Guide to Best Practices in Recruiting, Engaging, and Retaining a Diverse Student Population

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Contributing authors from the Office of Diversity and Inclusion:

Juanyce D. Taylor, Ph.D.
Chief Diversity and Inclusion Officer
Dr. Taylor is also an Associate Professor in the Doctor of Health Administration Program in the School of Health Related Professions.

Rashanda R. Booker, Ph.D.
Director, Institutional Equity and Partnerships

Shirley Pandolfi, M.P.H.
Cultural Competency and Education Manager

Mandy Scott, M.H.S.
Director, Diversity Assessment and Programs

Other contributors:

Natalie W. Gaughf, Ph.D., ABPP
Director, Office of Academic Support, Office of Academic Affairs and Associate Dean of Student Affairs, John D. Bower School of Population Health
Dr. Gaughf is also a Professor in the Department of Population Health Science and Department of Family Medicine in the School of Medicine.

Scott M. Rodgers, M.D.
Chair and Professor, Department of Psychiatry and Human Behavior, School of Medicine and Co-Founder, UMMC Center for LGBTQ Health

DeAnn H. Walter, M.Ed.
Student Services Coordinator and Recruiter, School of Health Related Professions

Edgar R. Meyer, Ph.D.
Alumni, Clinical Anatomy Ph.D. Program, Department of Neurobiology & Anatomical Sciences, School of Graduate Studies in the Health Sciences and former president of the Associated Student Body (2018-19)
INTRODUCTION

Diversity and inclusion is integral to the University of Mississippi Medical Center (UMMC) and its three mission areas – education, research, and health care. This commitment to attracting and retaining a diverse and inclusive workforce and student body is the reason this guide was published by the Office of Diversity and Inclusion. In order to create a more diverse and inclusive environment that extends through all areas of the institution, this guide will provide valuable strategies, content, and tools to ensure more intentional approaches to achieving diversity and inclusion.

EXECUTIVE SUMMARY

This guide is divided into four parts, and is intended to be supportive and consistent with best practices guidance. It highlights student characteristics with detailed descriptions, defines commonly used terms, addresses outreach and building collaborations with student affairs personnel and academic leaders, makes a compelling case for increasing diversity and inclusion in the learning environment, and offers evidence-based solutions and interventions for student success. Readers are encouraged to share information from this guide with other faculty and administrators, and use tools provided to incorporate in student handbooks, syllabi, or in everyday practice. Four important institutional policies for the University of Mississippi Medical Center are also included in this guide.
Large-scale demographic shifts are requiring higher education institutions to strategically rethink recruitment, engagement, and retention of diverse student populations. Outdated practices are no longer able to provide colleges and universities the framework needed to enroll and graduate a robust, diverse student population.

Let’s take a closer look at Mississippi’s population.\textsuperscript{1,2} According the \textit{U.S. News and World Report} and the United States Census Bureau:\textsuperscript{3,4}

- The 2017 median household income of $43,529 was the lowest in the U.S., and nearly 21% of the state was below the poverty line with almost one to every three children under the age of 18 living in poverty.

- Today, 58.8% of Mississippi’s nearly 3 million residents are White and 37.6% are Black (the highest share of any other state in the U.S.).

- Less than 5% of Mississippians are American Indian, Asian, Hispanic or any other race combined.

- Approximately 2% of Mississippi residents were born outside the U.S., and about 4% speak a language other than English at home.

- The state’s population growth has been stagnant, like many other Southern states. Jackson, the state’s capital, has just under 171,000 residents, and is the most populous city, followed by Gulfport, Southaven, Hattiesburg, and Biloxi.

- About 84% of Mississippians graduated from high school, but only 22% hold at least a bachelor’s degree.

- The state is tied for most religious in the country with Alabama, with Pew Research identifying 77% of adults as highly religious.
From 2015 to 2016, all racial and ethnic minority groups proliferated faster than the White majority, thus demonstrating that diversity in the U.S. is steadily increasing. These projections suggest an even greater level of diversity among Mississippi Whites and Blacks or African Americans than the national percentages which are 76.6% and 13.4%, respectively.

Education in Mississippi is at a critical juncture. In order to successfully move forward, it is imperative to acknowledge and examine the past, and intentionally prepare for the future. Access to quality education is still a major challenge thus lessening opportunities for children while creating an educational generational gap.

Based on demographic data from the Office of Enrollment Management, regarding the student population at UMMC, nearly 75.4% of students are self-identified as White while the remaining 24.6% of students self-identify as non-White including 13% who identify as Black or African American. These estimates are much closer to those representing the racial and ethnic diversity in the country as a whole.

The overall ranking in education for the state of Mississippi is 46 compared to the other 50 states, and falls short on education funding by $1.5 billion. The ranking is 47 for K–12 education and 30 for higher education.
PART ONE
DEFINING SPECIFIC POPULATIONS

For the purpose of this guide, this section will describe terminology or groups most often associated with diverse student populations and highlights promising recruitment and retention strategies.

FIRST-GENERATION STUDENTS
Since the 1980s, the definition of first-generation has evolved as higher education has expanded and enrollment diversified. These variations have emerged for specific programs and research, in order to meet specific needs of the population. According to the National Center for Education Statistics (NCES), first-generation students are defined as those whose parents’ highest level of education is a high school diploma or less. In cases where parents have different levels of education, the maximum education level of either parent determines how the student is categorized. Some institutions may define first-generation as neither parent having earned a four-year college degree. First-generation students account for nearly one-third of college undergraduates and completion rates remain low. Moreover, students with at least one parent who attended college are 54% more likely to earn a degree after four years.

Success of first-generation students is critical. By 2020, 65% of all jobs will require some level of postsecondary education. More importantly, degree attainment is tied to employability and earnings which also correlates with better health, greater civic participation, and more tax dollars. Higher education institutions are instrumental in facilitating the experiences of these students by applying innovative and intentional approaches to success in a challenging, yet rewarding, educational climate.

LOW-INCOME STUDENTS
The U.S. Department of Education defines “low income individual” as one whose family’s taxable income for the preceding year did not exceed 150 percent of the poverty level amount. In January 2019, a family of four with a total income of $38,625 is considered poverty level (with the exception of Alaska and Hawaii). This amount is slightly below the median income level in Mississippi of $43,529. Among recent high school graduates from families earning below $30K per year, 39% enroll in a four-year college, while another 24%
enroll in a two-year college. In contrast, 61% of students from wealthy families (those earning above $100K per year) enroll in four-year institutions and 21% enroll in two-year institutions.¹⁰

Unfortunately, there is discourse around students from low socioeconomic (SES) backgrounds in higher education and the conception associated with low entrance scores, decreasing standards, and academic struggle and failure. Limited research has focused on more positive elements of success such as resilience, self-efficacy, and higher levels of motivation for students from low SES.¹¹

Changes in protocol to effectively and strategically recruit lower-income students is not a strenuous task. Simple strategies such as offering customized admissions by program type (i.e., early-entry, pre-matriculation or bridge programs), increasing outreach to professionals and educators in local high schools, providing financial aid information earlier, and crafting recruitment visits that fit the needs and concerns of low-income students are just a few small improvements that can create a meaningful impact.

Numerous studies have focused on experiences of students from low SES backgrounds and psychological barriers such as:

- **Emotional Experiences**
  (emotional distress, well-being)

- **Identity Management**
  (sense of belonging)

- **Self-perception**
  (self-efficacy, perceived threat)

- **Motivation**
  (achievement goals, fear of failure).¹²
Consider the following practices for improving student recruitment and retention efforts for first-generation or low-income students.

- **Understand the education landscape.** Learn how state and federal allocations are impacting education (at all levels) and job markets, and the potential impact these decisions will have on students with limited financial resources.

- **Create a plan.** The role of admissions staff, recruiters, faculty and other academic support personnel can be extremely vital in developing strategic recruitment activities. Establish a committee to create an enrollment management plan, a data-driven process with specific goals and objectives that addresses all aspects of admissions and continuous enrollment (i.e., recruitment, admissions processes, new and transfer students, retention, graduation, time to degree, financial aid, etc.).

- **Expand outreach.** Outreach strategies such as using faculty members or current students who may also have been first-generation students in outreach and recruitment activities may yield great benefit and also leverage resources. Increase outreach to high schools, colleges, and universities where there are higher concentrations of low income, first-generation, minority or underrepresented students. Recruitment efforts at schools or institutions that are private, predominantly White, or enroll students from families with higher socioeconomic (SES) backgrounds limits the reach of minority and/or students from low SES backgrounds that may not otherwise have the same access.

- **Be proactive.** Help students navigate the pathway to higher education, so that few barriers exist upon entry. Shadowing, mentoring, and pipeline programs provide unique opportunities for students who may not have direct exposure to mentors or quality academic resources to help prepare them for college or a career. Host opportunities for promising students to visit academic programs to learn more about the faculty, courses, and culture of the department. Smaller orientation sessions that provide more detailed financial aid information or give step-by-step instructions on completing the FAFSA or admissions application may be beneficial to students. Utilize faculty and staff to assist.

- **Engage parents or guardians.** While there are many parents of first-generation and low income students that desire to help their children to successfully enroll in college, the processes are almost foreign to them. Offering orientations or “family days” that provide parents and families with answers to their questions, or partnering with high schools to meet with parents about higher education options and/or careers can make a lasting impact. It will be necessary to become educated and well-informed about the many obstacles possibly faced in families of low income and first-generation students.

- **Utilize a networked approach.** Through intentional collaborations and information sharing, a networked approach for improving retention and strengthening academic support for students offers a collaborative, resource-sharing opportunity to support larger numbers of students while lessening the burden of a single office, department, or individual providing these services. A visible and highly student-centric and supportive academic environment helps reduce stigma associated with accessing resources after a negative outcome (i.e., poor midterm grades, academic probation, failed board exam).
WHAT IS MEANT BY UNDERREPRESENTED?

In the U.S., higher education is considered a necessary pathway for economic prosperity and social mobility. While college education benefits students of all backgrounds, there are likely to be distinct economic benefits for students from traditionally underserved and underrepresented populations.¹³

Even with the complexities of understanding which groups or populations are considered “underrepresented,” this designation is most consistent with the groups whose percentage is lower than that of the general population of the country, state, institution or profession.

Most federal agency guidelines and operational definitions of diversity-related program design and evaluation are focused on race/ethnicity, gender, physical (dis)ability, socioeconomic status, and increasingly on returning student or first-time-in-college status and veteran status.¹⁴

For the purposes of the health professions, the U.S. Health Resources and Services Administration (HRSA) consider individuals from the following self-identified racial and ethnic backgrounds underrepresented:

- **American Indian or Alaska Native** – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment;

- **Black or African American** – a person having origins in any of the Black racial groups of Africa;

- **Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands; and

- **Hispanic or Latino** – identifying as Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.¹⁵
Following are several ways in which “underrepresented” is used or considered by federal entities and other organizations:

- The Association of American Medical Colleges (AAMC) defines underrepresented in medicine (URM) as “those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”

- AAMC reports that nationally underrepresented racial and ethnic groups comprise about 9% of the U.S. physician workforce; this poses important concerns for effective health care delivery. Among those with a medical degree, only about 2% report a career in research, and among MDs (or MD-PhDs) with NIH research grants, about 7% were awarded to individuals from these underrepresented racial and ethnic groups.

- HRSA defines underrepresented minority (URM) as an individual from a racial and/or ethnic group considered inadequately represented in a specific profession relative to the representation of that racial and/or ethnic group in the general population.

- The National Science Foundation reports that African Americans, American Indians and Alaska Natives, Hispanics (or Latinos), Native Hawaiians and other Pacific Islanders are underrepresented at many career stages in health-related sciences on a national basis. Individuals from these groups are underrepresented when compared to their age cohorts in science-baccalaureate earners, among science-PhD earners, and in the biomedical workforce.

- The U.S. Census Bureau considers Black or African American, American Indian, and Hispanic or Latino of any race “underrepresented minorities,” although the 2010 Census began to account for an increasingly multiethnic and mixed ethnicity population in the country in the next decade.
Other commonly used terms that may be used to describe underrepresented student groups or populations include:

- **Disadvantaged background** refers to a citizen, national, or a lawful permanent resident of the United States, the Commonwealths of Puerto Rico or the Marianas Islands, the U.S. Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands, or the Federated State of Micronesia who is:17

- **Environmentally Disadvantaged** – an individual’s environment inhibited him/her/them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school.

- **Economically Disadvantaged** – an individual from a family with an annual income below a level based on low-income thresholds, according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of the U.S. Department of Health and Human Services, for use in all health professions programs. A family is a group of two or more individuals.

- **Educationally Disadvantaged** – an individual who comes from a social, cultural, or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a health professions education or training program.

**RURAL STUDENTS**

The college attainment gap between rural and urban students is widening. National Student Clearinghouse data show that 59% of rural high school graduates enroll in college the following fall compared to 62% of urban high school graduates and 67% of suburban high school graduates. These margins are exacerbated by lower persistence and completion rates,19 with data from NCES showing that only 29% of college enrollees are rural students compared to 48% from cities.20

Research studies show that approaches to increasing career readiness or adopting new ideals from a dominant culture could be challenging for rural students. For example, rural students have less exposure to various economic fields and careers compared to students from more urban areas. In addition, rural students are stated to having unique cultural values such as:

- Realization of the importance of family
- Strong sense of community
- Belief that “common sense” is more important than intellectual ability
- Mistrust of those outside the community
- Adherence to gender-role stereotypes
- Strong work ethic
- Strong religious beliefs21

Despite gains in geographic, ethnic, and racial diversity in the U.S., rural students attending higher education institutions exhibit some commonalities. A few similarities rural students exhibit are heightened anxiety, lower retention rates, greater economic obstacles, social alienation, and identity conflicts compared to more urban classmates.22

Rural communities are continuously affected by historical biases and disregard, therefore educators must ensure the success of rural students. Financial assistance, mentoring, student involvement, and community engagement in rural areas are a few strategies to guarantee this success.
NON-TRADITIONAL STUDENTS

Another key audience to also consider for recruitment and enrollment is adult and non-traditional learners. Students in this category are most often described as adult students, age 25 years or older, with characteristics of:

- Delayed entry to higher education
- Single parenthood
- Those with dependents
- Employed full-time
- Attending school part-time
- Financially independent
- Non-standard entry qualifications

By this definition, 38% of college students in the U.S. are classified as non-traditional students. Non-traditional student experiences will not likely mimic their counterparts due to their need for flexibility, maturity level, emotional perspective, financial responsibilities, and life demands. Thus recruiting non-traditional students may require more non-traditional strategies.

In the U.S., there has been significant growth in the number of adult and non-traditional learners (including experienced professionals) returning to higher education, particularly for continuing education. According to the NCES, “the percentage increase in the number of students age 25 and over has been larger than the percentage in the number of younger students. By 2020, the percentage of enrollment for students 25 and older is projected to increase by 20% over 2010 levels.”
DIVERSE NATIONAL ORIGINS

Legislation passed in the last two decades has facilitated the immigration of college-educated individuals to the U.S. by creating temporary visa programs for high-skilled workers and attracting international students to higher education institutions, especially those in science, technology, engineering, and math (STEM) fields.\textsuperscript{25}

According to The Integration of Immigrants into American Society (2015), immigrants and their children born in the U.S. account for about one in four people with 46% being naturalized U.S. citizens, and another 36% as permanent legal residents.\textsuperscript{26} Almost a third of foreign-born individuals living in the U.S. have a bachelor’s degree or higher (15%) and are more likely to have a doctorate or professional degree than native-born Americans (10%).

The top three countries of origin for college-educated immigrants were India (14%), China (including Hong Kong, about 8%), and the Philippines (8%).\textsuperscript{25}

In 2014, immigrants accounted for 16% of all civilian employed workers (of which 32% of computer programmers, close to 30% of health-care support professionals, and nearly 26% of physicians).
INTERNATIONAL STUDENTS

Currently, 1.2 million international students study at North American postsecondary educational institutions, with 336,000 choosing Canada and 866,052 enrolling in the U.S. which adds to the diversity of the student population. According to the Institute of International Education, in 2014, international students contributed more than $27 billion to the U.S. economy. Research on international student success finds that key academic support needed include:

- **Academic advising.** International students benefit from early and frequent advising, preparation for meeting program expectations in the classroom and workplace, and assistance with communication skills.

- **Academic integrity.** International students often have a different understanding of academic integrity. Inform international students early in their academic career about these standards.

- **Verbal and written communication.** Language barriers, especially oral communication, may be a challenge for international students. Graduate students who speak English as a second language (ESL) may also need support with writing theses or dissertations. Teaching assistants or writing centers will ensure support for both domestic and international students.

- **Financial support.** Academic or student support services should help students navigate through financial aid options, student accounting processes, and even banking sources.

- **Health and wellness support.** International students are more likely to use campus health services. Be mindful that becoming a student in a new country may result in more illness, anxiety, or distress due to change in diet and lack of knowledge about how to acquire health services.

- **Social and cultural support.** International students often seek a space where they can engage with others from their home country and often form strong ties with international student organizations.

- **Transition support.** Adjustment issues are common among international students who have traveled from another part of the world. Design transition programs or orientations specific for international students’ unique needs.

- **Immigration support.** It is important that international students successfully navigate government processes and maintain appropriate status during their academic career in the U.S. Include appropriate contact information in academic resources about access to immigration documents and processes. Include information on institutional offices that can offer additional advisement and support.

- **Accommodation support.** Support international students by sharing information about housing, facilities, transportation, and other community services.

- **Employment support.** Work permits may be necessary for international students seeking employment after graduation.
LGBTQ+ STUDENTS
Lesbian, gay, bisexual, transgender, and queer (LGBTQ) students, faculty, and administrators are more visible than ever at colleges and universities in the U.S.; however, conditions relating the campus climate often remain difficult for this population.

According to the Association of Governing Boards of Universities and Colleges (2014), demographers suggest there may be nearly one million LGBT students and more than 160,000 faculty and staff members at universities and colleges across the nation. LGBT students, faculty, and staff bring distinct perspectives, experiences, and immeasurable diversity to colleges and universities; therefore, student support services and effective non-discriminatory policies and practices must be instituted to end issues of discrimination or harassment.

Preferred Gender Pronouns
A “preferred gender pronoun” (or PGP) is the pronoun that one chooses to use for themselves. “She, her, hers” and “he, him, his” are most commonly used and described as “female/feminine” and “male/masculine” pronouns. Gender-neutral pronouns include “they, them, theirs” or “ze, hir, hirs.” Because gender identity is an internal sense of one’s own gender one does not necessarily know a person’s correct gender pronoun by looking at them and it is acceptable to ask. Using a person’s chosen name and desired pronouns is a form of mutual respect and basic courtesy.

Below is an example of inclusive language and services offered to support the retention of LGBT students at UMMC.

Dear UMMC Student:

On behalf of UMMC’s Center for LGBTQ Health, we would like to take this opportunity to welcome everyone to our campus. Being “out” as a member of the LGBTQ community can be very challenging, but being “closeted” certainly carries its own set of risks, not the least of which includes a profound sense of isolation and loneliness. There are higher rates of depression, anxiety, substance abuse, and suicide within the LGBTQ community, and one of the major contributors is society’s lack of acceptance and support. It is our sincere hope that each and every student who chooses to train at UMMC will feel comfortable in our learning environment such that they are able to live their lives with authenticity. Further, we strive to build a community of faculty and staff who will embrace all students, regardless of sexual orientation and/or gender identity, allowing for a sense of openness, togetherness and belonging. At UMMC, all things are possible, and we are very glad that you are here!

Scott M. Rodgers, MD
Professor and Chair
Department of Psychiatry and Human Behavior
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216-4505
Phone (601) 984-5815
A few commonly used terms associated with LGBT populations include:

**Ally** – A person who is not LGBTQ but shows support for LGBTQ people and promotes equality in a variety of ways.

**Bisexual** – A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

**Closeted** – Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.

**Gay** – A person who is emotionally, romantically or sexually attracted to members of the same gender.

**Gender expression** – External appearance of one’s gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

**Gender identity** – One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.

**Gender non-conforming (or non-binary)** – A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

**Gender transition** – The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

**Lesbian** – A woman who is emotionally, romantically or sexually attracted to other women.

**Queer** – A term people often use to express fluid identities and orientations. Often used interchangeably with “LGBTQ.”

**Questioning** – A term used to describe people who are in the process of exploring their sexual orientation or gender identity.

**Sexual orientation** – An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

**Transgender** – An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

In the 2010 State of Higher Education for Lesbian, Gay, Bisexual, and Transgender People, LGBTQ respondents were:

- 23% more likely to experience harassment when compared to 12% of their heterosexual peers;
- 83% more likely to indicate the harassment was based on their sexual identity compared to 12% of their heterosexual peers; queer respondents were most often stared at (44%) or singled out as resident authority due to their identity (45%);
- Twice as likely to be targets of derogatory remarks (61%), stared at (37%), and singled out as “resident authority” regarding LGBT issues due to their identity (36%) when compared with their heterosexual counterparts; and
- Most often targets of derogatory remarks (66% those identifying as gay), while lesbians or similar were most likely ignored deliberately or excluded (53%).
STUDENTS WITH DISABILITIES

Disability inclusion as a part of the campus climate can contribute to improved social and educational outcomes for students with disabilities, support faculty and staff with disabilities, and lead to greater understanding and engagement with disability among the campus community. In this context, disabilities may be behavioral, cognitive, or physical which may also affect a person’s vision, movement, thinking, remembering, learning, communication abilities, hearing, mental health, or social relationships.

According to NCES (2016), 11% of undergraduates and 5% graduate students reported having a disability in 2011-12. Within this percentage, there were noted differences in the percentages of undergraduates with disabilities by characteristic such as veteran status, age, dependency status, and race/ethnicity. For example:

- 21% of undergraduates were disabled veterans compared with 11% nonveterans;
- Undergraduates having a disability was higher among those age 30 and over (16%) compared to those ages 24-29 (11%) and 15-23 (9%);
- 9% of dependent undergraduates reported having a disability, which was lower than the percentages for independent undergraduates who were married (13%) or unmarried (14%); and
- 8% of Asian undergraduates reported having a disability which was lower than other racial/ethnic groups.

Reaching students with disabilities to better understand their needs rely on students’ self-identification or disclosure and self-advocacy. Unfortunately, coping with potential stigma and discrimination is a barrier and may limit access to services as well as intensifying feelings of isolation and invisibility.

Following is an excerpt of an institutional policy concerning rights and responsibilities of students, faculty and staff regarding students with disabilities.

Students with disabilities have the right to:

- Equal access to courses, programs, services, jobs, activities, and facilities offered by the university or college;
- An equal opportunity to work and to learn, and to receive reasonable accommodations, and/or reasonable auxiliary aids and services;
- Confidentiality of all information regarding their disability and to choose to whom, outside of the University, information about their disability will be disclosed, except as disclosures are required or permitted by law.

Faculty and staff have the right to:

- Maintain the academic integrity and standards of all courses and programs;
- Determine the essential elements and valuation standards of their courses and programs;
- Receive timely notice from the student of the need for accommodation so that appropriate arrangements can be made;
- Consult with subject matter experts on any approved accommodation if it is believed that the accommodation causes a fundamental alteration to the essential elements or evaluation standards of a course or program.
PART TWO

ENGAGING AND RECRUITING DIVERSE STUDENTS

Now, more than ever, higher education institutions including health professional schools are more pressured to confront the question of how to recruit more diverse students. This section provides best practices and recommended actions for effective student recruitment.

STREAMLINED RECRUITMENT STRATEGIES

With increases in high school completion and college enrollment trends, there has also been a drastic change in overall demographics across the U.S. Though this is well-known and recognized by higher education leaders, there remains underrepresentation and lack of diversity in the health professions. Despite efforts to improve workforce diversity through programs that enhance educational opportunities for women and underrepresented students, several barriers to achieving a more diverse health workforce have been documented including cost, academic preparation, unwelcoming campus climates, and lack of social and emotional support.\(^3\,4\)

Academic leaders must understand all important features of recruitment and the importance of identifying talented and qualified students to meet enrollment goals and workforce needs. Recruitment includes building a strong applicant pool, interview decisions, offers, and matriculation.\(^3\,5\) However, determining how to effectively recruit students is an uphill battle as competition from other higher education institutions and health professional schools has become greater in recent years. Not only are the nation’s demographics expanding; so are the ways to capture student’s attention. Traditional student recruitment strategies that have been used for decades (i.e., career fairs, distribution of brochures or promotional items) provide the foundation of informing students what is available to them, yet much more is required to recruit, enroll, and retain students at all levels, especially those from diverse student populations.

An emerging tool for student recruitment is the use of websites, social media, and online marketing. An intuitive website should streamline and highlight content, including navigation bars, engaging visuals such as slide shows, videos, and interactive buttons that encourage students to apply. Mobile-friendly websites, advertising campaigns, and use of QR codes (to interact with smartphones) also helps to appeal an ever-increasing and diverse student base.
Following are suggestions to finding diverse talent and ways to better connect with (and market to) diverse student populations:

- **Establish your diversity and inclusion brand through:**
  - vision or commitment statements
  - images highlighting diverse faculty, staff, and students
  - demographic statistics
  - student organizations with a diversity emphasis
  - public recognition and stories about diversity and inclusion efforts
  - testimonials or videos
  - social media
  - awards received for diversity and inclusion

- **Make strategic diversity recruitment a priority**

- **Target and build strategic partnerships with institutions that serve predominantly minority populations**

- **Partner with campus offices, departments, or thought leaders to leverage resources and cut recruitment costs**

- **Diverse students know and talk to other diverse individuals - capitalize on this network to bolster recruitment**

- **Attend career fairs or conferences targeting diverse or underrepresented students**

- **Create an early-identification program and stay connected to students through shadowing experiences or virtual mentoring**

- **Build a strong, positive relationship with admission counselors, advisors, and personnel from other institutions**

- **Establish articulation agreements with other institutions**

- **Offer financial support for prospective students to visit the campus or program**

- **Require admission committee members to participate in unconscious bias training**

- **Utilize appropriate metrics to monitor strategic diversity recruitment. Metrics may include:**
  - % of diverse or underrepresented applicants
  - % of diverse or underrepresented students interviewed
  - % of diverse or underrepresented students offered admission
  - % of diverse or underrepresented students accepting offers and matriculating
  - % of diverse or underrepresented students at all levels and programs
  - % of satisfaction from standardized surveys by diversity demographics
  - Retention rate of diverse of underrepresented students at all levels and programs

**During the admissions interview phase:**

- Include information about diversity and inclusion during the interview day for all candidates

- Provide printed information of programming and resources related to diversity, inclusion, and financial aid for all candidates

- Provide outreach during the interview by including enrolled students from diverse or underrepresented backgrounds (i.e., tours, greeters, etc.)

- Partner with offices or departments considered champions for diversity and inclusion to connect students and promote a welcoming environment
Overall, institutions have a due diligence to be informed and responsive to the changing demographics shaping higher education. Every effort should be considered when determining innovative recruitment strategies for admitting the best and brightest students. Attracting prospective applicants early requires use of many resources, people, and tactics. Actively consider both strengths and weaknesses of your school, department, or program and address demographic shortcomings. Determine a realistic enrollment plan that aligns with the mission, vision, and goals. Increasing student diversity in higher education and the health professions, when competition is inevitable, will require greater investments and more methodical approaches to building a diverse healthcare workforce.

### COMMUNITY PARTNERSHIPS

In order for collaborative efforts between school districts and higher education institutions to be successful that address access, retention, and achievement gaps for underrepresented students, three types of strategies must be employed that:

1. directly serve students;
2. engage school districts, educators, parents and the larger community; and
3. change state and institutional policies that govern access to colleges and universities.


<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>AI/AN(^a)</th>
<th>NH/PI(^b)</th>
<th>Other(^c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Hygienists</td>
<td>7.5</td>
<td>83.4</td>
<td>3.1</td>
<td>4.2</td>
<td>0.2</td>
<td>NR</td>
<td>1.5</td>
</tr>
<tr>
<td>Dentists</td>
<td>6.1</td>
<td>74.8</td>
<td>3.0</td>
<td>14.3</td>
<td>(0.1)</td>
<td>NR</td>
<td>1.7</td>
</tr>
<tr>
<td>Health Info Technologists</td>
<td>12.3</td>
<td>65.5</td>
<td>12.8</td>
<td>6.9</td>
<td>0.5</td>
<td>0.1</td>
<td>1.9</td>
</tr>
<tr>
<td>Med Lab Technologists</td>
<td>9.4</td>
<td>62.0</td>
<td>13.7</td>
<td>11.8</td>
<td>0.5</td>
<td>0.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>3.7</td>
<td>70.4</td>
<td>5.9</td>
<td>17.9</td>
<td>0.2</td>
<td>0.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Physicians</td>
<td>6.3</td>
<td>67.0</td>
<td>4.8</td>
<td>19.6</td>
<td>0.1</td>
<td>0.0</td>
<td>2.1</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>4.0</td>
<td>83.8</td>
<td>4.4</td>
<td>6.6</td>
<td>0.2</td>
<td>0.1</td>
<td>1.1</td>
</tr>
<tr>
<td>Physical Therapists</td>
<td>4.8</td>
<td>77.8</td>
<td>4.4</td>
<td>11.1</td>
<td>0.2</td>
<td>(0.1)</td>
<td>1.6</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>5.7</td>
<td>73.5</td>
<td>10.4</td>
<td>8.4</td>
<td>0.4</td>
<td>0.1</td>
<td>1.5</td>
</tr>
</tbody>
</table>


\(^a\)AI/AN=American Indian/Alaskan Native  
\(^b\)NH/PI=Native Hawaiian/Pacific Islander  
\(^c\)Other=Other or Multi-Racial  
NR=Not Reported
### TABLE 2. A Profile of Freshmen at 4-Year Colleges, Fall 2016

<table>
<thead>
<tr>
<th>Identity – Race and ethnicity (more than one identification allowed)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American/Black</td>
<td>13.0%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2.0%</td>
</tr>
<tr>
<td>Filipino/East, South, Southeast, or other Asian</td>
<td>13.4%</td>
</tr>
<tr>
<td>Mexican-American/Chicano/Puerto Rican/Other Latino</td>
<td>19.3%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>1.0%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>66.9%</td>
</tr>
<tr>
<td>Other</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>College status – Family educational background</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>First parent has college degree</td>
<td>59.1%</td>
</tr>
<tr>
<td>Second parent has college degree</td>
<td>55.7%</td>
</tr>
<tr>
<td>Students who are first generation to attend college</td>
<td>18.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income estimate – Best estimate of parent’s total income in previous year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>11.9%</td>
</tr>
<tr>
<td>$25,000 to $59,999</td>
<td>19.4%</td>
</tr>
<tr>
<td>$60,000 to $99,999</td>
<td>22.4%</td>
</tr>
<tr>
<td>$100,000 to $199,999</td>
<td>29.7%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-identification – Students’ political views</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far left</td>
<td>4.2%</td>
</tr>
<tr>
<td>Liberal</td>
<td>31.3%</td>
</tr>
<tr>
<td>Middle of the road</td>
<td>42.3%</td>
</tr>
<tr>
<td>Conservative</td>
<td>20.2%</td>
</tr>
<tr>
<td>Far right</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-identification – Sexual orientation or identity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual/straight</td>
<td>91.8%</td>
</tr>
<tr>
<td>Gay</td>
<td>1.3%</td>
</tr>
<tr>
<td>Lesbian</td>
<td>0.7%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>4.2%</td>
</tr>
<tr>
<td>Queer</td>
<td>0.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1.6%</td>
</tr>
<tr>
<td>Transgender</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faith – Religious preference (top 5 choices)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>23.4%</td>
</tr>
<tr>
<td>None</td>
<td>16.0%</td>
</tr>
<tr>
<td>Agnostic</td>
<td>8.5%</td>
</tr>
<tr>
<td>Baptist</td>
<td>8.4%</td>
</tr>
<tr>
<td>Atheist</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preparedness – Average grade in high school</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>55.1%</td>
</tr>
<tr>
<td>B</td>
<td>42.3%</td>
</tr>
<tr>
<td>C</td>
<td>2.6%</td>
</tr>
<tr>
<td>Preparedness – Number of Advanced Placement courses taken in high school</td>
<td>Percentage</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Not offered at my high school</td>
<td>6.4%</td>
</tr>
<tr>
<td>None</td>
<td>17.6%</td>
</tr>
<tr>
<td>1 to 4</td>
<td>45.3%</td>
</tr>
<tr>
<td>5 to 9</td>
<td>25.7%</td>
</tr>
<tr>
<td>10 to 14</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Top reasons deemed “very important” for choosing this particular college</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good academic reputation</td>
<td>64.6%</td>
</tr>
<tr>
<td>College's graduates get good jobs</td>
<td>54.9%</td>
</tr>
<tr>
<td>Good reputation for social and extracurricular activities</td>
<td>50.8%</td>
</tr>
<tr>
<td>Cost of attendance</td>
<td>47.2%</td>
</tr>
<tr>
<td>A visit to the campus</td>
<td>46.7%</td>
</tr>
<tr>
<td>Offer of financial assistance</td>
<td>46.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of financial aid received</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merit-based grants or scholarships</td>
<td>54.1%</td>
</tr>
<tr>
<td>Need-based grants or scholarships</td>
<td>36.8%</td>
</tr>
<tr>
<td>Pell Grant</td>
<td>28.4%</td>
</tr>
<tr>
<td>Work-study</td>
<td>19.7%</td>
</tr>
<tr>
<td>Military grants</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intended major, by broad field and professional-school aspirations</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-med</td>
<td>20.5%</td>
</tr>
<tr>
<td>Biological and life sciences</td>
<td>15.7%</td>
</tr>
<tr>
<td>Business</td>
<td>13.8%</td>
</tr>
<tr>
<td>Health professions</td>
<td>11.3%</td>
</tr>
<tr>
<td>Arts and humanities</td>
<td>10.7%</td>
</tr>
<tr>
<td>Engineering</td>
<td>10.7%</td>
</tr>
<tr>
<td>Social science</td>
<td>10.7%</td>
</tr>
<tr>
<td>Undecided</td>
<td>8.6%</td>
</tr>
<tr>
<td>Pre-law</td>
<td>6.7%</td>
</tr>
<tr>
<td>Math and computer science</td>
<td>5.8%</td>
</tr>
<tr>
<td>Other majors</td>
<td>5.1%</td>
</tr>
<tr>
<td>Education</td>
<td>4.6%</td>
</tr>
<tr>
<td>Physical science</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of concern to pay for college</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>30.9%</td>
</tr>
<tr>
<td>Some</td>
<td>55.9%</td>
</tr>
<tr>
<td>Major</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest academic degree planned</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate (A.A. or equivalent)</td>
<td>0.6%</td>
</tr>
<tr>
<td>Bachelor's degree (B.A., B.S., etc.)</td>
<td>23.0%</td>
</tr>
<tr>
<td>Master's degree (M.A., M.S., etc.)</td>
<td>41.0%</td>
</tr>
<tr>
<td>J.D. (law)</td>
<td>4.1%</td>
</tr>
<tr>
<td>M.D., D.O., D.D.S., D.V.M. (medical)</td>
<td>11.5%</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>12.9%</td>
</tr>
<tr>
<td>Professional doctorate (Ed.D., Psy.D., etc.)</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: Adapted from Almanac 2017, The Chronicle of Higher Education.
CREATING AND MAINTAINING PIPELINE PROGRAMS

The pipeline refers to programs at all levels of education intended to target, enroll, and support to graduation certain students, usually underrepresented students. This includes minority, low income, and women, with the goal of increasing their representation in certain fields. In the health sciences, the goal of pipeline programs is to increase college graduation and career attainment in professional or research degrees of minority, underserved, or underrepresented students. Programs may start as early as elementary school through college and beyond.

Pipeline programs are also designed as interventions which introduce students to health careers or rigors of a health professions school and may include test preparation, academic coursework, shadowing experiences, and mentoring.

Academic medicine has maintained a proactive stance to promote and achieve a diverse workforce that represents the diversity of patients and to ensure health equity across the continuum of care. Pipeline programs supported by HRSA under Titles VII and VIII of the Public Health Service Act, as well as other federal programs, are proven solutions to addressing these issues, and help promote a culturally-competent, diverse, and prepared health care and biomedical research workforce that will enhance patient care and ensure health equity.
**BENEFITS OF TECHNOLOGY IN TEACHING AND LEARNING**

- infuses classrooms with digital learning tools, such as computers and hand held devices;
- expands course offerings, experiences, and learning materials;
- supports learning 24 hours a day, 7 days a week;
- builds 21st century skills;
- increases student engagement and motivation;
- accelerates learning; and
- has the power to transform teaching by ushering in a new model of connected teaching.

Online learning opportunities and the use of open educational resources and other technologies can increase student productivity by accelerating the rate of learning; reducing costs associated with instructional materials or program delivery; and better utilizing instructor time.\(^4^0\)

**BLENDED LEARNING**

- incorporates both face-to-face and online learning opportunities;
- the degree to which online learning takes place, and the way it is integrated into the curriculum, can vary across schools;
- often utilized to accommodate students’ diverse learning styles and to enable them to work, before or after school, in ways that are not possible with full-time conventional classroom instruction.

Learning is successful when adults can make connections between their past experience and new information they are learning, or when they see how learning is relevant to them and their lives. In some cases, explaining why the information will help them in their current or future work can make the connection.\(^4^1\)

**FLIPPED CLASSROOMS**

“Flipping” the classroom refers to a “pedagogical model in which the typical lecture and homework elements of a course are reversed,” and in-classroom experiences reconstructed to rely less on passive learning and more on active engagement. The concept behind flipped classrooms has much to do with accessibility and convenience, as it allows students to consume the core elements of a course whenever, regardless of time or place. This means professors can re-allot classroom time completely and make room for other activities, such as experiential or collaborative learning opportunities as opposed to passive learning through lectures that can be recorded and core content accessed by students anytime, anywhere, and as many as needed. This also means that classroom time can instead be used to augment the lecture content, whether through discussion, group exercises, or quizzes.
PART THREE

RETAINING A DIVERSE STUDENT POPULATION

This section provides approaches to supporting and improving student performance. Some students experiencing challenges or in need of additional academic support may not seek assistance on their own. Administrators, faculty, and staff must consider varied interventions or strategies to support students.

INCLUSIVE TEACHING AND LEARNING ENVIRONMENTS
Between 2009 and 2020, enrollment in all postsecondary institutions is expected to increase by 25% for Black or African American students, 46% for Hispanic students, and 25% for Asian students, but only 1% for Whites, with a 1% decrease for American Indian/Alaskan Native students. By 2020, these shifts in postsecondary enrollment are expected to reflect a student population that is 56% White, 16% Black, 16% Hispanic, 7% Asian, less than 1% American Indian/Alaskan Native, and 4% of international origin. These demographic changes include large numbers of students who historically have not been broadly included in U.S. colleges and universities. Therefore, faculty must foster connections and collaborations across diverse groups of students through inclusive teaching and learning.

By 2020, shifts in postsecondary enrollment are expected to reflect a student population that is **56%** White, **16%** Black, **16%** Hispanic, **7%** Asian, less than **1%** American Indian/Alaskan Native, and **4%** of international origin.
Inclusive teaching strategies refer to any number of instructional approaches that address the needs of students with a variety of backgrounds, learning modalities, and abilities which contribute to an inclusive learning environment. Inclusive learning environments are ones in which students feel that their contributions and perspectives are equally valued and respected. See the following strategies from Cornell University Center for Teaching Innovation.47

**The benefits of inclusive teaching include:**

- connecting and engaging with a variety of students;
- being prepared for “hot moments” that may arise when controversial material is discussed;
- connecting students with course materials that are relevant to them;
- helping students feel comfortable in the learning environment to voice their ideas or questions; and
- students more likely being successful through activities that support their learning modalities abilities, and backgrounds.

**As an instructor, critically examine course content.**

- Look at your curriculum from multiple perspectives.
- Include materials (videos, articles, case studies, etc.) that represent various viewpoints and are written/created by a diverse group of experts.
- Discuss with students the ideologies and established conventions valued in your field.
- Encourage students to share views and experiences related to course topics in class or in online discussions.
- Be open to students’ reaction to the course material and give serious consideration to their requests for alternative study material that could be more up-to-date or represent aspects of student groups more accurately.

As an instructor, be reflective.

- Examine your own cultural-bound assumptions and consider how they might influence your interactions with students.
- Consider your comfort level with sharing your own experiences with diversity.
- Reflect on how the experiences and backgrounds of your students might influence their motivation and learning.

---

Encourage students to communicate with the course director at the beginning of the course or clerkship when they are aware that educational activities, dates, or procedures that conflict with religious beliefs.
STUDENT ENGAGEMENT

WHO?
A student is a person who is studying at a school or college.48

WHAT?
Student engagement is often described as meaningful student involvement throughout the learning environment and is best understood as a relationship between the student and the school community, academic personnel or staff, peers, instruction, and curriculum. Much of the literature has focused on behavioral, psychological, and social-cultural aspects of student engagement controlling for other factors which has led to several variations of its meaning.49

WHEN?
Promoting diversity and inclusion among students or any other group is, without a doubt, always appropriate. Whether it is through changing the demographic composition of the student body, curricula approaches, or student organizations or affinity groups, academic leaders and administrators must thoughtfully consider how welcoming and supportive environments that encourage student learning and engagement across multiple forms of diversity help shape the climate of the institution.49

WHY?
Research has shown that students who are exposed to diversity-related activities are more likely to develop civic-minded attitudes and engage in civic behaviors.50
In addition, a healthy institutional campus climate is dependent on racial and socioeconomic diversity.51
Prior to college, students live in racially homogenous communities and attend high schools with very similar homogeneity.52 Higher education institutions help set the stage for student engagement with racially diverse populations. The more racial, socioeconomic, and other diversity are promoted on UMMC’s campus, the greater the potential that the climate will be improved further.

HOW?
Through observation, students are typically motivated to participate or engage in certain events or activities for several reasons. These include (but are not limited to):

1. Relevancy. Students attend activities of interest to them. Lived experiences help shape a student’s belonging or potential progression in their desired profession. These may include participation in student organizations, educational lectures relating to healthcare or “hot topics,” or social gatherings. A list of student organizations can be found on the webpage of the Office of the Dean of Students.

2. Advertising and marketing. Increase use of social media (i.e., Facebook, Twitter, Snapchat) or electronic platforms to advertise or market campus events. Many students are more likely to respond to messages distributed through applications such as “GroupME.” Word-of-mouth is also still a valuable tool. In-class announcements include certain students that may not always be as socially engaged as their peers. E-mails, fliers, or newsletters should not be the only methods of communicating campus events or activities with students.

3. Timing considerations. Students in health professional programs are likely to have very time consuming schedules. Student demand for events is also great on large campuses, therefore determine if there are competing groups or departments, planned events or exams scheduled during the proposed date and time. Also consider consolidating or collaborating with other entities (known for hosting similar activities) to leverage resources and maximize participation. Hosting fewer events will also increase the level of participation and encourage more student involvement.
4. **Location.** Host the event in well-known spaces and in close proximity to the target student audience. This will make it easier for interested students to plan ahead to attend the event.

5. **Reputable speaker(s).** Students are more likely to attend talks, seminars, or panels that include speakers who are well-known in the campus community or who present topics that inspire attendees, focus on career development, or address current or controversial societal issues. Identify speakers who are intriguing and thought provoking and who respect the brand of the institution.

6. **Incentives.** Digital credentials and continuing education credits are very popular to attract students (and faculty) to attend certain activities. These incentives can be used to bolster an individual’s curriculum vitae or résumé. Offering extra credit or bonus points may be more immediately meaningful to students if they are required to attend such events. The statement “if you feed them, they will come,” is also a relevant truth as most students will be more encouraged to attend an event or activity if food is provided. Be mindful of ethnic and religious preferences, and have a variety of food options available for any event or activity.

7. **Gracious gratitude.** Most importantly, when students or any other individuals attend an event, send a friendly email thanking them for attending. This considerate gesture helps build rapport and potentially encourages them to attend other events in the future.

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**University of Mississippi Medical Center (UMMC) Total Faculty Demographics**

(N=1034, July 1, 2018)\(^5\)

<table>
<thead>
<tr>
<th>Race</th>
<th>Total Faculty by Race</th>
<th>Total Faculty by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>16% (162)</td>
<td>53% (545)</td>
</tr>
<tr>
<td>Black</td>
<td>9% (92)</td>
<td>47% (489)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3% (32)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>72% (747)</td>
<td></td>
</tr>
</tbody>
</table>

**Men**

**Women**

Note: Race and gender are self-reported categories by UMMC employees.
FACULTY AND STAFF DIVERSITY

Diversity is critical in the health professions workforce for meeting the needs and improving health outcomes of diverse communities. Therefore, students seeking health professions careers must be empowered, developed and supported with sound advising, mentoring, and role modeling.\textsuperscript{54}

Research demonstrates that a more diverse faculty delivers a greater range of diversity in course content, curricular and teaching methods, and scholarly ideas and experiences presented to students in the learning environment. In addition, faculty are strong contributors to students’ feeling a greater sense of belonging, motivated, and adjusting socially. Academic departments should develop recruitment plans that focus on diversifying the faculty to prevent potential isolation of students from racial/ethnic, LGBT, international, or other diverse demographic backgrounds.

STUDENT SUPPORT SERVICES AT UMMC

UMMC provides student support programs, services, and activities that promote student learning and enhance their development. All schools at UMMC have student affairs offices, from which the school implements support programs and activities, and faculty in all UMMC schools provide advisement for their students. All students participate in institutional, school, and programmatic orientations before they begin academic coursework at UMMC. They are educated about all of the student support programs, services, and activities available to them as UMMC students. Student services are as follows:

The Office of Academic Support (OAS) provides academic consulting services and assistance with developing the skills and behaviors essential to academic success and professional development. The OAS manages University Tutoring Services, a peer tutoring program, and Writing Support Services. The OAS also manages Academic Accommodations. UMMC is committed to ensuring equal access to a quality education for all qualified students through the provision of reasonable academic accommodations that support UMMC’s standards and academic integrity.

UMMC has support systems for student physical health, mental health, and wellness. The Student Employee Health Department offers disease prevention and acute illness management for all UMMC students. UMMC provides opportunities for all students to receive counseling services for school-related, personal, and family matters through the LifeSynch student assistance program. The mission of the Student Counseling and Wellness Center is to promote the mental health and wellness of UMMC students. The Center helps UMMC students manage the stresses and difficulties of daily life inside and outside of the classroom.

UMMC provides spiritual support. Students may access the interfaith chapel, UMMC chaplaincy staff, and quiet worship space, which is available 24 hours a day, seven days a week.

The Norman C. Nelson Student Union houses approximately 20,000 square feet of indoor fitness space and a running track. It also includes a multipurpose room that supports group fitness classes, and a large conditioning room with controlled weight-circuit stations, free weights, and cardiovascular training space that includes treadmills, elliptical machines, stationary bicycles, and steppers. A leisure game room, locker and shower facilities and a small kitchen area are also available. UMMC offers a variety of programs and activities on a semester basis designed for health and fitness, fun, and relaxation. Programs include intramural/recreational sports, a wellness program, and group fitness classes.

Located in the Norman C. Nelson Student Union is the UMMC Bookstore which provides all students with a selection of textbooks, medical instruments, school...
supplies, insignia items, computer supplies, and gifts. The bookstore also offers rental options for most textbooks and monogramming for scrubs and lab coats.

The Rowland Medical Library at UMMC provides and supports access to knowledge-based biomedical and health-sciences resources for students, faculty, and researchers in all UMMC schools. Furnished with tables and chairs, student carrels, individual study space, and group-study areas, the library’s first floor houses a classroom and the Collaborative Learning Center.

The Division of Information Systems provides support for student programs, services, and activities to promote student learning and enhance student development.

The Office of Enrollment Management functions as both the admissions office and the registrar’s office, and is often the first point of contact for individuals interested in pursuing a career in health care by enrolling and training at UMMC.

The Office of Student Financial Aid assists students with resources to help finance the costs of attending UMMC. The office provides services to educate students about their financial commitments during school and after graduation. Staff provide one-on-one counseling, workshops, and seminars to students, parents, financial institutions, and UMMC schools and departments. An annual Student Financial Aid Day is held for students to learn about budgeting and debt management, and offer an opportunity to schedule one-on-one sessions with professional financial advisors. These services enhance the students’ development of financial knowledge.

The Office of International Services provides professional support and advising services to international students, scholars, faculty and staff. It serves as a resource to all UMMC departments on immigration regulations and requirements.

The Office of Health Careers Opportunity provides services to assist underrepresented students in reaching their goals. Services include assisting with examination and board preparation; mentoring; counseling; and providing internship information. The OHCO supports UMMC’s efforts to train a diverse health-care workforce for the state of Mississippi.

The Associated Student Body (ASB) is UMMC’s primary student governance organization and is the recognized forum for student opinion. The ASB is comprised of representatives from each of UMMC’s health professional schools and from minority-student constituencies.

UMMC is committed to fostering a respectful, safe, and non-threatening environment for its students and employees. Issues involving matters such as sexual harassment, discrimination, disability, employment or mistreatment fall under the institutional policies that are handled by specific offices and personnel, such as the Department of Human Resources, Title IX Coordinator, or the Equal Employment Opportunity Office. Students may also submit concerns, leave complaints, make comments, offer suggestions, or request assistance through the Office of Student Affairs. UMMC and its dedicated professionals are engaged in fostering an environment that promotes academic success and student development. Students are encouraged to provide candid feedback.
POLICY ON DIVERSITY AND INCLUSION

PURPOSE
Diversity and inclusion are integral to the core mission and vision of the University of Mississippi Medical Center (UMMC) and its three mission areas – healthcare, research, and education. UMMC commits to attracting and retaining a diverse and inclusive workforce and student body in order to achieve mission-driven outcomes among the UMMC community. In addition, teaching, curricula, and learning environments must foster a culture of inclusiveness where individuals are respected and differences are recognized as strengths that enhance the educational and patient-care experience.

POLICY
UMMC will continuously encourage and engage in ongoing and focused processes, operations, and communications that reflect our commitment to diversity and inclusion and a positive workplace culture. This includes fair and equitable practices in recruitment, selection, hiring, promotion and tenure, and career development and advancement opportunities of underrepresented groups in employment categories or classifications where there is underrepresentation. Student admissions, retention programs, and enrollment management functions should also be free of implicit and explicit barriers that may impede success of qualified applicants and enrolled students.

UMMC will recognize and promote the unique talents of its workforce by ensuring diverse representation in governance models and institution sanctioned committees which may include the development of safeguards or guidelines for decision-making as well as work-life options which must be consistent, fair and unbiased.

UMMC will develop and fully support programs, internal and external collaborations, and partnerships designed to enhance diversity and inclusion in healthcare, research, and
education; address healthcare inequities; and eliminate biases, harassment, and discrimination. UMMC also supports diversity in procurement and will strategically engage in outreach by encouraging minority and women-owned, small disadvantaged, and underutilized business enterprises to successfully compete and participate in UMMC procurement processes.

Institutional resources shall be provided by UMMC and other funding sources to carry out mission-driven efforts highlighted in this policy. The Office of Diversity and Inclusion will regularly monitor, assess, and evaluate diversity outcome metrics, impact, and the organizational climate and culture based on diversity and inclusion goals and strategies, and will prepare periodic and annual reports.

This policy aligns with our overarching mission and supports strategic priorities of the institution in its provision of quality care, organizational efficiency, health professional education and training, and scientific advancements. This policy is not a substitute or addendum to the UMMC Non-discrimination Policy in Education and Employment (see UMMC Faculty Staff Handbook) or the UMMC Affirmative Action Plan. All policies are considered separate in nature and one does not supersede the other unless required by applicable law.55

EQUAL OPPORTUNITY IN EDUCATION AND EMPLOYMENT

The University of Mississippi Medical Center is an EOE/AA/Minorities/Females/Vet/Disability/Sexual Orientation/Gender Identity/Title VI/Title VII/Title IX/504/ADA/ADEA employer. The University of Mississippi Medical Center’s education, research, and service programs are open to every qualified person. Equal Employment Opportunity is announced, provided, and ensured for all persons and affirmative action is taken to guarantee that individuals recruited, hired, trained, promoted, will in all ways be treated equally without regard to race, color, gender, sex, sexual orientation, gender identify or expression, religion, creed, national origin, age, disability, veteran status, marital status, socio-economic status, culture, or genetic information. Inquiries or concerns may be made to: Employee Relations, 2500 North State Street, Jackson, MS 39216.

The University of Mississippi Medical Center ensures compliance with all applicable federal and state statutes and executive orders including, but not limited to, Executive Order 11246, as amended, Title VII of the Civil Rights Act of 1964, as amended and the Civil Rights Act of 1991, in respect to unlawful discrimination and affirmative action. UMMC seeks to ensure all aspects of employment and education remain free of unlawful discrimination and reaffirms its belief in taking affirmative action to recruit, employ and to advance in employment minorities; women; individuals with disabilities; and veterans.

The Director of Employee Relations also serves as the Americans with Disabilities Act (ADA) Coordinator. Those with a bona fide disability needing reasonable accommodation should contact the Director of Employee Relations.

It is understood that any breach of the Medical Center’s Equal Employment Policy regarding unlawful discrimination because of a person’s race, color, gender, sex, sexual orientation, gender identify or expression, religion, creed, national origin, age, disability, veteran status, marital status, socio-economic status, culture, or genetic information shall be grounds for disciplinary action up to and including discharge.

To assure compliance with this policy, the Vice Chancellor for Health Affairs has designated the Medical Center’s Chief Human Resources Officer to direct the establishment of and to monitor the implementation of human resources procedures to promote and guide our affirmative action program.56
NOTIFICATION OF RIGHTS UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

PURPOSE
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records.

POLICY
The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include:

1. The right to inspect and review the student’s education records within 45 days of the day the Medical Center receives a request for access. A student should submit to the Office of Enrollment Management a written request that identifies the record(s) the student wishes to inspect. The Office of Enrollment Management will make arrangements for access and notify the student of the time and place where the records may be inspected. If records are not maintained by the Office of Enrollment Management, they shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student’s education records that the student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA. A student who wishes to ask the Medical Center to amend a record should write the Office of Enrollment Management and clearly identify the part of the record the student wants changed, and specify why it should be changed. If the Medical Center decides not to amend the record as requested, the Medical Center will notify the student in writing of the decision and the student’s right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before the Medical Center discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure without consent. The Medical Center discloses education records without a student’s prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by the Medical Center in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the Medical Center has contracted as its agent to provide a service instead of using Medical Center employees or officials (such as an attorney, auditor, or collection agent); the Board of Trustees of State Institutions of Higher Learning; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate
eductional interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the Medical Center. Upon request, the Medical Center may also disclose education records without consent to officials of another school in which a student seeks or intends to enroll upon request.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is: Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-5901.57

NOTIFICATION OF DIRECTORY INFORMATION UNDER FERPA

PURPOSE
The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records.

POLICY
The Family Educational Rights and Privacy Act (FERPA) allows The Medical Center to disclose the following “directory information” without consent. The Medical Center regards the following information as “directory information,” that is, information that may be made available to the general public: full name, reported date of birth, dates of attendance, digitized image, local address and telephone number, e-mail address, undergraduate college, home town or city at time of application for admission, and dates of degrees received or expected with field and department of study, Medical Center prizes, residencies, fellowships, and similar honors awarded.

A student may choose not to allow the above information as it applies to himself or herself to be designated “directory information.” It is the student’s responsibility to inform the institution of this exclusionary choice by placing a FERPA flag on his or her record, at the time of registration, through the MyU Student Portal. This action will preclude any directory information about a student being released to a third party except in instances where FERPA does not apply.

Students will be made aware of the possible consequences of withholding “directory information,” such as missed mailings, messages, and announcements, non-verification of enrollment or degree status, and non-inclusion in the Medical Center Commencement program.58, 59, 60, 61
CONCLUSION

The University of Mississippi Medical Center recruits students, staff, and faculty from around the world interested in receiving an excellent educational experience, participating in cutting-edge research and discovery, and serving patients from all walks of life. By having a diverse student body, staff, and faculty, UMMC is better positioned to produce outstanding health professionals to serve the community while addressing challenges and threats to better health outcomes and equitable care.

We consider this guide as one of many ways to offer direction for academic leaders who recruit, retain, and support students, staff, and faculty. Increasing diversity and promoting an inclusive campus environment is a priority. This is why it is important to share applied knowledge, and foster responsible and accountable leadership committed to serving diverse student populations.
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For more information, contact:
University of Mississippi Medical Center
Office of Diversity and Inclusion
2500 N. State St.
Jackson, MS 39216
(601) 815-5340
odi@umc.edu