

UAMS Questionnaire

Part One: UAMS

- 1. Does UAMS have a holistic admissions policy?**
UAMS does not have a holistic admissions policy.
- 2. Is there a formal system in place for managing complaints about discrimination, bias, and harassment complaints?**
Yes, UAMS has a formal system called iSafe to manage complaints about discrimination, bias and harassment.
- 3. Are admissions outcomes tracked by demographic group?**
UAMS has historically tracked our admissions outcomes by demographic group through the application process. Currently, we collect demographic information related to race and ethnicity at the time of admission and will be able to track outcomes after admission.
- 4. Does UAMS have a dedicated office, staff, and resources to advance diversity, inclusion, and equity goals?**
Yes, UAMS has dedicated office, staff, and resources to advance diversity, inclusion and equity goals.
- 5. Does UAMS have a university senate or faculty senate committee on diversity, inclusion, and equity?**
No.
- 6. Does UAMS have a senior-level diversity, inclusion, and equity administrator (e.g., associate/assistant provost or dean for diversity, chief diversity officer)?**
Yes.
- 7. Is the senior level diversity, inclusion, and equity administrator part of the president, chancellor, or dean's executive committee/council/cabinet?**
The senior level diversity, inclusion, and equity administrator is part of the Chancellor's Cabinet.
- 8. Are diversity, inclusion, and equity goals included in the school's strategic plans?**
Yes
- 9. Are there performance incentives for schools or departments to achieve diversity, inclusion, and equity goals?**
No.
- 10. Does UAMS have a diversity recruitment plan (e.g., utilizing data on national availability and characteristics of the applicant pool) in place to increase recruitment of faculty from diverse backgrounds?**
No, UAMS does not have a specific recruitment plan for diversity, but we monitor our faculty composition as compared to national data.

11. Do faculty hiring committees have a diversity advocate or equity advisor?

No.

12. Do all committee members have to participate in unconscious bias or cultural awareness training?

No, not all faculty hiring committee members are required to participate in unconscious bias or cultural awareness training.

13. Are faculty candidates required to submit a diversity statement? If yes, please provide separately a list of all positions that required a DEI statement.

No.

14. Do any tenure or promote policies specifically reward or assess faculty scholarship and service on diversity, inclusion, and equity topics (e.g., pedagogy, research, and/or clinical practice centered on community engagement or outreach to underrepresented communities)?

No, none of the Promotion and Tenure guidelines specifically provide a reward or assess scholarship and service on diversity, inclusion, and equity topics in their current or past versions.

15. Have any funds been set aside to promote research on DEI?

No, we do not have funds set aside to promote research on DEI.

16. Does UAMS have a program or initiative for educating staff about the value of diversity, inclusion, and equity?

Yes, we do have optional programs for staff who wish to learn more about the value of diversity, inclusion, and equity.

17. Does UAMS have a staff service award to recognize contributions to diversity, inclusion, and equity?

Yes, we have an Edith Irby Jones non-monetary recognition award for staff service contributions to diversity, inclusion, and equity.

18. Has UAMS undertaken efforts to integrate diversity, inclusion, and equity within the curriculum as a key learning outcome?

Yes, the Office of Interprofessional Education works with the Division of Diversity, Equity, and Inclusion to incorporate objectives into Interprofessional events and activities as per accreditation standards and guidelines.

19. Does the core curriculum require a course on diversity, inclusion, or cultural competence?

No.

20. Does UAMS have a program or initiative for educating students about the value of diversity, inclusion, and equity?

UAMS has an optional program for educating students about the value of diversity, inclusion, and equity as per accreditation and guidelines.

21. List any personnel dedicated to DEI, their title, salary, and percentage of time devoted to DEI.

UAMS Division of Diversity Equity and Inclusion

Working Title	% Time DEI	Total Salary	Total Salary for DEI	DEI Effort Funding Source
Director of Pathways Academy	100%	82,500.00	82,500.00	100% Grant
Education Coordinator	100%	52,429.65	52,429.65	100% Grant
Education Coordinator	100%	58,000.00	58,000.00	100% Grant
Outreach Coordinator	100%	60,000.00	60,000.00	100% Grant
Program Manager - VACANT	100%	58,000.00	58,000.00	100% Grant
Project Manager - Utemp	100%	35,360.00	35,360.00	100% Grant
Recruiting Specialist	100%	50,000.00	50,000.00	100% Grant
Education Coordinator	100%	57,500.00	57,500.00	100% Grant
Program Manager	100%	58,750.00	58,750.00	100% Grant
Director of Outreach	100%	65,475.00	65,475.00	70% Institutional, 30% Grant
Senior Diversity Specialist	100%	64,000.00	64,000.00	80% Institutional, 20% Grant
Director of Research and Evaluation	100%	101,600.00	101,600.00	67.50% Institutional, 32.50% Grant
Vice Chancellor - Diversity, Equity & Inclusion	100%	272,700.00	272,700.00	83% Institutional, 17% Grant
Professor	50%	345,420.00	172,710.00	50% Institutional (DDEI); 21% Grants (DDEI)
Associate Professor	100%	12,000.00	12,000.00	100% Institutional
Senior Director - Diversity Affairs	100%	116,150.00	116,150.00	100% Institutional
Administrative Analyst	100%	39,139.21	39,139.21	100% Institutional
Executive Assistant III	100%	55,549.00	55,549.00	100% Institutional
Division Business Administrator	100%	78,000.00	78,000.00	100% Institutional
Education Coordinator - Utemp	100%	12,500.80	12,500.80	Unbudgeted/VACANT
Senior Diversity Specialist	100%	64,000.00	64,000.00	100% Institutional/VACANT
Project Manager - Seasonal Employee - Summer Program	100%	31,850.00	31,850.00	VACANT

College of Nursing

Title	% Time DEI	Total Salary	Total Salary for DEI	DEI Effort Funding Source
Assistant Director of Student Enrollment	2.50%	57,500	1437.50	Institutional
Clinical Associate Professor	0.50%	121,928	609.64	HRSA Grant
Clinical Associate Professor	1.25%	203,000	2537.50	Institutional

Graduate School

Title	% Time DEI	Total Salary	Total Salary for DEI	DEI Effort Funding Source
Associate Professor	0.03	\$94,637.00	2,839.11	Grant +
Associate Professor	0.10	\$151,000	\$15,100	Grant *
Associate Director Admin & Outreach	0.15	\$67,998	\$10,199.70	Grant *
Assistant Professor	0.0425	\$101,000	\$4,292.50	Grant *
Distinguished Professor	0.05	\$202,251.34	\$10,112.57	Grant *
Professor	0.05	\$360,014.75	\$18,000.74	Grant *
Assistant Dean	0.10	\$78,564.36	\$7,856.44	Grant *
Associate Professor	0.008	\$94,637	\$757.10	Grant *
Associate Professor	0.05	\$151,000	\$7,550	Grant #
Associate Director Admin & Outreach	0.10	\$67,998	\$6,799.80	Grant #
Assistant Dean	0.05	\$78,564	\$3,928.22	Grant #
Associate Professor	0.05	\$94,637	\$4,731.85	Grant #

+ -- Grant = NIH, National Heart, Lung and Blood Institute (NHLBI), Federal Award ID #:R25HL108825, UAMS Summer Undergraduate Research Program to Increase Diversity in Research

* -- Grant = NIH, National Institute of General Medical Sciences (NIGMS), Federal Award ID # R25GM083247, UAMS Initiative for Maximizing Student Development

-- Grant = NIH, National Institute of General Medical Sciences (NIGMS), Federal Award ID # R25GM083247, UAMS Initiative for Maximizing Student Development (subaccount-supplement)

Psychiatric Research Institute

Title	% Time DEI	Total Salary	Total Salary for DEI	Funding Source
Assistant Professor	10%	\$103,000	\$10,300	Pathways TANF (administered through the Division of DEI)*
Assistant Professor	10%	\$103,000	\$10,300	HRSA grant (administered through the Division of DEI)#
				* = Subgrant Award Number: UAMS SFY2024 TANF-001, CFDA#/Federal Grant Number/Name: 93.558/TANF Block Grant
				# = Grant No.: T99HP335566, Project Title: Value-Based Medical Student Education Training Program

Translational Research Institute

TRI, Director of Diversity Initiatives; 20% effort, CTSA grant
 Leads the STARS program which is a small grant program for under-represented faculty members. STARS includes a 12-week didactic session that provides mentorship and support for grant writing. At the conclusion of STARS, participants receive a small grant (\$20,000). Participants of this program have successfully secured NIH grants. Dr. Allen also wrote the R25 component of the CTSA renewal application submitted in May 2023.

Part Two: Emergency Medicine, Family Medicine, and Surgery Programs

For Emergency Medicine, Family Medicine, and Surgery programs accredited by the Accreditation Council for Graduate Medical Education (ACGME), how are the following standards being met?

1. I.C. **The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)**

ACGME Requirement I.C
<p>Emergency Medicine: The mission of UAMS Emergency Medicine (EM) residency program is to train clinically excellent emergency physicians and the future leaders of our specialty. In accordance with the mission of UAMS, UAMS EM residents will provide healthcare that improves the lives of Arkansans and all others who present to the UAMS emergency department. As part of the recruitment process, the UAMS EM program reviews residency applications with a balanced consideration of factors to include academic performance, specialized career interests, ties to Arkansas and interest in rural practice in selecting candidates to interview. The program’s faculty interview and provide input into the determination of applicants that meet the stated mission. The program adheres to UAMS policies on anti-discrimination, and affirmative action and UAMS College of Medicine Graduate Medical Education Committee policies on resident recruitment and appointment. As stated in the mission, the program’s goal is to train clinically excellent emergency physicians. As with the residency program, the department and clinical service line follow institutional policies on faculty recruitment and appointment, anti-discrimination, and affirmative action. The residency program is committed to the principle and practice of non-discrimination and equal opportunity in all areas of employment and makes good faith efforts to recruit, employ, and promote qualified applicants regardless of sex, race, age, religion, color, national origin, disability, veteran status, or genetics. The program strives to foster a supportive environment for all employees.</p>
<p>Family Medicine: The mission of the UAMS Little Rock Family Medicine residency program is to teach and nurture physicians who embody the unique knowledge, communication skills, and attitude of the specialty of Family Medicine with a focus on academics, research, and respect for diversity in an urban, underserved setting. The program’s mission and goals support the mission of the overall campus, which is to improve the health, health care, and well-being of Arkansans and others in the region, nation, and the world by providing education and high-quality health care while advancing knowledge and accelerating discoveries into health improvements. During the recruitment season each year, the program carefully examines each of the 2,000 or more applications received to look for qualified applicants that meet the stated program mission. One pathway utilized by the program to recruit faculty has been by building a pipeline to recruit the program’s own family medicine resident graduates.</p>

Over the past two academic years, the department has retained three graduates from the family medicine program as UAMS faculty.

Surgery: The Department of Surgery contributes to the mission of UAMS by holding itself to the highest standard of excellence in each of its core missions of clinical care, education, and research.

The General Surgery Residency program’s mission is further articulated in goals to provide:

1. Graduated clinical surgical experience & responsibility: To provide residents broad-based general and specialty surgery experiences to acquire the requisite technical, operative, and professional skills to enter the practice of general surgery competently and confidently.
2. Educational Learning Environment/Curriculum: To cultivate strong educational learning environments, with supportive faculty and nationally recognized curricular resources to facilitate residents’ acquisition of medical knowledge, understanding of basic science advances, and their commitment to continual lifelong learning.
3. Well-rounded Individualized Training: To prepare surgeons competent for practice in a variety of settings and in contemporary domains important for professional practice such as understanding research, quality improvement, practice management, financial and healthcare systems issues.
4. Recruitment and Teamwork: To continue building a premiere general surgery residency program by recruiting extremely qualified and well-rounded students who are likely to practice in our state/region.

At the program level, the applicant interview process has been structured and standardized to ensure applicant questions include grit, leadership, resilience, human connection, flexibility, communication, and personal insight. The program and faculty continue to align with the organizational mission, values, and culture of inclusion work already in existence at UAMS. This helps to ensure a standardized interview process for all applicants regardless of their background. This year the program’s resident complement is 60% women. Of 55 core and non-core faculty for the general surgery program, 44% are female and we have a wide representation of members from various racial and ethnic groups.

2. How is the standard, “IV.B.1.a).(1).(c) cultural humility,” being met?

ACGME Requirement IV.B.1.a).(1).(c)

Emergency Medicine: Because emergency physicians provide care for an especially varied patient population, in both didactics and the clinical environment, the Emergency Medicine Residency Program emphasizes the importance of remaining openminded, learning about different cultural practices, listening to patients, self-reflecting to promote growth and improve future clinical practice, and avoiding premature closure/anchoring that can lead to medical errors.

Family Medicine: In 2021, the Family Medicine Residency Program launched the Community Medicine Liaison (CML) position to give residents an opportunity to make community connections, especially with community members from underserved populations. The CML position leads or participates in outreach events such as Walk

with a Doc, a community walk for suicide prevention, and working with the Centers for Youth and Families. Additionally, residents and faculty participate in multidisciplinary team meetings weekly to foster communication and teamwork between the clinical staff, residents, and faculty. These team efforts bring together persons of diverse backgrounds who can share their own views and experiences and how they pertain to learning, teaching, and patient care.

Surgery: The General Surgery Residency Program’s faculty and residents care for patients from various backgrounds in both emergent and non-emergent situations. In the clinical environment, the program stresses for both faculty and trainees to always consider what the patient is going through, be aware of other cultural practices, and ensure that they are being always empathic and compassionate toward patients. Additionally, the program has weekly conferences to review the prior week’s patient cases for quality improvement opportunities, emphasizing self-reflection and the importance of being open-minded. Trainees and all faculty are expected to attend these conferences, maintaining the idea that we are all life-long learners.

3. **How is the standard, “IV.B.1.a).(1).(f) respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation” being met?**

ACGME Requirement IV.B.1.a).(1).(f)

Emergency Medicine: Emergency medicine is a specialty that provides care to anyone 24 hours per day, seven days per week, 365 days per year. The residency program trains residents to build rapport and establish trust with patients and their families, regardless of their circumstances. The program expects residents to be respectful of others who may have different backgrounds or beliefs and always provide excellent clinical care to all their patients.

Family Medicine: The Family Medicine Residency Program provides training in evidence-based medicine, including didactics and curricula on health disparities. Our ongoing efforts – involvement on campus committees, the community medicine liaison (CML) outreach position, multidisciplinary team meetings – are essential to fostering respect and responsiveness to diversity. The residency program and its trainees respect for patient populations is strongly supported by the respect demonstrated for each other.

Surgery: The General Surgery Residency Program’s faculty and trainees are expected to remain professional and courteous and treat all patients with respect and responsiveness. Any breach of this standard is expected to be reported to program leadership and is subsequently reflected on individual summative annual evaluations.

4. How is the standard, “IV.B.1.f).(1).(d) incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate” being met?

ACGME Requirement IV.B.1.f).(1).(d)
<p><u>Emergency Medicine:</u> The Emergency Medicine Residency Program facilitates a community tour for Emergency Medicine residents at the beginning of residency training to familiarizes residents with local social services resources available to the patient population the program serves. Educational didactic sessions about the business aspects of medicine, including cost considerations and resource utilization, familiarize residents with healthcare finances and prepare them for possible future administrative roles. While providing care for patients in the emergency department (ED), residents and faculty have one-on-one discussions that consider individual patient circumstances and appropriate allocation of system resources in making patient management decisions. Healthcare teams in our ED include social workers and case managers, who provide advice and assistance in identifying options for patients with limited financial resources.</p>
<p><u>Family Medicine:</u> One of the Family Medicine Residency Program’s strengths is the expert training offered in population health, value-based care, and the fine-tuning of the billing and coding process to reflect the quality care that is being given to patients. This is supported by precepting sessions provided by faculty members who are involved on campus committees and in the leadership of the UAMS Primary Care and Population Health Service Line. Every week, our residents, faculty, and staff participate in team meetings with a focus on quality and value-based care, and residents and faculty lead quality improvement projects on an ongoing basis. Resident presentations (Journal Club, Practical Problems in Family Medicine, Scholarly Activity Showcases of quality improvement projects) often address cost awareness and risk-benefit analysis in patient and population-based care.</p>
<p><u>Surgery:</u> The General Surgery Residency Program’s educational curriculum includes patient case-based conferences in which there is a focus on review and discussion of quality measures, cost awareness, and risks versus benefits of procedures related to the identified case. Faculty and residents are required to be involved in and have taken the lead on quality improvement projects including such projects as evaluating health care disparities in the state of Arkansas with regards to access to care for colorectal cancer screening and breast cancer screening. The program’s residents care for indigent patients with English as a second language and participate in daily discussions with faculty related to access to care, health care disparities and provision of care that affect this patient population.</p>

5. How is the standard, “VI.B.5. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff,” being met?

ACGME-accredited programs under the UAMS College of Medicine (COM) Sponsoring Institution have access to multiple tools that provide support to a professional, equitable, respectful and civil environment. The College has appointed an Ombudsperson to provide an additional, confidential resource who is external to existing channels within undergraduate and graduate medical education. UAMS has an online reporting system, i-safe, which allows residents to report concerns related to harassment, mistreatment or abuse. UAMS employees annually participate in training related to the UAMS Code of Conduct.

ACGME Requirement IV.B.1.a).(1).(c)
<p><u>Emergency Medicine</u>: The Emergency Medicine Residency Program promotes a culture of respect. The program expects residents and faculty to be able to disagree professionally without resorting to bullying, mistreatment, or abuse. The program provides academic support and access to well-being resources, as appropriate, to ensure that every graduate of the program is a competent emergency physician who is well-prepared to excel in any practice environment and provide appropriate care for the breadth of pathology seen in the emergency department. UAMS utilizes an internal reporting mechanism, i-safe, to allow residents to report any issues of harassment, mistreatment, abuse or coercion in an anonymous manner.</p>
<p><u>Family Medicine</u>: Beginning with the first-year resident orientation month, the Family Medicine Residency program leadership team identifies and acknowledges standards and expectations of professionalism, respect, and appropriate behavior. These conversations are continued with all trainees throughout the residency program, with frequent and consistent evaluations of residents and faculty (by residents, faculty, and staff) to ensure the upholding of these standards. Residents are instructed at the outset of training to know what processes to follow to report concerns confidentially, specifically UAMS’s i-safe reporting system. Besides providing remedies for problems, the residency program focuses on building teamwork in a supportive environment that protects against discrimination, disrespect, and inequity.</p>
<p><u>Surgery</u>: The General Surgery Program residents and faculty are expected to maintain high standards of professionalism, ethical behavior, and an environment of respect. The program utilizes departmental Grand Rounds as an opportunity to cover professionalism topics such as mistreatment in the workplace and creating psychologically safe working and learning environments. The program’s faculty and residents are educated annually on institutional reporting processes for unprofessional and unsafe behavior and are encouraged to use these systems to report. The residency program director meets with trainees frequently both individually and as a group to provide support and guidance to trainees for any issues.</p>

Part Three: MD Program

For the UAMS College of Medicine MD program accredited by the Liaison Committee on Medical Education (LCME), how are the following accreditation standards being met?

1. Standard 3.3 Diversity Programs and Partnerships

A medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community.

These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes.

The LCME requires schools to choose diversity categories that align with its mission and then have recruitment and retention processes aimed at those groups. Previously, our diversity categories for students were: African American, Hispanic, women, and those from rural/underserved areas. With the recent Supreme Court decision on race-conscious admissions, we will be changing these categories to include: first generation college graduation, those from a rural/underserved area.

2. Standard 3.4 Anti-Discrimination Policy

A medical school has a policy in place to ensure that it does not discriminate on the basis of age, disability, gender identity, national origin, race, religion, sex, sexual orientation or any basis protected by federal law.

The College of Medicine follows the UAMS Policy 3.1.10 and this policy meets this LCME requirement.

3. Standard 7.5 Societal Problems

The faculty of a medical school ensure that the medical curriculum includes instruction in the diagnosis, prevention, appropriate reporting, and treatment of the medical consequences of common societal problems.

The LCME requires that the school provide examples of common societal problems that are addressed in the curriculum as they relate to medical issues. At our last reaccreditation, we reported substance abuse, child abuse, care of patients with various sexual orientations, health equity and care of underserved populations, and challenges associated with disability.

4. Standard 7.6 Structural Competence, Cultural Competence, and Health Inequities

The faculty of a medical school ensures that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process.

We include in the curriculum content on identifying and addressing health disparities, identifying demographic influences on health care quality and effectiveness, and meeting the healthcare needs of medically underserved populations. This content is in a variety of locations within the curriculum.

Part Four: College of Public Health

How is the College of Public Health meeting the following accreditation criteria set by the Council on Education for Public Health (CEPH)?

1. Standard G1. Diversity & Cultural Competence (SPH and PHP)

The school or program defines systematic, coherent, and long-term efforts to incorporate elements of diversity.

Diversity considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies recognizing that graduates may be employed anywhere in the world and may work with a variety of culture or populations.

Standard G1 requires the following documentation. Please provide them separately.

Required documentation:

2) List the school or program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1. (self-study document)

The UAMS Fay W. Boozman College of Public Health (COPH) was created through the voter-initiated Act 1 of 2000 Tobacco Settlement Proceeds Act and its mission is *to improve the health and promote the well-being of individuals, families and communities in Arkansas through education, research and service*. As a result, and to best serve the state, the COPH strives to reflect the diversity of Arkansas' social, cultural, and socioeconomic circumstances. The college meets or exceeds this goal.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

The actions and strategies identified to advance the goals stated above include:

1. Regular collection and analysis of data as it relates to the makeup of the COPH faculty, staff, and student body.
2. Increase the number of available scholarships.
 - a. The College's external board has voted to make raising scholarship funds to be its priority for the past two years.
 - b. The Second Presbyterian Church Health Equity Fund scholarship was established by members of the church to support students from area colleges as part of an on-going effort to reduce health disparities in Arkansas.
 - c. The Fay W. Boozman College of Public Health Scholarship for Graduates of Arkansas' Historically Black Colleges and Universities (HBCU), funded by the COPH external advisory board, was established to encourage graduates from the Arkansas HBCUs to pursue public health as a career path.

- d. The Maternal and Child Health Scholarship was established to increase the number of graduate student trainees in the maternal and child health field. The scholarship is funded by Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services through the Maternal and Child Health Public Health Catalyst Program.
3. Maintain and increase participation in the Stead Scholars Mentorship program.
 - a. The six-week summer program provides undergraduate students from Arkansas colleges and universities an on-campus introduction to public health. During the program, students work on public health research projects with faculty mentors and shadow public health scientists at the Arkansas Department of Health.
4. Increase participation in 4+1 programs established with Arkansas colleges and universities.
 - a. The COPH has partnered with several undergraduate programs across the state to create an accelerated and coordinated course of study allowing students to enroll in the MPH program as junior and receive credit for MPH courses towards their undergraduate degree. Upon graduating with a BA or BS degree, students typically finish the MPH in the next year (thus “4+1”), attaining an undergraduate degree and an MPH within five years rather than the typical six years.
 - b. The COPH is establishing Public Health Days at colleges and universities in Arkansas to foster the 4+1 partnerships, address recruitment students.
5. Increase availability of online course offerings to increase recruitment and retention of rural and diverse populations across the state of Arkansas.
6. Revise an MPH concentration to focus on urgent and complex public health issues present in populations living and working in rural areas.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities. (self-study document)

The COPH recognizes that cultural competence in public health refers to the competencies needed to work with individuals and communities in ways that are appropriate and considerate of relevant cultural factors. The competencies include self-awareness, open-minded inquiry and assessment, and the ability to recognize and adapt to cultural differences. These competencies are particularly important in public health research and community engagement.

Cultural competence in this context is included in course curriculum in various ways including, but not limited to:

- Discussions regarding access to healthcare beyond traditional notions of financial access and distance, but also how access is affected by linguistic or cultural barriers and historical mistrust of the healthcare system.
- Engaging community leaders in class sessions on health disparities.
- Examination evidence-based research on the impact of social, economic, and health system characteristics on disparities in health and healthcare.

Cultural competence in this context assures students have opportunities to learn from a variety of individuals reflective Arkansas communities through:

- Lectures and presentations by noted experts.
- Required public health practicum with state agencies, non-governmental organizations, or businesses.
- Participation in research projects that often focus on the health, healthcare, and the public health of all Arkansans.