Embracing Diversity and Inclusion

As President of this university, I am pleased to report that I, our Board of Trustees and our leadership team are fully committed to diversity and inclusion — not just as a concept, but as one of the five strategic priorities of our organization. During my tenure as president, we have been working diligently to move diversity and inclusion forward through a broad and serious initiative that touches every part of the MUSC community.

In September 2014, with the Board’s full support, we established the President’s Advisory Council on Diversity and Inclusion. Two Board members sit on the council and I take an active part in the meetings, listening to the differing perspectives and insights of a diverse group of community members. The council members, listed in this fact sheet (page 4) are engaged in sometimes difficult and always meaningful work. This group serves as a direct conduit for sharing important diversity and inclusion issues with me, the Board and our leadership team.

Making an impact takes community, purpose, stubbornness and time, but we are making real progress. We look forward to the time when diversity and inclusion will be an intrinsic part of our institution’s fabric; but until then, you have my personal commitment — and the commitment of our leadership team — that we will continue to press forward to achieve more reflective levels of diversity and inclusion for the betterment of our institution and our greater community.

As we engage in this long-term process, we encourage everyone — inside and outside of the MUSC community — to join with us and be part of our intentional advancement toward a more diverse and inclusive MUSC.

David J. Cole, M.D., FACS
President
Medical University of South Carolina

Measuring Progress

As of January 2016, five of the 17 members of the MUSC senior leadership team were African-American, with three also being women. This represents nearly 30 percent of the university’s leadership. That has never happened before at MUSC and it is worth noting. These leaders are:

Willette S. Burnham, Ph.D., assistant professor and university chief diversity officer

Sheila T. Champlin, M.A., chief communications and marketing officer

Deborah Deas, M.D., interim dean for the College of Medicine and associate provost for University Strategic Advancement (effective July 1, 2016)

Anton J. Gunn, MSW, chief diversity officer and executive director of community health innovation, MUSC Health

Sabra C. Slaughter, Ph.D., special advisor to the President

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98.7% of all new hires at MUSC have participated in Diversity Training.

28% of MUSC Health’s workforce self-identified as racially/ethnically diverse.

55% of MUSC Health’s department heads and administrators are women.

45% of MUSC Health’s workforce are Millennials, 26% are Baby Boomers.

MUSC now has 24-hour access (Monday-Friday) to Interpreter Services in the Medical Center.

59% of all contracted dollars to date spent for demolition to make way for the Shawn Jenkins Children’s Hospital and Women’s Pavilion (SJCHWP) went to diverse businesses: women and small, minority business enterprises, which represents $1.04 million out of $2 million in contracts.

82% of the workers on the SJCHWP project came from Berkeley, Charleston and Dorchester counties.

Year to date, 51% of workers on the Children’s Hospital Project self-identified as minorities.

MUSC Health has been designated a Leader in LGBT Healthcare Equality by the Health Equality Index.

From February 2015 to February 2016, MUSC Health increased the number of African-Americans in its nursing workforce by 14%.

MUSC’s Women Scholars Initiative (WSI) for the Advancement, Recruitment, and Retention of women faculty received the 2015 Leadership Development Award from the Group on Women in Medicine and Science at the Association of American Medical Colleges.

MUSC is the only medical school to receive a National Science Foundation grant for the advancement, recruitment, and retention of women scientists.

In fall 2015, 21.5% of MUSC students self-identified as Hispanic, African-American, Asian, Pacific Islander or Native American.

Outside of historically black colleges and universities, MUSC continues to be one of the leading institutions in its consistently high graduation rate of African-American male physicians.

In early 2016, MUSC supported 23 projects to help recruit underrepresented minorities into health professions and STEM careers (Science, Technology, Engineering and Math).

In 2013-2014, MUSC had nine sponsored grant projects with funding totaling $2.3 million that supported initiatives to address minority workforce development — including the advancement of the careers of women scientists.

In fall 2015, five of the six MUSC colleges had more women enrolled than men: Dental Medicine 51%; Graduate Studies 58%; Health Professions 66%; Nursing 88%; and Pharmacy 70%. The College of Medicine had 44% female enrollment.

The medical student body in the College of Medicine at MUSC is comprised of 18% minority (African-American, Native-American, Hispanic) students.

Minority resident physicians represent 12% of the physician trainees at MUSC.

The student body in the College of Nursing is comprised of 33% minority students (ethnic, racial and gender).

In the College of Health Professions, among students, 66.5% are women, 3.2% are Hispanic/Latino, 3.8% are Asian, and 8.4% are underrepresented minorities (American Indian, African American and Pacific Islander).

The College of Pharmacy, which has a student body of 10% underrepresented minorities, established two diversity scholarships and is recruiting for a third, which will be the second endowed diversity scholarship.

A 2015 African-American graduate helped create a program called The Paved Path that provides black students peer support and mentoring in their pursuit of healthcare careers that will reshape the future.

musc.edu/muscdiversity
What do we mean by Diversity and Inclusion?

Diversity refers to the richness of human differences in socioeconomic status, language, race, ethnicity, nationality, sex, gender identity, sexual orientation, religion, geography, ability/disability, age, life experiences, personality and learning styles.

Inclusion is the active, intentional and ongoing engagement with diversity — achieved through: professional development, education, policy and practice.

Our Purpose: To create an academic healthcare community where every member is respected and valued by leveraging differences in ways that allow people to understand and be understood, and work together productively to change what's possible.

Why the focus on Diversity and Inclusion?

- Diversity and inclusion breeds innovation and innovation is the key to better healthcare. The more variation in opinions, knowledge, ideas, expertise, education, culture and background, the more flexible, effective and accurate we become as a leader in a constantly changing industry.

- Diversity delivers a financial return reflective of our commitment. Numerous studies and national leaders have definitively made the case for diversity and inclusion. If we want to deliver and innovate to the best of our ability and achieve increased revenue, we must be diverse.

- We believe in doing the right thing. Whether providing care, educating students or making new discoveries, we must make all who touch MUSC feel like they are in the right place and belong here.

Strategic Plan Goals for Diversity and Inclusion

1. Recruitment and Pipeline
   Identifying and actively recruiting diverse and talented individuals, through sustainable pipelines, that add to the richness of our culture and bring new energy and synergy to accomplish our mission.

2. Education and Training
   Enhancing diversity and inclusion education and professional development to ensure every member of the community develops an appreciation for the richness that our diversity brings and demonstrates a commitment to our culture of inclusion.

3. Engagement and Inclusion
   Developing ongoing processes of engagement and inclusion, which reflect both recognition of the past and promise of a brighter future, and both encourages and recognizes the contribution and value of everyone in the community.

4. Communication and Outreach
   Increasing awareness of our diversity and inclusion mission through community engagement and effective communications strategies.

5. Measuring Our Performance
   Supporting the success of the diversity and inclusion mission through the evaluation of existing data, the development of recommendations for data capacity, reporting and analysis, and the establishment of measurable milestones and attainable outcomes.

3CHANGING WHAT’S POSSIBLE

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President’s Advisory Council on Diversity and Inclusion

Marguerite Archie-Hudson, The Links, Inc.
Dr. Thaddeus Bell, Family Practitioner
Lydia Cotton, Hispanic Community Liaison to North Charleston Police Department
Pastor Thomas Dixon, People United to Take Back Our Community
Reverend Jimmy Gallant, Episcopal Priest; Chaplain, Charleston Police Department; GEM Mentoring Program/Youth Prisons
Rep. Wendell Gilliard, SC House of Representatives
Dr. Kenosha Gleaton, President, Palmetto Medical, Dental and Pharmaceutical Assoc.
Councilman William Dudley Gregorie, City of Charleston
Dorothy Harrison, Chief Admin Officer, Charleston Water System
Mayor Jacqueline Heyward, Hollywood, SC
Barbara Johnson-Williams, MUSC Board of Trustees
Senator Marlon Kimpson, SC State Senate
Kaye Koonce, Trident Technical College (retired)
Rep. David Mack, SC House of Representatives
Otha Meadows, President, Trident Urban League
Jamal Middleton, Chair, Greater Charleston Empowerment Corporation
Dr. Brenda Nelson, Community Outreach, Charleston County School District
Warren Redman-Gress, Alliance for Full Acceptance
Leonard Riley, Carolina Alliance for Fair Employment
Diana Saillant, Saillant Language Consulting, LLC
Bill Saunders, Committee on Better Racial Assurance
Dot Scott, Charleston Branch NAACP
Rita Scott, General Manager, WCSC-TV
Michael Stavrinakis, MUSC Board of Trustees
Mark Sweatman, Secretary, MUSC Board of Trustees

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