What is UCLA doing to increase its Faculty diversity?
UCLA DOM is using holistic review within the limitations of Proposition 209. Often self-statements or discussions addressing distance travelled or hurdles overcome can lead to the selection of qualified applicants that may have acquired unique skills used to overcome the hurdles and identify greater upside based on innovative approaches, persistence, grit, etc. As I mentioned in Fisher vs University of Texas, the applicant sued because the holistic review led to 5 minority students with lower grades/SAT getting accepted and enrolled and not her. But it also led to 42 White students with lower grades/SAT getting accepted and enrolled. This demonstrates how a strong holistic review can capture many other elements of a qualified candidate and does not "a priori" accept or exclude any candidate because of their identity.
If Supreme Court rules against affirmative action, are there actions the state of CA can do to mitigate the harm?
Interestingly CA has already ruled against affirmative action via Proposition 209 as part of the state constitution. It could overturn the elimination of affirmative action in the state constitution. There are often differences in state rulings and laws vs. federal laws that can lead to new lawsuits with arguments over whether or not federal law supersedes state law. I think the most important strategy to mitigate the harm of removing affirmative action and removing race/ethnicity as one of many factors in holistic review will be to focus on hurdles overcome/distance travelled. However, despite different strategies, including holistic review, the UC school system has never recovered the same level of diversity that it had before the loss of affirmative action nearly 20 years ago, especially at the most competitive UC campuses like UCLA.
Thank you for this outstanding and informative talk. How can we as physicians advocate for retention of affirmative action as a medical student, residency, and faculty hiring consideration?
There are groups that are advocating to repeal Proposition 209. What repealing Prop 209 would mean is allowing race/ethnicity as one of many factors in holistic review. Quotas and point systems for race are no longer used as per the Supreme Court. As I noted above, the most important action in the interim is holistic review with a strong look at hurdles overcome/distance travelled. We also have candidates write an equity, diversity and inclusion statement that can give further insights into what they have done in this space and plan to do.
Do we have data on the proportion of college, high school, and elementary school leaders being people of color - The Pipeline Question?
A lot depends on how leaders and the "pipeline" are defined. The number of faculty from underrepresented groups (URG – e.g. marginalized racial ethnic minorities, low SES, women, LGBTQ+, disabled) remains low and the future remains a problem when we look at "the pipeline question". In my example of how our racialized society works, assigning URG to compete by climbing out of a hole and navigating a broken ladder, it is clear why so few make it. Trying to get more people in the "pipeline" in this setting will never change much but for now is all we have. In fact trying to get more people in our existing "pipeline" rather than fixing the hole and the ladder is our societal agreement to perpetuate our society's race conscious infrastructure (and discriminatory consciousness of other URG identities) and then require using a race neutral approach to assess its impact. In the K-12 space teachers from

underrepresented groups recommend high performing students from any identity to move to AP classes at equal rates, but teachers from well represented groups recommend high performing URG students to move to AP classes etc. at only half the rate they recommend students from well represented groups – this is assumed to be due to implicit bias. So this and not having role models, and more magnifies the problem. In college I was told by my advisor to forget about trying to go to medical school and my guess is if we survey our faculty those from URG groups are much more likely to have had similar experiences. So unfortunately for many URG students there is no real pipeline, just a bunch of disconnected pipes.
Thank you. The lucid perspectives you revealed will be extremely valuable in participating in Search Committees.
Thank you. I hope members of search committees take this to heart. There is always the comment of we want the “best/brightest candidate” which usually translates to scores/papers written which most often captures best resourced candidate who may or may not be the best/brightest candidate.
With the string of Supreme Court rulings over the past few decades, it looks like it is more and more important (or only possible to) focus on earlier stages of the pipeline into medicine. How can we do this more effectively?
Great question. Yes, we do want to intervene earlier because what we have now is a subset of survivor candidates as I noted above who navigated climbing a broken ladder from out of a hole. Those that make it are also comprised of a mix of those who may or may not be the best/brightest candidate for medicine. But a disproportionate % of talented students with high aptitude in biomedical sciences are lost in the early years. Until we have the will to provide equitable investments into K-12 public education change will be slow and is likely to now reverse. At UCLA we have several grants and programs directed to capture students earlier in the career trajectory. The medical school has Student National Medical Association (SNMA) - Latino Medical Student Association (LMSA) chapters, which work closely with Black and Hispanic pre-med students. DOM also has NIH Funded High School and Undergraduate Summer Research programs. Ideally we would have more programs at a K-12 level. Charles Drew University has a Saturday Science program for children from pre-K to grade 12 (https://www.cdrewu.edu/community/pipeline/ssa). The Dean’s office is in the process of collating all such programs in the School of Medicine.
I think it may help and important to consider “ability to overcome hardships” as a metric in selection, acceptance, and recognition.
I agree absolutely. As I noted above the holistic review should and usually does include ability to overcome hardships or distance travelled as a metric. The issue is how or if the committee members use that information.
As a nonprofit institution, how can we leverage our tax exemption status to utilize our monies to invest more in the communities we serve to help fill the hole and fix the ladder to impacted individuals? From a social determinants of health (SDOH) perspective, I think UCLA has an opportunity to not only help the external community through programming, but also help its internal community by providing more pathways to leadership and equitable pay across the board from trainees to staff to faculty. I would love to hear your thoughts on this!

From a SDOH perspective the UCLA Health system is part of the Healthcare Anchor Network (https://healthcareanchor.network), a national consortium of ~70 hospitals and health systems dedicated to addressing economic and racial inequities in their local community, which are the major conditions that create poor health. UCLA Health has ongoing meetings to address best ways to leverage their assets including hiring, purchasing, and investment in under resourced communities for a positive, local economic effect to achieve equity, community wellbeing, and sustainability as core principles of healthy communities. The State of Pennsylvania Supreme Court ruled 2 weeks ago the state must equally distribute state resources for K-12 schools. This will face harsh backlash, but is a step toward creating equality. If accomplished it will not fill a gap created by longstanding disinvestment, which would be needed to create equity. In K-12 across our nation we have neither and because of redlining and the persistence of residential segregation non-White school districts get $23B a year less than White school districts of public dollars and this does not include private schools which is a system massively expanded (much with public dollars) to bypass Brown vs. Board of Education ruling to eliminate school segregation.
I agree about addressing the internal UCLA community by providing more pathways to leadership and equitable pay. For DOM that process has been slowly occurring and more is underway as part of the new strategic plan and wellness committee and more. Hopefully there will be implementation of more soon and even more should come through the strategic planning process.

Is it ironic that landmark restrictions on affirmative action occurred at UC Davis, led by a Marine who identified as White and was older than a typical applicant (this was also part of the scoring formula at the time)? The upshot seems to be that age discrimination went down significantly but minority group admission plummeted and recovered slowly and inequitably over the past 45 years?

Great point. The minority group admission has slowly increased but with waxing and waning. Since Prop 209 it has fallen again in California over the last 10 years. As I mentioned in the 8 states that banned affirmative action the % of URG medical students fell over the subsequent 5 years and I said by about 5-6%, but it was actually 5-9 percentage points (14.8% URM per class to 9.3% per class or 37% relative reduction). If that happens nationally the percent of URM physicians in academia will remain low and a lot of talented people will continue to be passed over or redirected. While I agree with removing quotas, it is interesting that in many of these Supreme Court cases the experience of 1 candidate carries more weight than evidenced based data. It is like using an individual patient case to make clinical practice guidelines and override information from large trials. Large clinical trials are not perfect but I think a much better position to start from than individual cases.

Do you see more discussion and understanding about gender and sexual minorities as well as people with disability happening?

Yes I do, especially as more data becomes available. Our team is looking at both about gender and sexual minorities as well as people with disability much more closely in the biomedical and health science undergraduate education space as part of one of our grants. In our grant we evaluate a series of interventions designed to address implicit biases and more, as well as what are the most effective means to overcome those biases and create a level playing field for persons of any

marginalized identity(ies).
[https://www.diversityprogramconsortium.org/pages/data_briefs]
Of note 2019 the California Gender Recognition act requires all systems, or reports that store and use gender information should include a non-binary gender option – Thus, three gender options need to be available on information systems as a minimum (Woman, Man, or Non-binary) with a long list preferred. With data such as this we can better assess gaps in representation and the impact of potential biases. And we need to do the same with disabilities.

While most academic training programs now adopt the principles of holistic review, the practice introduces challenges, especially in fellowship programs, where metrics like a record of publication in high impact journals holds massive sway. How does a top tier academic program manage balancing a record of success with the potential of the applicant to thrive with mentorship and support?

Great question and tough issue. We reinforce our own biases by what we value. If we value 11 papers with no people skills or ability to overcome hurdles from a privileged candidate who was working in lab of their parents friend over a rural candidate with 7 papers and demonstrated track record of compassion and overcome hardships, I would question if we are really taking the best and brightest or are we taking the best resourced? The 11-paper candidate should be not penalized for their accomplishments but they should also not automatically be deemed the best overall candidate. But if papers at an early stage rule the day regardless of how they got there, I am skeptical if we took 10 applicants like that and none of the other group that we actually got the best and the brightest. And if we can't admit a rural kid overcoming major hurdles with 7 papers and make them reach their full potential and become a true star, then we suck as a faculty. ☺

Are there any studies on effect of the role of search/admissions committees' structure on inequality in medicine?

There have been studies within the UC to demonstrate that implicit bias and holistic approach training led to a greater number of persons from underrepresented groups being advanced at each step including selection. Other studies have suggested having a few committee members who are equity advocates (EAs), trained volunteer faculty and staff members who serve on search committees outside their home departments to identify behaviors and judgments that might have a disparate racial effect in hiring. In one study of EAs search committee members credited them with helping to mitigate bias by questioning their assumptions and introducing standardized tools for evaluating candidates.
Substantial data suggests if the committee is comprised of people from different groups (and not just one or two) there is likely to be people speaking up about biased behaviors and the recent data from VA study sections identifying better likelihood of funding for women and minority applicants when there are more women or racial and ethnic minority individuals on the review committee support this notion. *(Cahn PS, Gona CM, Naidoo K, Truong KA. Disrupting Bias Without Trainings: The Effect of Equity Advocates on Faculty Search Committees. Innov High Educ. 2022;47(2):253-272 & Boyer TL, Essien UR, Litam TMA, Hausmann LRM, Suda KJ. Analysis by Gender and Race and Ethnicity of Reviewers and Awardees for Intramural Research*

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