policy explicitly protects against mistreatment on the basis of race, and describes clear follow-up steps that will be taken by the Office of Diversity, Inclusion, Community Engagement, and Equity and the Office for Equal Opportunity Programs to "combat racial and ethnic insensitivity and harassment throughout the School of Medicine." Yale further states that, in instances of racial or ethnic harassment, "vigorous steps are taken to investigate any allegation, to counsel the offender, and to recommend disciplinary action, if necessary." Beyond racially-motivated mistreatment, the mistreatment policy clearly names the individuals responsible for follow-up for different types of harassment, the steps that will be taken in response to reports, and the options available to students who have experienced mistreatment. There appears to be no online or otherwise anonymous reporting system.

Additional information may be found at the following link:

- School of Medicine 2017–2018 General Information

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8. There are no racial disparities in medical students' grades or honors (including AOA election).

A. The above metric is fully met
B. The school regularly evaluates whether there are racial disparities, and has developed plans to address them
C. There are significant racial disparities in grades and/or honors or this information is not publicly available

There is a well-publicized Yale study documented significant racial disparities in AOA membership nationally. However, there is no publicly available information on whether such disparities exist in grades or other forms of student evaluation at Yale School of Medicine.

Additional information may be found at the following link:

- Article: Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society

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9. Black, Native American, and Latinx (URM) students have access to designated physical spaces, as well as support staff, including administrators, physician mentors, mental health providers, and peer counselors.

A. The above metric is fully met
B. There are some resources specifically designated to support URM students
C. There are no designated resources for URM students

The Office for Diversity, Inclusion, and Community Engagement (DICE), led by the Chief Diversity Officer, coordinates support for URM students. This office supports URM student groups, sponsors a mentorship program (iMUST) for URM students and trainees, and hosts socials for URM students. There are, however, no designated physical spaces or mental health providers for URM students.

Additional information may be found at the following link:

- Yale Office of Diversity, Inclusion, and Community Engagement (DICE)
- DICE: Inclusion

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10. There is no hospital/campus police force, or police are used as a last resort after the failure of alternative safety structures such as peer walking escorts, restorative justice councils, and mediation. If police or security officers exist, publicly-available data should demonstrate that they have not disproportionately stopped, arrested, or otherwise interacted with people of color.

A. The above metric is fully met
B. There are some programs designed to reduce reliance on police
C. There is a campus police force, and no evidence that they have sought to address racism in policing

Yale has a campus police force, and an officer patrols the medical center 24 hours a day. There is a clear process for reporting complaints about the conduct of Yale Police Department Officers. There is no evidence, however, that there have been efforts to address racist policing or pursue alternative safety structures.

Additional information may be found at the following links:

- Yale Security
- Yale Police Department

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11. Expectations for students' level of independence and supervision are clearly documented and are consistent across training sites (for example, students are not disproportionately given the opportunity to "practice" while rotating in VA or public hospitals or while volunteering in free clinics).

A. The above metric is fully met
B. Policies exist to ensure that all patients receive equally well-supervised care, but are inconsistently enforced *(clear policies exist at YSM, but are somewhat different in Yale New Haven Hospital and in the HAVEN Free Clinic)*
C. Students are routinely given more independence when caring for marginalized patients

There are clear policies on the supervision of medical students at Yale New Haven Hospital during required clinical rotations. The HAVEN Free Clinic policies and procedures clearly describe the expectations for supervision of pre-clinical students and describe a role for clinical students that is similar to the role they would have in a clerkship setting, e.g. during their training in Yale New Haven Hospital. However, preclinical students do not typically engage directly in clinical care in the hospital setting, but are allowed to do so within the HAVEN Free Clinic.

Additional information may be found at the following links:

- Guidelines for Performance of Invasive Procedures by Medical Students
- Guidelines for Student Supervision: Guidelines 2016
- Haven Free Clinic

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12. At the primary teaching hospital, patients of color are represented in all services (including specialist services) and practices at their rate in the local population. Patients of color are not segregated in resident or student clinics.

A. The above metric is fully met
B. There are some efforts to promote equal access to care (e.g. Medicaid patients seen in faculty clinics)
C. Patient care is highly segregated or this information is not publicly available

There is no publicly available information on racial segregation of care at Yale facilities. However, although Yale New Haven Hospital is by far Connecticut's largest hospital, and New Haven one of the state's poorest cities, Yale New Haven Hospital ranks 8th in the state in uncompensated care as a share of patient revenue and 5th in the share of discharged patients who lack health insurance. Approximately 28% of patients discharged from Yale New Haven Hospital in 2016 had Medicaid insurance. Given that people of color are overrepresented among patients receiving uncompensated care (including under-reimbursed Medicaid care) and among patients who lack health insurance, this raises concern that Yale New Haven Hospital is failing to adequately serve patients of color.

Additional information may be found at the following links:

- Uncompensated Care Analysis 2014-2016
- Article: New Haven Divided by Growing Income Disparity
- https://www.politico.com/story/2017/12/31/Yale-New-haven-hospital-community-trust-261660
- Connecticut State Indicator: Medicaid Coverage Rates for the Nonelderly by Race/Ethnicity
- Connecticut State Indicator: Uninsured Rates for the Nonelderly by Race/Ethnicity
- [zip file] Health Care Information System (HCIS) Data File for 2010

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13. The primary teaching hospital has demonstrated a commitment to immigrant patients including multilingual signs stating that patients are welcome regardless of immigration status, and a policy of referring immigration authorities to hospital attorneys prior to any cooperation by hospital staff.

A. The above metric is fully met
B. The hospital has some symbolic commitment to immigrant patients (e.g. signs), but no policies explicitly protecting undocumented patients
C. The hospital has no public or policy commitment to immigrant patients

Yale New Haven Hospital has no public policies or statements affirming their support for immigrant patients.

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14. All medical school staff and staff at the primary teaching hospital are paid a living wage as defined by local advocacy organizations. All full-time staff have comprehensive health insurance that is accepted at the health system where they work.

A. The above metric is fully met
B. N/A
C. Some staff earn less than a living wage and/or do not have access to comprehensive health insurance or this information is not publicly available

There is not publicly-available information on whether all Yale School of Medicine and Yale New Haven Hospital employees are paid at least the New Haven living wage ($13.05/hour for a single adult).

Additional information may be found at the following link:

- Living Wage: New Haven

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15. IRB approval process requires researchers involved in any research that uses race to precisely define race and how it is being used in the research project. Projects based on race-based genetics or any other biological notions of race are not approved. All student research projects are evaluated with regards to responsible treatment of race by a qualified faculty member.

A. The above metric is fully met
B. IRB process requires researchers to explain their use of race
C. IRB process has no requirements regarding the treatment of race or this information is not publicly available

The Yale IRB policy on the Recruitment, Appointment, Terms and Evaluation of Members and Chairs states, “The IRB will maintain diversity of membership, including race, gender, and sensitivity to community attitudes in order to fulfill its obligations to review the breadth of research that is conducted by investigators representing Yale University.” There are no specific policies protecting research subjects of color. There is no required review of how researchers use “race” in their research, and there is no routine review of student projects for their treatment of race.

Additional information may be found at the following links:

- Yale University Human Research Protection Program
- IRES IRB

Appendix C

Glossary

Appendix C: Glossary

The following terms are used in the Racial Justice Report Card itself or in the explanation of some schools' performance.

Anti-Black Racism: The Movement for Black Lives defines anti-black racism as "term used to specifically describe the unique discrimination, violence and harms imposed on and impacting Black people specifically."(For example, the belief that Black people do not experience pain or do not experience pain as severely as white people).

Anti-Racism: The practice of publicly and personally supporting policies and actions intentionally designed to dismantle racism.

Capitalism: According to the Movement for Black Lives, capitalism is "an economic system in which products are produced and distributed for profit using privately owned capital goods and wage labor." They also acknowledge that "many feminists assert that a critique of capitalism is essential for understanding the full nature of inequality, as global economic restructuring based on capitalism reflects a particular ideology that celebrates individual wealth and accumulation at the lowest cost to the investor, with little regard for the societal costs and exploitation."

Diversity: A justice-oriented state of inclusivity that actively values and celebrates people of all social identities, backgrounds, and experiences. With regards to racial inclusivity, this means actively dismantling whiteness while simultaneously empowering people of color.

Intersectionality: A concept/methodology based on the interconnection of social identities which can simultaneously affect one's experience. This is especially important to consider when thinking about and addressing intersecting oppressions. All anti-racist conversations and actions should take intersectionality into account, addressing not only race, but ability, class, gender identity, sexuality, etc.

Race: A social, political, cultural, and historical construct that artificially divides people into groups based on characteristics such as phenotype, ancestry, national origin, etc. in order to facilitate and justify exploitation.

Racism: The systematic subordination of racialized groups with little social, political, or economic power by racial groups who have more power (i.e. white people). This subordination can occur on behalf of individuals, systems, policies/laws, belief systems, and more.

Race-based Genetics: The study of heredity that relies on a largely debunked, biologically-based definition of race.

Structural Violence: Violence built into a societal institution, law/policy, or guiding belief system that subjugates people of a certain social identity and prevents people of

that population from accessing the resources they need to achieve social, physical, and mental well-being

Underrepresented minority (URM): For the purposes of this checklist, we are defining underrepresented minorities in racial and ethnic terms only and specifically Black, Latinx, and Native American students. We recognize that other racial and/or ethnic groups may be considered URMs and it is up to the school to be up to date with which populations are currently included in this definition. Further research and improved data collection are warranted to identify specific sub-groups who are also likely under-represented in medicine i.e. Cambodians, Filipinxs, etc.

Whiteness: A system of beliefs predicated on the normalizing of white supremacy through physical and psychological violence and the subjugation of other racial groups. Common manifestations of whiteness include (neo)colonialism, imperialism, capitalism, revisionist history, meritocracy, etc. As a dominant ideology in the United States, whiteness lays claim to a certain invisibility, usually by asserting itself through systemic and structural means.

Anti-Racism Training: This training can cover many topics, but should lay a foundation for guiding principles of both racism and anti-racism. In order to fully understand anti-racism as a practice, participants must have a base understanding of what racism is and how it operates. This means discussing the intentional creation of race as a hierarchical system (first through religious justifications and then "scientific" ones), the link between racism and capitalism in the United States, and white domination. With this foundation, participants can then learn about anti-racism as a practice that intentionally dismantles racism and white domination, elevates the voices of marginalized individuals, and fights for the well-being of all individuals, regardless of social identity.