

IOM Recommendations

From 2004 report “In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce”
(Most relevant recommendations for Exemplary Practices in bold face)

- 2.1 **HPEIs should develop, disseminate, and utilize a clear statement of mission that recognizes the value of diversity in enhancing its mission and that of the relevant health care professions.**
- 2.2 **HPEIs should establish explicit policies regarding the value and importance the institution places on the teaching and provision of culturally competent care and the role of institutional diversity in achieving this goal.**
- 2.3 **Admissions should be based on a comprehensive review of each applicant, including an assessment of applicants’ attributes that best support the mission of the institution (e.g., race/ethnicity, background, experience, multilingual abilities). Admissions models should balance quantitative data (i.e., prior grades and standardized test scores) with these qualitative characteristics.**
- 2.4 **Admissions committees should include voting representation from underrepresented groups. In additions, HPEIs should provide special incentives to faculty for participation on admissions committees (e.g., by providing additional weight or consideration for service during promotion review) and provide training for committee members on the importance of diversity efforts and means to improve diversity within the committee purview.**
- 3.1 HRSA’s health professions programs should be evaluated to assess their effectiveness in increasing the numbers of URM students enrolling and graduating from HPEIs to ensur that they maximize URM participation.
- 3.2 Congress should increase funding for Public Health Service Act Titles VII and VIII programs shown to be effective in increasing diversity, and should develop other financial mechanisms to enhance the diversity of the health care workforce.
- 3.3 State and local entities, working where appropriate with HPEIs, should increase support for diversity efforts through programs such as loan forgiveness, tuition reimbursement, loan repayment, GME, and supportive affiliations with community-based providers.
- 3.4 **Private entities should be encouraged to collaborate through business partnerships and other entrepreneurial relationships with HPEIs to support the common goal of developing a more diverse health care workforce.**
- 4.1 The U.S. Department of Education should strongly encourage accreditation bodies to be more aggressive in formulating and enforcing standards that result in a critical mass of URM throughout the health professions.
- 4.2 Health professions accreditation bodies should develop explicit policies articulating the value and importance of providing culturally competent health care and the role it sees for racial and ethnic diversity among health professionals in achieving this goal.
- 4.3 Health professions education accreditation bodies should develop standards and criteria that more effectively encourage health professions schools to recruit URM students and faculty, to develop cultural competence curricula, and to develop an institutional climate that encourages and sustains the development of a critical mass of diversity.
- 4.4 Accreditation standards should include criteria to assess the number and percentage of URM candidates, students admitted and graduated, time to degree, and number and level of URM faculty.

- 4.5 Accreditation-related advisory boards and accreditation bodies should include URM and other individuals with expertise in diversity and cultural competence.
- 4.6 If diversity-related standards are not met, the institution should be required to declare formally what steps will be put in place to address the deficiencies. Repeated deficiencies should result in accreditation-related sanctions.
- 5.1 HPEIs should develop and regularly evaluate comprehensive strategies to improve the institutional climate for diversity. These strategies should attend not only to the structural dimensions of diversity, but also to the range of other dimensions (e.g., psychological and behavioral) that affect the success of institutional diversity efforts.**
- 5.2 HPEIs should proactively and regularly engage and train students, house staff, and faculty regarding institutional diversity-related policies and expectations, the principles that underlie these policies, and the importance of diversity to the long-term institutional mission. Faculty should be able to demonstrate specific progress toward achieving institutional diversity goals as part of the promotion and merit process.**
- 5.3 HPEIs should establish an informal, confidential mediation process for students and faculty who experience barriers to institutional diversity goals (e.g., experiences of discriminations, harassment).**
- 5.4 HPEIs should be encouraged to affiliate with community-based health care facilities in order to attract and train a more diverse and culturally competent workforce and to increase access to health care.**
- 6.1 HPEI governing bodies should develop institutional objectives consistent with community benefit principles that support the goal of increasing health care workforce diversity including, but not limited to efforts to ease financial and non-financial barriers to URM participation, increase involvement of diverse local stakeholders in key decision-making processes, and undertake initiatives that are responsive to local, regional, and societal imperatives.**
- 6.2 Health professions accreditation institutions should explore the development of new standards that acknowledge and reinforce efforts by HPEIs to implement community benefit principles as they relate to increasing health care workforce diversity.
- 6.3 HPEIs should develop a mechanism to inform the public of progress toward and outcomes of efforts to provide equal health care to minorities, reduce health disparities, and increase the diversity of the health care workforce.**
- 6.4 Private and public (e.g., federal, state, and local governments) entities should convene major community benefit stakeholders (e.g., community advocates, academic institutions, health care providers), to inform them about community benefit standards and to build awareness that placing a priority on diversity and cultural competency programs is a societal expectation of all institutions that receive any form of public funding.**
- 7.1 Additional data collection and research are needed to more thoroughly characterize URM participation in the health professions and in health professions education and to further assess the benefits of diversity among health professionals, particularly with regard to the potential economic benefits of diversity.**
- 7.2 Local and national efforts must be undertaken to increase broad stakeholders' understanding of and consensus regarding steps that should be taken to enhance diversity among health professionals.**
- 7.3 Broad coalitions should advocate to vigorously encourage HPEIs, their accreditation bodies, and federal and state sources of health professions student financial aid to adopt policies to enhance diversity among health professionals.**