The social mission of a health professions school is the contribution of the school in its mission, programs, and the performance of its graduates, faculty and leadership in advancing health equity and addressing the health disparities of the society in which it exists.

Social Mission Metrics Initiative

Summary Report for School of Nursing
University of Pennsylvania

November, 2019

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Sonal Batra, MD, MST Principal Investigator
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https://socialmissionmetrics.gwhwi.org/
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**BACKGROUND**

The Social Mission Metrics Initiative began in 2016 with the aim to create a system of metrics that can be used in a regularized way to identify the level of engagement of U.S. dental, medical, and nursing schools in social mission activities, track them over time, and allow a school to compare itself to national norms.

**Survey Content and Organization**

The content of the survey was developed by the research team, with guidance from a National Advisory Committee. The analysis was constructed around major activities in which all schools engage (e.g., governance, curriculum, diversity, etc.) that we called domains. Domains were further disaggregated into narrower subsections of activity that we designated as “areas.” “Areas” are designated by a lettered section name and are used as the primary units of analysis for results. (Additional details on the results are provided in the "Scoring" section and in the "Area Descriptors"). For the creation of individual questions, the research team identified and borrowed from pre-existing assessment tools of various aspects of social mission, and created new questions as needed. Questions were field-tested at 65 schools prior to widespread release of the survey.

**Scoring**

The research team created an analytic framework for converting answers to survey questions into numeric scores associated with each of the areas. Free text responses were not analyzed, but used to confirm responses to multiple-choice questions as needed. In the "Area Descriptors" section you will find a more detailed explanation of the questions that make up each Area. Weights were developed for individual questions within an area, as well as to weight areas against each other, using a separate initiative called the “Priorities Survey.”

The Priorities Survey was distributed to stakeholders in Social Mission Metrics, including all schools who participated in Field Testing, the National Advisory Committee, and all participants at the 2018 Beyond Flexner Alliance Conference. Your result report is included under "Results for Your School." It is important to note, that all results are reported in comparison to all participating schools (n=242), and are not absolute. Responses may not be representative of dental, medical, and nursing schools across the country as a whole since not all schools participated in the self-assessment.

The recently renamed Fitzhugh Mullan Institute for Health Workforce Equity (Mullan Institute) aims to strengthen health workforce policies in the United States and around the world. The health workforce is an essential component of health care systems; policies that address its quality, supply, distribution, and organization hold the keys to improving access to high quality and affordable health care for all. More information can be found at www.gwhwi.org.
## RESULTS FOR YOUR SCHOOL

### TABLE 1

Overall social mission results
School of Nursing
University of Pennsylvania

<table>
<thead>
<tr>
<th>Result in relation to all participating schools</th>
<th>Top Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result in relation to all participating nursing schools</td>
<td>Top Quartile</td>
</tr>
</tbody>
</table>

Note: Results for all 18 areas on the survey were aggregated to create an overall result for Social Mission. The distribution of results were divided into Quartiles. The Top Quartile is the highest quartile and Fourth Quartile is the lowest quartile.
<table>
<thead>
<tr>
<th>Social Mission Areas</th>
<th>Result in relation to all participating schools</th>
<th>Result in relation to all participating nursing schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area1 Curriculum</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area2 Extracurricular activities</td>
<td>★★★★★</td>
<td>★★★★★★★★</td>
</tr>
<tr>
<td>Area3* Targeted education</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area4 Global health</td>
<td>★★★★</td>
<td>★★★★★★★★</td>
</tr>
<tr>
<td>Area5 School mission</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area6 Curriculum and community needs</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area7 Community collaborations</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area8 Student diversity</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area9 Faculty diversity</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area10 Academic leadership diversity</td>
<td>★★★★★★</td>
<td>★★★★★★★★</td>
</tr>
<tr>
<td>Area11 Pipeline programs</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area12 Student training</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area13 Faculty training</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area14* Student-run clinics</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area15 Student activism</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area16 Faculty activism</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area17 Primary care</td>
<td>★★</td>
<td>★★</td>
</tr>
<tr>
<td>Area18 Research focus</td>
<td>★★</td>
<td>★★</td>
</tr>
</tbody>
</table>

Note: Results for individual areas were divided into Quartiles. The Top Quartile is the highest quartile and the Fourth Quartile is the lowest quartile. Areas in which a substantial number of questions were left blank on your survey were not scored.

*For those areas in which an equal division into quartiles was not possible due to limited variation in school responses, two adjacent quartiles were grouped together and all schools in that group were placed in the higher of the two quartiles.
## AREA DESCRIPTORS

A brief description of the activity areas can be found here. Please see your survey for the questions.

<table>
<thead>
<tr>
<th>1. Curriculum</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>This area includes questions on curricular content, including whether and how extensively topics such as social determinants of health and health disparities are covered in the academic curriculum. It also includes questions about longitudinal clinical experiences with underserved communities and interprofessional education.</td>
<td>For dental and medical schools: A2, A2a, A3, A3a, A3b, A3c, A4, A4a, A5, A5a, A6, A6a&lt;br&gt;For nursing schools: A3, A3a, A4, A4a, A4b, A4c, A5, A5a, A6, A6a, A7, A7a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Extracurricular Activities</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>This area included questions about extracurricular activities that promote social mission – including service-learning requirements and activities directly related to addressing social determinants of health and reducing health disparities.</td>
<td>B1, B1a, B1b, B2, B2a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Targeted Education</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>This area addresses a school’s educational offerings outside of the core degree program. Specifically, it asks whether the school (or its larger University/Academic Health Center) has a public health degree or certification as well as training for allied health careers.</td>
<td>C1, C1a, C2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Global Health</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results for this area were based on the existence of and participation rates of partnerships with low and middle income countries.</td>
<td>D1, D1a, D2, D2a, D2b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. School Mission</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Results for this area were based on whether or not a school’s mission statement and strategic plan had an explicitly stated “community of commitment.” Community of commitment was defined in the survey as “a medically or socially underserved community—this could be an underserved geographic area, demographic group, or category of patient—that your school has explicitly targeted as a focus of your work.”</td>
<td>E1, E1a, E1b, E2, E2a, E2b</td>
</tr>
<tr>
<td></td>
<td>Curriculum and Community Needs</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
<td>Results for this area were based on whether the school (or its partners) has a formal or informal Community Health Needs Assessment and how this assessment informs the school's curriculum.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Community Collaborations</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This area includes questions about whether the school has established collaborations with community and local organizations that address health disparities, social determinants of health, or build community capacity.</td>
<td>G1, G1a, G1b, G2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Student Diversity</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This area has a number of questions that assess self-reported demographic data of the students at your school, as well as some policy and structure level questions regarding admissions policies, graduation rates for students of different backgrounds, and scholarships. Several different results were calculated for this area. Results are higher for schools that have a relatively larger percentage of students who identify as part of a group that is underrepresented in the health professions. They are also higher for schools where there is more variation of races/ethnicities and that had admissions and financial aid policies that support diversity.</td>
<td>H1, H3, H4, H5, H6, H7, H7a, H8, H9, H9a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Faculty Diversity</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Results for this area were based on representation of traditionally underrepresented minorities on the school’s faculty. It includes questions about self-reported racial/ethnic background of faculty members, in which results were based on both percentage of underrepresented minorities as well as overall variation of races/ethnicities. Additional results were based on percentages of female faculty (male faculty for nursing schools) and if faculty openly identify as LGBTQ as a marker of environmental inclusiveness.</td>
<td>J2, J3, J4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Academic Leadership Diversity</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This area was analyzed the same way as area 9, but was based on the makeup of the academic leadership (defined as any of the following: decanal positions (e.g., dean, assistant/associate dean), provost, department chair, division head, or the equivalent positions at your school). Like the previous area, results were based on percentage of underrepresented minorities as well as overall variation of races/ethnicities. Additional results were based on percentages of female leadership (male leadership for nursing schools) and if any leadership members openly identified as LGBTQ.</td>
<td>J6, J7, J8</td>
</tr>
<tr>
<td></td>
<td><strong>Pipeline Programs</strong></td>
<td><strong>Questions</strong></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>11</td>
<td>Results for this area were based on the existence of, relative size of, and efficacy of pipeline programs aimed to increase the number of underrepresented minorities who enter the health professions. Inclusion of underrepresented minorities in pipeline programs took into account both race/ethnicity and markers of socioeconomic status. Number of students reached in pipeline programs was adjusted for based on the size of the school’s student body.</td>
<td>K1, K1a, K1b, K1c, K2, K2a, K2b, K2c, K2d</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Student Training</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Results for this area were based on percentages of students who complete training in unconscious or implicit bias, cultural competency or cultural humility, health advocacy, and social determinants of health.</td>
<td>L2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Faculty Training</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Results for this area were based on percentages of faculty who complete training in unconscious or implicit bias, cultural competency or cultural humility, health advocacy, and social determinants of health.</td>
<td>L1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Student-run Clinics</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Results for this area were based on participation rates of students and faculty in student-run health clinics, as well as financial support for clinics by the school.</td>
<td>M1, M1a, M1b, M1c</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Student Activism</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>This area was analyzed based on how active students are in organizations and programs that focus on advocacy, health disparities, and social determinants of health. It also is based on support by the school of such activities.</td>
<td>N1, N2, N3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Faculty Activism</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>This area was analyzed based on how active faculty are in organizations and programs that focus on advocacy, health disparities and social determinants of health. It also is based on how a school rewards or recognizes faculty for such activities.</td>
<td>P1, P2, P3, P3a</td>
</tr>
</tbody>
</table>
Primary and Community Based Care
Results for this area were based on students practice choices after graduation. It includes questions on a school’s encouragement towards primary care or community-based practice, percentages of graduates who work in community health centers, primary care or public health settings.

Research Focus
Results for this area were based on how much of a school’s research portfolio was comprised of community engaged research, health equity research, health promotion/disease prevention research, social determinants of health, and community needs assessments. Quantity of research was adjusted for the size of the school’s faculty. Additional questions included how a school’s research portfolio was impacted by a Community Health Needs Assessment.
### ADVISORY COMMITTEE 2016-2019

<table>
<thead>
<tr>
<th>Member</th>
<th>Participation Year</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali Abdallah</td>
<td>2016-2018</td>
<td>Resident Physician, Family Medicine</td>
<td>Unity Health Care, The Wright Center for Graduate Medical Education</td>
</tr>
<tr>
<td>David Acosta</td>
<td>2018-2019</td>
<td>Chief Diversity and Inclusion Officer</td>
<td>Association of American Medical Colleges</td>
</tr>
<tr>
<td>Philip Alberti</td>
<td>2016-2019</td>
<td>Senior Director, Health Equity Research &amp; Policy</td>
<td>Association of American Medical Colleges</td>
</tr>
<tr>
<td>Karen Bankston</td>
<td>2016-2019</td>
<td>Adjunct Professor</td>
<td>University of Cincinnati College of Nursing</td>
</tr>
<tr>
<td>Eileen Breslin</td>
<td>2018-2019</td>
<td>Dean</td>
<td>University of Texas Health Science Center at San Antonio School of Nursing</td>
</tr>
<tr>
<td>Jennifer Butlin</td>
<td>2018-2019</td>
<td>Executive Director</td>
<td>Commission on Collegiate Nursing Education</td>
</tr>
<tr>
<td>Robert Cain</td>
<td>2019</td>
<td>President &amp; Chief Executive Officer</td>
<td>American Association of Colleges of Osteopathic Medicine</td>
</tr>
<tr>
<td>Gregory Chadwick</td>
<td>2018-2019</td>
<td>Dean</td>
<td>East Carolina University School of Dental Medicine</td>
</tr>
<tr>
<td>Alexia Charles</td>
<td>2017-2018</td>
<td>Medical Student</td>
<td>The George Washington University School of Medicine &amp; Health Sciences</td>
</tr>
<tr>
<td>Isaiah Cochran</td>
<td>2019</td>
<td>National President</td>
<td>American Medical Student Association</td>
</tr>
<tr>
<td>Kim D’Abreu</td>
<td>2016-2017</td>
<td>Senior Vice President for Access, Diversity and Inclusion</td>
<td>American Dental Education Association</td>
</tr>
<tr>
<td>Jennifer Danek</td>
<td>2018-2019</td>
<td>Senior Director for Health Initiatives</td>
<td>Coalition of Urban Serving Universities</td>
</tr>
<tr>
<td>David Danesh</td>
<td>2017-2018</td>
<td>Dental Student</td>
<td>Harvard School of Dental Medicine</td>
</tr>
<tr>
<td>Gaea Daniel</td>
<td>2017-2018</td>
<td>Doctoral Nursing Student, Robert Wood Johnson Foundation NCIN Scholar</td>
<td>Emory University Nell Hodgson Woodruff School of Nursing</td>
</tr>
<tr>
<td>Douglas Davis</td>
<td>2019</td>
<td>President</td>
<td>National Student Nurses’ Association</td>
</tr>
<tr>
<td>Neal Demby</td>
<td>2018-2019</td>
<td>Emeritus Board Member, Senior Vice President</td>
<td>National Network for Oral Health Access NYU Langone Dental Medicine</td>
</tr>
<tr>
<td>Vernell DeWitty</td>
<td>2016-2018</td>
<td>Director for Diversity and Inclusion</td>
<td>American Association of Colleges of Nursing</td>
</tr>
<tr>
<td>Caswell Evans</td>
<td>2016-2018</td>
<td>Associate Dean for Prevention and Public Health Sciences</td>
<td>University of Illinois at Chicago College of Dentistry</td>
</tr>
<tr>
<td>Susan Forneris</td>
<td>2018-2019</td>
<td>Director</td>
<td>National League for Nursing (NLN) Center for Innovation in Education Excellence</td>
</tr>
<tr>
<td>Member</td>
<td>Participation Year</td>
<td>Title</td>
<td>Organization</td>
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<tr>
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<tr>
<td>Robert Graham</td>
<td>2016-2018</td>
<td>Former Chief Executive Officer, 1985-2000</td>
<td>American Academy of Family Physicians</td>
</tr>
<tr>
<td>Frederick Isasi</td>
<td>2018-2019</td>
<td>Executive Director</td>
<td>Families USA</td>
</tr>
<tr>
<td>Art Kaufman</td>
<td>2016-2018</td>
<td>Vice Chancellor for Community Health Sciences</td>
<td>The University of New Mexico Health Sciences Center</td>
</tr>
<tr>
<td>Katharine Lawrence</td>
<td>2016-2017</td>
<td>Medical Student</td>
<td>Florida International University Herbert Wertheim College of Medicine</td>
</tr>
<tr>
<td>Mark A. Lopez</td>
<td>2017-2018</td>
<td>Interim Senior Vice President for Access, Diversity &amp; Inclusion</td>
<td>American Dental Education Association</td>
</tr>
<tr>
<td>Robyn Madson</td>
<td>2016-2018</td>
<td>Founding Dean</td>
<td>University of the Incarnate Word School of Osteopathic Medicine</td>
</tr>
<tr>
<td>Veronica Mallett</td>
<td>2018-2019</td>
<td>Senior Vice President for Health Affairs and Dean</td>
<td>Meharry Medical College School of Medicine</td>
</tr>
<tr>
<td>Beverly Malone</td>
<td>2016-2018</td>
<td>Chief Executive Officer</td>
<td>National League of Nursing</td>
</tr>
<tr>
<td>Pat Mastors</td>
<td>2016-2017</td>
<td>Executive Director &amp; Co-Founder</td>
<td>Patients' View Institute</td>
</tr>
<tr>
<td>Linda McCauley</td>
<td>2018-2019</td>
<td>Dean &amp; Professor</td>
<td>Emory University Nell Hodgson Woodruff School of Nursing</td>
</tr>
<tr>
<td>Thomas Nasca</td>
<td>2018-2019</td>
<td>President &amp; Chief Executive Officer</td>
<td>Accreditation Council for Graduate Medical Education</td>
</tr>
<tr>
<td>Wesley Osler</td>
<td>2018</td>
<td>President</td>
<td>National Student Nurses' Association</td>
</tr>
<tr>
<td>Patricia Polansky</td>
<td>2018-2019</td>
<td>Director, Program Development and Implementation</td>
<td>Center to Champion Nursing in America</td>
</tr>
<tr>
<td>Beth Roemer</td>
<td>2016-2018</td>
<td>Executive Director, Medical Education Strategy</td>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>James Rourke</td>
<td>2018-2019</td>
<td>Honorary Research Professor &amp; Board Member</td>
<td>Memorial University of Newfoundland AMEE ASPIRE-to-Excellence Board</td>
</tr>
<tr>
<td>Stephen Shannon</td>
<td>2018</td>
<td>President</td>
<td>American Association of Colleges of Osteopathic Medicine</td>
</tr>
<tr>
<td>Sonya Smith</td>
<td>2018-2019</td>
<td>Chief Diversity Officer</td>
<td>American Dental Education Association</td>
</tr>
<tr>
<td>Henry Sondheimer</td>
<td>2016-2018</td>
<td>Senior Project Consultant &amp; Professorial Lecturer</td>
<td>The George Washington University Milken Institute School of Public Health</td>
</tr>
<tr>
<td>Diane Stollenwerk</td>
<td>2017-2018</td>
<td>Executive Director</td>
<td>Patients' View Institute</td>
</tr>
<tr>
<td>Member</td>
<td>Participation Year</td>
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</tr>
<tr>
<td>Anne Thomas</td>
<td>2018</td>
<td>Associate Dean for Academic Affairs &amp; President</td>
<td>Michigan State University College of Nursing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>National Organization of Nurse Practitioner Faculties</td>
</tr>
<tr>
<td>Sherin Tooks</td>
<td>2018-2019</td>
<td>Director</td>
<td>Commission on Dental Accreditation</td>
</tr>
<tr>
<td>Perry Tsai</td>
<td>2018</td>
<td>National President</td>
<td>American Medical Student Association</td>
</tr>
<tr>
<td>Marcia Wilson</td>
<td>2018-2019</td>
<td>Associate Director for Regional Support</td>
<td>Aligning Forces for Quality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>National Program Office</td>
<td></td>
</tr>
<tr>
<td>Jana Zaudke</td>
<td>2016-2017</td>
<td>Assistant Dean, Major Academic Society</td>
<td>University of Kansas School of Medicine</td>
</tr>
</tbody>
</table>

*Note: Titles and organizations are listed as they were at the time of participation.*
ACKNOWLEDGEMENTS

The Social Mission Metrics Initiative was made possible through the generous support of the Robert Wood Johnson Foundation and the Health Resources and Services Administration, U.S. Department of Health and Human Services. The Mullan Institute is grateful to our Advisory Committee and to the many pilot and field test school participants who helped shape the development of the social mission metrics survey instrument. The Institute especially thanks the Center for Survey Research at the University of Virginia for logistical support of the national self-assessment campaign. The Institute appreciates the Beyond Flexner Alliance for supporting the distribution and engagement of the Social Mission Metrics Priorities Survey at the Beyond Flexner 2018: Community, Diversity and Equity conference. A special thank you goes to the Beyond Flexner conference attendees for their participation in the priorities survey. Finally, we also greatly appreciate those who made contributions through their efforts on the project including: Vianca Bedoya, Heba Elnaiem, Dalia Khattab, Karen Linscott, Rory Merritt, Henry Sondheimer, Aaron J. Spiegelman, Crystal Xue, and Hexuan Zhang.
Social Mission Metrics Questionnaire
Self-Assessment Tool

Thank you for participating in the self-assessment process by filling out this questionnaire about your nursing school. This questionnaire aims to assess the social mission of your school, defined as the contribution of the school in its mission, programs, and the performance of its graduates, faculty and leadership to addressing the health disparities of the society in which it exists.

Background
The Social Mission Self-Assessment aims to measure the social mission engagement of a health professions school, track it over time, and compare it to national norms. The questionnaire is based on pre-existing tools to assess aspects of social mission, literature review, and expert opinion. It was created with the guidance of a national multidisciplinary Advisory Committee. It has been field tested at 65 dental, medical, and nursing schools and revised based on this fielding process.

Who will participate?
Approximately 400 randomly selected nursing school deans, along with medical and dental school deans, in the United States are invited to participate in the self-assessment process. Nursing schools that were not randomly selected to receive an invitation to participate may elect to participate by contacting the study team at https://socialmissionmetrics.gwhwi.org/participate-now.html.

What will be done with the results?
The research team will provide a confidential summary report to the primary respondent at the school. This will include a summary of the responses of your school compared to aggregated data of all participating schools within your discipline. The summary report may be used to further engage in self-analysis and reflection of their baseline performance to establish performance-improving changes.

How will the confidentiality of my answers be protected?
Your responses will only be shared with the study team. You will NOT receive any information on the responses of other schools, and no other schools will receive information on the responses of your school. No information on a particular school’s standing will be shared or published without explicit consent from that school.

Who should answer these questions?
We’ve sent this survey to you as someone who has insight into your school’s programs and is in a position to request data from various internal sources. We don’t expect that you’ll have all the answers at your fingertips, so we encourage you to look at databases at your institution and to consult with people in other departments or units who might have some of the information requested. You may delegate a primary respondent other than yourself to take responsibility for aggregating the required information.

In field tests of the survey, the following departments were typically consulted by the primary participant:

• Academic Affairs
• Curricular/Educational Affairs
• Student Affairs
• Diversity and Inclusion
• Faculty Affairs
• Admissions
• Financial Aid

What if I have multiple degree programs in my school? How should I answer these questions?
Please select a primary degree program that you would like to base your answers on (this survey was designed for either bachelors or masters level programs), and answer the questions based on your selection. Many questions will be relevant to the School of Nursing as a whole, and you should answer those questions about your school. Some questions, such as those about curriculum or graduation rates should be answered based on the specific degree program you have chosen. Throughout the survey, we have used the term “school” when the question should be answered based on the school as a whole, and the term “program” when the question should be answered based on the program you have chosen.

What if I don’t know the answer?
Please select the answer choice “Don’t Know/Information Not Available” or leave the question blank if the “Don’t Know” option is not there.

What if I don’t wish to share an answer?
Participation is voluntary and for your own self-reflection, so we encourage schools to answer all questions if possible. If there is any requested information that you or your school does not wish to share, please leave the item blank or note that you decline to answer that item. If you are willing, we would be interested in understanding why you may not be interested in sharing the information as it will assist us in better refining the questionnaire.

How will participating be beneficial?
Your participation will help examine 1) the status of your school’s social mission activities; 2) current strengths and areas for improvement in these activities; and 3) your school’s proficiency in social mission in comparison to similar schools. In addition to the confidential summary report, the data from the self-assessment will enable the research team to further develop performance measures in the field of social mission.

Who is sponsoring this study?
This project is funded by a research grant from the Robert Wood Johnson Foundation.

What if I do not understand a term?
Text boxes throughout the document define phrases used in the study, and there is a glossary at the end included for reference. If there are other questions or terms you do not understand, please email Julie Orban (juliela@gwu.edu) for further clarification.

A.

**Your School’s Educational Program**

A. Curricular courses and programs

A1. A1. Does your school offer the following degrees?

<table>
<thead>
<tr>
<th>Degree Program</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate’s Degree in Nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree in Nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree in Nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctorate of Nursing Practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor of Philosophy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A2. A2. Which of the following degree programs would you like to base your answers on? Your selection will appear in the upper right corner moving forward as a reminder.

- [ ] Bachelor’s Degree in Nursing
- [ ] Master’s Degree in Nursing
A3. Does your program have required inter-professional education for all students?

- Yes
- No
- Don't know

A3a. In which settings do students receive inter-professional education experiences?

- In clinical settings only
- In classroom/simulation settings only
- In both clinical and classroom/simulation settings
- Don't know

A4. Does your program offer clinical rotations or courses where your students interact with patients from underserved communities?

- Yes
- No
- Don't know

A4a. Please answer A4a-A4c:

A4a. Are these clinical rotations or courses required of students?

- Yes, required of all our students
- Yes, required of certain students
- No

A4b. About how many of your students participate in these clinical rotations or courses over the course of their education?

This question was not displayed to the respondent.

A4c. Are any of these clinical rotations or courses longitudinal i.e. clinical engagements over a prolonged period of time (at least four weeks of student time in the period of a year)?

- Yes
- No
**Definition: Social Determinants of Health** are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.[1]


**A5. A5. Does your program explicitly teach students about social determinants of health in your curriculum?**

- Yes, in required courses
- Yes, in elective courses
- No

**A5a. A5a. Is this content integrated across multiple years of study?**

- Yes, across all years of study
- Yes, across multiple years of study
- No

**Definition: Health disparities** are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.[2]


**A6. A6. Does your program explicitly teach students about health disparities in your curriculum?**

- Yes, in required courses
- Yes, in elective courses
- No
A6a. Is this content integrated across multiple years of study?

- Yes, across all years of study
- Yes, across multiple years of study
- No

Definition: LGBTQ is an acronym for lesbian, gay, bisexual, transgender, and queer.[3]

We understand that terminology and acronyms continue to evolve. Please use whatever terminology your school finds most appropriate.


A7. Does your program have specific curricular content focused on LGBTQ health?

- Yes, in required courses
- Yes, in elective courses
- No

A7a. Is this content integrated across multiple years of study?

- Yes, across all years of study
- Yes, across multiple years of study
- No

B. Extracurricular and service learning opportunities

B1. Does your program have a service-learning or volunteer hours requirement for graduation?

- Yes, required of all students
- Yes, required of some students
- No

B1a. About how many of your students participate in service-learning or volunteer opportunities during the course of their education?

This question was not displayed to the respondent.
B1b. What is the total time commitment required?

- No specific time commitment
- 1-10 hours
- 11-30 hours
- 31-50 hours
- > 50 hours

B2. Other than student-run health clinics, does your program offer its students extracurricular activities directly related to reduction of health disparities or addressing social determinants of health?

- Yes
- No
- Don't know

B2a. About how many of your students participate in these experiences during the course of their education?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- Don't know

C. Targeted education programs

C1. Does your institution or school offer a certification or degree in Public Health?

- Yes
- No
- Don't know

C1a. Approximately what percentage of your Bachelor's Degree in Nursing students over the last four graduating classes have completed the Public Health certification or degree option?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- Don't know
C2. Does your institution or school offer specific education programs that train students to enter the following health careers?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Community Health Workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Nurse's Aides</td>
<td></td>
<td></td>
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</tbody>
</table>

D. Global health

D1. Does your school have a formal partnership with an institution in a low or middle income country?

- Yes
- No
- Don't know

D1a. Does your school facilitate students from low or middle income countries to train or study at your institution?

- Yes
- No
- Don't know

D2. Does your program offer global health rotations in low or middle income countries?

- Yes
- No
- Don't know

D2a. Please answer D2a-D2b:

D2a. About how many of your students participate in these experiences?

- All or nearly all (91% or more)
- Most (51-90%)
D2b. **What is the average duration of the experience?**

- < 2 weeks
- 2-4 weeks
- > 4 weeks

---

**Governance**

**E. Statements related to your school's mission**

**Definition:** Community of commitment is the term we are using to indicate a medically or socially underserved community – this could be an underserved geographic area (local or regional), demographic group, or category of patient that your school has explicitly targeted as a focus for your work.

**E1.**

**Does your school have a written mission statement?**

- Yes
- No

**E1a.**

**Does your school's mission statement specifically mention any of the following terms (select all that apply):**

- Social determinants of health
- Underserved/underrepresented/disadvantaged populations
- Health equity or health disparities

**E1b.**

**Does your school's mission statement identify a specific “community of commitment” as defined above? If you're not sure, please send us your mission statement or type in the Web address (URL) in the text box below and we will attempt to make a determination.**

- Yes
- No
E1c. Please specify your school’s community or communities of commitment:

This question was not displayed to the respondent.

E2.

E2. Does your school have a current strategic plan?

- Yes
- No

E2a. Does your school's strategic plan specifically mention any of the following terms (select all that apply):

- Social determinants of health
- Underserved/underrepresented/disadvantaged populations
- Health equity or health disparities

E2b. Does your strategic plan identify a specific “community of commitment” as defined above? If you’re not sure, please send us your strategic plan and we will attempt to make a determination.

- Yes
- No
- Don't know

E2c. Please specify your school’s community or communities of commitment:

This question was not displayed to the respondent.

F.

Community Engagement

F. Concordance of curriculum with community needs
**Definition:** A Community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.[4]


---

**F1.** F1. Has your school, or a hospital with which it is closely affiliated, conducted a formal or informal Community Health Needs Assessment in the past five years?

- Yes, formal
- Yes, informal
- Neither
- Don't know

**F1a.** F1a. To what extent has the design of your school's curriculum been explicitly informed by the results of the Community Health Needs Assessment?

- Substantially
- Moderately
- Slightly
- Not at all
- Don't know

**G1.** G1. Do your students participate in clinics, offices, or programs that are located outside of your main campus and based in the local community or in your communities of commitment? *Note: Text entries will appear below if you typed in responses in section E.*

With respect to your mission statement, you mentioned:

With respect to your strategic plan, you mentioned:

- Yes
- No
- Don't know
- Not applicable

**G1a.** G1a. Does your school provide any compensation for time devoted by faculty or staff to the activities in these off-campus, community locations?

- Yes
- No
- Don't know
G1b. Is there a formal or informal channel for feedback from the community to the school about the value and effectiveness of these programs?

- Yes
- No
- Don’t know

G2. Does your school have formalized or otherwise well-developed collaborations with any of the following?

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know/Not applicable</th>
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<tbody>
<tr>
<td>a. Collaborations</td>
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<tr>
<td>with legal</td>
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<td>professionals</td>
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<td>b. Collaborations</td>
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<td>with churches,</td>
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<td>temples or other</td>
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<td>faith-based</td>
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<td>organizations</td>
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<td>c. Collaborations</td>
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<td>with practice</td>
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<td>arrangements, or</td>
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<td>clinical teaching</td>
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<td>arrangements with</td>
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<td>a local</td>
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<tr>
<td>Federally Qualified Health Center (FQHC)</td>
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<td></td>
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<tr>
<td>d. Collaborations</td>
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<td></td>
<td></td>
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<tr>
<td>with local K-12</td>
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<td></td>
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<tr>
<td>schools</td>
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<tr>
<td>e. Collaborations</td>
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<tr>
<td>with local</td>
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<tr>
<td>community colleges</td>
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<td></td>
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<tr>
<td>f. Collaboration</td>
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<tr>
<td>with your local</td>
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<td></td>
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<tr>
<td>government’s health department</td>
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<tr>
<td>g. Collaboration</td>
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<td></td>
<td></td>
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<tr>
<td>with philanthropic organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H. Diversity and Inclusion

H. Student diversity

**Definition: Holistic review** is a university admissions strategy that assesses an applicant’s unique experiences alongside traditional measures of academic achievement such as grades and test scores. It is designed to help universities consider a broad range of factors reflecting the applicant’s academic readiness, contribution to the incoming class, and potential for success both in school and later as a professional.[5] Holistic Review has been described by the Supreme Court as a highly individualized review of each applicant’s file, giving serious consideration to all the ways an applicant might contribute to a diverse educational environment.[6]


H1. Does your school's or program's admission policy include principles of holistic review of applicants?

- Yes, as a matter of written policy
- Yes, as a matter of informal practice
- No
- Don't know

H2. What is the total number of students currently enrolled in your Bachelor's Degree in Nursing program?

Total number of students: 424

H3. Please fill in a percentage breakdown of the racial and ethnic composition of your current student body in the table below. Please include all full-time students currently enrolled in your Bachelor's Degree in Nursing program. Note: This should be self-reported race and ethnicity data that is on file with your school. Please enter zeros in blanks.

Percent of your fulltime students who identify as (should total to 100%):*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hispanic or Latino</td>
<td>13</td>
</tr>
<tr>
<td>b. American Indian or Alaskan Native (not Hispanic)</td>
<td>0</td>
</tr>
<tr>
<td>c. Asian (not Hispanic)</td>
<td>21</td>
</tr>
<tr>
<td>d. Black or African American (not Hispanic)</td>
<td>6</td>
</tr>
<tr>
<td>e. Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>f. White (not Hispanic)</td>
<td>50</td>
</tr>
<tr>
<td>g. Two or more races (not Hispanic)</td>
<td>6</td>
</tr>
<tr>
<td>h. Race/ethnicity not reported/not known</td>
<td>1</td>
</tr>
<tr>
<td>i. International student (Nonresident alien)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

*The categories in this table are based on those that schools report to the U.S. Dept. of Education

H4. What is the average graduation rate for students enrolled in your Bachelor's Degree in Nursing program over the past 5 cohorts? Note: If you do not have data over the past 5 cohorts, use whatever time frame you have available to calculate the average rate. You will be asked to specify the time frame below.
Overall graduation rate (percentage): 97
This rate is calculated or estimated over the past number of years: 5
This rate represents the percentage of students who graduated within the following number of years: 6

H5. H5. What is the average graduation rate for students by race/ethnicity enrolled in your Bachelor’s Degree in Nursing program over the past 5 cohorts? Note: These rates should be calculated over the same time period as the question above. These numbers should NOT add up to 100%. For example: If you are using a time period of 5 years, and your last 5 classes included 10 self-identified white students, 9 of whom graduated, your answer should be 90%.

<table>
<thead>
<tr>
<th>Race</th>
<th>Graduation rate (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>100</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>97</td>
</tr>
<tr>
<td>Black</td>
<td>97</td>
</tr>
<tr>
<td>Hispanic</td>
<td>94</td>
</tr>
<tr>
<td>White</td>
<td>96</td>
</tr>
<tr>
<td>Two or more races, other race</td>
<td>100</td>
</tr>
<tr>
<td>Race Not Reported</td>
<td>100</td>
</tr>
</tbody>
</table>

H5.1. Please answer the questions below.

This rate is calculated or estimated over the past number of years: 5
This rate represents the percentage of students who graduated within the following number of years: 6

H6. H6. Approximately what percentage of your students in your Bachelor’s Degree in Nursing program are from the community of commitment referred to in section E? Note: Text entries will appear below if you typed in responses in section E.

With respect to your mission statement, you mentioned:

With respect to your strategic plan, you mentioned:

This question was not displayed to the respondent.

H7. H7. What percentage of students in your Bachelor’s Degree in Nursing program are from families where neither parent finished college?

- Percent of students who were first-generation college students: 9
- Information not available

H7a. H7a. Considering only first-generation college students in your Bachelor’s Degree in Nursing program, what is their average graduation rate? Note: This rate should be calculated over the same period as the questions above.

Graduation rate for first-generation college students: 90
J1. What is the total number of full-time faculty at your school?

Total number of full-time faculty: 98

J2. Please fill in a percentage breakdown of the racial and ethnic composition of your school's full-time faculty in the table below. (This should be self-reported race and ethnicity data that is on file with your school. Please enter zeros in blanks.)

H8. Please consider all the scholarship and grant dollars awarded by your school or program in the last academic year. What percentage of the scholarship and grant dollars were awarded based on financial need? (Do not count student loans or student wages.)

- Percent of scholarship and grant dollars that are need-based: [ ]
- Information not available

Since definitions and abbreviations are evolving, we may have omitted some letters from the LGBTQ abbreviation. Please apply your schools practice to the next section as you feel appropriate.

H9. Does your school or program collect information from each student on his or her self-reported sexual orientation and/or preferred gender identity?

- Yes
- No

H9a. What percentage of students in your Bachelor's Degree in Nursing program self-identify as LGBTQ?

This question was not displayed to the respondent.

J. J. Faculty diversity

The following questions ask about the composition of your faculty. Please include all full-time faculty members in your school, regardless of rank or tenure status. Faculty members on joint appointments with other schools should be included if the appointment in your school is considered to be their primary appointment. Adjunct faculty should be included if their work commitment to the school is considered to be full-time.
J2. **Percent of your school's full-time faculty who identify as (should total to 100%):**

- a. Hispanic or Latino: 3
- b. American Indian or Alaskan Native (not Hispanic): 0
- c. Asian (not Hispanic): 8
- d. Black or African American (not Hispanic): 7
- e. Native Hawaiian or Other Pacific Islander: 0
- f. White (not Hispanic): 81
- g. Two or more races (not Hispanic): 1
- h. Race/ethnicity not reported/not known: 0
- i. International employee (Nonresident alien): 0

**Total:** 100

*The categories in this table are based on those that schools report to the U.S. Dept. of Education*

J3. **What percentage of your full-time faculty members are women?**

- Percent of women among all full-time faculty: 88
- Information not available

J4. **Does your full-time faculty team include one or more members who openly identify themselves as members of the LGBTQ community?**

- None
- 1-2
- 3-4
- 5-9
- 10 or more
- Don't know
The next questions are about the people in academic leadership positions in your school. Please include members of the faculty who hold decanal positions (e.g. dean, assistant/associate dean), provost, department chair, division head, or the equivalent positions at your school. Do not include non-faculty administrators.

J5. What is the total number of academic leadership members at your school?

- Total number of faculty in academic leadership: 11
- Information not available

J6. Please fill in a percentage breakdown of the racial and ethnic composition of your school's academic leadership in the table below. (This should be self-reported race and ethnicity data that is on file with your school. Please enter zeros for blanks.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hispanic or Latino</td>
<td>9</td>
</tr>
<tr>
<td>b. American Indian or Alaskan Native (not Hispanic)</td>
<td>0</td>
</tr>
<tr>
<td>c. Asian (not Hispanic)</td>
<td>0</td>
</tr>
<tr>
<td>d. Black or African American (not Hispanic)</td>
<td>27</td>
</tr>
<tr>
<td>e. Native Hawaiian or Other Pacific Islander</td>
<td>0</td>
</tr>
<tr>
<td>f. White (not Hispanic)</td>
<td>64</td>
</tr>
<tr>
<td>g. Two or more races (not Hispanic)</td>
<td>0</td>
</tr>
<tr>
<td>h. Race/ethnicity not reported/not known</td>
<td>0</td>
</tr>
<tr>
<td>i. International employee (Nonresident alien)</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

*The categories in this table are based on those that schools report to the U.S. Dept. of Education

J7. What percentage of your academic leadership members are women?

- Percent of women among academic leadership: 100
- Information not available
J8. Does your academic leadership team include any member who openly identify themselves as members of the LGBTQ community?

- Yes
- No
- Don't know

K. Pipeline programs

K1. Is your school sponsoring, running or assisting with any pipeline programs targeted to K-12 students and aimed at encouraging them to train for careers in the health professions?

- Yes
- No
- Don't know

K1a. Other than one-time contacts with students, what is the number of K-12 students who participate in your pipeline programs each year?

- Number of K-12 students impacted annually: 10
- Information not available

K1b. Of the answer you gave in K1a, approximately what percentage of these students are from underrepresented racial/ethnic minority groups?

- Percent of participating K-12 students who are minorities: 100
- Information not available

K1c. Of the answer you gave in K1a, approximately what percentage of these students are in the free or reduced lunch program?

- Percent of participating K-12 students who are on free or reduced lunch: 100
- Information not available

K2. Is your school sponsoring, running or assisting with any pipeline programs targeted to undergraduate college students and aimed at encouraging them to train for careers in the health professions?

- Yes
K2a. Other than one-time contacts with students, what is the number of undergraduate students who participate in your pipeline programs each year?

This question was not displayed to the respondent.

K2b. Approximately what percentage of the participating students are from underrepresented racial/ethnic minority groups?

This question was not displayed to the respondent.

K2c. Approximately what percentage of the participating students are the first in their family to go to college?

This question was not displayed to the respondent.

K2d. Approximately what percentage of the participating students ultimately enter education for one of the health professions? (Note: Do not include students enrolled in pre-matriculation who have already been admitted to a health professions school.)

This question was not displayed to the respondent.

L. Institutional Culture and Climate

L. Training for a culture of inclusion

L1. How many of your current full-time faculty have taken any of the following types of training?

<table>
<thead>
<tr>
<th></th>
<th>All or nearly all (91% or more)</th>
<th>Most (51-90%)</th>
<th>Some (10-50%)</th>
<th>Just a few (less than 10%)</th>
<th>Not Offered</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Unconscious/implicit bias awareness</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>b. Cultural competency or cultural humility</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>c. Advocacy on issues related to health</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
<tr>
<td>d. Social determinants of health</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>

L2. How many of your current students have taken any of the following types of training?

<table>
<thead>
<tr>
<th></th>
<th>All or nearly all (91% or more)</th>
<th>Most (51-90%)</th>
<th>Some (10-50%)</th>
<th>Just a few (less than 10%)</th>
<th>Not Offered</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Unconscious/implicit bias awareness</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
<td>⬜</td>
</tr>
</tbody>
</table>
M. M. Student-run health clinics

**Definition:** Student-run health clinics are community clinics where students (with faculty supervision) provide health care services at no cost or low cost to underserved populations.

M1. M1. In the past three years, have your students worked in any student-run health clinics?

- Yes
- No
- Don't know

M1a. M1a. About how many of your students volunteer at your student-run health clinics?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None

M1b. M1b. About how many of your faculty or staff members actively give time to your student-run health clinics?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None

M1c. M1c. Does your school provide compensation for any of the time that faculty or staff devote to your student-run health clinics?

- Yes
- No
- Don't know
N. N. Student activism

N1. Other than time given to student-run health clinics, about how many of your students are actively involved in community-based programs or organizations that address health disparities or social determinants of health?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None
- Don't know

N2. Does your school provide any regular financial support for community-oriented student activities outside of the curriculum (not including student-run health clinics)?

- Yes
- No
- Don't know

N3. Consider your students who are from under-represented groups in the health professions. About how many of these students are active in minority professional associations and societies?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None
- Don't know

P. P. Faculty activism

P1. Other than time given to student-run health clinics, about how many of your faculty are actively involved in community-based programs or organizations that address health or issues related to health?

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None
- Don't know
P2. About how many of your faculty members are actively involved in advocating for change in issues related to health or its social determinants? (Include regional, state, national or international advocacy organizations.)

- All or nearly all (91% or more)
- Most (51-90%)
- Some (10-50%)
- Just a few (less than 10%)
- None
- Don't know

P3. Does your school recognize or reward faculty participation in the activities in N1 (community-based programs) or N2 (community-oriented student activities)?

- Yes
- No
- Don't know

P3a. How does your school recognize or reward faculty?

- Promotion criteria explicitly recognize these contributions
- Awards for community activities or advocacy
- Compensation/pay raise
- Other
  - Community engagement is integrated in the education, research and practice mission and rewards and engagement rewards are integrated throughout

Q. Emphasis on practice location of graduates

Q1. How would you rate your school's amount of encouragement or discouragement for students to enter primary care or general community-based practice?

- A great deal of encouragement
- Some encouragement
- A little encouragement
- Neither encourage or discourage
- A little discouragement
- A great deal of discouragement
Q2. **Q2. Approximately what percentage of your Bachelor's Degree in Nursing graduates practice in community health centers, including Federally Qualified Health Centers (FQHCs)?**

- Percent of graduates:
- Information not available

Q3. **Q3. Approximately what percentage of your Bachelor's Degree in Nursing graduates typically enter public health nursing or primarily work with underserved populations?**

- Percent of graduates who enter public health nursing or work with underserved populations:
- Information not available

Q4. **Q4. Approximately what percentage of your Nurse Practitioner graduates typically enter primary care practice (such as family medicine, pediatrics, or preventative health)?**

*This question was not displayed to the respondent.*

R.

**Research**

R. Community needs and social mission in your school's research
Definitions: Community based participatory research is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.[7]

Community engaged research is a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community of focus.[8]

Health equity research is research that examines strategies, programs or circumstances that tend to reduce health disparities and achieve optimal health for all.[9]

Health disparity research includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.[10]

Health promotion research is research that promotes the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.[11]

Disease prevention research is research designed to yield results directly applicable to identifying and assessing risk, and to developing interventions for preventing or ameliorating the occurrence of a disease or the progression of detectable but asymptomatic disease. [12]

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R1. R1. For each of the following types of research, please tell us the number of research projects that your school or program have been involved in during the past three years. If appropriate, you may count a given project under more than one applicable type of research.

<table>
<thead>
<tr>
<th>Research Type</th>
<th>None</th>
<th>One</th>
<th>2 or 3</th>
<th>4 to 9</th>
<th>10 or more</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Community engaged research (including community based participatory research)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Health equity or health disparity research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Health promotion or disease prevention research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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R2. Approximately what percentage of your school's total research portfolio is focused on research in all of the above categories combined (community engaged research, health equity/disparity research, health promotion/disease prevention research, social determinants of health, community health needs assessment).

- 0-10%
- 11-25%
- 26-50%
- > 50%

R3. To what extent has the development of your school's research program been explicitly informed by the results of your school or hospital's Community Health Needs Assessment or other ongoing mechanisms designed to monitor and respond to community health priorities?

- Substantially
- Moderately
- Slightly
- Not at all
- Don't know
- Our school doesn't have a Community Health Needs Assessment

Closing Comments

THANK YOU for sharing so much information about your school's programs and efforts to advance the social mission in health professions education. Your responses are invaluable to our research and our efforts to advance these areas in the education of our nation's health professionals.

We would like to hear more from you about what your school is doing in the area of social mission. Please take a moment to answer the following question:

S. Your school's social mission activities

S1. What projects or ideas is your school working on in the next 3 years that is related to social mission?
School's diversity, equity, and inclusivity initiatives. The climate for diversity and inclusion remain key strategic goals. We have added some new initiatives to foster community and an inclusive and welcoming environment. On January 15th, 2018 with roughly 40 Penn Nursing faculty, students, and staff participating together in the University of Pennsylvania’s Day of Service. Staff verbalized that they enjoyed getting to know their colleagues and advocated for future lunches. The Penn Compact 2020 (inclusion, innovation, impact) motivates members of the Penn community to innovate, be radically inclusive, and positively impact their local, national, and global communities. The mission/vision/ values and strategic plan of the SON are anchored in social justice and a holistic approach to promoting health and advancing equity. The SON strives to ensure its conceptual and methodological approaches to research, education, practice, and policy are aligned with the community engagement, are engaged in the context of social determinants of health. One such effort included the implementation of Global and Community Competencies Within A Social Determinants of Health Framework to evaluate the integration of these competencies throughout its curriculum. A sophomore level course, "Psychological and Social Diversity in Health and Wellness", explores and integrates the intersection of psychological, cognitive, and social development with the lived experiences of individuals, families, and communities across the lifespan in order to conduct socially contextualized health assessments and health teaching. A new course for under level students, "Addressing Social Determinants of Health: Community Engagement Immersion", was developed to provide experiential opportunities for nursing students to be educated on SDOH through engagement with communities. Adopting a SDOH framework when caring for individuals, families, and communities was a significant paradigm shift. It requires nursing students to look beyond the context of the patients within the walls of the hospital, and examine and understand the patients’ lived environment. The SON has developed and implemented educational frameworks to build collaborative education across the University - in partnership with communities - to reduce health inequities. Through funding from the Provost Fund for Diversity, the SON developed a three part seminar series, "The Penn Inter-Professional Forum to Address Social Determinants of Health". The seminars brought national and international speakers to Penn to raise the profile and issues related to social determinants of health and inter-professional education. A total of 685 health professional faculty, students and community members attended the seminar系列 evidence of the University’s commitment to addressing the social determinants of health. An interprofessional initiative, "The Penn Futures Project" is a partnership between three professional schools at the University of Pennsylvania: the School of Nursing, the Graduate School of Education, and the School of Social Policy & Practice. We have been pioneering innovative approaches to create an integrative and collaborative environment that fosters diversity in the SON faculty. The diversity of enrolled students, postdoctoral fellows, and minority postdoctoral fellows during the 2017-2018 academic year. Furthermore, 12.5% (up from 11.3%) of our standing faculty are men. Men are working cross-professional teams, identifying synergies and learning how education, healthcare, and social well-being intersect in practice. The project is also fostering innovative collaborations with community organizations, local businesses, and government agencies across Philadelphia. The success of the initiative will make the University of Pennsylvania a national hub for integrating public data, which is currently collected and analyzed by field, so that it can be used more effectively in the service of children and families. The Penn Futures Project is a model for graduate education around the country. It represents the future of professional practice and strives to improve the lives of Philadelphia children and families, enriching neighborhoods and our city as a whole. School of Nursing Diversity for Eminence Progress Report Memo- 2019. I. Faculty Diversity: Recruitment, Retention, Promotion and Support for Professional Development: Under Dean Villarruel’s leadership, the racial and ethnic diversity of our faculty has increased from 2017. We increased our standing faculty members to 56 (from 53). Among our 56 standing faculty members, 28.7% (up from 24.5%) are racial and ethnic minorities (Asian, Hispanic/Latina/o, and Black/African-American). We are holding steady at about 15.8% (15% last year) of standing faculty in the underrepresented minority category (Hispanic/Latina/o and Black/African-American). Furthermore, 12.5% (up from 11.3%) of our standing faculty are men. Men are considered underrepresented minorities in nursing. Professional Development: During the 2017-2018 academic year, the Office of Diversity and Inclusivity provided financial support for minority predoctoral fellows, postdoctoral fellows, junior and mid-level minority faculty or those working in the areas of health disparities and health equity. These funds were utilized for participation in: (1) writing workshops and retreats to facilitate rapid dissemination of research findings; (2) conferences for presentations and networking; and (3) professional development activities. To date, we have supported junior faculty with a total of $6743.58. II. Training the Next Generation of Scientists Increasing the Diversity of Scholars in Nursing: Minority representation among our School of Nursing faculty is growing but the need to develop our pipeline continues. The School of Nursing has capitalized on federal and University funding to develop our faculty pipeline and had nine minority postdoctoral fellows during the 2017-2018 academic year. Diversity of Postdoctoral Fellows: In combination with our three federally funded training programs, we have capitalized on the University’s resources to diversity (e.g. Penn’s Postdoctoral Fellowships for Academic Diversity) the number of minority scholars in nursing. Our postdoctoral fellows for the academic year 2017-2018 represent two African American women and one Asian/Philippine male. III. Strategies to Ensure That Our Climate is Inclusive and Welcoming: An inclusive and welcoming environment is an important strategy for the retention of minority faculty. The School of Nursing hosted lectures, workshops, training sessions, and other events to celebrate a diverse, inclusive, and welcoming environment. This year the Dean and the Vice Dean for Administration instituted a welcoming breakfast for newly hired faculty which will be conducted twice a year. Furthermore, we offered opportunities for faculty, students, and staff to get together to build and strengthen our community. The Diversity and Inclusivity Advisory Committee (DIAC) serves as an advisory committee to the Dean and a catalyst for creating a positive School of Nursing environment by providing recommendations and implementation, where appropriate, of strategies to create an inclusive environment. In particular, there were two DIAC initiatives that served to support an inclusive climate I. Conflict Resolution Speaker Series: Two speakers are invited per academic year to give lectures and/or workshops on conflict resolution. II. Lottery Lunches: Two lottery lunches per year where six staff and six faculty are randomly selected to take part in a free lunch with the goal of bringing individuals together whom might not interact with one another regularly. i. The first lottery lunch was held on June 5, 2018. Attendees veraled that they enjoyed getting to know their colleagues and advocated for future lunches. b. We Stand with Penn Nursing Students Initiative: An opportunity for faculty (and staff) to self-identify as minorities or allies in support of our Penn Nursing students. To date, we have 47 faculty and staff who have agreed to be listed as minority or allies of minority students. c. Penn Nursing MLK Day of Service: Our 2nd annual MLK Day of Service took place on January 15th, 2018 with roughly 40 Penn Nursing faculty, students, and staff participating together in the University of Pennsylvania’s Day of Service. d. Penn Nursing Annual Dr. Martin Luther King, Jr. Commemorative Lecture: The lecture was held on January 23rd, 2018 with Dr. Phyllis D. Meadows, Senior Fellow and Health Program Advisor of The Kresge Foundation as our featured speaker. The event was entitled, "Nursing: An Essential Voice in Advocacy for Social Justice and Equity." The event was well- attended by School of Nursing faculty, staff, and students and guests not affiliated with the School of Nursing. Conclusion In conclusion, the School of Nursing is pleased to report that increasing the diversity of its faculty and improving the educational environment are top priorities for the School. We strive to provide and welcome a working environment, which should foster faculty satisfaction, productivity, and retention. We continue to make substantial progress in these areas. In particular, we are excited to have maintained our #1 ranking among Schools of Nursing globally by QS Rankings as well as our #1 ranking in NIH funding among Schools of Nursing. Dean Villarruel and Dr. Lewis – along with our committed staff and faculty, will continue to work together to shape our School’s diversity, equity, and inclusivity initiatives.
include the social environment, physical environment, health services, and structural and societal factors.

systems that are responsible for most health inequities. These social structures and economic systems

Social determinants of health

is an acronym for lesbian, gay, bisexual, transgender, and queer.

Holistic review is a university admissions strategy that assesses an applicant’s unique experiences

Holistic review

Glossary

Community based participatory research is a collaborative approach to research that equitably involves all

Community engaged research is a process of inclusive participation that supports mutual respect of values, strategies, and actions for authentic partnership of people affiliated with or self-identified by geographic proximity, special interest, or similar situations to address issues affecting the well-being of the community of focus.

Community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community of commitment is the term we are using to indicate a medically or socially underserved community – a health disparity community – that could be a geographic area (local or regional), demographic group, or category of patient that your school has explicitly targeted as a focus for your work.

Disease prevention research is research designed to yield results directly applicable to identifying and assessing risk, and to developing interventions for preventing or ameliorating the occurrence of a disease or the progression of detectable but asymptomatic disease.

Health equity research is research that aims to eliminate health disparities and achieve optimal health for all.

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Populations can be defined by factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), or sexual orientation. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.

Health disparity research includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.

Health promotion research is research that promotes the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.

LGBTQ is an acronym for lesbian, gay, bisexual, transgender, and queer.

Social determinants of health are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.
Student-run health clinics are community clinics where students (with faculty supervision) provide health care services at no cost or low-cost to underserved populations.