**Institutional Interventions to Promote Diversity, Equity, Inclusion, and Accessibility
at the University of California, San Francisco**

A. Executive Summary. As a health research institution, a public university, and health system, the University of California San Francisco (UCSF) is committed to diversity, equity, inclusion, and accessibility (DEIA). Our PRIDE (Professionalism, Respect, Integrity, Diversity, and Excellence) values are embedded in all our work. Since 2010, we have implemented interventions driven by strategic planning and our stakeholders, including trainees, staff, faculty, and communities, to improve DEIA at UCSF. Our interventions have been flexible and adaptable and aimed not only to improve outcomes among individuals but also significant institutional changes.

We implemented our interventions in three phases. Phase 1 began with the recognition that an organized, executive-led institution-wide approach to DEIA was needed. In 2010, we created an Office of Diversity and Outreach (ODO) to oversee DEIA across our campus including our four professional schools (Dental, Pharmacy, Medicine, and Nursing), our graduate division, and our health and hospital system. This phase was characterized by institutional prioritization of DEIA as a core value, increasing accountability among institutional leadership, creation and maintenance of reporting and regulatory compliance systems, implementation of structural process changes, and initiation of training programs to improve diversity, awareness of barriers to full inclusion. Major institutional and programmatic activities included including a publicly available dashboard on diversity of learners, staff, and faculty, an Unconscious Bias training program, establishment of a Multicultural Resource Center, implementation of a "contribution to DEIA" statement required for faculty promotion, establishment of the Faculty Equity Advisor program for all faculty searches, and the establishment of Departmental Diversity Leaders (DDLs).

Phase 2 was an acceleration of our interventions toward institutional efforts to increase DEIA. In 2015, the medical school implemented *Differences Matter*, a five-year initiative which re-examined our infrastructures and processes across six domains—leadership, climate and recruitment, education, clinical care, research, and pipeline and pathways. Significant institutional and programmatic activities included a DEIA Champion Training program, the creation of a Health Equity Council for our health system, a holistic review process for admission to our medical school and graduate medical education programs, a transdisciplinary approach to hiring under-represented minority (URM) faculty in basic sciences, a recruitment and retention program for early career URM faculty, expansion of pipeline and pathway programs, increased vendor diversification, as well as enhanced support for institutional employee resource groups.

Since 2020, we have embarked on Phase 3, which is focused on addressing the institutional consequences of structural racism through our Anti-Racism Initiative. Institutional and programmatic activities to date include mandatory foundational DEI training for all members of the institution, anti-racism curriculum for all schools including an Anti-Oppression Curriculum Initiative for the medical school, creation of an Office of Research Inclusion, Diversity, Equity, and Anti-Racism (IDEA), an integrated institution wide program to promote NIH diversity supplements, and an Anchor Institution initiative to leverage our employment and economic power to increase diversity and equity.

Our interventions have led to significant changes. All 9 members of our Chancellor's Executive Team and 80% of our deans are a woman and/or minority. From 2010 to 2022, women faculty grew from 44% to 50%. URM faculty doubled from 6% to 12.6%, and URM students from all schools from 13.2% to 24.2%. URM medical students increased from 19.9% to 35.7%; 52% and 54% of the last two entering classes are URM. Our URM residents grew from 14% in 2016 to 36% in 2023. Four-fifths of our faculty have completed the DEI Champion Training. We have achieved these outcomes despite the prohibition on affirmative action in our state because of our commitment to DEIA, institutional change, and innovative approach.

B. State of Diversity Prior to the Implementation of the Interventions. The University of California, San Francisco (UCSF) is the leading university exclusively focused on health. We conduct advanced biomedical research, provide graduate-level education in the life sciences and health professions, and deliver excellent healthcare. UCSF consistently ranks among the nation's top universities for our four graduate schools—Dentistry, Medicine, Nursing, and Pharmacy—and our graduate programs in basic science, social science, and global health. According to the 2022-2023 U.S. News and World Report, UCSF is the #1 medical school in primary care and #3 in clinical medicine, #3 in research, and #5 for graduate research in bioscience and biochemistry. In 2022, UCSF received the most NIH funding among public institutions and second overall. Our dental, medical, and pharmacy schools received the most NIH funding, while our nursing school was fourth overall and first among public schools (UCSF, 2023). As a health research institution that is also a public university and health system, UCSF is committed to diversity, equity, inclusion, and accessibility (DEIA). Our PRIDE (Professionalism, Respect, Integrity, Diversity, and Excellence) values are embedded in all our work.

B1. Aggregate institutional data. Prior to 2010, UCSF had no institutional DEIA office. Most efforts were grant-funded training programs. A report in 2005 noted significant gender equity problems, including salary inequities and lack of women in key leadership roles (Cisneros, 2005).

In 2010, 63.3% of all students were women and 40.9% racial and ethnic minority (REM), with 27.7% Asian and 13.2% underrepresented minority (URM: 3.8% Black, 8.8% Latinx, 0.4 % Native Americans, and 0.2% Pacific Islanders). Among medical students, there were 55.0% women, 45.5% REM, and 19.9% URM. Table 1 shows the distribution for faculty. Ladder rank series is our equivalent of tenure, with salary support by the state of California. Among all faculty, 44% were women, but only 32.2% in the Ladder rank. Among all faculty, 26.8% were REM, but only 5.5% were URM (2.0% Black, 3.2% Latinx, 0.3% Native American). The distribution of URM was similar across faculty series. The gender, race and ethnicity distribution for the medical school was similar to the overall distribution. One glaring deficiency was that our basic science departments had not hired a Black faculty in two decades and had few Latinx faculty.

Table 1. UCSF Faculty Distribution by Gender, Race, Ethnicity, and Faculty Series, 2010.

TOTAL	Total	Total Male		Total Female		White		African American		Asian American		American Indian		Hispanic		Unknown	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
LADDER	385	261	67.8	124	32.2	315	81.8	9	2.3	41	10.6	2	0.5	12	3.1	6	1.6
IN RESIDENCE	488	316	64.8	172	35.2	357	73.2	10	2.0	90	18.4	2	0.4	8	1.6	21	4.3
CLINICAL X	352	215	61.1	137	38.9	248	70.5	10	2.8	69	19.6	0	0.0	13	3.7	12	3.4
ADJUNCT	385	177	46.0	208	54.0	247	64.2	4	1.0	109	28.3	2	0.5	15	3.9	8	2.1
HS CLINICAL	772	365	47.3	407	52.7	502	65.0	14	1.8	198	25.6	2	0.3	29	3.8	27	3.5
TOTAL	2382	1334	56.0	1048	44.0	1669	70.1	47	2.0	507	21.3	8	0.3	77	3.2	74	3.1

B2. Detailed overview of past challenges to achieving diversity prior to initiation of the interventions. In addition to the challenges other institutions face in addressing DEIA, UCSF has some unique disadvantages. Like all public institutions in California, UCSF is subject to Proposition 209, which was passed in 1996 and prohibited the use of race, ethnicity, or sex as criteria in public employment and education (University of California, Office of the President). In the 2000s, this ban on affirmative action led to drops in enrollment in URM students in medical schools and graduate programs (Garces & Mickey-Pabello, 2015).

Compared to other University of California (UC) campuses, UCSF is unique as the only one without undergraduate students. This significantly impacts our ability to develop "pipeline" training programs for URM undergraduate students to prepare them for admission to our schools. A related challenge is that we have fewer faculty with salary supported by the state since that is dependent on the number of undergraduates. This leads to a competitive disadvantage with peer public institutions for URM faculty due to the lack of "hard" funding and tenured positions. Because we are a public institution, UCSF does not have an endowment and thus is disadvantaged in competing with private institutions for URM faculty.

Other challenges are related to our geographic location's extremely high cost of living. In 2010 and 2020, the San Francisco Metro Area was ranked 5th and 1st highest in cost of living, respectively, in the U.S. (Open Data Network). Rents are twice the national average, a major problem for students. Though constrained as a public institution, our faculty salaries are near the national average, but their effective income is below average due to the higher cost of living.

C. Interventions. UCSF undergoes regular strategic planning in 5-year cycles. Since 2010, our DEIA interventions took place in three phases.

C1. Phase 1 (2010-2015). Given the state of DEIA in 2010, the 2010-2015 strategic cycle began with the recognition that an organized, executive-led institution-wide approach to DEIA was needed. This was catalyzed in 2009 by student activists who sent a Call to Action to leadership, who responded by creating a campus-wide Office of Diversity and Outreach (ODO) and appointing Renée Navarro, PharmD, MD as the vice chancellor of diversity in December 2010. In 2012, the ODO created the first UCSF Climate Survey and Action Plan and a Multicultural Resource Center to address concerns about inclusion and equity.

In 2013, the ODO created a strategic plan titled "Roadmap to Inclusive Excellence" which detailed eight major areas of emphasis for diversity: institutional climate, compliance, education, research and scholarship, patient care, community engagement, recruitment and retention, and accountability (UCSF, 2013). Major institutional and programmatic activities included a publicly available dashboard on diversity of learners, staff, and faculty. The ODO created an Office for the Prevention of Harassment and Discrimination (OPHD) to provide training and address complaints. An Unconscious Bias training program was developed and implemented. One innovative intervention was the addition of a "Contributions to Diversity Statement"—a statement on past contributions to diversity and equity and future for continuing efforts--as a requirement for faculty promotion and application for employment. Other efforts include the creation of a Faculty Equity Advisor program for all faculty searches and Departmental Diversity Leaders to help promote the ODO activities at the departmental level as well as to develop future diverse leaders.

C2. Phase 2 (2015-2020). In 2014, following widespread police violence toward Black communities, 80 UCSF students staged a "die-in" event and created White Coats 4 Black Lives, a seminal student activist movement framing police brutality as a public health crisis. This was a catalyst for the complete revitalization of diversity efforts at UCSF. One month after the protest, UCSF leadership changed the topic of its annual retreat to focus on race and ethnicity.

From this retreat, the School of Medicine, with the co-leadership of the ODO, created *Differences Matter*, a five-year multi-faceted initiative designed to make UCSF the most diverse, equitable and inclusive academic medical system in the country. *Differences Matter* had six pillars of focus—leadership, climate and recruitment, education, clinical care, research, and pipeline and pathways--across the school to advance recruitment and retention of diverse individuals from medical students to residents and fellows, to faculty and staff (UCSF, Differences Matter). *Differences Matter* also focused on ensuring an inclusive environment for all UCSF community members. Each pillar was co-led by a funded faculty and a staff member with a working group of volunteers. Each team identified specific issues in their pillar and worked with relevant staff, faculty, and institutional leaders to create institutional programs.

Examples of successful programmatic and institutional activities in *Differences Matter* include:
- A one-day DEI Champion Training program, which has trained over 4,500 faculty and staff on micro-aggressions, unconscious bias, privilege and how to be allies.
- We implemented holistic reviews across our undergraduate (UME) and graduate medical education (GME) programs. A 50-page *Diversifying GME and Holistic Review Handbook* was created to guide programs with best practices from applicant selection to welcoming

new trainees to the program and beyond. This holistic review process has been disseminated nationally as an example for other GME programs.

- The Watson Faculty Scholars program provides financial and other supports to recruit and retain early career faculty committed to diversity across our clinical, education, and research missions. It has supported 77 faculty, mostly women and URM, to date (UCSF, Watson).
- An Interdisciplinary Basic Science Faculty Recruitment program was implemented with the underlying principle to find the best available URM faculty, not the one that fits a need.
- A Health Equity Council and a medical director for health equity position for the UCSF Health system were created to address healthcare disparities and patient engagement.

The ODO continued to grow during this phase. It launched a Diversity and Inclusion Staff Certificate Program to improve staff competencies. The ODO institutionalized guidelines for committee composition such that all committees appointed by deans, departments, divisions, and centers should be comprised of 50% women or URM. All faculty search committees should include at least 25% representation of women and URM faculty (50% in the medical school). Convening a search committee involves extensive training and consultation with the ODO and a senior Faculty Equity Advisor trained in evidence-based best practices in faculty recruitment.

Other significant institution-wide efforts included:
- The Graduate Division created a Summer Research Training Program to recruit historically marginalized students to basic science PhD programs. Undergraduate students spend up to 10 weeks working with faculty on research projects and take part in seminars, lectures, and social events, creating a cohesive and supportive community. Students give presentations of their research and get valuable feedback from other students, postdocs, and faculty.
- Dr. Kirsten Bibbins-Domingo, our then Vice Dean of Population Health and Health Equity collaborated with San Francisco State University (SF State) to obtain an NIH Building Infrastructure Leading to Diversity (BUILD) grant (San Francisco State University). The SFBUILD grant has trained over 100 URM SF State students for research careers.
- Dr. Alicia Fernandez, our Associate Dean of Population Health and Health Equity, obtained a grant for the Latinx Center of Excellence, a health care and research workforce development program (UCSF, Latinx Center of Excellence).

C3. Phase 3 (2020-current). In 2020, UCSF established an enterprise-wide anti-racism initiative that sought to center Black lives and to confront racial discrimination in response to the tragic killing of George Floyd, the inequities of the COVID-19 pandemic, the national reckoning on race, and calls for action from students and faculty. On July 30, 2020, the Anti-Racism Initiative was launched and formalized by the Chancellor's Cabinet to continue the advancement of UCSF's goals to create a diverse, inclusive, and equitable enterprise while recognizing the historical, harmful, and ongoing presence of structural racism in US history and within the foundation of health science education, research and healthcare, and its disparate impact on individuals, community, and the health of our society.

In 2020-2021, a planning group led by Vice Chancellor Navarro began the foundational work of engaging with stakeholders across UCSF. The group took the demands expressed by the UCSF community in the form of letters, petitions and meetings following the death of George Floyd and identified over-arching goals, their accompanying objectives, and the process and outcome indicators by which the Initiative's progress would be measured. Our Vice Chancellor of Research appointed a Task Force on Health Equity and Anti-Racism in Research. Together, UCSF anti-racism efforts are focused on seven major pillars (UCSF, Anti-Racism Initiative). Below are highlights of activities that have been impactful to UCSF and our communities.

Pillar 1 - Create a healthy, safe, and welcoming climate for employees and learners at UCSF.

- Conduct a Climate Survey every 3 years to measure the working and learning climate across UCSF with a particular focus on DEIA. The 2021 survey found 3 UCSF communities that reported less comfortable climate and higher level of discrimination: Black individuals, trans/non-binary individuals, individuals with disabilities (UCSF, Climate Homepage). In response, the ODO implemented the following interventions:
  - Implemented the UC Gender Recognition and Lived Name Policy to ensure that all individuals are recognized with their accurate gender identity and lived name.
  - Hired a Chief Accessibility and Inclusion Officer – an inaugural role focused on ensuring UCSF is an inclusive place for people with disabilities.
  - Hired a CARE Advocate for Racial Justice – an inaugural role dedicated to support for people who have experienced racial harassment and discrimination.
  - Hired two inaugural roles-– an assistant vice chancellor and an assistant director of climate and belonging to ensure a greater sense of belonging and inclusion across UCSF including developing post-survey action-planning and interventions and implementing a Police Accountability Board.
- Created a task force which provided recommendations to ensure that UCSF policing and security protocols serve our community without discrimination or unnecessary use of force.
  - Created a Police Accountability Board, an independent civilian accountability body to review complaints filed against UCSF Police.
  - Created a UCSF Health Code CARE team trained in anti-racism and trauma-informed care to support patients, families, staff, and clinical teams and to reduce the need for utilization of security and law enforcement in hospitals.

Pillar 2 - Address Antiracism knowledge gaps

- Implemented UCSF-Wide mandatory DEI Training. The purpose of the *Foundations of DEI* mandatory online training is to provide all members of our community with foundational knowledge and common language to better understand why diversity is core to our work.
- Required that all schools and graduate programs have an anti-racism focus on their curriculums. For example, the School of Medicine's Anti-Oppression Curriculum Initiative provides ongoing process of evaluation, reflection, and evolution necessary to build a responsive, anti-oppression curriculum.
- Convened an Institute for Diversity, Equity, and Anti-Racism Leadership (IDEAL) Academy to provide leadership career development and training to expand knowledge beyond DEI and increasing competencies around anti-racism and anti-Blackness.
- Created the REPAIR (**REP**arations and **A**nti-**I**nstitutional **R**acism) Project which aims to promote dialogue and engagement on medical reparations, medical abolitionism, and decolonizing the health sciences. Two post-doctoral scholars work to further the goals of the project and its research on long-standing racial inequities in health, health care institutions and scholarship as the result of structural violence and systemic racism.

Pillar 3 - Embed equity as part of essential criteria in decision-making.

- Established a guideline for leadership committee composition for the university and health system that all committees appointed by the Chancellor or members of the Chancellor's Cabinet shall comprise 50% women, nonbinary, and gender nonconforming individuals, and URM. Annual reports from 2021 and 2022 found >87% of the committees met the guideline.

Pillar 4 - Achieve demographic diversity in leadership.

- Created Leadership Equity Advances Diversity (LEAD), an intervention focused on increasing the representation of women and URM faculty in departmental leadership

positions within the medical school. LEAD developed and implemented a leadership selection toolkit with comprehensive resources for transparent search processes, procedures for departmental leadership positions, and accountability measures to facilitate use of promising practices and track outcomes. Nearly all (96%) of departmental leadership searches now use these selection processes. The toolkit has been made publicly accessible to facilitate dissemination across academic medicine.

Pillar 5 - Achieve equity in patient care, including affiliates.

- Charged a committee to revise seven policies deemed potentially racist or having inequitable impact. The UCSF Regulatory Affairs Policy Steering Committee has committed to regularly reviewing and revising all policies to ensure that they are equitable.
- Track and address the disparity of care and services in three areas in partnership with the UCSF Health Equity Council and Health Equity Division: 1) improving the experience for Asian patients; 2) improving the experience for Black patients; and 3) Closing the gap for Hemoglobin A1C control amongst Black and/or Latinx identifying patients.
- Created a Black Health Initiative (BHI) to increase engagement with Black communities to reduce disparities in health care access and information.
- Created a Black Women's Health and Livelihood Initiative to address the health care inequities of Black women through health and wellness, community building, justice and equity, leadership, education, and knowledge and research.

Pillar 6 - Further UCSF commitment to the Bay Area

- Created an Anchor Institution Initiative to increase economic security and opportunity for under-resourced populations surrounding UCSF campuses by leveraging our workforce development, procurement, and community investments (UCSF, Anchor Institution).
  - Workforce Development. We launched 8 pathway programs on work-based training and externships with job placement support for in-demand administrative and healthcare fields with 215 participants currently (Black 29%, Latinx 32%, Asian 25%).
  - Procurement. We expanded the Supplier Diversity program that promotes opportunities with small, diverse, and disadvantaged businesses that provide goods and services to UCSF. Spending increased from 10% to 16% from 2021 to 2023.
  - Community Investment. We invested $5 million from an investment partners' loan program to increase available lendable capital in under-resourced communities.
- The Center for Science Education and Outreach (CSEOP) collaborates with partner schools at Bay Area school districts and supported community-based organizations to assist students and their families in pursuit of higher education and better opportunities (UCSF, CSEOP Homepage). CSEOP focuses on K-16 underrepresented, first-generation, socio-economically disadvantaged, and English-language learners. Students were exposed to STEM careers through presentations by UCSF learners, staff and faculty, career panels, job shadowing and internships. Currently, 2794 students are participating in K-20 academic preparation programs (58% female, 30% Black, 34% Latinx, 26% Asian, 1% Native American, 1% Pacific Islander).

Pillar 7 - Make structural changes required to address equity and anti-racism within research.

- Convened a Task Force on Equity and Anti-Racism in Research in 2020 consisting of leaders, faculty, staff, trainees, and community leaders. The task force made over 150 recommendations to increase accountability, promote anti-racism scholarship, diversify the research workforce, and promote community-engaged research.
- Created the position of an associate vice chancellor of research inclusion, diversity, and anti-racism (AVCR-IDEA) position and appointed Dr. Tung Nguyen in 2022.

- Created a Research Action Group for Equity (RAGE) which works with the UCSF Clinical & Translational Science Institute (CTSI) to deliver consultation on diverse participants recruitment best practices, and to diversify the staff research workforce. This includes Clinical Research Coordinators: Learners for Equity (CIRCLE), a program to train URM students from SF State, part-time UCSF employees, and community members to become research assistants with pathways for jobs and further training for graduate or professional school. To date, among 57 CIRCLE scholars, 55% have obtained research coordinator positions and 19% are applying to graduate or professional schools.
- Created an internal research funding mechanism for up to $50,000 for research proposals that explicitly examines the contribution of racism, particularly structural racism, to health inequities. To date, 13 grants have been awarded.
- Created Post-baccalaureate Research Opportunity to Promote Equity in Learning (PROPEL), a DEI-focused initiative in the Graduate Division. PROPEL includes outreach and recruitment and training in collaboration with the Summer Research Training Program and NIGMS training grants IMSD and IRACDA (UCSF, NIGMS/IMSD; UCSF, IRACDA Scholars Program). One key emphasis is on improving the workplace climate at UCSF. Among the nearly 200 PROPEL scholars to date, 40% are Latinx, 18% Black, 3% Native Americans, and 18% Pacific Islander, Filipinos, and Southeast Asians.
- Created an NIH Diversity Supplement Matchmaking program led by PROPEL, SF BUILD, and RAGE. This is yearly event with short interviews between URM trainees and faculty with similar research interests and eligible grants. This program has grown from 20 participants in 2020 to 113 faculty and 94 students participating in 2022. Almost all (91%) of the 67 faculty who responded to a follow-up survey had additional conversations with a student and 28 (42%) hired a student they met at the event. Among the 28 pairs, 24 applied for a Diversity Supplement. The number of Diversity Supplements at UCSF has increased 3 to 4-fold since program initiation.

D. Outcomes.

D1. Leadership. Our interventions have led to a diverse leadership. In 2023, among 14 senior leaders (chancellor, associate chancellor, UCSF Health president, provost, five vice chancellors, and five deans), there were 9 women (two Black women), one Black man, and two Asian men. The nine senior leaders in the Chancellor's Executive Committee, which advises the Chancellor on strategic and operational issues, are either women, racial and ethnic minority, or both (UCSF, Chancellor's Executive Team). Among our deans, 60% are women (Nursing, Graduate, Pharmacy) and 40% are URM/Black (Medicine, Graduate). Among staff, the proportion of senior managers and leaders who were URM grew from 9.6% in 2020 to 16.1% in 2023 (8.6% Black and 7.5% Latino).

In our largest school, the medical school, among seven vice deans, 57% are women, 43% racial and ethnic minority, and 29% URM/Latina. Among 13 associate deans, 62% are women, 54% racial and ethnic minority, and 39% URM. For leadership positions, which include deans, vice deans, associate deans, department chairs and vice chairs, division chiefs, and unit directors, 43% are women and 15% are URM (UCSF, Diversity data stories-leadership). Among current department chairs, 32% are women and 11% are URM, with the trend toward more improvement because with half of the chairs turning over since 2016, 44% were filled by women and/or URM leaders (38% women, 19% URM). Compared with only 50% in 2019, 96% of departments now have formal search processes and job descriptions for leadership positions.

We are also proud of our women and/or URM leaders who have taken on major national roles. Dr. Michael Drake, former department chair and senior associate dean, has served as UC Irvine chancellor, Ohio State University president, and is president of the UC system, the first Black president in its history. A former provost, Dr. A. Eugene Washington, has served as UCLA

School of Medicine dean and president of Duke University Health System. Former vice dean of population health and health equity, Dr. Bibbins-Domingo, serves as editor-in-chief of the Journal of the American Medical Association. Our former vice chancellor of research, Dr. Lindsey Criswell, is Director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases. Dr. Eliseo Perez-Stable, formerly a Division Chief at UCSF, is Director of the National Institute of Minority Health and Health Disparities.

D2. Faculty. Compared to 2010, the proportion of women faculty increased from 44.0% to 49.8% in 2022 while URM faculty doubled from 5.5% to 12.6% (Figure 1). The proportion of racial and ethnic minority (REM) faculty increased from 24.8% to 41.6%. Among Ladder rank faculty, the proportion of women remained flat at 32.2% while the proportion of URM doubled from 5.9% to 11.7%, with REM increasing from 16.5% to 31.0%. For the combination of Ladder and In Residence, the two most common track for researchers, the proportion of women increased from 33.9% to 37.9% and URM from 5.7% to 10.8%. Currently, 17% of assistant professors identify as URM with 18% in the In Residence or Ladder series. In the

Figure 1. UCSF Faculty Demographics, 2010-2022

medical school, the changes for faculty diversity are similar. From 2016 to 2022, the proportion of clinical departments that met or exceeded AAMC national benchmark for women faculty grew from 69% to 88% and for URM faculty from 50% to 100%.
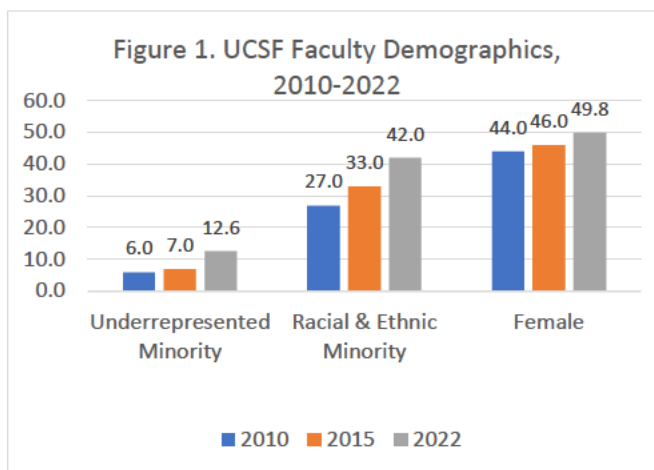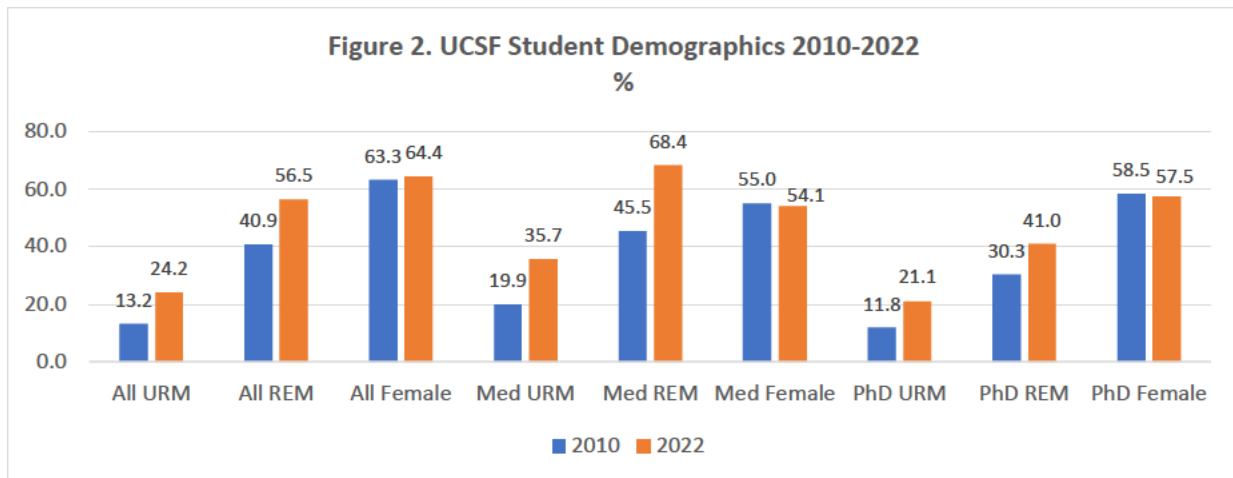
The Interdepartmental Basic Science Search process from 2019 to 2023 led to the hiring of nine new Black and Latinx basic science faculty, raising the total number to 11. Two-third (69%) of newly hired faculty in the basic science departments are women and/or URM (UCSF, Diversity data stories-research). From 2016 to 2022, the proportion of basic science departments that met or exceeded AAMC national benchmark for women faculty grew from 20% to 60% and for URM faculty from 40% to 80%.

In 2022, there were 268 faculty searches opened across all schools. Faculty equity advisors reviewed and signed off on all search plans, shared best practices with search committees, approved interview shortlists before interviews with qualified applicants could be conducted, and served as an overall resource throughout the search process. Four-fifths (80%) of our faculty have completed the DEI Champion Training

D3. Students and Other Trainees. From 2010 to 2022 the proportion of women students increased slightly to 64.4% (Figure 2). URM students increased from 13.2% to 24.2% while all racial and ethnic minority (REM: URM + Asian) students increased from 40.9% to 56.5%. Among PhD candidates, URM students almost doubled from 11.8% to 21.1%. The proportion of URM medical students increased from 19.9% to 35.7%. Significantly, the last two entering medical school class were majority URM, with 52% in 2021 and 54% in 2022 (UCSF, Diversity data stories-student admissions).

Through our Holistic Review and Best Practices for Diversifying GME Handbook, our Visiting Elective Scholar Program, and o*ur GME Diversity Second Look Program,* we have increased the number of URM residents from 14% in 2016 to 36% in 2023.

Figure 2. UCSF Student Demographics 2010-2022
%

Category	2010	2022
All URM	13.2	24.2
All REM	40.9	56.5
All Female	63.3	64.4
Med URM	19.9	35.7
Med REM	45.5	68.4
Med Female	55.0	54.1
PhD URM	11.8	21.1
PhD REM	30.3	41.0
PhD Female	58.5	57.5

D4. Climate and Belonging. We conducted climate surveys in 2010, 2017, and 2021, with improvements in some measures. For example, from 2010 to 2021, observation of exclusionary behavior decreased among women, URM, people with disability, and those who identified as LGBTQ. In 2021, 8% of faculty reported unequal treatment for women compared to 23% in 2017. However, many improvements leveled off between 2017 and 2021, which could be related to the COVID-19 pandemic and other societal upheavals. Importantly, women and URM faculty continue to perceive a worse climate than men and non-Latinx white faculty, speaking to the importance of our ongoing work to address institutional and structural oppression.

E. Innovation. As a public institution in a state that has prohibited affirmative action since 1996, UCSF has had to be innovative in our interventions to improve DEIA. The lessons learned could be beneficial as our country deal with the Supreme Court decision on affirmative action.

Our approach has gone beyond training and individual change to transforming our institutional structures and policies. We were among the first academic institutions to have a publicly available dashboard and scorecards for diversity among our faculty, learners, and staff. Another early innovation was requiring a "Contributions to Diversity Statement" in the faculty hiring and promotion process. This statement is now part of all UC faculty hiring processes. UCSF was an early adopter of holistic admission in undergraduate and graduate medical education, with our *Diversifying GME and Holistic Review Handbook* being used nationally as an example.

We also recognize the need to engage stakeholders in in institutional change efforts. For example, our *Differences Matter* teams were co-led by a faculty and a staff member. Staff members, trainees, and community leaders were an integral part of our Task Force on Equity and Anti-Racism in Research and now on the Oversight Committee for the Office of the AVCR-IDEA. We are among the first institutions to include "Anti-Racism" as a charge and title for a campus wide research office and to require that all schools and graduate programs have an anti-racism focus on their curriculums. To address the minority tax, the *Differences Matter* leaders were funded to do their work, and community stakeholders in institutional change efforts were also compensated for their time. This commitment to our diverse communities also led to our Anchor Institution Initiative, which leverages our position as the second largest employer in San Francisco to increase contracting and purchasing from minority-owned businesses and to increase number of diverse employees.

We are humbled by the challenges facing us, but we believe that our interventions, incorporating accountability, engagement, and individual-centered institutional change with an explicit anti-racism and anti-oppression framework (Gewin, 2022), will continue to improve diversity, equity, inclusion, and accessibility at UCSF, in the Bay Area, and in the U.S.

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September 22, 2023

National Institutes of Health

Re: **NIH Institutional Excellence in Diversity, Equity, Inclusion, and
Accessibility in Biomedical and Behavioral Research Prize Competition**

Dear Selection Committee:

As Executive Vice Chancellor and Provost (EVCP), I am writing to express my
enthusiastic support of the application submission by the University of California
San Francisco (UCSF) for the Institutional Excellence in Diversity, Equity,
Inclusion, and Accessibility in Biomedical and Behavioral Research Prize
Competition (NIH DEIA Prize Competition). In my role as EVCP, I am charged
with supporting and increasing the impact that our institution has on the future of
biomedical science, health care, health and science education, and community
service. Advancing DEIA is critical to this effort, and UCSF has adopted a highly
innovative, multifaceted framework for achieving our goals across a campus and
health system that numbers more than 30,000 individuals.

**Our institution formalized its commitment to advancing DEIA through the
creation of the Office of Diversity and Outreach in 2010** and the 2013
Diversity, Equity, and Inclusion Strategic Plan: A Roadmap to Inclusive
Excellence. As detailed in the prize application, since then the university has
created high-impact programs to increase diversity, foster a climate of inclusion
and belonging, and address inequities in our research and health care workforce,
in our student population, and across our organization.

In 2015, the School of Medicine Differences Matter Initiative was launched
to create measurable differences in equity, inclusion, and diversity in six focus
areas. We are currently launching the second phase of this initiative with a focus
on diversifying and opening the academy, generating, and applying new
knowledge in health care equity, building expertise in anti-racism, and optimizing
system structures, procedures, and culture to improve equity.

**Following the murder of George Floyd and the national reckoning on race
in 2020, UCSF accelerated its equity efforts through the establishment of an
enterprise-wide anti-racism initiative.** This initiative aims to dismantle
structural racism and the impact of bias within our organization. The Anti-racism
Initiative is focused on seven major pillars of work and involves the participation
of faculty, staff, and student leaders from across the campus and health system.
This work is holistic, intersectional, and interdisciplinary.

**In 2022, UCSF appointed Dr. Tung Nguyen as the inaugural associate vice
chancellor for Research – Inclusion, Diversity, Equity, and Anti-Racism**
toward UCSF's goal of creating an equitable, diverse, and inclusive research
environment.

These interventions have led to significant improvements in the diversity of our
leadership, faculty, and learners. Our institution fully intends to continue to
support innovative efforts to bring greater diversity, equity, accessibility, and
sense of belonging to the UCSF community and the communities we serve. I am
also dedicated to realizing a culture of institutional inclusive excellence, and I
believe that our work can provide inspiration, opportunities for collaboration, and
best practices to other institutions in the country and around the globe.

Sincerely,

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Catherine R. Lucey, MD, MACP
Executive Vice Chancellor and Provost
Professor of Medicine